



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels  
C(2009) final

**COMMISSION DECISION**

**of**

**on the approval and financing of a Global Plan for humanitarian operations in Haiti  
from the budget of the European Communities**

**(ECHO/HTI/BUD/2009/01000)**

## COMMISSION DECISION

of

### on the approval and financing of a Global Plan for humanitarian operations in Haiti from the budget of the European Communities

(ECHO/HTI/BUD/2009/01000)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>1</sup>, and in particular Article 2 and Article 15(2) thereof,

Whereas:

- (1) The Republic of Haiti is emerging from a long period of political instability;
- (2) Vulnerable populations are facing extreme conditions in the areas of nutrition, health, water, sanitation and food security, requiring a humanitarian response;
- (3) In 2007 the country was hit by significant natural disasters, such as tropical storms Noel and Olga, which increased the fragility and poverty of the population;
- (4) Deforestation, poverty and lack of social structure/health facilities make Haiti especially vulnerable to storm-related damage;
- (5) In 2008 the floods and mudslides resulting from tropical storm Fay and hurricanes Gustav, Hanna and Ike caused devastation throughout Haiti within a month;
- (6) In 2008 before the hurricane season, the levels of acute/chronic malnutrition and infant/maternal mortality indicated a serious social and health situation;
- (7) In 2009 Haiti is facing multiple challenges, and it is necessary to strengthen the capacity for preparedness and response to crises;
- (8) As the scale and complexity of the humanitarian crisis are such that it is likely to continue, a Global Plan that provides a coherent framework for humanitarian action is necessary;
- (9) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the European Communities for a period of 18 months;

---

<sup>1</sup> OJ L 163, 2.7.1996, p. 1.

- (10) It is estimated that an amount of EUR 7,000,000 (of which EUR 5,000,000 from Article 23 02 01 and EUR 2,000,000 from Article 23 02 02) from the general budget of the European Communities is needed in order to provide humanitarian and food assistance to 1,000,000 of the most vulnerable people in Haiti, taking into account the available budget, operations by other donors, and other factors. The activities covered by this Global Plan may be financed in full in accordance with Article 253 of the detailed rules for the implementation of the Financial Regulation;
- (11) This Decision constitutes a financing decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002<sup>2</sup>, Article 90 of Commission Regulation (EC, Euratom) No 2342/2002 laying down detailed rules for implementation of the Financial Regulation<sup>3</sup> and Article 15 of the internal rules for implementation of the general budget of the European Communities<sup>4</sup>;
- (12) To reach populations in need, the aid may be channelled through Non-Governmental Organisations (NGOs) or International Organisations, including United Nations agencies. The European Commission will therefore implement the budget by direct centralised management or by joint management;
- (13) In accordance with Article 17 (3) of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 23 April 2009.

HAS DECIDED AS FOLLOWS:

*Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a sum of EUR 7,000,000 for a 2009 Global Plan to bring relief and humanitarian assistance to the most vulnerable populations in Haiti, under Articles 23 02 01 (EUR 5,000,000) and 23 02 02 (EUR 2,000,000) of the 2009 general budget of the European Communities.
2. In accordance with Article 2 of Council Regulation (EC) No.1257/96, the humanitarian operations in this Global Plan shall be implemented with the following specific objectives:
  - 1) to provide multi-sectoral aid to contribute to reducing malnutrition and mortality.

An amount of EUR **4,800,000** from budget article 23 02 01 has been allocated to this specific objective.
  - 2) to provide food assistance to complement the global strategy for the reduction of malnutrition and mortality.

An amount of EUR **2,000,000** from budget article 23 02 02 has been allocated to this specific objective.

---

<sup>2</sup> OJ L 248, 16.9.2002, p.1.

<sup>3</sup> OJ L 357, 31.12.2002, p.1

<sup>4</sup> Commission Decision of 5.3.2008, C/2008/773

3) to strengthen the preparedness and response to humanitarian crises.

An amount of EUR **200,000** from budget article 23 02 01 has been allocated to this specific objective.

#### *Article 2*

As regards specific objectives 1 and 3 set out in Article 1(2) and financed from budget article 23 02 01, the Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed EUR 2,000,000.

#### *Article 3*

1. This Global Plan shall be implemented over a maximum period of 18 months, starting on 1 July 2009.
2. Expenditure under this Global Plan shall be eligible from 1 July 2009.
3. If the operations envisaged in this Global Plan are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the implementation of this Global Plan.

#### *Article 4*

1. The Commission shall implement the budget by direct centralised management or by joint management with international organisations.
2. The operations financed by this Global Plan will be implemented:
  - either by non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No. 1257/96;
  - or by international organisations.
3. Taking account of the specific nature of humanitarian aid, the type of activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this Global Plan may be financed in full in accordance with Article 253 of the Implementing Rules for the Financial Regulation.

#### *Article 5*

This Decision shall take effect on the date of its adoption.

