HUMANITARIAN IMPLEMENTATION PLAN *(*HIP)
HAITI

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

Two additional weeks are given to partners to submit proposals under Assessment round 1 (31/01/2013) to allow sufficient time to formulate a funding request to DG ECHO.

Changes introduced with the HIP modification n°1 dated 16/11/2012

The date for the submission of proposals indicated under Assessment round 1 has been postponed by one month (14/01/2013) to allow partners who are currently prioritising response to humanitarian needs arising from Hurricane Sandy to formulate a funding request to DG ECHO.

1. CONTEXT

The Republic of Haiti is the poorest nation of the Latin America/Caribbean (LAC) region with 75% of the population living on less than 2 USD/day. It ranks 158 out of 187 countries with the lowest human development status[1] and has the second highest income inequality in the world[2]. The European Commission Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO) has assigned a Vulnerability and Crisis Index score of 3/3, its most severe ranking.

Access to basic health services, as well as to safe water and sanitation is at substandard levels in Haiti. Over 40% of the population in urban areas and 60% in rural ones have no access to the most basic health services[3]. Half of the people lack access to clean water and only one in five have access to sanitation.[4] This poor environment has a direct impact on the population's vulnerability/resilience and exacerbates the incidence of cholera outbreaks. In what regards reproductive health, Haiti has by far the worst indicators in the region, with a maternal mortality estimated at 350 per 100,000 live births[5].

Haiti has been characterised by chronic political instability and lack of governance since the proclamation of the Republic in 1804. This greatly hampers the effective implementation of development strategies and reconstruction. In many regards, Haiti can be defined as a failed state[6].

Compounding a dire situation even more, the country is highly disaster prone and exposed to a wide range of cyclical, often annual natural hazards such as floods, cyclones, droughts, earthquakes, in a context where socio-political disturbances are impacting the living conditions and food security situation of the population.

[1] Source: Human Development Report (UNDP 2011)
[2] GINI index 59.5 second highest out of 187 countries(UNDP 2011)
[3] Source: UNICEF and USAID
[4] Source: http://water.org/country/haiti/
[5] Although the latest survey data from 2006 for maternal mortality was 630/100.000, it is currently estimated at 350/100.000.
[6] Source: In the Fund for Peace Failed States Index 2012, Haiti is ranked seven.

In 2010, Haiti went through two catastrophic events. An earthquake in January destroyed the capital Port au Prince, causing 222,750 deaths, and 313,000 houses were damaged or destroyed[7]. Nine months later, in October 2010, Haiti was struck by a cholera epidemic. 585,915 cases were recorded including 7,709 fatalities[8], making it the world's largest cholera epidemics ever recorded.
Two and half years after the 2010 earthquake, visible progress has been made towards the recovery and resettlement of the displaced population. However, an estimated 369,000 Internally Displaced Peoples (IDPs) continue to live in 575 camps and camp-like settlements across the earthquake affected area[9].

Despite a reduction in the total number of cases, cholera has become endemic in the country. With the arrival of the rainy seasons, outbreaks detected in different areas of the country have mostly to be addressed by weak national institutions.

While Disaster Risk Reduction (DRR) has gained some momentum at national level since the 2010 disasters, much remains to be done for an effective mainstreaming at all levels, by all stakeholders. Proven effective solutions are yet to be used in a more systematic manner to prevent or at least to reduce the impact of recurrent shocks.

2. HUMANITARIAN NEEDS

(1) Affected people / potential beneficiaries

According to the latest figures, 369,000 persons[10] still live in camps, in extreme dire conditions with limited access to basic services. This caseload represents more than 4% of the global Haitian population. 81,000 of these IDPs are under threat of eviction and 66,000 have already been evicted. It is expected that a residual caseload of 230,000 will still be in camps in a year's time with no suitable solution of return or relocation. These IDPs are considered to be the most vulnerable, for whom proper protection (including child protection against Gender Based Violence (GBV) and exploitation) will require additional efforts.

The number of cholera cases should be lower in 2013 than the estimated number of 140,000 cholera cases for 2012. Areas targeted will be identified according to epidemiological risk as well as access to treatment and basic water and sanitation.

Most of the Haitian population is vulnerable to natural hazards (tropical cyclones, earthquakes, and hydro-meteorological hazards) leaving the rural population at risk of increasing their socio-economic vulnerability due to the loss of crops, livestock and agricultural and fisheries tools (boats, nets, seeds stocks). The low level of preparedness and coping capacity puts this population at risk of malnutrition, poor health and hampers their ability to recover even after small and medium disasters. The estimated population vulnerable to natural hazards is at least 30% of the total population of the country.

