

### HIGHLIGHTS

- 6,776 Haitians were officially deported from the Dominican Republic in July 2017.
- Significant reduction in cholera cases through a more effective and coordinated response of humanitarian actors
- Dialogue between humanitarian actors and local authorities in the departments of Sud and Grand'Anse.

### KEY FIGURES

# of IDPs still living in 27 camps since the 2010 earthquake (June 2017)	37 867
Source : DTM	
Cumulative suspected cases of cholera: Jan-July.	8,354
Source : MSPP/DELR	
# of deaths due to cholera	88
Source : MSPP	
Population moderately food insecure (IPC Phase 2) :	3.5 M
Population in crisis phase (IPC 3)	1.7M
Population in emergency phase (IPC 4)	>650 000
# of children suffering from malnutrition	143 110
Source : UNICEF	
# of Haitian returnees from Dom. Rep. (28 July. 2017)	215 121
Source : OIM	



Members of the Bi-national Protection Working Group during an assessment mission, in July 2017, of one of the official entry points at Ouanaminthe for Haitians deported from the Dominican Republic  
Photo: OCHA

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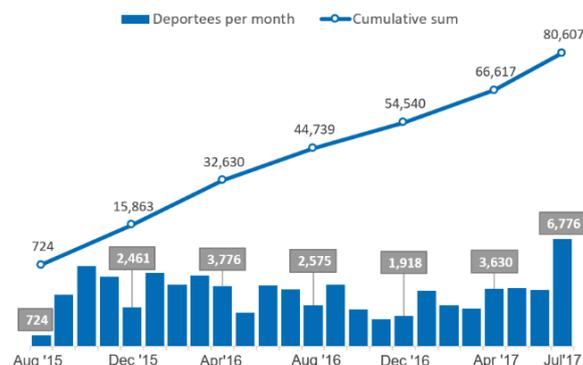
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## Intensification of deportation cases at the Haitian-Dominican border

Between June 2015 and July 2017, 215,121 returnees or deportees from the Dominican Republic were registered by IOM across the Haitian-Dominican border, including 3,776 suspected unaccompanied or separated children<sup>1</sup>. This is a trend that has increased drastically since April 2017: in July 2017, 6,776 people were officially repatriated from the Dominican Republic, a figure that represents 48% increase compared to the previous month (June 2017). The cases of deportation have been increasing since the adoption in 2014, of the judgment TC 168-13 of the Dominican Republic Constitutional Court that removed Dominican nationality from tens of thousands of Dominican citizens of Haitian descent and since the initial expiry in June 2015 of the National Plan for the Regularization of Foreigners (PNRE) in irregular situation.

The Haitian-Dominican border area is characterized, on the Haitian side, by a weak representation of state institutions and the absence of socio-economic opportunities<sup>2</sup>; hence, a significant number of migrants cross the border irregularly in search of services and opportunities unavailable in Haiti. When deported, a majority of the deportees arrive in Haiti under very precarious conditions: without resources, separated from their families, underfed and exhausted after having spent several days in Dominican detention centres. In addition, some of them are potential stateless persons because of the adoption of the judgment TC 168-13. In June 2015, UNHCR identified 2,784 persons from the Dominican Republic who could be considered stateless; 75.2 per cent of whom were children, a figure that could increase considering the 133,770 number of persons at risk of statelessness and of being expelled to Haiti in the Dominican Republic.

Fig.1. Trend of deportation cases at the four official border entry points



Source : IOM

### FUNDING

291.5 millions  
required (US\$)

19.5% financed  
today

<sup>1</sup> [http://haiti.iom.int/sites/default/files/documents\\_files/2017-08-03-%20IOM%20DTM%20Border%20Monitoring%20-%20Situation%20Report%20final.pdf](http://haiti.iom.int/sites/default/files/documents_files/2017-08-03-%20IOM%20DTM%20Border%20Monitoring%20-%20Situation%20Report%20final.pdf)

<sup>2</sup> Report of the assessment mission of the Protection Bi-national Working Group (GTPB)

