

HIGHLIGHTS

- US\$144 million is required to address the humanitarian needs of over 1 million Haitians in 2013.
- The downward trend in the cholera epidemic continued in 2012, but 118,000 people could face cholera in 2013.
- Some 358,000 people remain in IDP camps where urgent humanitarian needs persist.
- Progress continues in moving to Haitian-led humanitarian coordination.



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Over 1 million Haitians need humanitarian aid

US\$144 million required to meet people's most urgent needs in 2013

The Government of Haiti and humanitarian partners have launched an appeal for \$144 million to cover the priority needs of more than one million vulnerable people in 2013.

"This appeal for funds to meet the residual needs of the most vulnerable comes three years after the earthquake, in a context of transition towards sustainable development, and also the gradual withdrawal of humanitarian organizations," said Rose-Anne Auguste, Minister in the Prime Minister's Office in charge of Human Rights and the Fight against Extreme Poverty.

REQUIREMENTS PER OBJECTIVE (in million USD)

144,267,000 millions USD

	People affected	People targeted	Global needs (\$) in 2013
 Food Aid & Nutrition	2,100,000	500,000	49,320,000
 CCCM/Shelter NFIs	429,400	429,400	54,305,000
 Health (Cholera) & WASH	118,000	118,000	33,977,000
 Transition, logistics et EPR			6,665,000

FIGURES

Number of IDPs in camps 358,000
Source: DTM, November, 2012.

Cumulative cholera cases 631,801
Source: MSPP, 27 November, 2012.

Fatality cases 7,844
Source: MSPP, 27 November, 2012.

FUNDING

\$151 million
requested in 2012 (US\$)

42%
funded

\$144 million
requested for 2013

The Minister said the country had made remarkable recovery from the 2010 tragedy thanks to the strength and commitment of its people and the assistance of humanitarian partners who have contributed to the relocation of more than 77 per cent of internally displaced people. She also noted the joint efforts that helped stop the spread of cholera and minimized its effects on the population.

“Haiti is continuing its path towards sustainable development and we will continue, at the same time, to strengthen national institutions in the management and coordination of disaster response,” said the minister.

“Significant progress has been achieved in Haiti since 2010. Humanitarian aid has proved effective and has helped relocate 77 per cent of the 1.5 million people in camps. The number of people affected by the cholera epidemic has drastically decreased and the mortality rate has dropped to 1.2 per cent,” said Nigel Fisher, the Humanitarian Coordinator in Haiti.

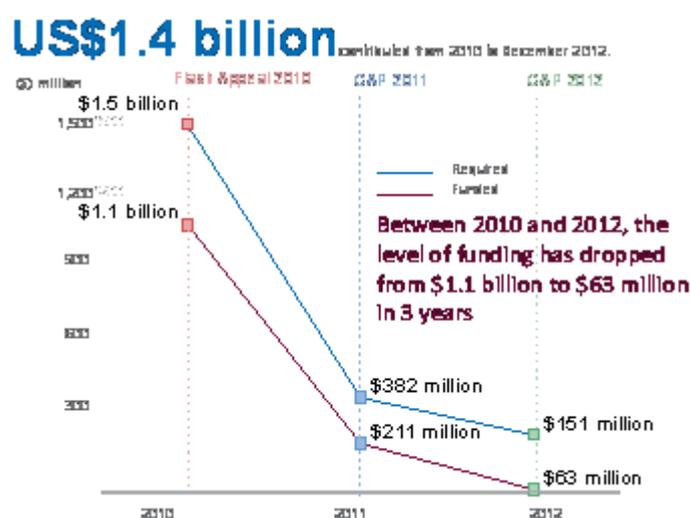
HAP targets “residual humanitarian needs” amid transition to development

Despite important progress, humanitarian needs persist. Of great concern are the 2.1 million people currently facing severe food insecurity. Their plight could worsen if prompt action is not taken to prevent a food crisis. The 358,000 IDPs still in camps face deteriorating living conditions due to the withdrawal of humanitarian actors.

Return/relocation solutions such as the 16/6 project, should be pursued as soon as possible to facilitate the return IDPs to their communities. In addition, resurgence in the cholera epidemic in some departments could affect 118,000 people in 2013, according to forecasts by the World Health Organization.

The HAP 2013 targets a number of residual humanitarian needs covering about 1 million people. This includes 500,000 people facing food insecurity; 73,430 children under 5 years facing malnutrition; 358,000 IDPs of the 2010 earthquake; 71,400 victims of Hurricane Sandy and 118,000 potential victims of cholera in 2013.