Done at Brussels,

*For the Commission*  
*Member of the Commission*



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**Supporting document to the Commission Decision on the  
approval and financing of a**

**GLOBAL PLAN 2009**

**for humanitarian aid from the budget of the European  
Communities for the most vulnerable populations in Haiti**

**ECHO/HTI/BUD/2009/01000**

**Humanitarian Aid Committee, April 2009**

## Table of contents

### *Supporting Document*

	page
1) Executive summary.....	1
2) Context and situation.....	1
2.1.) General Context.....	1
2.2.) Current Situation.....	2
3) Identification and assessment of humanitarian needs.....	2
4) Proposed DG ECHO strategy.....	4
4.1.) Coherence with DG ECHO's overall strategic priorities.....	4
4.2.) Impact of previous humanitarian response.....	5
4.3.) Co-ordination with activities of other donors and institutions.....	5
4.4.) Risk assessment and assumptions.....	6
4.5.) DG ECHO Strategy.....	7
4.6.) Duration.....	8
4.7.) Amount of Decision and strategic programming matrix.....	9
5) Evaluation.....	13
6) Management issues.....	13
7) Annexes.....	13
Annex 1: Statistics on the humanitarian situation.....	14
Annex 2: Map of country/ region and location of DG ECHO Actions.....	15
Annex 3: List of previous DG ECHO Actions.....	16
Annex 4: Overview of donors' contributions.....	17
Annex 5: List of Abbreviations.....	18

## 1. EXECUTIVE SUMMARY

The Republic of Haiti is emerging from a long period of political instability. Vulnerable populations are facing extreme situations requiring humanitarian aid in a country in which chronic poverty is on the increase. Haiti is considered to be the poorest country in the continent, with over 70% of the population living below the poverty threshold of USD 2 per person per day. The human development index of the UN Programme for Development places Haiti 146<sup>th</sup> out of 177 countries<sup>1</sup>. Deforestation, poverty and lack of social structure/health facilities make Haiti especially vulnerable to storm-related damage. In 2007 the country was hit by major natural disasters; tropical storms Noel and Olga, and severe flooding throughout the country. Then during the 2008 Atlantic hurricane season, Haiti was affected by Tropical Storm Fay, Hurricane Gustav, Hurricane Hanna and Hurricane Ike, all of which emerged within a month. Eight out of ten departments were severely affected and approximately 800,000 people required assistance. Apart from loss of lives, thousands of houses, fields, roads and infrastructure were destroyed. However, before the hurricane season began to have this serious impact, 2-3 million Haitians were already food-insecure, with 23% of the population suffering from chronic malnutrition, and 9.1% from acute malnutrition. In April 2008, sharply rising food prices led to violent demonstrations; as a consequence, the Parliament held a vote of no confidence, leading to the fall of the Government of Prime Minister Alexis.<sup>2</sup>

The engagement of the European Commission (Directorate-General for Humanitarian Aid – DG ECHO) in Haiti is substantial. DG ECHO's strategy in Haiti is to reduce malnutrition and mortality through Multi-sectoral humanitarian aid, as well as responding to Disasters and undertaking Disaster Preparedness operations. Food assistance is a key part of this multi-sectoral strategy.

With this Global Plan the Commission intends to continue providing integrated assistance to the most vulnerable populations in Haiti, contributing towards achievement of the Millennium Development Goals<sup>3</sup> of reducing hunger and infant and maternal mortality between now and 2015. The budget proposed, for a period of 18 months starting from 1 July 2009, is EUR 7,000,000, of which EUR 5,000,000 from the general humanitarian aid budget and EUR 2,000,000 from the food aid budget.

## 2. CONTEXT AND SITUATION

### 2.1. General Context

In 2007 DG ECHO carried out an *ex ante* external evaluation<sup>4</sup> in order to analyse the humanitarian situation in Haiti. This evaluation confirmed that there had been an increase in poverty and humanitarian needs after each disaster and after the political crisis of recent years. In 2008 Haiti was regarded by DG ECHO as a "Forgotten crisis". With regard to identification of forgotten crises, the Forgotten Crisis Assessment lists the countries with a positive crisis indicator (existence of a crisis) and then takes into account

---

<sup>1</sup> Human Development Report 2007-8 Haiti, UNDP

<sup>2</sup> The impetus created by emergency needs caused by the hurricanes led to the inauguration of a new Government on 5 September 2008.

<sup>3</sup> <http://www.un.org/millenniumgoals/>

<sup>4</sup> <http://ec.europa.eu/echo/files/policies/evaluation/2007/haiti.pdf>

the vulnerability indicator, media coverage, humanitarian aid and development aid per inhabitant, as well as the evaluation carried out by DG ECHO's geographical units. From 2008 Haiti also became a pilot country for the new multi-service, inter-institutional "Fragile situation" initiative. DG ECHO had monitored Haiti continuously from its headquarters in Brussels and its Caribbean office in Santo Domingo. However, the Commission decided to open an ECHO office in Haiti and to have a Global Plan strategy in 2009, in order to better address the serious humanitarian problems affecting the population. In November 2008 the Director-General of ECHO visited Haiti and announced this office, which was opened by Commissioner Louis Michel in February 2009.

## **2.2. Current Situation**

Haiti is a country with vast humanitarian needs, and it faces multiple challenges: recovering from the devastation of the 2008 hurricane season; maintaining social and political stability before and after the April 2009 Senate elections; coping with widespread malnutrition and food insecurity (worsened by price increases); creating functional water, health and sanitation systems.

## **3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS**

The purpose of this Global Plan is to assist the most vulnerable people throughout the country. The current population of Haiti is estimated by UNFPA as 9,800,000 and the estimated number of beneficiaries of this Global Plan is 1,000,000. In February 2009 a mission was undertaken by DG ECHO Desk officer with Field officers from ECHO-Haiti and ECHO-Caribbean, plus the Health Co-ordinator from ECHO Regional Support Office-Managua. A key purpose was to consult partners, donors, organisations, authorities and main stake-holders concerning the priority areas of intervention. As regards targeting beneficiaries in different parts of the country, ECHO-Haiti office is undertaking a mapping exercise, analysing relative humanitarian need via key factors, including agro-ecological zones, population density and river basins, thus identifying communities which are extremely isolated and communities which are highly prone to flooding. This is in addition to the nutrition and water surveys, mentioned below.

