

HIGHLIGHTS

- 16 people died following April torrential rains; six departments were affected by flooding
- Monthly cholera fatality rate increases; strengthening of the Alert and Surveillance System needed.
- Water quality in camps improves but sanitation conditions deteriorate
- Humanitarian funding still insufficient

FIGURES

Number of IDPs in camps	421 000
Cumulative cholera cases	534 647
Fatality cases	7 091

FUNDING

230.5 million
requested (en US\$)

15%
Funded



In this issue

- Emergency preparedness P.1
- Humanitarian funding P.2
- Cholera response P.3
- Camp management P.4

Emergency preparedness and response

16 people died following torrential rains

After inflicting damage and casualties in the Nord and Nord-Ouest departments in March, the rains have spread in April to the Ouest, Nippes, Grande Anse and Sud, resulting in the death of 16 more people.

The metropolitan area of Port-au-Prince experienced torrential rains that killed two people following landslides. More than 3,400 families living in 48 camps were affected, according to a situation report from the CCCM / Emergency Shelter Cluster. Among them, 1,600 families from 25 camps were in a situation of high vulnerability and received tarpaulins and tents from IOM. Small mitigation activities were also conducted.

In other affected departments, 14 people died. The majority of them drowned when trying to cross rivers. Nearly 100 displaced families have been affected in Léogâne and Gressier and 900 households had their house damaged in the Nippes.



Nippes, Haiti (April 24, 2012) - The rains of 23 and 24 April caused significant damage in the department of Nippes. Credit: UN

Several joint need assessment missions led by the Directorate for Civil Protection (DPC), the Department for Potable Water and Sanitation (DINEPA), UN agencies, NGOs, the Red Cross Movement and MINUSTAH took place in the affected departments. Blankets, water chlorination and disinfection products as well as food were distributed to affected families.

These missions concluded that affected areas, located near old ponds, ravines, along rivers and the coast, were all at risk of flooding. Recommendations include the need to support and strengthen community-based mitigation activities, protection of ravines and the clearing of canals.

Joint training operations and simulation exercises ongoing

A fourth training operation and simulation exercise (SIMEX) tour took place in the Sud Department from 26 to 27 April with the participation of the Directorate for Civil Protection

(DPC) and partners including UNDP, OCHA, WFP, and the Joint Emergency Operation Center (JOTC) of MINUSTAH.

It included training on the functioning of the National Risk and Disaster Management System (SNGRD) and information management and evaluation practices as well as simulation exercises (SIMEX) in response to a natural disaster.

The SIMEX tested the response capacities to the fictional Category 4 cyclone "Serge", which was accompanied by strong winds and rains, flash floods and landslides. Participants were trained on writing and disseminating damage assessments reports and developing and submitting assistance requests to MINUSTAH.

To date, three rounds of training exercises and SIMEX were organized in the Nord, Nord-East and Centre departments on 12, 16 and 30 March. In Port-au-Prince, a SIMEX on evacuation was conducted on 23 April at the Collège Catts Pressoir. Other SIMEX and training missions are scheduled to take place from May to June.

Funding

Humanitarian funding still insufficient

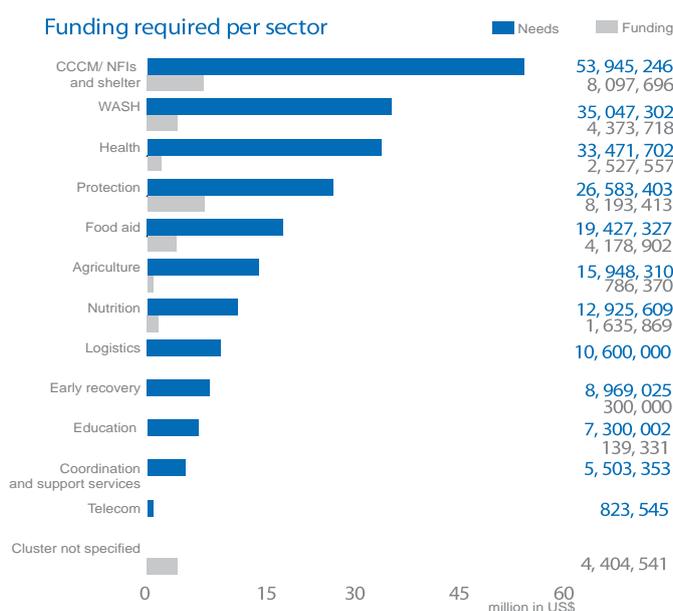
Funding for the US\$230.5 million humanitarian appeal increased slightly from 9 to 15 per cent from April to May. Priority areas identified by the Humanitarian Coordinator Nigel Fisher, remain underfunded as WASH, Camp management/E-Shelters Clusters received respectively 12 and 15% of the amounts requested.