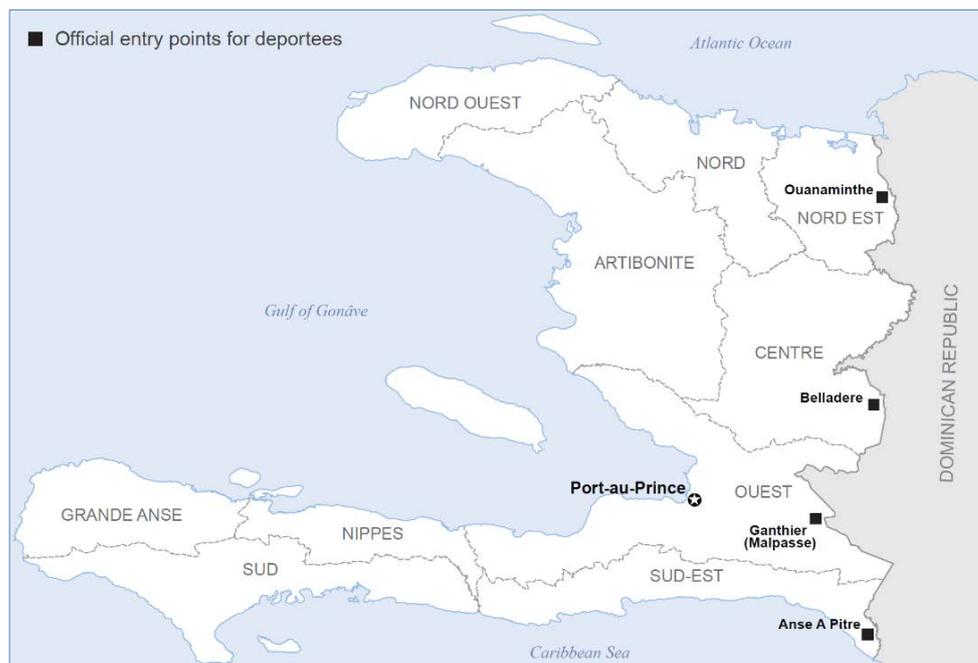


**Gregory, 27**, a father of two children, of which one of them was born in the Dominican Republic: *“I was arrested in the streets around 6 pm by agents of the Specialized Body for the Security of the Land Border (CESFRONT) of the Dominican Republic, and transferred to a station where about 20 other migrants were already waiting. The following morning we were transported in a bus to Ouanaminthe in the Nord-Est department of Haiti. Since we are not natives of the department, we were referred to the office of the Jesuit Service for Migrants (SJM), an NGO, at approximately 5am in search of assistance.”*

## Insufficient structures for reception of deportees

IOM is setting up four Border Resource Centres (CRF) at the official entry points for the deportees. These centres will provide better identification, guidance and assistance services to vulnerable migrants and at the same time offer an equipped space for coordination in order to enhance synergies among local protection humanitarian actors. However, if the Dominican Republic carries out mass deportations, these structures would be insufficient and risk aggravating the already precarious situation where the Haitian municipal authorities deplore the lack of resources to meet the needs of the returnees.

Fig. 2. Official points of entry for deportees in Haiti



Source : IOM

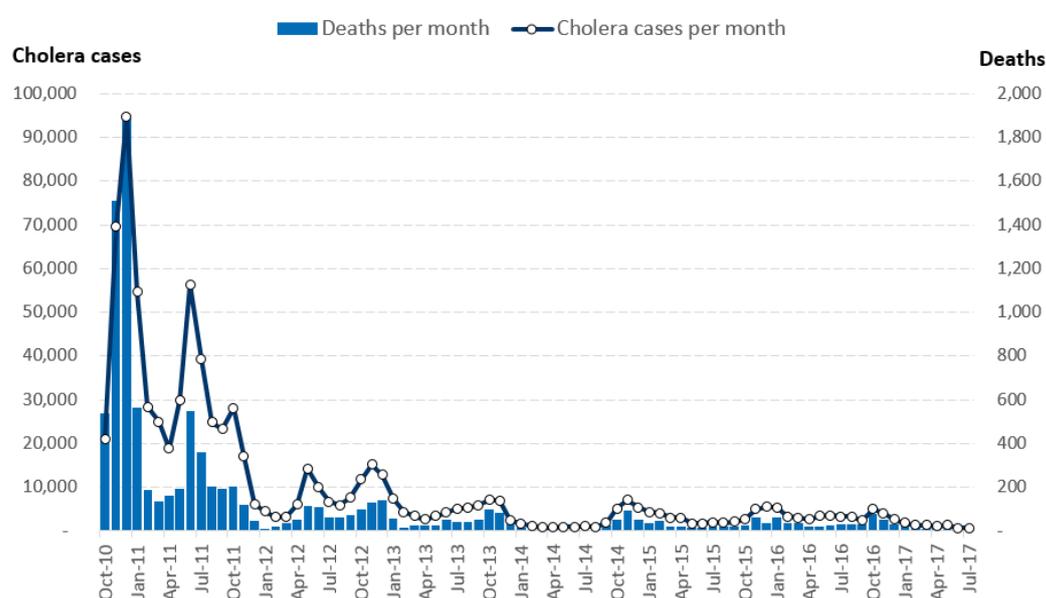
Institutions working together to provide the returnees with necessary assistance - accommodation, snacks for sustenance and transportation - have limited capacity to deal with the number of repatriated migrants. In the Centre department, the Group for the Support of the Returnees and Refugees (GARR), has a facility that can only accommodate about fifteen children, while in the Nord-Est, the Sainte Therese Centre of the Infant Jesus of The Saint Jean Sisters can receive about 35 children and female victims of Gender-Based Violence (GBV). These non-governmental organisations (NGOs) keep the children until they are reunified with their families or guardians. However, despite the motivation of the actors and the work done to date, the lack of funding to ensure the sustainability of actions remains a challenge.