### **Health and nutrition**

The health system is very fragile. In the Centre department, access to healthcare is poor or very poor for 83% of rural households; this percentage is 72% in Grande Anse and 61% in Sud. Few district health units are operational. Healthcare must be paid for and is not readily accessible by most of the population. The maternal mortality rate is 630 deaths for every 100,000 live births for the period 0-6 years prior to the EMMUS IV survey<sup>5</sup>, while the rate estimated by the EMMUS III survey in 2000 was 523 for every 100,000 births. One in 38 women runs the risk of dying in childbirth. The Under-five mortality rate (80 out of every 1,000: UNICEF 2006) is an indication of the serious social and health situation. This rate is the highest for the Latin America-Caribbean region. In

---

<sup>5</sup> Survey on mortality, morbidity and use of services (EMMUS IV) drawn up in Haiti in 2005-2006 by the Haitian Institute of Childhood (IHE), in collaboration with the Haitian Institute of Statistics and Information Sciences.



Haiti infectious diseases remain the main cause of mortality, with HIV/AIDS<sup>6</sup> occupying the first place among adults. The extension of basic services, with access to prevention, quality care, vaccination and drugs, is essential. Other important aspects for the system to work are community participation, human resource development, disaster preparedness and response plus close co-ordination with departmental health authorities. International co-operation is focusing on these topics, by means of planning and technical/financial assistance, but needs additional support. Urgent needs in the health sector must be considered in relation to development aspects, aiming at sustainability and LRRD<sup>7</sup>.

The national level of acute malnutrition is 9.1%. In the departments of Artibonite and Sud, the EMMUS IV report noted nutritional situations giving cause for concern, with acute malnutrition of 18% and 12%, respectively, in these departments. With regard to chronic malnutrition, the situation has worsened with respect to EMMUS III in the Sud-Est department, where chronic malnutrition has risen from 25% to 35%, and in the Nord department, where it has increased from 24% to 30%. Malnourished children have low resistance to infections and are more likely to die. The main causes of infant mortality are diarrhoeal diseases, malaria and acute respiratory infections. Due to the level of malnutrition throughout the country and the poor capacity of the health service, targeting of priority areas is to be defined by the ongoing national nutritional survey.<sup>8</sup> There is an urgent need to resolve the current lack of agreement between the health authority and international agencies on a national nutrition treatment and training protocol. Training of health staff and community workers is required, as is nutrition education/promotion. Nutritional surveillance and treatment of malnourished children are crucial interventions required to reduce malnutrition.

### **Food assistance and food security**

Food insecurity has several causes, including people's inability to pay for food and their inability to access it. The latter results both from the country's inadequate food supply/lack of national production and from distribution/logistics problems. Haiti imports over 50% of its food (over 80% of its rice). The CNSA<sup>9</sup>, working in close co-ordination with Famine Early Warning Systems Network (FEWS-NET) and food/nutrition-related agencies (WFP, FAO, PAHO, UNICEF), has a key function in defining the most food-insecure areas. The CNSA/FEWSNET food security bulletin for January to July 2009 estimates that 3,000,000 people (nearly a third of the population) are food insecure. Food assistance and food aid are required, including rehabilitation of irrigation infrastructure and distribution of agricultural inputs to improve productivity. Moreover, nutrition education is needed by a large section of the population, as many current food preparation and consumption practices undermine adequate nutritional impact.

### **Water, sanitation and hygiene**

Access to safe water is an essential need, for adequate nutritional status of the population. Most people in rural areas do not have access to drinking water and are not familiar with low-cost water treatment procedures. This leads to high rates of water-related diseases.

---

<sup>6</sup> Human immunodeficiency virus / acquired immunodeficiency syndrome

<sup>7</sup> LRRD (Linking Relief, Rehabilitation and Development): Commission Communication to the Council and the European Parliament of 26 May 2001 (COM (2001) 153)

<sup>8</sup> DG ECHO and UNICEF are funding *Action Contre la Faim* for this purpose.

<sup>9</sup> *Coordination Nationale de la Sécurité Alimentaire*, partly funded by the European Commission and USAID, is based in Ministry of Agriculture and linked to Ministries of Health, Planning and Finance

EMMUS IV showed that in some departments (e.g. Artibonite) there is a relatively high incidence of diarrhoea, which indicates problems relating to water, sanitation and/or hygiene. According to a national survey undertaken five months after the 2008 hurricane season by UNDP with the Ministry of Water and Hygiene, DINEPA (*Direction Nationale de l'Eau Potable et Assainissement*), almost 90% of rural water supply systems are in urgent need of repair. The repair cost for 374 partially or severely affected systems (633 such systems were surveyed) is estimated to be around USD 5,300,000. This would bring a return to the pre-hurricane situation, which was far from perfect. The SNEP (*Service National de l'Eau Potable*) is responsible for water supply, but as an institution it is under-resourced and currently undergoing reform, being supported by UNDP and NGOs. Although responsible for water quality assurance, the Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population*) lacks the institutional capacity to carry out its mandate and needs urgent support. A community-based approach with water committees and the use of filters and/or chlorine would facilitate safe drinking water.

Hygiene needs to be significantly improved at all levels. Health and hygiene information/education at community level are essential. It has been found that some people continue to use river water, despite new water supply systems, due to lack of understanding. The same applies at times to the use of newly installed latrines.

### **Emergency preparedness and response**

Haiti is at great risk from natural disasters, as well as epidemics. According to ECHO Global Needs Assessment 2008-2009, Haiti has a score of 3 in the Crisis Index and 2 in the Vulnerability Index, in a system where 3 is high and 1 is low. Haiti is also recognised by UNDP<sup>10</sup> as one of the most at-risk countries in the world, and the highest in the region. Hurricanes, floods, mudslides and earthquakes are the chief natural hazards, whilst potential epidemics include dengue fever, malaria and leptospirosis. Central and local capacities to monitor and respond to emergencies in a timely and efficient way are weak, so support is needed for emergency preparedness and response.

