

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

HAITI

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

The HIP is modified to include DG ECHO's response to tropical storm ISAAC, which made landfall in Haiti during the night of 24 August, crossing the southern departments and dumping torrential rains and strong winds in a country still recovering from the 2010 devastating earthquake. Preliminary assessments results indicate that the West (including Port au Prince) and South-eastern Departments are the most affected by the storm. In the rural areas, the agricultural situation has been flagged as very worrying, with substantial crop and livestock losses reported, compounded by the fact that many of the affected areas had previously been hit by a drought. The food security in the coming months is likely to be compromised. Damage to shelters and water and sanitation infrastructures is reported across the country and at least 40,000 people are currently in need of humanitarian assistance, according to preliminary figures. In the IDP camps, preliminary results indicate that 13,888 families have been impacted by the tropical storm through total or partial loss of shelter in 160 camps. 6,000 shelters need to be fully replaced. 15,000 people have been evacuated to temporary cyclone shelters (mainly schools) and currently rely on external assistance.

DG ECHO's own assessment and partners' assessments indicate that the priority needs are food assistance, shelter, non-food relief items, water, sanitation and hygiene, health (epidemics surveillance and cholera response), replenishment of emergency stocks, DRR mitigations activities.

To address the situation and the needs of an estimated 20,000 families, the total amount allocated to this HIP is increased by EUR 3,000,000 under the Humanitarian budget line.

1. CONTEXT

On 12 January 2010 an earthquake of magnitude 7.0 on the Richter scale struck Haiti's capital Port-au-Prince and its surrounding areas. An estimated 230,000 people were killed¹ and more than 2 million people² were displaced out of a total population of 10.2 million³. The dire humanitarian situation caused by the quake was compounded by the already high level of poverty in Haiti and the regular occurrence of natural hazards.

In 2011, the Haitian population is still struggling to go back to normal life. While the New York conference on reconstruction in Haiti was organised very soon after the earthquake, concrete actions from development actors, particularly in the area of rubble removal and housing, are still slow to materialize. According to International Organization for Migration (IOM), there may be still around 550,000 people in makeshift camps almost two years after the earthquake. These people require

¹ Government estimate from Feb 2010

² International Organization for Migration (IOM), April 2010

³ United Nations Population Fund (UNFPA), State of world population 2010

continuous humanitarian assistance to survive, or multi-sectoral assistance to enable them to move out of camps and resume some sort of normal life.

According to IOM, the number of camps under threats of eviction increased by 400 per cent between July 2010 and July 2011. As of July 2011, 175 camps, about 19.5 per cent of the total number of Internally Displaced Persons (IDP) sites, were under threat of eviction. Approximately 121,405 IDPs are living in camps which are currently threatened with forced eviction. This represents 20.41 per cent of all people living in camps.

The cholera epidemic which broke out in October 2010 has now turned endemic, and outbreaks appear regularly, linked to the rainy season pattern.

While the political transition has been conducted with no major violence in Haiti, the lack of governmental decisions for more than a year after the earthquake and the political unpredictability after President Martelly's election have not facilitated humanitarian operations, particularly as regards the coordination with national authorities and the reconstruction process.

The renewal of MINUSTAH's⁴ mandate for one additional year (MINUSTAH's mandate was due to expire on 15 October 2011) has been adopted and contains a gradual drawdown of the mission.

Decades of poverty, environmental degradation, lack of public investment, violence and dictatorship left the country as the poorest nation in the Americas and especially vulnerable to recurrent natural hazards such as tropical cyclones, flooding, and mudslides. Haiti ranks 148 out of 172 countries in the 2010 HDI (Human Development Index) score.

2. HUMANITARIAN NEEDS

(1) Affected people/potential beneficiaries

Before the earthquake, the 2009 Global Plan for Haiti focusing on under-nutrition and obstetric care was being implemented for an estimated 1 million beneficiaries, mostly in rural areas. This Global Plan strategic approach will be in 2012 in its last year of implementation (under the 2011 HIP allocation).

According to IOM Data Tracking Matrix, the caseload of people still living in camps was estimated in July 2011 at 594,800 people mainly located in the Port au Prince metropolis.

Assistance to the return process should target the people living in camps as well as the local population who remained in the neighbourhoods after the quake. There is a need to integrate shelter, Water Sanitation Hygiene (WASH), health, gender, protection and Disaster Risk Reduction (DRR) in the response pattern.

Based on the lessons learnt from the 2010/2011 cholera outbreaks, the risk remains high that new peaks will occur throughout the country. Remote rural areas with no

⁴ United Nations Stabilization Mission in Haiti

access to health and WASH facilities and overcrowded camps in Port au Prince will be particularly vulnerable. The MSPP⁵ and international actors are looking at integrating the cholera response mechanics to have it embedded in the health system at national level. Further support will need to be provided on technical and planning issues to allow an efficient transfer of responsibilities.

(2) Description of most acute humanitarian needs

While there has been a considerable improvement in the situation since the onset of the crisis, humanitarian assistance still remains crucial for much of the population affected by the earthquake and the cholera epidemic.