On 27 February, Nigel Fisher appealed to donors for emergency funding of nearly US\$54 million to cover priority needs of displaced people from March to June. The deterioration of the living conditions in camps since the withdrawal of many humanitarian actors is compounded by risks inherent to the rain and hurricane season and the cholera outbreaks that may occur as a result of water sources contamination.

Of the US\$54 million urgently needed, 11 million will be allocated to help those still living in camps return to their neighborhoods of origin. To ensure the provision of drinking water, solid waste management and hygiene promotion in camps, 12.9 million is also needed. In response to the cholera epidemic, the Humanitarian Coordinator also requested an allocation of 14.9 million. Some 4.8 million are also required to protect children, women and girls from abuse and sexual violence perpetrated in camps.

Although slightly increasing, humanitarian funding for 2012 remains insufficient

REQUIRED FUNDING IN 2012: \$231 million (15% funded)



Strengthening the National Alert and Response System will allow real-time data transmission and mobilization of adequate resources

ERRF expected to grant US\$200,000 to strengthen the epidemiological surveillance system

The Emergency Relief Response Fund (ERRF) managed by the Office for the Coordination of Humanitarian Affairs (OCHA) is considering granting US\$200,000 to the strengthening of the epidemiological Alert and Surveillance System of Haiti's health system. This allocation supplements a first grant of nearly US\$480,000 from the Central Emergency Response Fund (CERF) and comes in response to underfunding of the humanitarian response in Haiti. Of the US\$33 million requested by the Health Cluster through the 2012 Consolidated Appeal Process (CAP), only 2.5 million have been committed.

Submitted by the Pan American Health Organization (PAHO), the project aims to reduce morbidity and mortality from cholera by providing surveillance and transmission of epidemiological data in real time and mobilizing and deploying adequate resources.

Since its inception in November 2010, the monitoring system worked well, says PAHO. Some 910 alerts have been received and allowed not only rapid detection of new cholera cases but also of other diseases such as diphtheria or acute flaccid paralysis.

However warns PAHO, the Ministry of Health does not have sufficient capacities to manage the system independently. Add to this the reduced number of operational structures in the country since the withdrawal of a significant number of local and international NGOs. Due to a lack of funding, the number of health partners declined from 120 in December 2011 to 34 in March 2012.

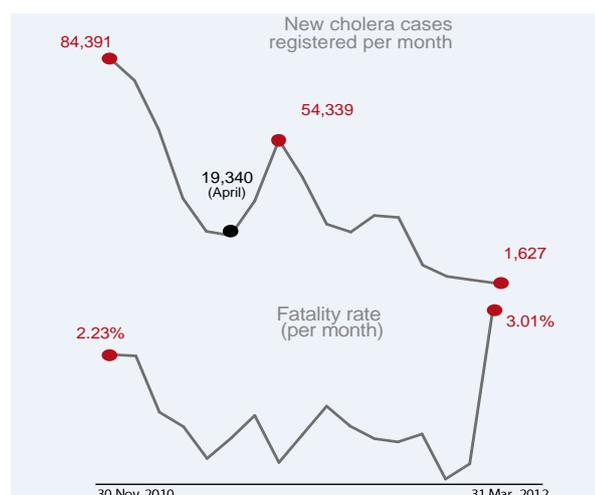
Cholera Response

Daily new cholera cases quadrupled

With the arrival of the rainy season in March and the contamination of water sources, the number of daily new cholera cases has more than quadrupled between 8 and 10 April. This is reversing the downward trend observed since the beginning of the year. Cumulative mortality rate at the national level remains at 1.3 percent, according to the MSPP, but doubled during the month of March.

PAHO warns that between 200,000 and 250,000 people could contract the disease in 2012 and that the majority of them will be sick during the rainy and hurricane season from April to November.

The Ministry of Health and Population (MSPP) supported by PAHO / WHO completed a cholera contingency plan for the duration of the rainy season. Health, WASH and Logistics Clusters, as well as OCHA also developed a "toolbox" containing a mapping of medical stocks and partners' presence in the ten departments. However, the non-payment of salaries of community brigadiers and staff



April 2012:

19

Cholera Treatment Centers

97

Cholera Treatment Units

56

Acute Diarrhea Treatment Centers

Source: Cluster santé, MSPP

10 April 2012 :

1.3%

Cumulative fatality rate

534,647

Cumulative cholera cases

7,091

Cumulative number of deaths

working in the cholera treatment centers and units managed by authorities remains a major concern.