## **4. PROPOSED DG ECHO STRATEGY**

### **4.1. Coherence with DG ECHO's overall strategic priorities**

The strategy proposed under this decision is consistent with DG ECHO's overall strategic priorities. In 2008 Haiti was regarded by DG ECHO as a "Forgotten crisis", in 2009 it scored highly in the ECHO Global Needs Assessment and from 2008 it became a pilot country for the new multi-service, inter-institutional "Fragile situation" initiative. This Global Plan will be carried out in full awareness of cross-cutting issues, including Environmental sustainability and the need for Protection of vulnerable people, including those at risk in the context of HIV/AIDS<sup>11</sup>, child abuse and sex and gender-based violence. The decision will be implemented with active recognition of the need to include Disaster Risk Reduction (DRR) in humanitarian relief and response, as emphasised by the European Consensus on Humanitarian Aid (December 2007) and the DRR Communication adopted by the European Commission in February 2009. This Haiti

---

<sup>10</sup> UNDP World Report 2004 "Reducing disaster risk: a challenge for development"

<sup>11</sup> HIV/AIDS adult prevalence 5.6% estimated 2003, CIA World Fact-book 2009

strategy is thus coherent with the Hyogo Framework for Action 2005-2015, adopted at the World Conference on Disaster Reduction, Japan 2005. The five action priorities of the Hyogo Framework are ensuring that DRR is a priority, enhancing early warning, building a culture of safety, reducing risk factors and strengthening Disaster Preparedness. Since 1998 DG ECHO has been implementing a Disaster Preparedness programme, DIPECHO, in the Caribbean, including Haiti. The aim of this programme is to enhance the capacity of exposed populations to prepare for and protect themselves against natural disasters. Experience has shown that measures undertaken by DIPECHO programmes, such as early warning systems, evacuation procedures and first aid training, are effective in minimising casualties and saving lives. This was observed in the aftermath of the devastating 2008 hurricane season in Haiti, in which "only 793 people died, compared with 3,000 killed by Hurricane Jeanne in 2004".<sup>12</sup>

#### **4.2. Impact of previous humanitarian response**

The European Commission is one of the major humanitarian donors in Haiti. Under the 6th DIPECHO Action Plan in the Caribbean (EUR 4,000,000, 2007-9), EUR 1,000,000 was allocated to Haiti. In 2008 EUR 8,000,000 was allocated to Haiti via Ad hoc funding decisions (EUR 3,000,000 for Health, Water and Sanitation and EUR 5,000,000 from 2 global Food Aid decisions). During the hurricane season, a Primary Emergency decision for EUR 2,000,000 in response to Hurricane Hanna's impact on Haiti was adopted in September, and an Emergency decision for EUR 5,000,000 was adopted for the Caribbean region in October, responding to Hurricane Gustav and subsequent storms. EUR 2,700,000 of this was allocated to Haiti. Finally, an Emergency Food Aid Decision was adopted in November for EUR 6,000,000, to provide nutritional assistance for recovery in Haiti. Relief was provided in the sectors of Food, Non-food items, Water, Sanitation, Health, Nutrition, Shelter, Emergency communications, Emergency rehabilitation, Livelihoods and Food Security. Damage to infrastructure, livelihoods and productivity had a medium to long-term impact, and much assistance is still ongoing. There are some integrated, multi-partner projects providing a coherent response to protracted nutritional crisis, where a region benefits from a nutritional recovery unit, water collection/purification systems, hygiene education and agricultural diversification/livelihoods. Cash-for-work and food-for-work operations are often enhancing the environment and reducing flood risk/community isolation e.g. clearing and protecting drainage channels or repairing damaged roads, bridges and fishing harbours. In the health sphere, emergency obstetric assistance, provision of essential medicines and vaccination campaigns are being supported.

#### **4.3. Co-ordination with activities of other donors and institutions**

Within the Commission, DG ECHO is in close contact with DG Development, the EuropeAid co-operation office and the EC Delegation. This is essential to ensure transition from relief/rehabilitation to development (LRRD, mentioned above). The National Indicative Programme under the 10th European Development Fund (EDF) covers the period 2008-2013 with an amount of EUR 291,000,000 of funds which can be programmed (envelope A) for the focal sectors of infrastructure (mainly roads) and governance (decentralisation). General budget support to assist the country with macroeconomic reforms and consolidation of the state of law is also anticipated. The EC will make available for Haiti EUR 13,600,000 for unforeseen needs (envelope B).

---

<sup>12</sup> "Rebuilding Haiti", The Economist, February 14 2009

However, Haiti only ratified the Cotonou Agreement in August 2008, and signing of the Country Strategy Paper was delayed until December 2008. Haiti has benefitted from the Food Security Thematic Programme in 2008 (EUR 5,000,000) and 2009 (EUR 6,000,000), and some 9th EDF programmes were adjusted to respond to the "Rising price" crisis plus natural disasters in 2008. Haiti will also benefit from the Food Facility in 2009, with EUR 10,000,000 allocated to a river basin management/food security programme and an additional amount of EUR 5,800,000 available. Complementarity of interventions funded under this Global Plan and other financial instruments will be facilitated by the enhanced co-operation resulting from the new ECHO-Haiti office. In addition, under the 9th EDF in 2006 DG Development launched a risk reduction programme in Haiti (EUR 6,000,000), which is complementary to DIPECHO, involving long-term institutional support. From 26 February 2009 Haiti can benefit from flexible procedures for some 10<sup>th</sup> EDF programmes, in order to address difficult situations and reduce delays. This is one benefit resulting from the "Fragile situation" pilot approach, mentioned above. This pilot approach also aims to improve donor co-ordination, coherence between different interventions, local co-ordination and staffing levels. As well as EU institutions and Member States, the World Bank and key non-European donors participate in this pilot scheme.

