

Rapid Needs Assessment

Context

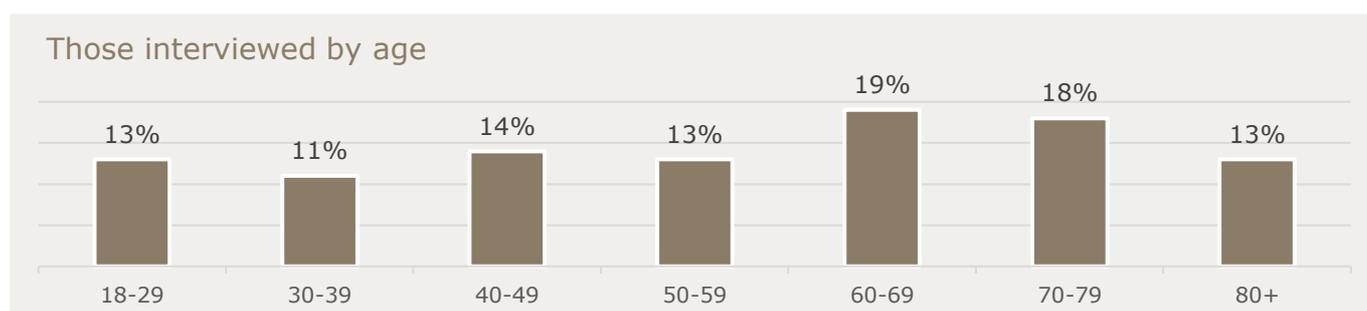
On August 14 2021 a powerful 7.2-magnitude earthquake struck south-western Haiti affecting at least 800,000 people and resulting in 2,200 deaths and more than 12,700 injured. The earthquake, which was the worst the country has experienced since 2010, resulted in widespread destruction in the Tiburon Peninsula including to schools and health facilities. It also caused a significant displacement of people. This came on top of an unstable political situation and in the context of the COVID-19 pandemic, and has resulted in reduced income and increased insecurity for most Haitians. For example, this year's humanitarian needs overview reported that 4.4 million Haitians (about 40% of the population) will require humanitarian assistance in 2021. Recently the situation has further worsened with the country experiencing more power cuts, gasoline shortages and an increase in violence.

The commune of Pestel, which was only a few kilometres away from the epicentre of the earthquake, was one of the worst-affected areas. Currently large parts of the town of Pestel are in ruin and surrounding areas have been significantly affected. As highlighted by this assessment, many of those interviewed currently reside in temporary structures, with others living in homes which are significantly damaged. Many have lost loved ones, causing huge emotional distress, and/or have suffered injuries themselves. However, insufficient support has been provided by the Haitian government and international actors. This is in part due to the political and security challenges, but it's also symptomatic of an area which has been historically marginalised.

This rapid needs assessment (RNA) was conducted to provide a snapshot of the multi-sectoral needs of people within the commune of Pestel following the earthquake. The assessment was conducted in September 2021 by Church World Service (CWS) with technical support from HelpAge International. It is intended to enable CWS and others to identify the main urgent humanitarian needs; to review and adapt programming to respond to the findings; and to provide advocacy messages to the humanitarian sector and the national government.

Methodology

Between 17 and 26 of September, 307 people were interviewed (44% men / 56% women / 40% with a disability) by 10 enumerators (5 men, 5 women). Data on adults (over 18) was collected within the commune of Pestel (approx. pop 90,000) which lies within the Haiti's Grand'Anse department. People were selected to be interviewed in four locations within Pestel (both urban and rural) to provide geographic representation and then subsequently convenience sampling was carried out in each location. The data was gathered by CWS and analysed by HelpAge International. Disability was calculated using the Washington Group questions¹. The results of these disaggregations are only reported where the differences are significant.



¹ www.washingtongroup-disability.com

Key findings

Shelter

77% of people interviewed ranked shelter reconstruction and repair as their top priority with **38%** reporting that their homes had been destroyed and **54%** that their homes had been damaged.



Food

74% do not have access to sufficient food with **21%** going hungry 3 to 5 nights per week and **66%** 1 to 2 nights per week.



WASH

87% reported they do not have access to clean and safe drinking water with **80%** of people having to pay for water out of their own pockets.



Health

97% reported they had a least one health condition. The most common conditions reported were joint aches and pains (**77%**), heart problems (**60%**) and cataracts (**56%**).



Protection

89% feel unsafe and insecure where they live. **83%** highlighted that they did not feel safe accessing food.



Mental health

65% reported that they feel anxious all or most of the time. **61%** reported feeling isolated all or most of the time.