Shelter remains a major need and has to be complemented with basic services, notably water, sanitation and health in an integrated “neighbourhood approach”. New opportunities for definitive housing solutions, such as the retrofitting of affected houses, need to be accelerated pending viable LRRD opportunities to tackle housing issues. Minimum care and maintenance will still be required in camps.

Disaster preparedness and DRR should also be supported considering the high vulnerability of the country, the recurrence of natural hazards combined with a low coping capacity at national level. The urban aspect in post-earthquake Haiti requires a more comprehensive strategic approach (both in camps and neighbourhoods).

The cholera epidemic, which appeared in the Artibonite area in October 2010 and quickly spread to the whole country, has now become endemic. Seasonal outbreaks are expected to continue appearing along the rain patterns. According to the Health cluster, the current epidemiological pattern will remain the same for the coming 2 to 3 years, with moderate peaks.

Food insecurity and compromised livelihoods remain a serious concern in the earthquake-affected areas and all across the country, due to high food prices for imported commodities and low agricultural production level so far this year.

In conclusion, it remains clear that a significant number of earthquake- and cholera-affected beneficiaries will remain very vulnerable throughout 2012, due to the slow implementation of the post-emergency phase (including for instance transitional shelter programmes) and the delay in the reconstruction process conducted by the Interim Commission for the Reconstruction of Haiti, as well as the probable exposure to multiple hazards.

3. HUMANITARIAN RESPONSE

(1) National / local response and involvement

The capacity of the authorities to respond to any crisis was severely affected by the earthquake and the cholera outbreak in 2010 and continued to be limited throughout 2011, further delaying action on issues like transitional shelter, relocation of IDPs and access to basic health and water/sanitation/hygiene services.

⁵ Ministère de la Santé Publique et de la Population (Ministry of Health and Population)

The absence of a government for several months after the presidential elections has hampered the effective implementation of the cholera response and early recovery programmes in 2011.

The process of transferring the coordination from the clusters to sector tables has not started yet and may not be feasible before the first semester of 2012.

(2) International Humanitarian Response

Further to the International Appeal of USD 1.5 billion launched after the earthquake and the additional USD 164 million requested after the cholera epidemic had started, the UN launched a Consolidated Appeal Process (CAP) of USD 382 million for 2011, which was covered at 52% as of 18 August 2011.

In September 2012 a new CAP exercise has been launched.

Considering the high risks related to cholera outbreaks and new hazards, the phasing out of some of the major humanitarian donors active after the earthquake may put more pressure on EU funding in 2012.

(3) Constraints and DG ECHO⁶ response capacity

The main constraints in Haiti are related to the lack of available land in urban settings for implementing various shelter solutions, and the delays in clearance of rubble. Land ownership issues and a weak legal system are still hampering the capacity of the humanitarian community. Addressing these constraints would require more robust decision-making from the Haitian authorities.

The slow management of customs clearances for humanitarian goods in Port-au-Prince remains a constraint in the delivery of timely humanitarian assistance in the country.

New potential hazards through the hurricane and rainy seasons may also divert the humanitarian organizations from implementing durable solutions for the earthquake affected population.

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

DG ECHO responded to the massive earthquake of 12 January 2010 and to the cholera epidemic of October 2010 as well as to subsequent outbreaks with a total budget of EUR 163 million. The envisaged DG ECHO response in 2012 takes into account the prevailing humanitarian situation following the earthquake and the delays in implementing LRRD⁷ in that context. 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. DG ECHO's strategy in Haiti for 2012 will focus on three areas of intervention:

⁶ Directorate-General for Humanitarian Aid and Civil Protection – DG ECHO

⁷ Linking Relief, Rehabilitation and Development

1. DG ECHO will support the ongoing assistance to the victims of the earthquake of January 2010 with a focus on the return, relocation or permanent solutions in camps for people who have no other solution. Despite some progress in the implementation of the transitional shelter strategy and the mobilization of the Haitian Interim Reconstruction Commission, a caseload of an estimated 550,000 people are still living in camps, spontaneous settlements or in neighbourhood with no shelter as of October 2011. As in 2011, DG ECHO will favour the "neighbourhood approach" multi-sector option for return and resettlement aiming at facilitating the return of people to their areas of origin, while ensuring that a minimal package of services is still provided for those who are unable to go home. The beneficiaries of DG ECHO's interventions in this sector will be around 200,000. More than ever, there is a clear need to move towards phasing out from humanitarian assistance while lobbying for a more concrete LRRD process.
2. On the cholera epidemic, DG ECHO will continue to focus on saving lives through the provision of adequate treatment, safe water/sanitation and hygiene promotion, epidemiological surveillance and alert system; the reinforcement of local capacities and knowledge, with the aim of handing over activities to the MSPP, will be streamlined in every operation. The beneficiaries of DG ECHO's interventions in this sector will be around 500,000.
3. DG ECHO's DRR approach should be built and mainstreamed into the entire scope of its humanitarian response, with emphasis on multi-hazard risks while ensuring an integrated approach among the different stakeholders. DG ECHO intends to implement through its partners a comprehensive exit strategy that gives particular attention to the development of an urban risk reduction methodology, moves into a gap-filling approach in what regards community-based disaster-preparedness, and promotes advocacy through the systematization and consolidation of Community-Based Disaster Preparedness (CBDP) methodologies. DG ECHO's intervention in this sector will benefit an estimated 250,000 people.