[7] Source: Haitian authorities and UN reports
[8] Source: MSPP, Updated August 15th,April 2012
[9] Source : IOM DTM August 2012
[10] Idem as footnote 9

Finally, more than 250,000 women are expected to give birth in Haiti in 2013. The lack of obstetric care is widespread in the country. It affects both women living in urban and rural areas, particularly those with no access to primary health care. Under the 2013 HIP it is expected to assist some 15,000 pregnant women.

(2) Description of the most acute humanitarian needs

Addressing the earthquake displacement issue

With such a significant caseload of IDPs, assistance to relocation and provision of basic services to this population remains a priority.

There is urgent need to provide shelter solutions for the remaining displaced population through the provision of diversified shelter options (rental subsidies, shelters, rehabilitation of houses) depending on the context and possibilities. Camp management is also an important issue with the lack of capacity of the local authorities and central government coupled with a reduction in the number of humanitarian partners.

The remaining population in camps has been left with few relocation solutions and increasing needs in basic services like primary health care, water and sanitation, protection and livelihoods. The 369,000 people affected by the earthquake and still in different types of settlement require these basic services to minimise the risks of cholera outbreaks and, therefore, are in need of community managed camp services.

The existing coping mechanisms are still eroded from the aftermath of the earthquake resulting in a stronger need to enhance and scale-up the integration of DRR in humanitarian response. The reconstruction process carried out until now does not sufficiently take into account these hazards increasing the risk for the vulnerable population, particularly in the health, livelihoods and wash sectors. Therefore, DRR actions need to be strengthened to face natural hazards and increase people's resilience.

Access to water and sanitation remains critical in country. Due to weak management capacities in camps and the withdrawal of humanitarian agencies, the camp population will be in need of support to maintain basic services. The risk of cholera outbreaks both in camps and elsewhere should also be addressed through preventive water and sanitation measures.

Protection activities remain a challenge in both camps and neighbourhoods with a high incidence of sexual and GBV violence and the need to ensure access to humanitarian aid for the most vulnerable as well as to facilitate inclusive community management of vulnerability and targeting. This includes the addressing of factors which restrict access of women and other vulnerable groups to assistance, including in situations of forced evictions.

According to the latest Food Security survey conducted by CNSA[11] in November 2011, 38% of households are food insecure throughout the country. Amongst the various population groups, IDP population living in camps are the most food insecure (46.8% food insecure with 11.1% severely food insecure) in the country.

[11] Coordination Nationale pour la Sécurité Alimentaire

The population that has been relocated to the different neighbourhoods will also require support for the same basic services as well as recovery support to the extent that this is not addressed by the reconstruction process.

The lack of a comprehensive transition strategy calls for a stronger support of coordination mechanisms to provide an effective strategy for the government to be able to assume its responsibility in emergency response. Advocacy issues are still an important element that needs strengthening in the framework of the post-earthquake response.

Cholera

In 2010 and 2011, there were almost no capacities to respond within the MSPP[12] facilities. The MSPP was overstretched and the clinical response relied almost entirely on international NGOs and the Cuban Medical Brigades. 2012 and 2013 have to be considered as transition years where humanitarian actors work towards an integration of the cholera response mechanism into the health system at national and departmental levels, while maintaining a response capacity in case of major outbreaks. If current efforts are to be sustainable, this process, which started in 2012, will have to be pursued in 2013, focusing particularly on areas where the population is most vulnerable.

Emergency Obstetric Care

80% of maternal deaths are related to four causes which are severe bleeding, infections, high blood pressure and unsafe abortions, all of which can be easily avoided if the right combination of means and qualified resources is available at the moment of delivery. The "Direction de la Santé de la Famille" points out in a 2011 report that there are not enough skilled and experienced mid-wives in Haiti and that this insufficient number of qualified human resources is likely to persist until 2015[13]. The government is looking at alternatives such as training nurses and auxiliaries, but in the meantime international support will be needed to ensure complicated deliveries can be taken care of as a lifesaving intervention.

3. HUMANITARIAN RESPONSE

(1) National / local response and involvement

The response to both latest crises is slowly being taken care of by the government. Seven clusters and two sub-clusters have already been de-activated, leaving now only four clusters active (Shelter/CCCM[14], Water/Sanitation/Hygiene (WASH), Health and Protection). However, the structures at department level remain weak and lack resources.

In addition, the capacity of the government has not increased sufficiently in terms of disaster management and response and there is no clear transition strategy to reinforce the government capacity on disaster management.

[12] Ministère de la Santé Publique et de la Population

[13] "Une analyse de la situation en santé obstétrique", MSPP 2011

[14] Camp Coordination and Camp Management

Progress in all sectors was slower than expected and because of the unstable political situation it was only two and a half years after the event that a decisive housing policy was published (May 2012). Furthermore, an operationalization of the strategy is still to be developed.

The response of local authorities to cholera varies considerably, depending on caseload and on the departmental capacities. The MSPP objective to integrate cholera treatment into available health structures is the most sustainable solution and should be accompanied further in 2013.