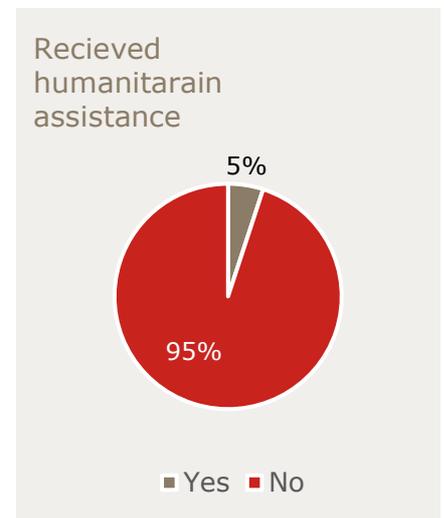
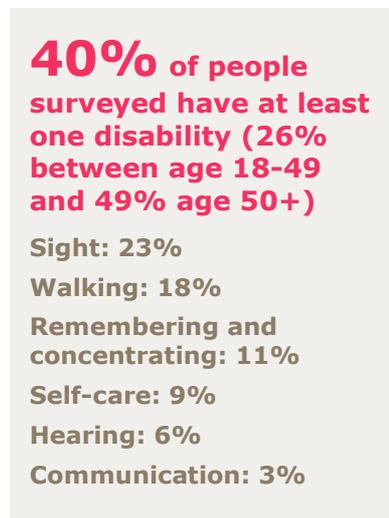
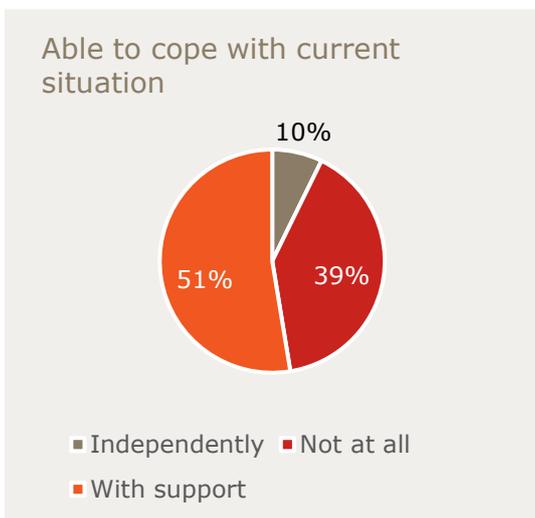
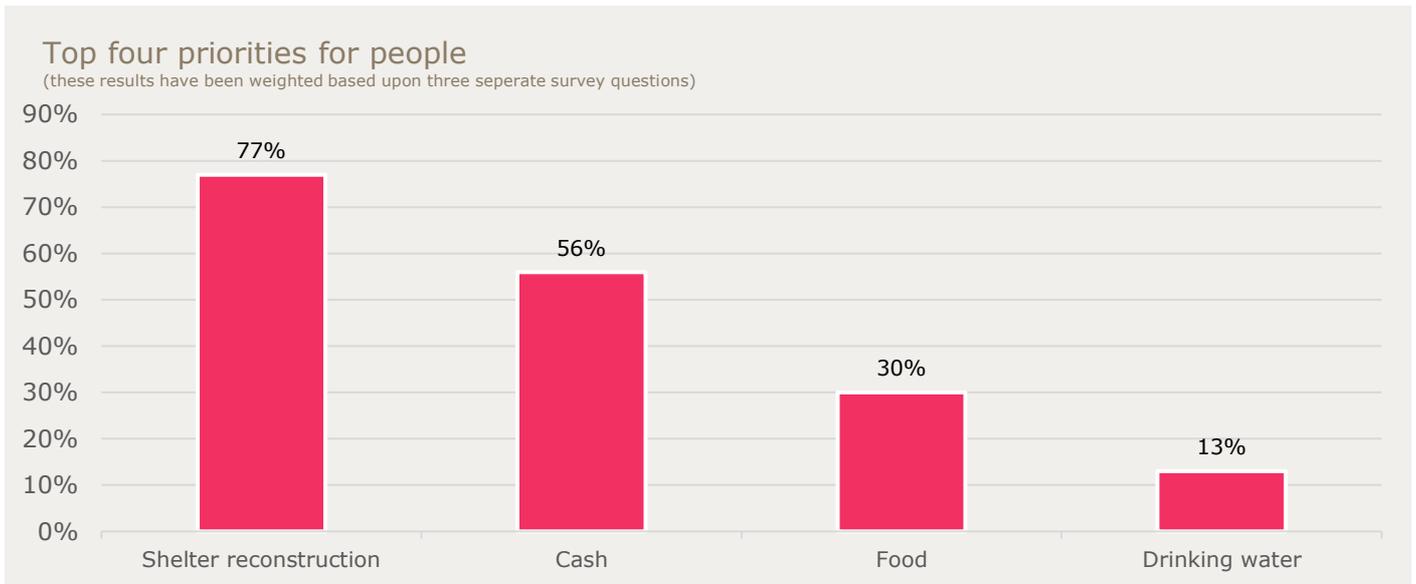


Education

51% of those who are caring for children felt that they were not ready to go back to school.



Key charts



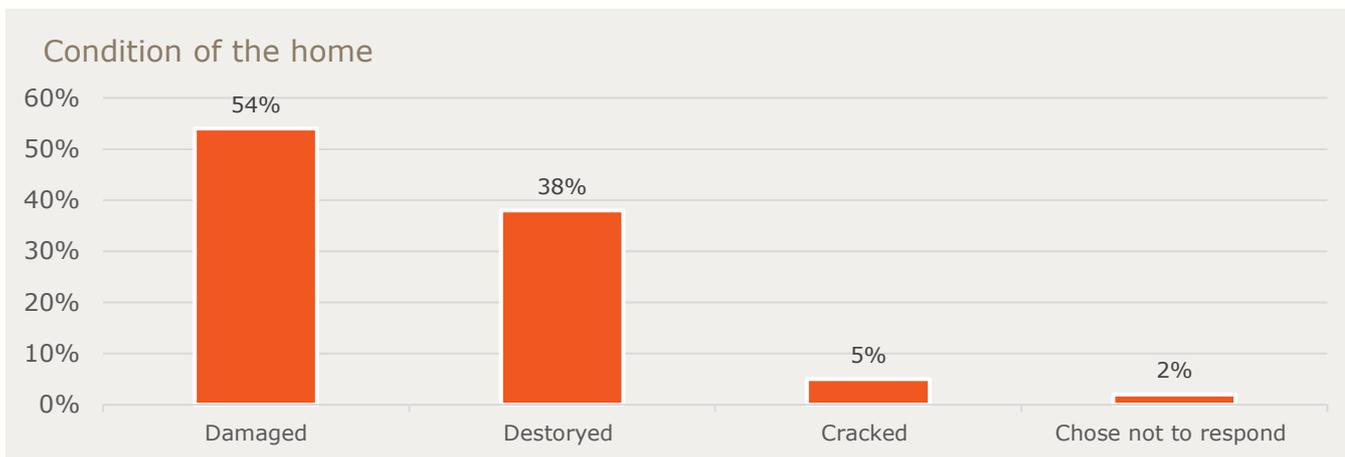
Findings and recommendations

Shelter

The worst affected departments by the earthquake were those of Nippes, Sud and Grand'Anse where the commune of Pestel resides, and where this assessment was conducted. The Haitian Civil Protection General Directorate reported that across the country more than 137,500 houses have been damaged or destroyed, as well as essential facilities such as hospitals, schools, roads, and churches². Large parts of the commune of Pestel, one of the worst affected areas, is now in ruin.

Of those interviewed 38% responded that their homes have been destroyed and 54% reported that they have been damaged. Many of those interviewed are currently living in their damaged homes seeking to make repairs with the few resources they have. These houses often offer neither privacy or protection and do not shield them against the rain. Currently an astonishing 89% reported they feel unsafe where they are currently staying. While many have not moved, others have managed to construct temporary shelters such as tents or wooden structures which they have covered with tarpaulins. Many of these have been constructed near the town hall in Pestel. Across the commune of

² https://reliefweb.int/sites/reliefweb.int/files/resources/iom_haiti_earthquake_sitrep_8_october_2021_0.pdf



Pestel, 33% sleep at night in temporary structures. However, due to a lack of resources, independent recovery will be difficult, and support is greatly needed. This is highlighted by the fact that despite the need to repair their homes, 71% reported they could not afford the required building materials.

It is also worth noting that the impact of the earthquake has been worsened by the pre-existing vulnerabilities within these communities. For example, prior to the earthquake, many in Pestel lived in shelters made from wood covered with lime or mud. Prior to the earthquake there have been attempts to support the community in building more sturdy houses, however an insufficient number of people have benefited from such projects. Therefore, the poor-quality materials used by most in the construction of their houses has worsened the effects of the earthquake as they were less resistant to it.