Mr. Fisher recalled that national response capacities have been significantly reduced due to insufficient funding levels observed during the year. As of 31 December, the CAP 2012 received only \$63 million (42 per cent) out of a total budget of \$151 million.



“Today we are launching this joint strategic framework for action to quickly and efficiently address the needs of the most vulnerable in 2013. We call on humanitarian partners to continue their support to Haiti and its people. A premature disengagement in terms of funding for humanitarian action in Haiti in 2013 will jeopardize achievements such as emergency response mechanisms already in place and worsen the current crisis,” Mr. Fisher stressed.

Cholera infections fell consistently in 2012

Mortality rate drops to 1.2 per cent, with new cases mostly in remote areas

A downward trend in cholera infections observed since January was maintained throughout the year, with the exception of June, August and November. During these months, outbreaks were reported mainly in camps in remote areas with limited health facilities.

Overall, the number of people affected by cholera drastically decreased, and the mortality rate dropped to 1.2 per cent from a high of 2.4 per cent in 2011. According to the Ministry of Public Health and Population (MSPP), as of 17 December 2012, the cumulative number of reported cholera infections stood at 631,801 and deaths at 7,844. The average monthly infections since the beginning of the year was 150 cases, compared to 200 the previous year.

Humanitarian Action Plan 2013 to target the residual humanitarian needs of over 1 million Haitians.

Health authorities and humanitarian partners managed to contain the spread of cholera in 2012 despite under-funding.

Reported cholera infections peaked in June (227 cases daily), August (180 cases daily) and November (244 daily), mainly in Grand-Anse, Ouest, Artibonite, and Nord-est departments. Heavy rains, Tropical Storm Isaac in August and Hurricane Sandy in November were mostly responsible for these rises.

The outbreaks were compounded by many factors, including the withdrawal of humanitarian actors in some remote areas and deterioration in the living conditions of the camp population. In addition, decreasing humanitarian funding in Haiti throughout 2012 reduced the capacity of health partners to respond to outbreaks.

Monthly variation in cholera cases from January to Nov. 2012



Amid funding and capacity gaps, some 118,000 at risk of cholera in 2013

Cholera care and management has been identified as a key priority in the 2013 Humanitarian Action Plan by the Haitian government and the humanitarian community. Current national capacity in terms of health facilities, trained personnel and availability of stocks for quick response to outbreaks remains very weak. This raises serious concerns at a time when WHO/PAHO estimates that 118,000 people may be at risk of contracting the disease in 2013.

In its national strategy for the fight against the epidemic, the MSPP prioritizes the integration of cholera management in the national health system by strengthening the early warning system and increasing oral rehydration points (PRO) in remote areas. In this, it is strongly backed by humanitarian partners; especially the United Nations which on 12 December 2012, with the Government, launched a ten-year \$2.2 billion fund to eradicate the epidemic. Among other goals, the campaign seeks to achieve a 70 per cent improvement in sanitation and drinking water supply.

According to health partners, 118,000 people are likely to contract cholera in 2013.

Major humanitarian needs persist in IDP camps

358,000 remain in IDP camps as more humanitarian partners withdraw

Almost three years after the earthquake that devastated Port-au-Prince and its environs, some 358,000 people are still in camps where they face worsening living conditions, as humanitarian partners pull out as a result of lack of funding.

In addition to poor sanitation and overcrowding in most of the camps, thousands of women, children and men face daily threats to their lives and property. One of such camps is Gaston Margon in the Carrefour commune south of Port-au-Prince. Fear is etched on the faces of most of its 870 family members (4,800 people). They face daily threats of violence and are regular targets of bandits.

“We hope that the returns/relocations are carried out in the shortest time, because there is too much impunity in the camp ... this situation cannot continue,” complains Edward Jude Pierre, Mayor of Carrefour. “More than four cases of murder were reported in the camp at the end of November alone.”



Camp Gaston Margon in Carrefour. Photo: OCHA

The security situation in camps is a great concern, and there is urgent need for the authorities to speed up the relocation of IDPs

According to the latest DTM the number of camps decreased from 541 in August to 496 in October 2012

During an assessment visit to the camp, a resident accosted the OCHA team and expressed fears about the prevailing insecurity and lack of basic services such as drinking water and sanitation.

“Last Sunday, early in the morning, a shot rang out in a tent very close to ours. It was a murder... We live in constant fear because such events have become increasingly frequent in recent months. We rarely sleep at night. When we do, it is in fits and starts,” complained a mother and head of household, who requested anonymity.