PAHO / WHO is appealing to donors

PAHO / WHO, in cooperation with the Government of Haiti and health partners, launched on 9 April a call to donors to provide funding to the humanitarian response in Haiti.

Resurgence of the cholera epidemic is expected with the arrival of the rainy season at a time when a lack of funds available to the humanitarian community has led to the withdrawal of many organizations. “The resumption of humanitarian funding is the cornerstone of the overall strategy for the elimination of cholera on the island Hispaniola”, said PAHO / WHO.

Launch of a vaccination campaign against cholera

The Ministry of Public Health and Population (MSPP) and the NGO Partners in Health launched on 13 April a national vaccination campaign against cholera. This campaign targets 100,000 people of the Artibonite and West departments.

The vaccine will be administered in the town of Petite Rivière, where the vibrio cholera broke out, and in impoverished neighborhoods of Cité Soleil and Cité de Dieu in the metropolitan area of Port-au-Prince.

Each recipient will receive two Shancol vaccine doses at a two-week interval. The distribution of the vaccine will be provided by the Gheskio center in the Ouest department and Zanmi Lasante in the Artibonite.

The MSPP indicated that the vaccine against cholera was one of the ways to strengthen the fight against cholera in Haiti, but did not replace preventive measures such as the use of drinking water, hand washing and the implementation of other hygiene practices.

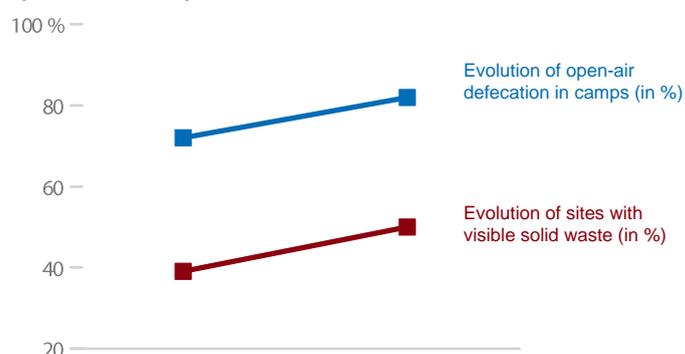
Earthquake Response

Water quality in camps stabilizes

The quality of drinking water in IDP camps has remained stable since January, according to the last chlorine tests conducted in March by the National Directorate for Potable Water and Sanitation (DINEPA) / WASH Cluster. The survey was conducted in 433 sites hosting nearly 435,000 people.

The tests reveal that 63% of the camp population are drinking chlorinated water. This is due to the high level of awareness of hygiene practices and distributions of chlorination solutions conducted from January to March by DINEPA. These distributions benefited 7,500 families in the most vulnerable camps of Carrefour, Delmas, Croix des Bouquets, Tabarre, Cité Soleil and the Palmes Region.

However, sanitation conditions have deteriorated. The percentage of sites where open air defecation is visible increased from 38 to 50%. The percentage of sites where solid waste is visible increased from 72 to 82%.



High level of awareness on hygiene practices and new distributions of chlorination products led to increased water quality in camps

In an April situation report, DINEPA / WASH Cluster indicated that desludging activities in camps funded by the Central Emergency Response Fund (CERF) of the United Nations began in March. A total of 378 sites need desludging operations, including 86 urgently.

The resumption of CERF funded activities however has not reached full capacity yet. The number of manual desludgers, "the bayakous", which is the main procedure possible in most camps, remains insufficient. Moreover, following the gradual withdrawal of NGOs in the second half of 2011 and the cessation of the DINEPA / UNOPS desludging fleet, septic tanks have deteriorated considerably and require to be rehabilitated.

An urban garden for the residents of Corail relocation site

From 17 to 24 April, residents of Corail Cesse Lesse relocation site learned to create an urban garden, taking into account the lack of space and water. Tools and equipment have also been distributed to the community.

Located 20 km north of Port-au-Prince, the community of Corail is home to 2,106 families displaced by the earthquake and is the first relocation site created following 12 January. This initiative, supported by IOM, is part of activities intended to promote food production which will allow vulnerable populations to have easy access to vegetables, diversify their diet and sell their products on the local market.

Opening of three counseling centers for women victims of violence in camps

Three counseling centers for women victims of violence opened on 3 April in the IDP camps of Jean Marie Vincent, Pétion-Ville Terrain de Golf and Caradeux.