Recommendations

1. Prioritise re-building the homes of the most at risk groups within the community.
2. Ensure the houses are built in safer locations and are made of strong, locally sourced, building material to minimise the impact of future hurricanes and earthquakes.
3. In collaboration with the local disability association, evaluate the shelters of people with disabilities as well as those with severe health conditions and, if necessary, provide assistance to support the adaption of their shelters so they can carry out their daily living activities. This could involve low-cost adaptations such as ropes to guide blind people across spaces etc.
4. Provide information and training to homeowners and construction workers to ensure houses are built back safer, complying with national construction codes and international standards for earthquake and hurricane resistance.
5. Ensure the lessons learned and local capacity built after 2016 hurricane Matthew are utilised.

Food and income

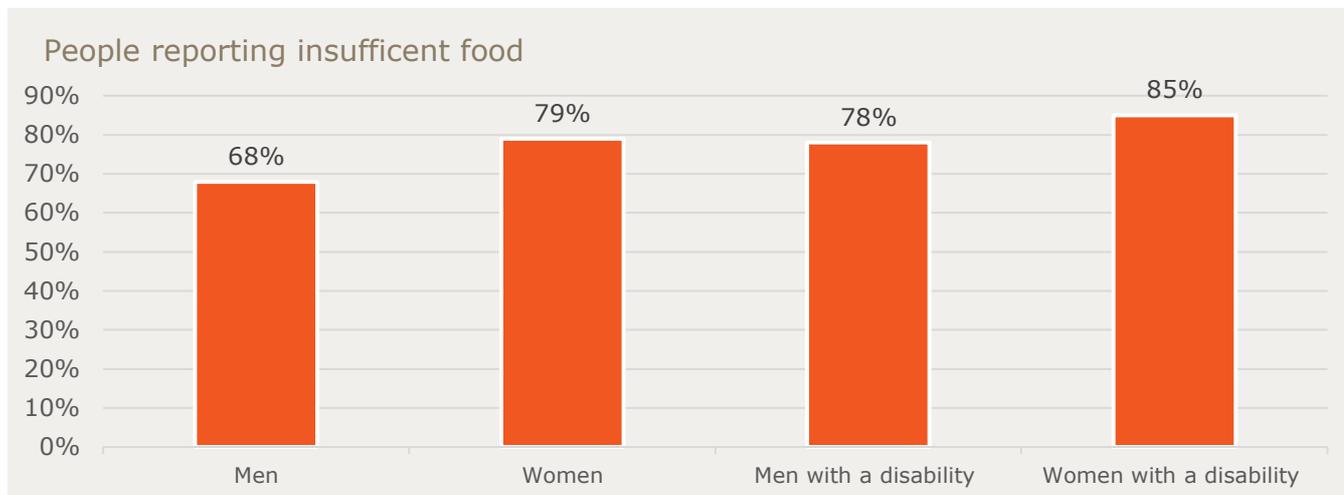
A September IPC analysis projected that 4.3 million people across Haiti are likely facing severe acute food insecurity³. This represents an increase of approximately 300,000 people facing severe acute food insecurity compared with earlier this year. The analysis also projects that the number of people facing acute food insecurity will increase further to an estimated 4.6 million individuals during early 2022. This food insecurity has been exacerbated by the earthquake but is worsening as a result of the high food prices caused by socio-political instability and the economic fallout of COVID-19⁴. Pestel is

³ <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155096/?iso3=HTI>

⁴ <https://reliefweb.int/report/haiti/haiti-food-security-alert-september-10-2021>

particularly badly hit as it is a landlocked , isolated municipality where there is little transport infrastructure. It receives little attention from the government and most eke out a subsistence living.

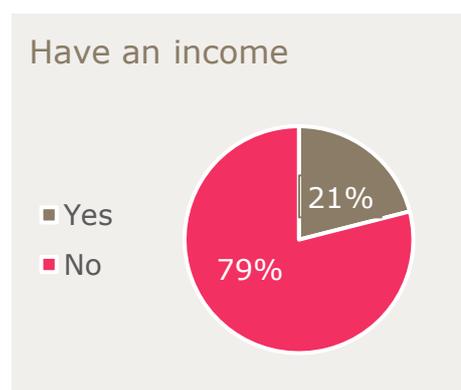
74% of those interviewed reported having insufficient food. As the chart on the following page shows this was higher for women, especially for those with a disability. Some 66% of respondents reported



going to bed hungry 1 or 2 nights per week and 21% 3 to 5 nights per week. The key cause of the food insecurity was that 69% reported they cannot afford to buy food. That highlights an alarming situation for vulnerable groups such as older people, people living with a disability and people providing care, who are likely to face more challenges in addressing the prevailing food needs and malnutrition. While USAID/BHA in partnership with WFP are providing emergency food assistance to nearly 234,000 people in earthquake-affected areas (as of 26 September), the lack of supporting infrastructure, the insecurity around food aid at distribution points, the lack of support from officials, the reduced opportunities for income generation and overall recovery, are expected to exacerbate the existing vulnerabilities over time.

Moreover, of those interviewed the majority (79%) do not have an income. This varies between age groups with the youngest (92% of those aged 18-29) and oldest (83% of those over 60) more likely not to be earning. This lack of income has been exacerbated by the earthquake with 28% reporting they lost either goods, income, or a job because of the earthquake. When asked what their main sources of income were the most common responses were gifts (41%), sale of harvest (16%), donations (12%) and street vending (11%). These gifts come as remittances from migrant family members, or from various sources such as close relatives, friends and notables in the communities. Furthermore, 31% have had to borrow money since the earthquake to be able to support themselves and their families. This high level of dependency on others to meet their basic needs can be seen with 35% reporting they are completely dependent on others and 21% somewhat dependent on others, such as relatives, communities, remittances from migrants, etc.

24% also face physical barriers in accessing food especially for those with a disability (33%). This is because markets are often too far away, especially for those with a mobility disability, as well as there being insufficient affordable transport. While local markets seem to be now functioning in the commune of Pestel with 99% of respondents indicating that there was enough food, often markets lack sufficient diversity. Large shops with a variety of products could be reached by boat but these large shops were destroyed by the earthquake.