The government has adopted the BEmOC and CEmOC[15] strategy (Basic and Comprehensive Emergency Obstetric and Newborn Care) in order to reduce current rates of maternal mortality. This strategy has strongly relied on the presence of foreign medical aid (INGOs and Cuban brigades). The MSPP launched its project called "Mamnman ak Timoun an Santé", in September 2011, with the support of the Canadian cooperation until March 2013. There is a clear willingness from the MSPP and the DSF (Direction de la santé de la Famille) to address the issue of maternal mortality in the country but capacity still needs strengthening.

(2) International Humanitarian Response

The latest Consolidated Appeal Process (CAP) for 2012 was reduced from 231 MUSD (190MEUR) to 128MUSD (105MEUR) but has only managed to collect 44MUSD in July. No further CAP is expected for 2013.

Considering the high risks related to cholera outbreaks and new hazards, the phasing out of most humanitarian donors active after the earthquake is putting more pressure on EU funding in 2013. DG ECHO remains the largest humanitarian donor as of today. This reduction in funding has also decreased the number of partners present in country.

(3) Constraints and DG ECHO response capacity

Political instability and lack of capacities to operationalize government priorities may negatively impact on the security situation and humanitarian programmes and strategies. The reconstruction process in neighbourhoods may be delayed and create further problems with the relocation of IDPs maintaining a higher population in camps needing basic service support.

Additional support will be needed to cope with acute humanitarian needs in case of disasters or unrest resulting from increased political and social instability. Natural hazards impacts could also divert DG ECHO partners towards new needs and response actions that may hinder effective implementation of humanitarian programs.

(4) Envisaged DG ECHO response and expected results of humanitarian aid interventions

DG ECHO response in 2013 takes into account the prevailing humanitarian situation following the earthquake and the delays in implementing Linking Relief, Rehabilitation and Development (LRRD) in that context.
DG ECHO will focus on the most vulnerable population living in the areas where there are higher risks of disasters, higher incidence of cholera, and lack of basic obstetric care services.

[15] BEmONC and CEmONC are translated in French by SONUB and SONUC, (*soins obstétricaux et néo-nat d'urgence de base / complets*). It is an international strategy that aims at reducing maternal and child mortality, one of the Millennium Development Goals.

Specific attention will be given to the IDPs still living in camps who present the highest levels of food insecurity in the country, are in need of protection and have insufficient access to basic services. The response to the cholera outbreaks will also continue to play a critical role especially considering the increasing shortage of funding for the response to the epidemic. Finally, DRR across all sectors will be prioritized.

Assistance to safe relocation and improvement of living conditions in returned areas and camps.

a) To further reduce the number of IDPs in camps, through a process of safe relocation taking into account a camp/neighbourhood holistic approach[16]. This approach will define the most adequate process of relocation of the IDP depending on the surrounding environment (Rental subsidies, house repair, and transitional site development with shelter…). Camps at risk of eviction, with environmental risks, located in school grounds, sport centres, etc. as well as in the most underprivileged and risk prone neighbourhoods will be prioritised.

b) To provide camp management and delivery of basic services for the most vulnerable camps where no other relocation solution has been found. A specific focus will be put on urgently required WASH services to avoid further deteriorating health and hygiene conditions by re-enforcing the capacity of community based organisation.

c) To support the relocation of the families through recovery and protection of their livelihoods in order to improve their capacities to cover their food needs and their resilience to shocks. Actions should be based on lessons learned from previous interventions

d) To further support efforts to strengthen a comprehensive protection framework for the IDPs and neighborhood population as well as ensuring integration across all actions funded under this HIP.

e) To advocate and support the inclusion of disaster risk reduction in all DG ECHO funded actions, urban planning with local authorities, urban development for international donors to ensure that it is included in the different neighbourhood reconstruction programmes.

Health

a) DG ECHO will continue implementing the two pillar **cholera** strategy launched in 2012: on the one side, continue to focus on saving lives activities through the provision of adequate treatment, safe water, and hygiene promotion. On the other side, continue the reinforcement of local capacities, with the expected result of handing over the activities to the local authorities[17] by the end of 2013. DG ECHO will support the interventions that target the most vulnerable areas of the country.

b) In order to avoid deterioration in maternal mortality, DG ECHO will contribute to fill some key gaps in the country's **Emergency Obstetrics Care** strategy while authorities and development donors can ensure sustainability of the essential services currently

[16] by addressing the social, economic, food security, structural, wash and risk reduction needs

[17] MSPP but also DINEPA or DPC

provided by INGOs. As it is a gap-filling strategy, DG ECHO will not be able to support such facilities in the whole country and should focus on some areas, according to vulnerability, access, mortality indicators. These key emergency interventions are expected to result in saving lives of pregnant women within the most vulnerable populations.

c) DG ECHO will also ensure that vulnerability mapping and training in **disaster risk management** is taken into consideration in all actions in the health sector, ensuring that health facilities and health staff are better prepared to face natural hazards. Specific actions will be carried out to ensure the integration of the health sector within the National Disaster Management System, at national and local level. The epidemiological surveillance should be linked to the national early warning system and linkages between civil protection committees and health structures will be promoted.