DG ECHO works in close co-operation with its partners (non-governmental and international organisations) and other donors and institutions to ensure the effectiveness of proposed measures. Strategic programming dialogue meetings are held regularly at headquarters in Brussels. DG ECHO carries out missions to evaluate and monitor the humanitarian situation in Haiti from its headquarters in Brussels, its Regional Support Office in Managua, its Caribbean office in Santo Domingo and, of course, from its new country office. During the February 2009 mission, "cluster" meetings (partners grouped by sector) were organised by the DG ECHO team, with the support of UN-OCHA (Office for the Co-ordination of Humanitarian Affairs). The cluster system, which was used for the hurricane response in 2008, is young in Haiti and presents challenges, with many partners having difficulty recruiting suitably qualified staff. Thus the reinforcements for OCHA-Haiti in 2009, announced by the UN Emergency Relief Co-ordinator after the hurricane season, are welcome. A UN Flash Appeal for Haiti was launched in September 2008 for USD 107,714,621. It was revised in December with a call for USD 127,000,000 and an eight-month duration.

#### **4.4. Risk assessment and assumptions**

Violence and natural catastrophes are two factors that may limit access to populations. The security situation in the country has improved with the continued presence of the United Nations Stabilisation Mission in Haiti (MINUSTAH), with the exception of certain urban areas in the capital, Port-au-Prince. The risk associated with natural disasters is covered above.

The following risks and constraints should be considered:

- Deterioration of the security situation
- Access problems, linked to damaged infrastructure
- Further natural disasters (Atlantic hurricane season lasts June – November)
- Further food price increases

The assumption is made that there will be close co-operation between the government, local authorities, implementing partners and donors.

## 4.5. DG ECHO Strategy

**Principal objective:** To bring relief and humanitarian assistance to the most vulnerable populations in Haiti

**Specific objective 1:** To provide multi-sectoral aid to contribute to reducing malnutrition and mortality

**Specific objective 2:** To provide food assistance to complement the global strategy for the reduction of malnutrition and mortality

**Specific objective 3:** To strengthen the preparedness and response to humanitarian crises

**N.B.** The general budget for humanitarian aid will be used for Specific objectives 1 and 3, whilst the food aid budget will be used for Specific objective 2.

The objective of this Global Plan is to reduce malnutrition and mortality through health, nutrition, water, sanitation, hygiene, food assistance and food security interventions, incorporating a focus on LRRD, where relief and structural inputs (support to build up systems) are closely linked. The selection of beneficiaries will be done in close co-ordination with key players and according to ongoing nutritional studies and vulnerability maps. The cross-cutting issues described in Paragraph 4.1. (Environmental sustainability, Protection of vulnerable people and DRR) will be integrated in the Plan's implementation. Technical Assistance will be provided by ECHO-Haiti office, in co-ordination with ECHO-Caribbean office for the regional DIPECHO programme and with appropriate back-up from ECHO Regional Support Office-Managua.

### Health

- Contribute to reducing maternal mortality by supporting projects/programmes for free obstetric care, especially "*Soins Obstétriques Gratuits*" (SOG), which began in 2008 but which lacks resources
- Drug procurement/management systems need support, especially concerning emergency response capacity
- Mother and Child programmes need support via a community-based approach plus strong co-ordination with departmental health authorities, volunteer networks ("*Agents de santé*") and Traditional Birth Attendants
- Support should be provided for the network of vaccination points, staffed by "*Agents de Santé*", which can be used to dispense anti-parasite drugs and to monitor malnutrition

### Nutrition

- Nutrition surveillance system with human resource training
- Treatment of malnourished children, including Supplementary/Therapeutic feeding and Community-Based Therapeutic Care
- Co-ordination between health authorities and international agencies on a national nutrition treatment and training protocol
- Nutrition information and education at community level, including adequate food preparation and consumption practices

### **Food assistance and food security**

- Food aid, post-crisis and for targeted groups e.g. Under-fives and pregnant/breast-feeding women
- Agricultural diversification and livelihoods
- Distribution of agricultural inputs
- Rehabilitation of irrigation systems
- Livestock and fisheries support

### **Water, sanitation and hygiene**

- Urgent repair of water systems
- Support for water quality control and assurance
- Reinforcement of community-based water management systems, including education/use of basic water treatment procedures e.g. filters and chlorine
- Hygiene awareness-raising campaigns, to reduce burden of diarrhoeal disease and children's vulnerability to malnutrition

### **Emergency preparedness and response**

Strengthening partners' capacities to provide a co-ordinated and effective response to crises, improving current preparedness and response mechanisms in Haiti:

- Epidemic surveillance and disaster preparedness/response in the health sector need strengthening, as the emergency response unit within the Ministry of Public Health and Population lacks support
- Strengthening local preparedness; small-scale mitigation; pre-positioning of stocks in isolated areas
- Disaster response activities: distribution of food and non-food items; support for early recovery; life-saving activities

**N.B.** These activities will be complementary to any operations funded in Haiti under the potential 7<sup>th</sup> DIPECHO Action Plan in the Caribbean, proposed for September 2009.

## **4.6. Duration**

The implementation period for this Global Plan will be **18** months. Humanitarian Actions funded by this Global Plan must be implemented within this period. The duration of many operations funded under this Global Plan will be 15 months, but they will not all start at the same time. The 18-month period provides some flexibility for start dates and possible extensions, in relation to potential logistical problems, insecurity and natural disasters.

Expenditure under this Global Plan will be eligible from 1 July 2009.