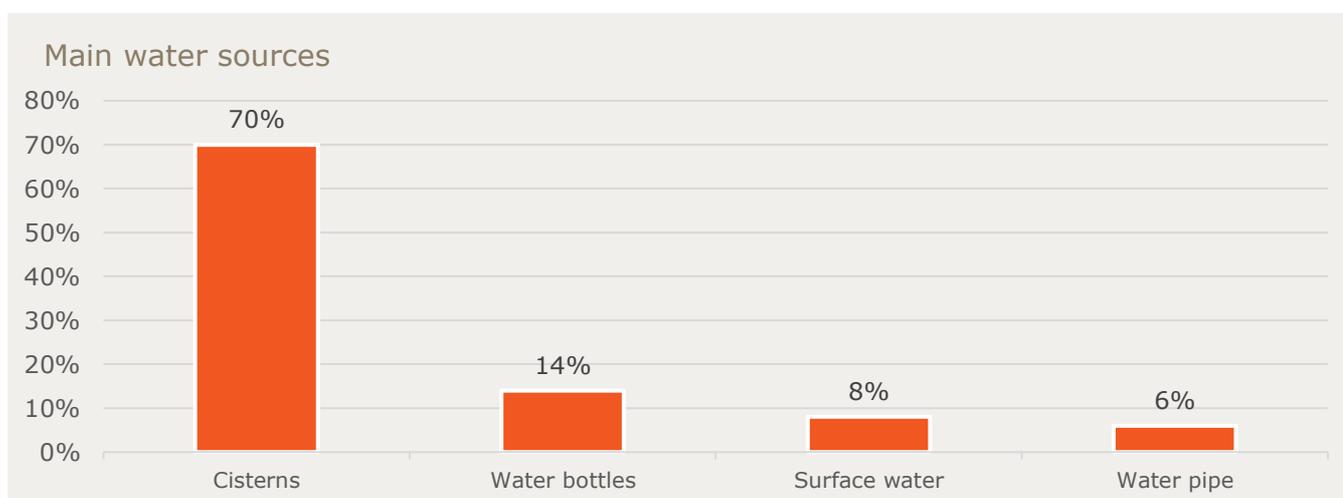
Recommendations

1. For relief groups in a position to deliver food and NFIs assistance, only do it with prior approval of and in coordination with local authorities and community leadership. Those could be done through in-kind door to door delivery, should that be identified as the best modality in line with the “do no harm” principle and operations security management perspectives.
2. Provide livelihoods opportunities to the representatives of households without employment, including for older people, and people with disabilities.
3. Support inclusive livelihoods recovery opportunities with training components adapted to the needs and skills of older people, people with disabilities and/or their caregivers.
4. Adapt livelihoods recovery and income-generation initiatives to local urban and rural contexts by engaging existing community structures (e.g., CBOs, women's groups, mutual solidarity groups and/or credit unions) in their design and implementation.

WASH

As a result of the earthquake, OCHA reported in September that 212,000 people have lost access to safe drinking water⁵. The earthquake has had a major impact on water facilities with a reported 56 piped water systems being severely damaged and more than 1,800 having suffered minor damages⁶. Furthermore, household water storage tanks have been significantly affected.

Of those interviewed 87% reported that they do not have access to safe drinking water. A key factor was that the majority of cisterns, which are the main source of water for 70% of respondents, have either been destroyed (29%), damaged (20%) or have cracked (7%). Other main sources of water for respondents were bottled water (14%), surface water (8%) and piped water (5%). Currently 92% are using chlorination to purify their water. However, increasingly the community is finding it difficult to procure enough. This is because large stores of chlorine have been destroyed in the earthquake and they cannot be re-supplied easily due to transportation difficulties within the area. Currently 80% of people interviewed pay for their water supply. This has been exacerbated by the earthquake as many used to store rainwater in their cisterns, which are now damaged and unusable. While currently water prices are stable as it is the rainy season, they are likely to increase with the start of the dry season in November. Therefore, this risk places increasing financial burden on those who can little afford it. In addition, drinking unclean water, exacerbated with reduced dietary intake and exhaustion, can leave populations more susceptible to water-born, communicable diseases and outbreaks.



⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/2021-09-14_Haiti%20Earthquake_SitRep%20No.%205.pdf

⁶ https://reliefweb.int/sites/reliefweb.int/files/resources/2021-09-14_Haiti%20Earthquake_SitRep%20No.%205.pdf

Many in Pestel also currently face barriers in accessing other WASH facilities. For example, 80% reported they do not have access to handwashing facilities, while 62% do not have access to bathing facilities, and 39% to toilets. Allied to the lack of access to safe drinking water, this increases the risk of diseases such as acute respiratory infections, diarrhoeal diseases, cholera and malaria. Furthermore 31% also complained of a lack of privacy when using the toilet, which is unsurprising given that 96% are defecating in open fields. Hand hygiene in non-health care settings is one of the most important measures that can be used to prevent COVID-19 infection. Due to those barriers in accessing WASH facilities, the risk of COVID-19 virus spread is increasing, posing additional threats especially to older people and people with disabilities among others.