The Deputy Chairman of the camp, Mr. Pierre Louis Joseph concurs, describing Camp Gaston as “a haven for crime, the settling of scores and rape”.

Mayor Edward Jude Pierre of Carrefour is concerned by the growing insecurity and threats of eviction facing the residents. On 16 November, 23 tents were torn by one of the land owners in an attempt to forcefully evict the residents. During the operation, a nurse suffered a machete wound. It took the intervention of the mayor, supported by the government, to stop the evictions and restore some calm. Police sweeps have resulted in some arrests, but acts of banditry continue. Rape victims remain silent for fear of reprisals by perpetrators.

In addition to constant threats of eviction, crime and overcrowding, sanitation is deplorable. Deslugging of latrines has stopped and people defecate in open spaces. The NGOs which used to service Camp Gaston have almost all withdrawn. Only Save the Children continues to provide some services, including hygiene promotion and awareness, through volunteers living in the camp.

“We are here because we do not have alternatives,” said a father of two children living in the camp since June 2010. “We do not have toilets, space is reduced, and the tents are torn. We feel threatened, our women live in constant fear,” he added.

Camp Gaston residents need urgent action to protect their lives and return/relocation solutions that enable them to lead a normal life. “We need help as soon as possible,” an impatient resident said.

Mayor Edward Jude Pierre of Carrefour is leading a campaign for urgent assistance to Camp Gaston residents. This appears to be paying off as talks are far advanced with officials UCLBP, the public housing construction unit, to include IDPs in Camp Gaston in the 16/6 programme for relocation in early 2013.

Housing solutions for more 500 people in Leogane

Some 134 families displaced by the 2010 earthquake in Cassagne will soon be housed in a temporary village in Leogane.

Inaugurated on 6 December, the village was built by the International Organization for Migration (IOM) with \$187,000 in funding from MINUSTAH. Initial construction of the village was started by the Korean NGO Serving Friends International (SFI) with a \$300,000 grant from the Government of Korea.

IOM estimates that 90,415 families - about 360,000 people - still live in camps. 1,700 of these families live in Leogane.



Temporary village in Léogane. Photo MINUSTAH

Emergency preparedness

Towards a national coordination mechanism for emergency response

The humanitarian community and the Haitian government have organized a workshop to finalize plans to transition humanitarian coordination mechanisms in Haiti to state structures and the National System for Risk and Disaster Management.

The transition process, initiated a year ago, aims at creating a national humanitarian coordination mechanism to replace the current UN System-led clusters. According to Humanitarian Coordinator Nigel Fisher, the transition process will culminate in the strengthening of national coordination mechanisms by national authorities, especially in emergency preparation and response as well as in implementing the new architecture for coordinating foreign assistance created by the Haitian government in October 2012.



Humanitarian partners discuss the transition process in Port-au-Prince. Photo: OCHA

As a result of the significant progress made in Haiti since 2010, seven of the 11 clusters have been de-activated since June 2012. The remaining four clusters – Camp Coordination and Camp Management, Health, Protection and WASH – will continue to work closely with government counterparts to meet the needs of those still living in camps.

The transition process is considered an important step in enabling the Government to assume full responsibility for and control of the humanitarian coordination process.

During the launch of the 2013 Haiti Humanitarian Action Plan on 18 December, Ms. Rose Anne Auguste, Minister in the Prime Minister's Office in charge of Human Rights and the Fight against Extreme Poverty, reiterated the need to ensure that the transition process is a success and for humanitarian coordination to adapt to the new state structures.

In brief

Four maternities to contribute to the reduction of maternal mortality in Haiti

Between September and November 2012, the Ministry of Public Health and Population (MSPP) inaugurated four maternities in Petite Place Cazeau and Bethany in metropolitan Port-au-Prince, as well as in Marigot (Sud-est department) and Jean Denis (Artibonite).

Dubbed "*Cliniques Sourire*", and staffed by trained personnel, they are designed to provide all reproductive health services, including obstetric and neonatal emergency care, as well as family planning, prevention of mother-to-child transmission of HIV and care for victims of violence against women.

Supported by the UNFPA, UNICEF, UNOPS and UN Volunteers, this project is part of the national strategy for reducing maternal mortality through the construction of local maternities.

The maternal mortality rate in Haiti remains one of the highest in the world. In rural areas, the rate of child-birth in hospitals or other health centers is as low as 25 per cent.

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