The expected results of humanitarian aid interventions financed by DG ECHO in Haiti will address the needs of the most vulnerable populations in the aftermath of the earthquake, hydro-meteorological events and the cholera outbreak. Operations or activities in disaster risk reduction aim at enhancing the preparation of communities and raising awareness about DRR. Gender dimension will be taken into consideration across all three areas of intervention through gender analysis so that specific gender-induced vulnerabilities, weaknesses and needs are addressed.

4. LRRD, COORDINATION AND TRANSITION

(1) Other DG ECHO interventions

The 8th DIPECHO⁸ Action Plan for the Caribbean was launched in the first semester of 2011 and the projects will be implemented through most of 2012.

⁸ DG ECHO's Disaster Preparedness Programme

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

The EU has pledged EUR 522 million to reconstruction in Haiti following the earthquake.

Directly related to humanitarian efforts, the Commission has mobilised EUR 23 million to support interventions in the area of urban development and repair and reconstruction of houses, to enable displaced populations to return to their initial neighbourhoods.

(3) **Other concomitant EU interventions**

The Instrument for Stability has allocated EUR 15 million for actions aiming at reinforcing the national civil protection capacity (divided in two sub-envelopes, EUR 13.25 million for the International Management Group (IMG) and EUR 1.75 million for the European Commission Joint Research Centre's (JRC) Emergency Operations Centre.

(4) **Exit scenarios**

(1) 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. While some of the most pressing needs are already tackled through other instruments, DG ECHO will continue to promote coordination across Commission services at both Brussels and field level.

(2) 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.

(3) There is an opportunity in Haiti to develop a stronger link with other services in rehabilitation, and in the definition of a national strategy that integrates DRR which could lead to an exit strategy in the next couple of years if political will is ensured.

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.

5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2011/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

5.1. Contacts⁹

Operational Unit in charge:	ECHO/B5
Contact persons at HQ:	Sandra Descroix (e-mail: sandra.descroix@ec.europa.eu) Jean-Yves Terlinden (e-mail: jean-yves.terlinden@ec.europa.eu)
Contact persons in the field:	Elke Leidel (e-mail: elke.leidel@echofield.eu) Daniel Ureña-Cot (e-mail: daniel.urena-cot@echofield.eu)

5.2. Financial info

Indicative Allocation: EUR 18,250,000.

Natural disasters: Hum. Aid: EUR 18,250,000

5.3. Proposal Assessment

Assessment round 1

- a) Description of the humanitarian aid interventions relating to this assessment round:
All interventions as described under sections 3.4.2 of this HIP: operations focusing on the cholera outbreak.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 3,000,000.
- c) Costs will be eligible from 01/01/2012¹⁰.
- d) The expected initial duration for the Action is up to 12 months.
- 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 1 January 2012¹¹.
- 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.

Assessment round 2

⁹ Letters of intent and Single Forms should be submitted to DG ECHO using APPEL. Instructions on how to submit Letters of intent using APPEL are available at http://www.dgecho-partners-helpdesk.eu/preparing_an_action/financing_decision/intention_letter.

¹⁰ 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.

¹¹ The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received Single Forms.

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- a) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described under sections 3.4.1 of this HIP: operations focusing on the response to the earthquake.
 - b) Indicative amount to be allocated in this round of proposals: up to EUR 10,250,000.
 - c) Costs will be eligible from 01/01/2012¹².
 - d) The expected initial duration for the Action is up to 15 months.
 - e) Potential partners: All DG ECHO partners.
 - f) Information to be provided: Letter of intent¹³, based on the single form format and including at least: area of intervention, sector, duration, beneficiaries, context/needs assessment, proposed response (results, activities), estimated costs, requested contribution, contact details.
 - g) Indicative date for receipt of the above requested information: by 1 May 2012¹⁴.
 - 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.

Assessment round 3

- a) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described under sections 3.4.3 of this HIP: operations focusing on disaster risk reduction.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 2,000,000.
- c) Costs will be eligible from 01/01/2012¹⁵.
- d) The expected initial duration for the Action is up to 15 months.
- 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 1 of May 2012.¹⁶

¹² 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.

¹³ In case letters of intent are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

¹⁴ The Commission reserves the right to consider letters of intent transmitted after this date, especially in case certain needs/priorities are not covered by the received letters of intent.

¹⁵ 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.

¹⁶ The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received Single Forms.

- 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.

Assessment round 4

- a) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described under section 0 of this HIP: operations focusing on response to Tropical Storm ISAAC.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 3,000,000.
- c) Costs will be eligible from 20/08/2012¹⁷.
- d) The expected initial duration for the Action is up to 8 months.
- e) Potential partners: All DG ECHO partners.
- f) Information to be provided: Single form, or, when relevant, amendment request for on-going actions.
- g) Indicative date for receipt of the above requested information: by 5 September 2012.¹⁸
- 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.

¹⁷ 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.

¹⁸ The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received Single Forms.