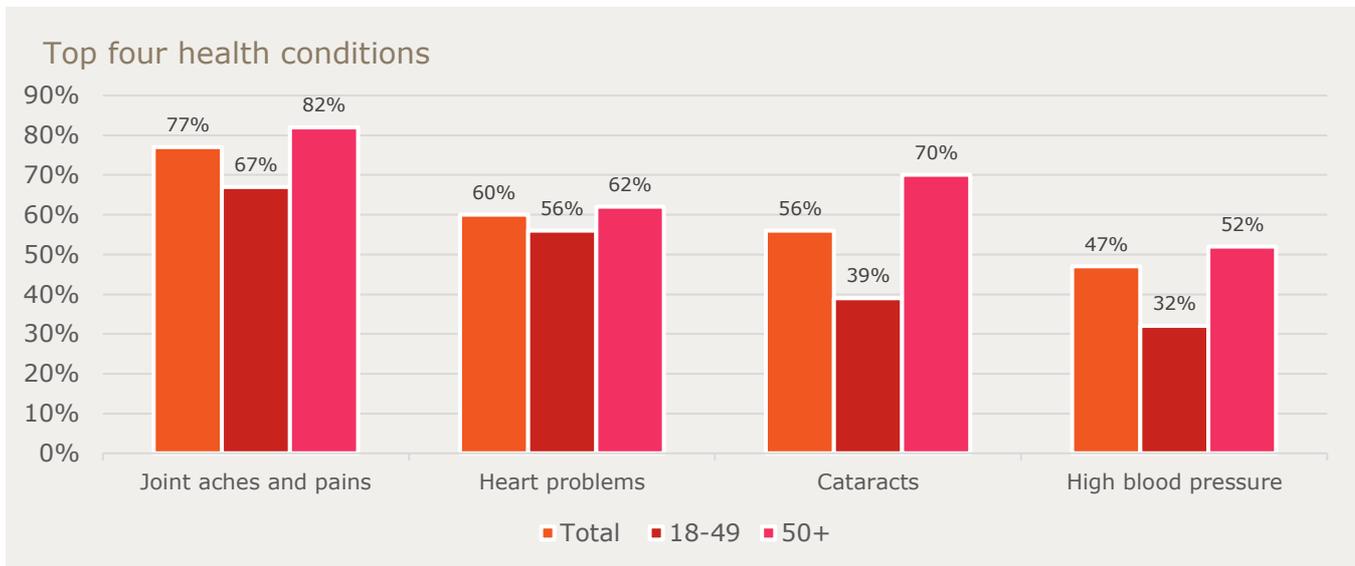
Recommendations

1. Upgrade at-risk households' Emergency Water storage capacity by supplying water storage containers and chlorine.
2. Invest in durable solutions by building rainwater catchment systems and repair damaged community water supply systems and sources (protected and unprotected springs, wells, public fountains).
3. Monitor indicators of water-borne diseases and work with local authorities and humanitarian responders to secure access to chlorine to purify drinking water to households and schools in critical communal sections.
4. Provide hygiene kits to those at risk within the community, this may include women-headed households, older person-headed households, and households with people with disabilities.
5. Conduct an accessibility analysis on the WASH facilities to build and/or repair to determine and address accessibility barriers for older people and people with disabilities. Ensure they are consulted in the design of any interventions.
6. Provide information to the community on the risks of dehydration and drinking unclean water, using accessible formats. Identify humanitarian agencies working in the area on WASH. Advocate for them to meet the needs of older people, women, and those with disability. Provide the same information to communities so they can also request facilities that meet their needs.

Health

Nearly all older people (99% of those aged 50 and over) reported having a health condition, with respondents most commonly reporting three conditions. This rises to 100% for those aged 70 and over. In addition, it is concerning to see a very high rate of health conditions reported in those under 4 (92%). The most common health conditions reported overall included: pain in the joints (77%), heart problems (60%), cataracts/eye conditions (56%) and high blood pressure/hypertension (47%). Other common conditions reported included respiratory problems, skin disease and digestive problems. Almost half of respondents (49%) reported that they had either two (24%) or three (25%) conditions.

Despite many health facilities being impacted by the earthquake, 87% of Pestel respondents reported that they were able to access health facilities. Of those who reported having a disability (40%), 78% reported that they were able to access health facilities. Reasons for not being able to access health facilities included having no money to pay for these services, a lack of transport options, or that they lived too far from the facilities. Almost half of respondents (48%) said they could access their nearest health facilities in 30 minutes to 1 hour, while a quarter (26%) reported that they could reach these facilities in less than 30 minutes, and 23% said it took them between 1 and 3 hours.



Despite the high reporting of access to health facilities, it is important to note that currently in Pestel, there is only one major health centre, which serves around 80,000 people. It has three doctors who are not appointed by the ministry of public health and therefore do not receive a salary, and seven nurses, of which only one is appointed by the ministry of public health. Other health services available include mobile clinics supported by organisations such as AMERICARES, World Health Organization (WHO) and the Red Cross.

Overall, almost three quarters (74%) of respondents stated that they currently use or require medicine or medical items, which increased to 80% for those with a disability. Over a third (34%) reported they had medicine which would last them 3-7 days, while 26% said between 7-10 days and 28% more than 10 days.

Regarding COVID-19, a total of 647 deaths have been reported since it reached the country in March 2020⁷. This figure is comparatively low for a region which has been badly hit by COVID outbreaks, though this may be related to issues with testing and reporting⁸. Only 0.6% of people in Haiti have been fully vaccinated, compared to an average among low-income countries of 2.5%. Currently none of those interviewed reported having received a COVID-19 vaccine. In this context, adhering to prevention and control measures is particularly important. However, while the majority of those interviewed reported being able to buy COVID-19 preventative tools such as soap, masks, and sanitiser, the limited access to WASH facilities reported is concerning.

Recommendations

1. Share the findings of the RNAs with those planning and delivering health services and undertake further assessments to ensure that responses are tailored to meeting the current health and care needs of the population.
2. In coordination with health authorities, assess and monitor the availability and accessibility of the medicines needed by at-risk groups. This is particularly important considering the high rates of health conditions reported among those surveyed and the short amount of time many said their medicine will last.
3. Support and strengthen Pestel's health service centre financing, infrastructure, service delivery and human resources to ensure the availability, accessibility (financial and physical), acceptability and quality of health and care services. Outreach services, such as mobile clinics, should be

⁷ <https://ourworldindata.org/covid-vaccinations>

⁸ <https://www.worldometers.info/coronavirus/> - Deaths per 1 million ranking from highest to lowest: Haiti - 172nd, Dominican Republic - 124th, Jamaica - 95th, Mexico - 23rd, USA - 17th

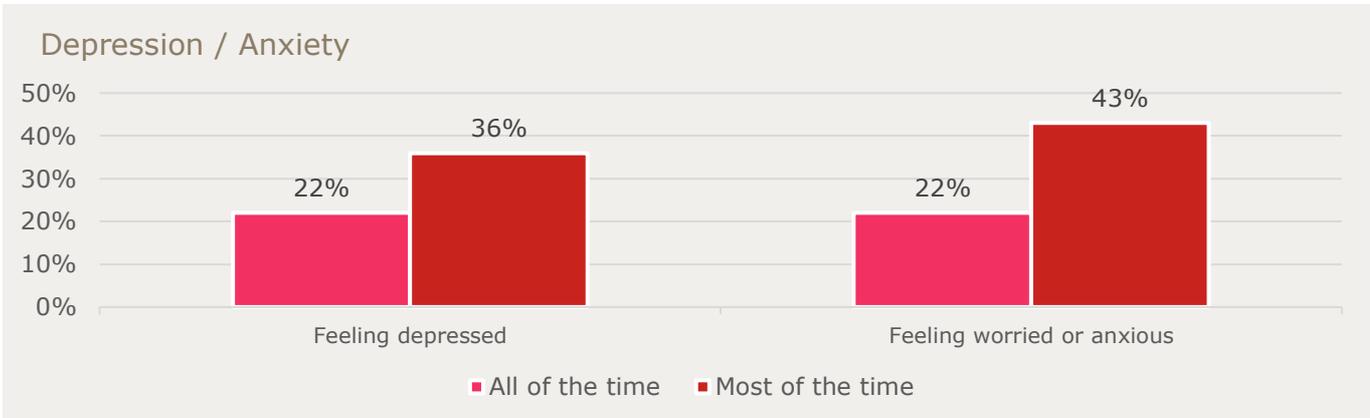
scaled-up and targeted at those reporting difficulties in accessing facilities, including those who have a disability and are at higher risk of facing barriers.

4. Community-based approaches to support health promotion and prevention should be designed and implemented, including through the delivery of information and advice, and health and wellbeing activities tailored to the local context. This should include interventions focused on prevention and control of COVID-19 as well as those aimed at promoting good mental and psycho-social health and wellbeing (see below).