Donated by MINUSTAH, the buildings will allow the Ministry for the Condition of Women and Women's Rights (MCMDF) to have a permanent presence in these three camps. With support from UN WOMEN, psychosocial cells are available for the victims who will be referred to different services, including medical and judicial.

Through the START project, largely funded by the Canadian Government, awareness raising activities promoting a violence free environment for girls and women will also be conducted.



Port-au-Prince, Haïti (3 april 2012) – Local residents attend the inauguration of a new center for victims of sexual and gender based violence in Jean Marie Vincent Camp. Credit: MINUSTAH/Victoria Hazou

Data on the types of gender-based violence in camps will be collected and analyzed, leading to the development of assistance and protection strategies.

SMART Survey points at positive impact of acute malnutrition management

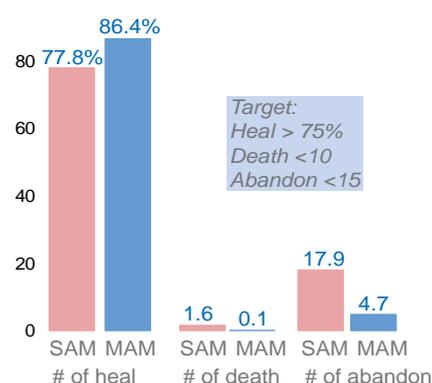
Preliminary results of the Standardized Monitoring and Assessment of Relief and Transition (SMART) survey reveals low (<10%) Global Acute Malnutrition (GAM) values, suggesting a positive impact of two years of effective management of acute malnutrition, reports the Nutrition Cluster. If these results are confirmed, adds the Cluster, the change in strategy already underway, from emergency programs to prevention and the integration of community services in health institutions, needs to be supported. The SMART survey's final results will be published in the coming month.

The survey was carried out last March under the leadership of the Ministry of Public Health and Population (MSPP). Financial and technical support was provided by UNICEF and WFP in collaboration with ACF, CDC, Concern Worldwide, Plan International, MDM-F and TDH.

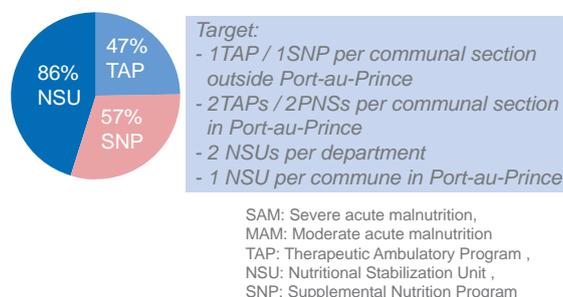
The general objective of the survey is to evaluate the nutritional status of children aged 6-59 months and women of reproductive age in crisis situations.

Prior to the start of the data collection, one training on the SMART methodology was given to 35 national epidemiologists and statisticians. The aim is to create a national pool of experts who will be able to replicate the survey in the future. A second training on data collection in the field was given to 120 national measurers and team leaders.

Malnutrition care center Performance



Coverage rate of malnutrition care center



Third phase of documentation project starts

The United Nations High Commissioner for Refugees (UNHCR) launched in March the third phase of its documentation project. The goal in 2012 is to provide birth certificates to 5,000 vulnerable people with special needs living in areas of Port-au-Prince, Léogâne and Petit Goâve that have been severely affected by the earthquake. Community mobilizers of the NGO ACAT completed the identification of beneficiaries as well as awareness sessions on the importance of holding identification documents. Since the beginning of the project a year ago, nearly 5,000 people received a birth certificate through ACTAT and GARR, UNHCR implementing partners.

Humanitarian aid did not contribute to strengthening Haitians' resilience

Humanitarian aid delivered by the international community in the aftermath of the earthquake did not increase the resilience of Haitians, according to the study *Haiti Humanitarian Aid Evaluation* presented on 23 April in Port-au-Prince by the State University of Haiti in partnership with the Disaster Resilience Leadership Academy at Tulane University in the United States.

To determine the level of resilience of Haitians, researchers analyzed their level of resources, debt and credit, protection and security as well as their psychosocial health.

The report indicates that the magnitude of the earthquake generated an unprecedented wave of solidarity and that funding for humanitarian



efforts was significantly higher when compared to the last ten years. In 2010, Haiti received over US\$3 billion in humanitarian aid compared to 42 million in 2003.

However, the study says, two years after the earthquake, affected Haitians did not recover all the resources they had lost during the earthquake. More than half of camp residents have fewer resources than before 12 January. Some 64 percent of households living in camps and 51 households living outside camps have resorted to loans.