Starting date: 1 July 2009

If the implementation of the Actions envisaged in this Global Plan is suspended due to "*force majeure*" or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid Actions.

Depending on developments in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the Action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

## **4.7. Amount of the Global Plan and strategic programming matrix**

**4.7.1 Total amount of the Global Plan: EUR 7,000,000**

## 4.7.2. STRATEGIC PROGRAMMING MATRIX FOR THE GLOBAL PLAN

Principal objective		To bring relief and humanitarian assistance to the most vulnerable populations in Haiti			
Specific objectives	Allocated amount (EUR)	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
<p><b>Specific objective 1:</b> To provide multi-sectoral aid to contribute to reducing malnutrition and mortality</p>	<p><b>4,800,000</b></p>	<p>Location  Haiti</p>	<p>Activities</p> <p>Multi-sector operations to reduce and prevent Global Acute Malnutrition:</p> <ul style="list-style-type: none"> <li>• Therapeutic Feeding Centres</li> <li>• Supplementary Feeding Centres</li> <li>• Staff training</li> <li>• Community-Based Therapeutic Care</li> <li>• Nutrition Surveys and surveillance</li> </ul> <p>Nutrition information and education, including adequate food preparation and consumption practices</p> <p>Reduction of maternal mortality via access to free reproductive health and obstetric care</p> <p>Support to essential drug management systems</p> <p>Strengthening curative and preventive Mother and Child community-based primary health care, including volunteer networks and Traditional Birth Attendants</p> <p>Support for vaccination monitoring network of assembly points with community health function</p> <p>Improve availability of safe water (via water system rehabilitation) and environmental sanitation; promote awareness of sanitation and hygienic practices</p> <p>Strengthen water quality control and assurance</p>	<p>Expected outputs / indicators</p> <p>Beneficiaries have access to nutritional surveillance and response, according to SPHERE minimum Standards</p> <p>International nutrition and training protocols are implemented</p> <p>Improved food preparation and diversification/enhanced nutrition</p> <p>Reduced maternal and infant mortality rates</p> <p>Essential drug management systems are functioning in emergencies</p> <p>Beneficiaries have access to primary health care with focus on curative and preventive Mother and Child health, supported by a volunteer and Traditional Birth Attendant network</p> <p>Reinforced network of vaccination points leads to reduced malnutrition and disease</p> <p>Improved availability of safe water and environmental sanitation plus enhanced awareness of sanitation and hygienic practices lead to reduced incidence of water-borne and water-related diseases</p> <p>Beneficiaries have access to promotion of a healthy life style (nutrition, water, sanitation and hygiene)</p>	<p>- ACF - FRA - ACP - ACTED - AMI - FRA - AVSI - CAM - CARE - FR - CHRISTIAN AID - UK - CONCERN WORLDWIDE - CROIX-ROUGE - DEU - CROIX-ROUGE - ESP - CROIX-ROUGE - FRA - DIAKONIE - EMDH - FAO - GERMAN AGRO ACTION - HANDICAP (FR) - IFRC-FICR - INITIATIVE DEVELOPPEMENT - INTERMON - MDM - FRA - MSF - BEL - MSF - FRA - MSF - NLD - OXFAM - UK - PAHO - PLAN INTERNATIONAL UK - PSF - FRA/CLERMONT-FERRAND - SAVE THE CHILDREN - UK - TERRE DES HOMMES - CHE - UNICEF - WFP-PAM</p>



<p><b>Specific objective 2:</b> To provide food assistance to complement the global strategy for the reduction of malnutrition and mortality</p>	<p><b>2,000,000</b></p>	<p>Location  Haiti</p>	<p>Activities  Full range of food assistance activities:  Food aid Prevention and treatment of malnutrition Information and education on food and nutrition Short-term recovery/food security assistance (agriculture, fisheries and livestock) Short-term livelihood support Food-for-work activities Cash-for-work activities</p>	<p>Expected outputs / indicators  Beneficiaries have access to services, according to SPHERE minimum Standards  Nutritional status of target population is improved, demonstrated by surveillance and surveys Food security and livelihoods: - Food security assistance and related support to vulnerable groups are provided - Livelihoods of the most vulnerable are strengthened via integrated short-term food security assistance (agriculture, fisheries and livestock, seeds and tools) taking into account environmental and protection constraints - River basin and agro-ecological zone approach is embedded in aid programming</p>	<ul style="list-style-type: none"> <li>- ACF - FRA</li> <li>- ACTED</li> <li>- AVSI</li> <li>- CHRISTIAN AID - UK</li> <li>- CONCERN WORLDWIDE</li> <li>- CROIX-ROUGE - DEU</li> <li>- FAO</li> <li>- GERMAN AGRO ACTION</li> <li>- HANDICAP (FR)</li> <li>- INITIATIVE DEVELOPPEMENT</li> <li>- OXFAM - UK</li> <li>- PLAN INTERNATIONAL UK</li> <li>- SAVE THE CHILDREN - UK</li> <li>- WFP-PAM</li> </ul>
--	-------------------------	--------------------------------	---	--	--