Mental health and wellbeing

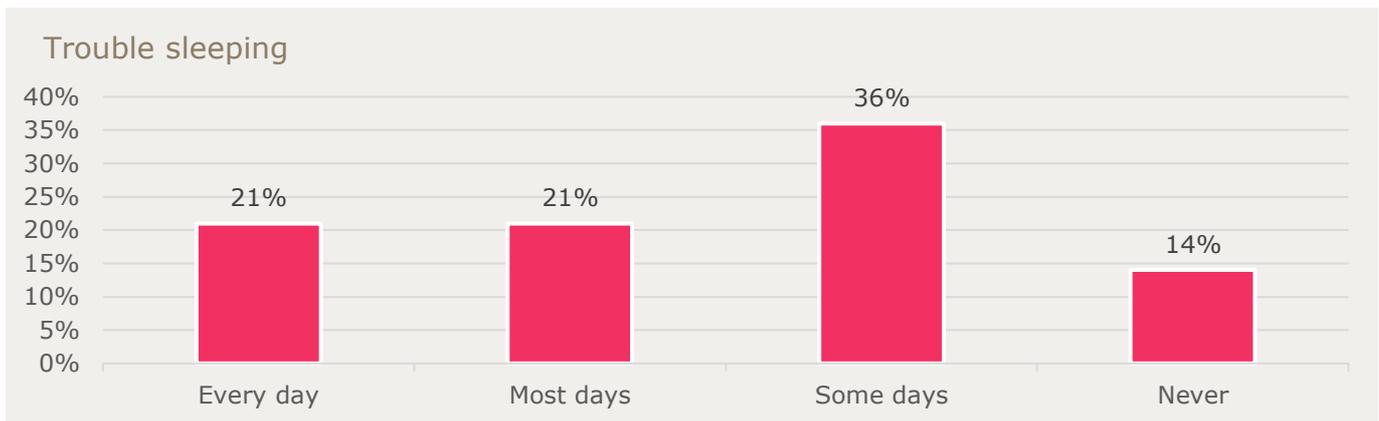
The earthquake has had an enormous social and emotional impact on many people in Pestel through losing loved ones, destruction of property and assets, as well as being separated from other family members because of displacement. Indeed, a very distressing finding was the high rates of fatalities reported by those interviewed, with 17% of those interviewed reporting losing a loved one during the earthquake. In addition, 32% of people interviewed have either been injured or a loved one has been injured because of the earthquake. It's important to remember that for many Haitians the world of spirits, ancestors, the deceased and the world of the living are closely linked and can have an important impact on the emotional wellbeing of families, family members and the community.

Over half of people interviewed (58%) reported they feel depressed about their current situation 'all or most of the time'. This was even higher for those with a disability (75%). 22% of all people interviewed reported feeling depressed all of the time which was higher for men (28%) compared to women (18%). Many of the reasons given by people interviewed was the hopelessness they felt through losing so much and the lack of resources, and sometimes even the inner strength, to re-build their lives.



Compounding these findings on feelings of depression was that 65% of those interviewed feel worried or anxious all or most of the time which was higher for men (70%) compared to women (62%). Also, 79% of those with a disability stated they feel worried or anxious all or most of the time. The main reasons for worry and anxiety given by people interviewed were a fear of another earthquake and concerns about how they can acquire the resources to fix what has been destroyed. Along with the feeling of worry and depression about their current situation, 61% of people interviewed reported feeling lonely or isolated 'all or most of the time' since the earthquake.

Feelings of anxiety, depression and loneliness are reflected in the difficulty in sleeping every day or most days reported by 42% of people interviewed. It's important to recognise that trouble sleeping can have a real negative impact on all aspects of a person's life and highlights the influence that worry, feeling depressed and isolation can have on a person's emotional wellbeing and abilities to cope with their situation. Please see the table on the following page which demonstrates the issue of trouble sleeping of those interviewed.



39% of people interviewed feel they cannot cope with their current situation at all (women 44% / men 34%). 51% of people said they could cope but only with support (women: 46% / men 58%). The need for integrated community focused psychosocial support along with support in accessing basic needs, health, livelihoods, WASH, shelter etc. is key for long-term recovery within the community. Feelings of inability to cope, anxiety and worry about the current situation and further earthquakes/disasters and trouble sleeping are evident across all age groups and need to be taken into consideration when planning ways to work with and support the community holistically. Furthermore, for many Haitians their religious beliefs and spiritual support can help strengthen their wellbeing and community connections. It is also important to remember that the road to emotional and social recovery takes time, and activities and support provided need to be community focused and culturally appropriate.

Recommendations

- 1.** Work with existing, and identify new, community-based psychosocial support agents. Support, care and mobilise them to provide basic psychosocial support including group support and activities, befriending, sharing information. Ensure the network develops positive relations with local religious and church groups. Focus on strengthening and building the capacity of a volunteer network and/or community members to support themselves and each other (e.g. women's groups, men's groups, peer supporter, intergenerational links, older peoples' groups etc.)
- 2.** Create opportunities for community and family focused psychosocial support, to guide and assist people on how to address feelings of anxiety, loneliness, and their inability to cope.
- 3.** Once fuel supply improves, explore mobile psychosocial support clinics in partnership with Haitians mental health professional associations from Port-au-Prince.
- 4.** Seek ways to reinforce community ties and promote healthy connections across people of all ages in all phases of humanitarian assistance.
- 5.** Reach out to those with a disability and older people who feel particularly isolated and unable to cope, provide them and their caregivers with befriending support, including listening and sharing information and providing some basic home support.
- 6.** Contribute to address communities' need for spiritual support through liaising with local religious and spiritual leaders and members.
- 7.** Work with religious and community leaders to support families with members in Port-au-Prince or other cities and/or other countries (United States, Bahamas, Dominican Republic) who were unable to travel and be part of burial rituals.

Protection and dependency

Currently, people in Pestel face significant safety risks. 89% of respondents do not feel safe and secure where they currently live which was even higher for those with a disability (94%). From those interviewed, it was difficult to get a clear picture of what some of these safety risks were as 37% chose not to divulge what protection risks they had recently experienced. Possibly, this was because they were worried about sharing such information. However, from those who responded, 14% reported theft, 6% harassment and 4% domestic violence. In addition, a recent study by CARE and UN Women found that 70% of women and men said their fear of sexual violence has intensified post-earthquake⁹. This is concerning given the lack of privacy in toilets, bathing facilities and often within people's homes. Anecdotal evidence also suggests that because of lack of resources within the community tensions have been increasing between and within families. For example, at distribution points, as there is not enough aid for everyone, people jostle and argue over the limited resources. Furthermore, there has been incidents of looting of humanitarian aid trucks while transporting assistance. However, while most people interviewed reported not feeling safe, 90% responded they are currently planning to remain in the commune of Pestel. This may, of course, be through a lack of an alternative. In recent weeks, CWS sources and IOM have observed an increase of boats with people to the United States leaving from the Grand'Anse department.¹⁰

Older people often face marginalisation in humanitarian crises and encounter a range of specific risks. When older people above the age of 50 were asked what they felt were the main safety risks they face the most mentioned were neglect (29%), isolation (23%), financial abuse (16%) and emotional abuse (15%).