Coordination

Support the coordination mechanisms among different actors and governmental institutions. This should include continuous strong advocacy in humanitarian principles and issues with the government, local authorities and development donors.

Expected results of humanitarian aid interventions:

a) Reducing the vulnerability and increasing resilience of earthquake affected populations through safe relocation and return, taking into account the hazards the population is vulnerable to and providing the tools to increase their coping capacities.

b) Ensuring that cholera patients have access to treatment in health structures and that the population at risk have access to preventive measures.

4. LRRD, COORDINATION AND TRANSITION

(1) Other DG ECHO interventions

Complementarities with the 9th Caribbean DIPECHO Action Plan to be launched in 2013 will be sought, taking into account that the DIPECHO Caribbean HIP will focus on increasing the capacities of local authorities and communities to prepare and respond to future emergencies in a more autonomous way. This HIP will also focus on mainstreaming DRR into humanitarian response and promote increased resilience.

(2) Other services / donors availability (such as for LRRD and transition)

Progresses in development and reconstruction efforts would need to be strengthened and speeded up to address the outstanding reconstruction challenges currently faced by the country.

DG ECHO's approach is in complementarity with European Union Delegation's (EUDEL's) 46,5MEUR neighbourhood reconstruction programme in cooperation with ECHO partners. EUDEL's programme for the Millennium Development Goals in Haiti (20 MEUR) focusing on food security and nutrition has been coordinated in order for DG ECHO to have an exit strategy from the nutrition sector.

Several donors are engaged in improving the food security situation in some parts of the country, such as the EU through the Food Security Thematic Budget Line and the Initiative of the Millenium development Goals, and USAID.

DG ECHO is linking with EUDEL to coordinate funding from different instruments under discussions such as the Instrument for Stability and Climate Change Adaptation to ensure complementarities in disaster risk reduction and resilience.

(3) Other concomitant EU interventions

A constructive dialogue has been conducted with the EU Delegation which has led to complementary strategies contributing to tackling the displacement problem.

(4) Exit scenarios

a) The capacity to provide an efficient response clearly relies on the capacity to link the current humanitarian, project-based assistance with the recovery response. The transition from relief to recovery is particularly challenging given the scale and scope of the earthquake in Haiti. Overall, DG ECHO will explore the possibilities to link as much as possible its humanitarian operations with reconstruction actors such as Inter-American Development Bank and the World Bank.

b) The reinforcement of the capacities of local actors, mainly the departmental health directorate, will be pursued, with the aim of embedding the majority of the international cholera response activities in the national health system. The consolidation of data on obstetric care will serve as a basis for advocacy towards development donors' specific agencies and local authorities in order to hand over the activities funded by DG ECHO. Nevertheless, while development donors are increasingly tackling chronic and structural issues in the health sector, DG ECHO still needs to keep a presence for life-saving interventions.

c) Stronger links have been developed with other services of the EC in disaster risk reduction which are slowly integrating it into their development programming. The strengthening of advocacy towards these services will continue in order to ensure a better integration in the next European Development Fund (EDF) as well as increasing the political weight of the EU in DRR in Haiti towards other donors.

5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2013/01000 and the general conditions of the Framework Partnership Agreement with the European Commission supersede the provisions in this document

5.1. Contacts[18]

Operational Unit in charge: ECHO-B5

Contact at HQ level

[18] Single Forms will be submitted to DG ECHO using APPEL (e-SingleForm)

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Contact in Haiti

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5.2. Financial info

Indicative Allocation: EUR 15,000,000.

Natural disasters: Hum. Aid: EUR 15,000,000

5.3. Proposal assessment

Assessment round 1

a) Description of the humanitarian aid interventions relating to this assessment round: all interventions as described under section 3.4. of this HIP:

b) Indicative amount to be allocated in this round of proposals: up to EUR 15,000,000

c) Costs will be eligible from 01/01/2013[19]

d) The expected duration of the action is of 12 months minimum

e) Potential partners: all DG ECHO partners

f) Information to be provided: Single Form

g) Indicative date for receipt of the above requested information: by 31/01/2013.[20]

h) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, and knowledge of the country / region. When relevant from an operational point of view, the submission of project proposals by consortia is encouraged.

[19] The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, what ever occurs latest.

[20] The Commission reserves the right to consider intention letters/ Single Forms transmitted after this date, especially in case certain needs/ priorities are not covered by the received intention letters / Single Forms.