<b>Specific objective 3:</b> To strengthen the preparedness and response to humanitarian crises	<b>200,000</b>	Location  Haiti	<b>Activities</b>  Disaster response: - Distribution of food and non-food items - Support for early recovery - Life-saving activities  Disaster Preparedness: - Strengthening local preparedness - Small-scale mitigation - Pre-positioning of stocks in isolated areas Risk reduction activities  - Epidemic surveillance and disaster preparedness/response	<b>Expected outputs / indicators</b>  Beneficiaries have access to services, according to SPHERE minimum Standards  Urgent humanitarian needs arising from natural disasters are met and local preparedness capacity is enhanced: - The basic humanitarian needs of victims of natural disasters are met - The early recovery of families affected by natural disasters is fostered - The local population's capacity to prepare for and respond to natural disasters has increased  Epidemic surveillance and disaster preparedness/response are reinforced	- ACF - FRA - ACP - ACTED - AMI - FRA - AVSI - CAM - CARE - FR - CHRISTIAN AID - UK - CONCERN WORLDWIDE - CROIX-ROUGE - DEU - CROIX-ROUGE - ESP - CROIX-ROUGE - FRA - DIAKONIE - EMDH - FAO - GERMAN AGRO ACTION - HANDICAP (FR) - IFRC-FICR - INITIATIVE DEVELOPPEMENT - INTERMON - MDM - FRA - MSF - BEL - MSF - FRA - MSF - NLD - OXFAM - UK - PAHO - PLAN INTERNATIONAL UK - PSF - FRA/CLERMONT-FERRAND - SAVE THE CHILDREN - UK - TERRE DES HOMMES - CHE - UNICEF - WFP-PAM
<b>Risk assessment</b>	- Deterioration of the security situation - Access problems, linked to damaged infrastructure - Further natural disasters, especially as the Atlantic hurricane season lasts from June until November - Further food price increases				
<b>Assumptions</b>	The Global Plan relies on close co-operation between the government, local authorities, implementing partners and donors. Programming takes full account of river basin and agro-ecological zones, incorporating Disaster Risk Reduction throughout. Targeting of beneficiaries is determined by nutrition and water surveys plus vulnerability mapping. Environmental sustainability, Protection of vulnerable people and LRRD are integrated in the Plan's implementation.				
<b>Total cost</b>	7,000,000				

## 5. EVALUATION

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid Actions financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent Actions." These evaluations are structured and organised in overarching and cross-cutting issues forming part of DG ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

[http://ec.europa.eu/echo/policies/evaluation/introduction\\_en.htm](http://ec.europa.eu/echo/policies/evaluation/introduction_en.htm).

## 6. MANAGEMENT ISSUES

Humanitarian aid Actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at

[http://ec.europa.eu/echo/about/actors/partners\\_en.htm](http://ec.europa.eu/echo/about/actors/partners_en.htm).

For International Organisations identified as potential partners for implementing the Global Plan, actions will be managed under joint management.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.

## 7. ANNEXES

**Annex 1: Statistics on the humanitarian situation**

**Annex 2: Map of country**

**Annex 3: List of previous DG ECHO Actions**

**Annex 4: Overview of donors' contributions**

**Annex 5: List of abbreviations**

## Annex 1: Statistics on the humanitarian situation

Population:	9,800,000 (UNFPA 2007)
Infant mortality rate:	<i>Total:</i> 62.33 deaths/1,000 live births <i>male:</i> 66.88 deaths/1,000 live births <i>female:</i> 57.64 deaths/1,000 live births (CIA Fact-book 2009)
Under-five mortality rate:	80/1,000 (UNICEF 2006)
Maternal mortality rate:	630 deaths/100,000 live births (EMMUS IV " <i>Enquête Mortalité, Morbidité et Utilisation des Services</i> ", Survey on mortality, morbidity and use of services drawn up in Haiti in 2005-2006 by the Haitian Institute of Childhood (IHE), in collaboration with the Haitian Institute of Statistics and Information Sciences)
Under-five nutritional status:	22% underweight (6% severely underweight) 23.8% stunted (8% severely stunted) 09.1% wasted (2.2% severely wasted) (EMMUS IV)
Life expectancy at birth:	Total population: 57.56 years male: 55.83 years female: 59.35 years (CIA Fact-book 2009)
ECHO Global Needs Assessment 2008-9:	3 in the Crisis Index; 2 in the Vulnerability Index (3 is high and 1 is low)
Human Development Index:	HDI of the UN Programme for Development places Haiti 146 <sup>th</sup> out of 177 countries (UNDP Human Development Report 2007-8)
% population with no sustainable access to improved drinking water:	46% (UNDP Human Development Report 2007)
% population living on less than USD 1 per day:	53.9% (UNDP Human Development Report 2007)
Prevalence of under-nourishment in total population:	46% (FAO 2004)
Major infectious diseases:	Food or water-borne diseases: bacterial and protozoal diarrhoea, hepatitis A and E, and typhoid fever Vector-borne diseases: dengue fever and malaria Water contact disease: leptospirosis (CIA Fact-book 2009)
HIV/AIDS adult prevalence:	5.6% (estimated 2003, CIA World Fact-book 2009)
Exposure to disaster:	Haiti is a high-risk country; one of the highest in the world, and the highest in the region. UNDP World Report 2004 Risk index shows Vulnerability indicator for Haiti 12.96; Dominican Republic 2.79; USA 2.49; Jamaica 1.45; Cuba 0.16
Literacy (definition: age 15 and over can read and write):	Total population: 52.9%: male 54.8%; female 51.2% (CIA Fact-book 2009)

## Annex 2: Map of country



Map No. 3855 Rev. 3 UNITED NATIONS  
June 2004

Department of Peacekeeping Operations  
Cartographic Section

### Annex 3: List of previous DG ECHO Actions

<b>List of previous DG ECHO operations in HAITI</b>
---

Decision Number	Decision Type	2007 EUR	2008 EUR	2009 EUR
ECHO/-CR/BUD/2007/01000 (*)	Emergency	0		
ECHO/-CR/EDF/2007/01000 (*)	Emergency	0		
ECHO/-FA/BUD/2007/02000 (*)	Non Emergency	2,000,000		
ECHO/DIP/BUD/2007/02000 (*)	Non Emergency	0		
ECHO/HTI/BUD/2007/01000	Emergency	1,000,000		
ECHO/HTI/EDF/2007/01000	Non Emergency	1,500,000		
ECHO/-AM/BUD/2008/01000 (*)	Non Emergency		0	
ECHO/-CR/BUD/2008/01000 (*)	Emergency		2,700,000	
ECHO/-FA/BUD/2008/01000 (*)	Non Emergency		3,000,000	
ECHO/-FA/BUD/2008/02000 (*)	Non Emergency		2,000,000	
ECHO/-FA/BUD/2008/08000	Emergency		6,000,000	
ECHO/HTI/BUD/2008/01000	Non Emergency		3,000,000	
ECHO/HTI/BUD/2008/02000	Prim. Emergency		2,000,000	
	<b>Subtotal</b>	4,500,000	18,700,000	0
	<b>Grand Total</b>	23,200,000		