Levels of dependency are also high amongst the people interviewed in the commune of Pestel. 35% reported they are completely dependent on others to meet their basic needs and 21% somewhat dependent. This was especially high for those aged over 70. Despite the high level of dependency, 68% responded that they are caring for children and 40% for an older person. It is also worth noting that of those caring for children, on average, they are providing care for 3 children. Furthermore, most older people are also providing care to others including children, people with disabilities and other older people. Therefore, many are caught in a difficult bind, struggling to cope themselves, yet at the same time having to provide care to others.

Recommendations

1. Establish or strengthen an existing volunteer network (intergenerational) to reach out and support those, including older people and people with a disability, that are at risk of being isolated and neglected.
2. Mobilise the volunteer network to support those who are dependent on others to meet their basic needs, particularly older people over 70, people with a disability and those caring for others including children.
3. With participation and input from the community, including women and women's organizations and religious leaders, develop culturally sensitive community-based activities that can re-establish or strengthen community links especially for those concerned about neglect, isolation, and emotional abuse.
4. Coordinate with humanitarian responders in Pestel to ensure timely information-sharing on protection risks as well as available support services and best practice, especially related to GBV and prevention of all forms of violence against children, older people and people with disabilities.

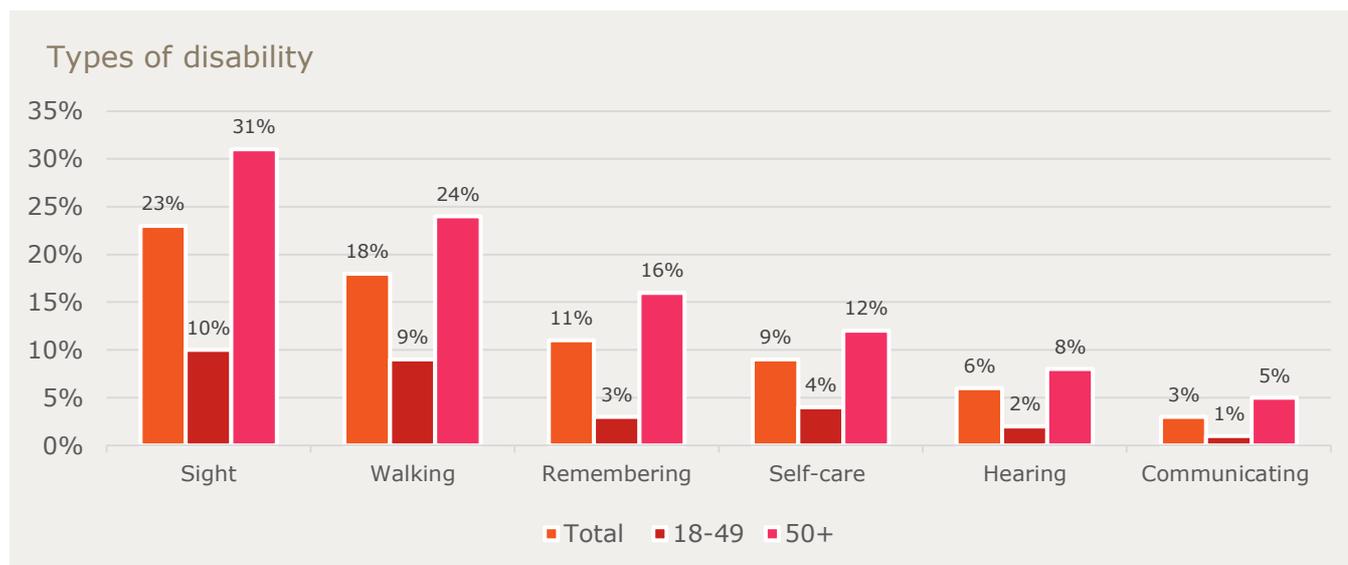
⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/2021-09-14_Haiti%20Earthquake_SitRep%20No.%205.pdf

¹⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/sitrep_1_-_reception_of_returnees_haiti_-_19_sept._to_19_oct._2021_2.pdf

5. Draw attention to longer-term needs, including the reintegration of returned migrants.

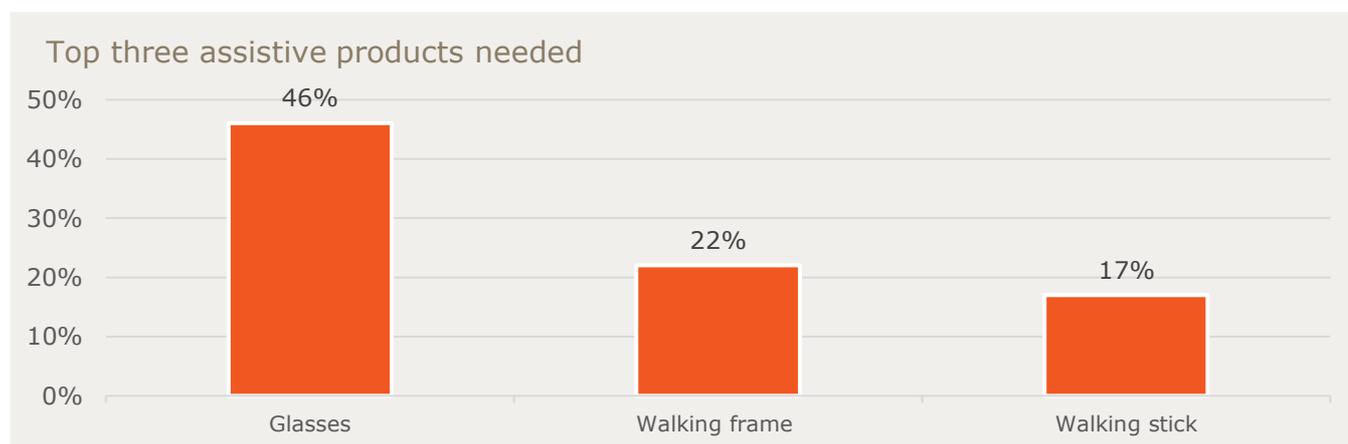
Disability

Of those interviewed 40% had a least one disability relating to sight, hearing, mobility, self-care, remembering or communicating. There are higher incidences of disability in older men (62%) and older women (56%) who are above 50 as opposed to younger men (31%) and younger women (24%) as noted in the chart below. Furthermore, there is a higher incidence of disability in older men and women above 70 than in the older men and women between 50 – 69 years. This information is useful in understanding the different types of support needed and highlights how as we age; we face multiple challenges and differing support needs.