The report also highlights that poor living conditions in camps facilitated the deterioration of the psychosocial health of camp residents who were already traumatized by the quake. Some 35% of the adult populations living in camps are suffering from psychological stress.

Reconstruction

Higher level of disbursement of the Haiti Reconstruction Fund

The level of disbursement of the funds managed by the Haiti Reconstruction Fund (HRF) increased by 28% over the last three months to reach US\$71.1 million. Of the US\$396 million received from 19 donors as of 31 March, 274 million was allocated to 17 reconstruction activities, according to the HRF report covering the first quarter of 2012. Fifteen projects are currently running and focus on capacity building, job creation, education, debris removal and housing.

The report notes that US\$132 million, the equivalent of 48 per cent of the funds allocated, went to five housing projects. Of this amount, 12 million have already been disbursed and facilitated, among other things, the relocation to their neighborhood of origin of 2,750 families living in camps. Loans for the repair and rebuilding of homes as well as rental subsidies modalities are being finalized to facilitate the return to safe houses of another 2,000 households.

906 new housing units built

The United States government, through the U.S. Agency for International Development (USAID), signed on 26 April two contracts of US\$25 million for the construction of 750 earthquake and hurricane resistant housing units in Caracol, North department, and 156 other units in the community of Cabaret, Ouest department. With a square footage of 34 m², the houses will have access to potable water and electricity and will be located close to areas where job opportunities and health services exist.

The first Smile Clinic opens in Martissant

The first Smile Clinic was officially inaugurated on 9 April in the Bethany area (Martissant) south of Port-au-Prince. With an average of 100 deliveries per month, this clinic is among the 40 busiest maternity hospitals in Haiti. The clinic opened with the support of the AMI-Première Urgence (AMI-PU).

The second clinic is scheduled to open in May in Petite Place Cazeau, northeast of Port-au-Prince, and a third is nearing completion in Marigot, in the southeast of the country.

The Smile Clinics is the result of a partnership between UNFPA, UNICEF, UNOPS, UNV and WHO / PAHO. The clinics are designed to provide a range of reproductive health services, including emergency obstetric and neonatal care, with qualified personnel.

Other issues

OCHA donates its equipment to the DPC

The Office for the Coordination of Humanitarian Affairs (OCHA) donated on 25 April its equipment and office containers to the Directorate for Civil Protection (DPC) in Jacmel and Léogâne. Estimated at over US\$150,000, this donation follows the closure of Jacmel and Léogâne sub-offices respectively in December 2011 and March 2012 and aims to build national organizations capacity in support of affected communities. Equipment was also donated to the DPC of Gressier, Grand Goâve and Petit Goâve.

OCHA believes that the humanitarian situation has improved and that authorities at both national and local levels have demonstrated their ability to take control of disaster coordination and management.

A joint transition mission in Haiti

Based on the recommendations of the first OCHA exploratory mission in December 2011, a joint transition mission arrived in Haiti on 23 April. The mission, which will remain in Haiti until 8 May, is composed of OCHA, ISDR and the Office of Crisis Prevention and Recovery of UNDP. It will support the Country Team and the Humanitarian Coordinator in developing a transition plan at a time when humanitarian needs have decreased. The team is supporting Clusters 'deactivation and the transfer of their responsibilities to the government.

Launch of vaccination campaign for children

To mark the 10th anniversary of the Health Week in the Americas, the MSPP, PAHO / WHO, the GAVI Alliance and other partners launched on 21 April a vaccination campaign to protect children against measles, rubella, polio and polio. The campaign aims to vaccinate 2.5 million children aged 0-9 years against polio and more than 2.3 million children aged 9 months to 9 years against measles and rubella. The campaign will also administer doses of vitamin A to 1.2 million children aged 6 months to 5 years, and Albendazole, an anti parasitic, to two million children. Some 100 000 women aged 15 to 49 years will also receive one dose of vaccine against diphtheria and tetanus.

Following the earthquake, the interruption of immunization programs across the country raised fears of measles, diphtheria and tetanus outbreaks. In June 2010, a vaccination campaign reached 80 percent of children under five years, including 800,000 children living in 850 camps.

For further information, please contact:

Emmanuelle Schneider, spokesperson/Information officer, shneider1@un.org, Tel. (+509) 3702 5176

Rachelle Elie, information officer, elien@un.org, Tel. (509) 3702 5177

Widlyn Dornevil, reporting officer, dornevil@un.org, Tel. (509) 3702 5182

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