Dated : 02 March 2009  
Source : HOPE

(\*) decisions with more than one country

## Annex 4: Other donors' contributions

Donors in HAITI the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	462,000	DG ECHO	18,700,000		
Belgium	2,113,800	Other services			
Bulgaria					
Cyprus					
Czech Republic	100,000				
Denmark					
Estonia	31,969				
Finland	500,000				
France	4,423,961				
Germany	1,659,606				
Greece	250,000				
Hungary					
Ireland	750,000				
Italy	1,250,000				
Latvia					
Lithuania					
Luxemburg	515,681				
Malta					
Netherlands	3,000,000				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	2,000,000				
Sweden	5,298,236				
United Kingdom	1,814,341				
<b>Subtotal</b>	<b>24,169,594</b>	<b>Subtotal</b>	<b>18,700,000</b>	<b>Subtotal</b>	<b>0</b>
		<b>Grand total</b>	<b>42,869,594</b>		

Dated : 02 March 2009

(\*) Source : DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>  
Empty cells means either no information is available or no contribution.

### Annex 5: List of Abbreviations

<b>ACF-FRA</b>	Action Contre la Faim-France	<b>FEWS-NET</b>	Famine Early Warning Systems Network
<b>ACP</b>	Asamblea de Cooperación por la Paz	<b>FPA</b>	Framework Partnership Agreement
<b>ACTED</b>	Agence d'Aide à la Coopération Technique et au Développement	<b>GAM</b>	Global Acute Malnutrition
<b>AMI-FRA</b>	Aide Médicale Internationale-France	<b>GNA</b>	Global Needs Assessment
<b>AVSI</b>	Associazione Volontari per il Servizio Internazionale	<b>Handicap-FRA</b>	Handicap International-France
<b>CAM</b>	Comité d'Aide Médicale	<b>HDI</b>	Human Development Index
<b>CARE-FR</b>	CARE-France	<b>HDR</b>	Human Development Report
<b>Christian Aid-UK</b>	Christian Aid-Great Britain	<b>HI</b>	Handicap International
<b>CIA</b>	Central Intelligence Agency	<b>HIV/AIDS</b>	Human immunodeficiency virus/Acquired Immunodeficiency syndrome
<b>CNSA</b>	Coordination Nationale de la Sécurité Alimentaire	<b>IFRC</b>	International Federation of the Red Cross and Red Crescent
<b>Concern Worldwide</b>	Concern Worldwide-Ireland	<b>INGO</b>	International Non-Governmental Organisation
<b>CR-DEU</b>	Deutsches Rotes Kreuz	<b>Intermon</b>	Intermon Oxfam
<b>CR-ESP</b>	Cruz Roja Española	<b>LRRD</b>	Linking Relief, Rehabilitation and Development
<b>CR-FRA</b>	Croix-Rouge Française	<b>MDM-FRA</b>	Médecins du Monde-France
<b>DG ECHO</b>	Directorate-General for Humanitarian Aid	<b>MINUSTAH</b>	Mission des Nations Unies pour la Stabilisation en Haïti
<b>DINEPA</b>	Direction Nationale de l'Eau Potable et Assainissement	<b>MSF-BEL</b>	Médecins Sans Frontières-Belgique
<b>DIPECHO</b>	Disaster Preparedness ECHO	<b>MSF-FRA</b>	Médecins Sans Frontières-France
<b>DRR</b>	Disaster Risk Reduction	<b>MSF-NLD</b>	Artsen Zonder Grenzen-Nederland
<b>EC</b>	European Commission	<b>NGO</b>	Non-Governmental Organisation
<b>EDF</b>	European Development Fund	<b>OCHA</b>	Office for the Co-ordination of Humanitarian Affairs
<b>EMDH</b>	Enfants du Monde/Droits de l'Homme	<b>Oxfam-UK</b>	Oxfam-Great Britain
<b>EMMUS</b>	Enquête Mortalité, Morbidité et Utilisation des Services	<b>PAHO</b>	Pan American Health Organisation (United Nations)
<b>EU</b>	European Union	<b>Plan International- UK</b>	Plan International-United Kingdom
<b>EUR</b>	Euros	<b>PSF-FRA</b>	Pharmaciens Sans Frontières Comité International
<b>FAFA</b>	Financial and Administrative Framework Agreement	<b>SAM</b>	Severe Acute Malnutrition
<b>FAO</b>	Food and Agriculture Organisation (United Nations)	<b>SC-UK</b>	Save the Children Fund-Great Britain



<b>SNEP</b>	Service National de l'Eau Potable		
<b>SOG</b>	Soins Obstétriques Gratuits		
<b>UN</b>	United Nations		
<b>UNDP</b>	United Nations Development Programme		
<b>UNFPA</b>	United Nations Population Fund		
<b>UNICEF</b>	United Nations Children's Fund		
<b>USAID</b>	United States Agency for International Development		
<b>USD</b>	United States of America Dollars		
<b>WFP</b>	World Food Programme (United Nations)		