There is also a very high number of older men and women who either have a lot of difficulty or cannot carry out daily tasks. For example, 23% of older men and 32% of older women are not able to leave their living space, with 23% older men and 36% older women having a lot of difficulty seeing and 14% older men and 30% older women experiencing a lot of difficulty walking.

Despite the high prevalence of disability there is not sufficient support services available for people with disabilities in Pestel. If they need specialised support, they need to be transferred to large cities, usually Port-au-Prince. Further concerning is that only a small group of people interviewed have the assistive products they require. The chart below illustrates the most needed assistive products. Other assistive products that people mentioned they lacked were hearing aids (15%) crutches (13%) and urine flasks (13%). It is important that assistive products are available as they are often vital solutions to help those suffering with disabilities regain their independence in their homes and community.

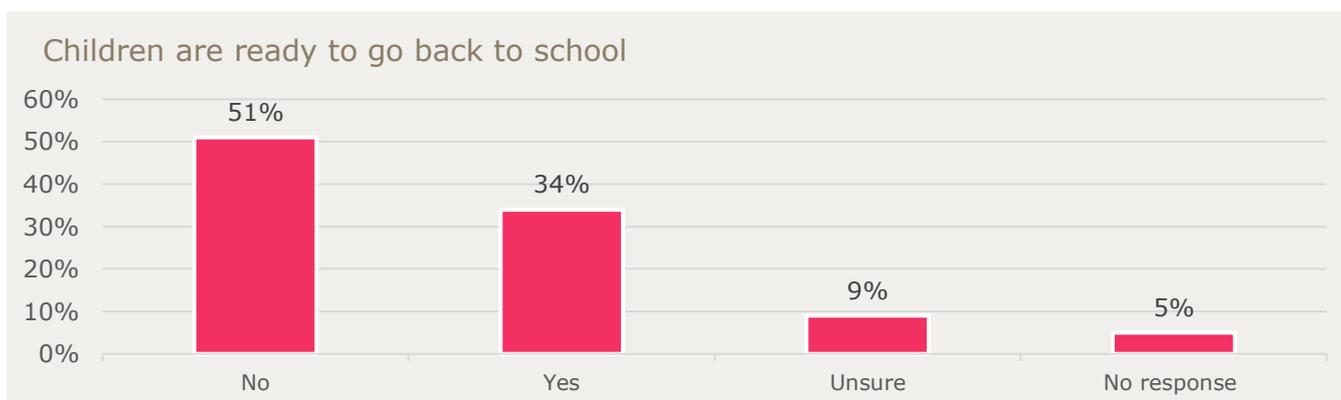


Recommendations

1. Reach out to specialised agencies to provide basic WHO community-based rehabilitation (CBR) training to staff and volunteers in the community to deliver an outreach service and/or train staff operating Pestel's health centre mobile clinics. The CBR training includes supporting those injured regain mobility and providing advice on how to reduce the risk of falls.
2. Link with active older people associations and people with disability associations (Association of People with Disabilities in Pestel) in the community to work together to do joint activities e.g. social events, Christmas events etc.
3. Identify people with disabilities who are interested to volunteer in their community and promote peer to peer exchanges or intergenerational activities with other members of the community who have other experiences to share. Create music and dance sessions set up by interested people with disabilities to build up community activities.
4. Link with the local municipality to share data on disabilities in the area and advocate for more services to be accessible for older people with disabilities, such as increasing outreach services.

Education

34% of those interviewed who are caring for children felt that the children were ready to go back to school while 51% said they were not and 9% were unsure. The most common factor mentioned was the damage inflicted by the earthquake on the local schools which made them unsafe. Others also mentioned that teachers were unable to teach as they were having to deal with their own issues after the earthquake. This could be to do with re-building or recovering from the emotional toll.



Another key barrier to children returning to school was that 89% of carers felt they were unable to provide sufficient materials to be able to send their child back to school. For example, carers mentioned a lack of money to afford schoolbooks, notebooks, pens, uniforms, rucksacks as well as money to pay for transportation.

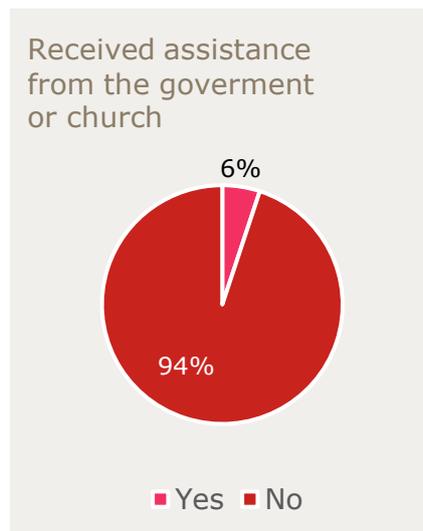
Recommendations

1. Drawing on lessons learned from 2016 hurricane Matthew response, provide comprehensive support to the recently launched 2021-2022 school cycle in Pestel including but not limited to: psychosocial and pedagogical support to affected students and teachers, the repair and rebuild damaged schools, the distribution of school kits and furniture, and prioritising access to local teachers to livelihoods recovery and housing support.
2. Include positive parenting elements including messaging on the importance of children's school attendance and education in all humanitarian response activities with adults.

Access and accountability

Only 5% of those interviewed reported they had received humanitarian assistance. Moreover only 6% reported they were receiving support from either the government or church. This is very alarming, considering the damaged caused by the earthquake and the lack of financial resources within the community to help rebuild and recover from its impacts.

In addition, 7 out of 16 of those respondents who have received humanitarian assistance have been consulted about services which are being provided to them. Likewise, 7 out of 17 of those who received government or church support have been consulted. It is important to ensure that prior to delivering assistance, those benefiting from it are consulted to ensure that programmes which are developed are appropriate. Furthermore, it is important to establish accessible avenues for beneficiaries to provide feedback or complaints. This is to ensure that assistance provided is timely and appropriate. Of those interviewed the most preferred means to provide complaints and/or feedback was via the phone (59%). This was followed by through community members (24%) and via text messages (13%).



Recommendations

1. Advocate to international actors and the government to provide greater assistance to people living in the commune of Pestel including the Cayemite islands.
2. Use accessible communication methods to consult people, including those with disabilities, about their needs and preferences, gaps in services, and whether services are safe and accessible.
3. Establish multiple avenues for complaints and feedback when implementing programmes ensuring that a free phone line is established. Make sure the feedback is analysed on a regular basis to support adaptive programming, and redesign interventions that are found to be inaccessible or inappropriate.

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