In general, there is a need to ensure and promote regular migration and protect the most vulnerable migrants. In order to do that, the commitments made between the Haitian and Dominican States via the Memorandum of Understanding on deportation in December 1999 need to be scrupulously respected. In addition, deportation and border governance measures should be conducted in accordance with international human rights law and other relevant standards.

## Cholera: Unprecedented decrease in the number of cases in 2017 amidst strengthened responses

According to PAH/WHO, Haiti recorded 814,551 suspected cases of cholera with 9,693 deaths between October 2010 and 31 July 2017. However, since 2016, the epidemiological situation indicates a marked decrease in the transmission of the disease. During the 2016 epidemiological week (EPI week) 01 to 28, 22,186 suspected cholera cases were reported by the MSPP / DELR<sup>3</sup> compared with 7,901 during the same period in 2017, a decrease of 64.4%<sup>4</sup>. In a similar vein, the total number of deaths also dropped from 202 deaths in 2016 to 88 in 2017, a decrease of 56.4%.

Fig 2. Trend in cholera cases since the beginning of the epidemic in 2010



Source : PAHO/WHO

According to the MSPP / DELR figures, EPI week 23 (2017) to date is officially the period with the lowest number of suspected cases ever since the outbreak of the epidemic in 2010. This situation is more remarkable given that the rainfall accumulated in April and May 2017 was equal to or even higher than the rainfall measured during the passage of Hurricane Matthew in October 2016. This positive trend was facilitated through the effective approach to cholera response in Haiti.

### Approach to cholera response in Haiti

In 2013, the Haitian government launched its 10-year National Cholera Elimination Plan (PNEC), focusing on long-term elimination of cholera with specific targets on the short, medium and long term components<sup>5</sup>. In 2016, PNEC entered its medium-term phase (2016-2018) with the primary objective of achieving a national annual incidence rate of less than 0.1% by 2018.

On August 19<sup>th</sup>, 2016, the United Nations announced its new approach to fighting cholera in Haiti, with two tracks, including intensifying support for cholera control and

<sup>3</sup> MSPP/DELR : Ministry of Public Health and Population / Directorate of Epidemiology and Research Laboratory

<sup>4</sup> <https://mspp.gouv.ht/site/downloads/Profil%20statistique%20Cholera%2028eme%20SE%202017%20re%20vise.pdf>

<sup>5</sup> [https://mspp.gouv.ht/site/downloads/Plan\\_elimination\\_du\\_cholera\\_2012\\_2022.pdf](https://mspp.gouv.ht/site/downloads/Plan_elimination_du_cholera_2012_2022.pdf)

response in Haiti (as also planned in the PNEC) and the provision of package of material assistance and support for those most directly affected by cholera<sup>6</sup>. The first track of this approach and the medium-term objectives of the PNEC (2016-2018) were synthesized in the second objective of Haiti Humanitarian Response Plan (HRP) for 2017 and 2018<sup>7</sup>.

### **Towards a more effective response**

In line with the objectives of the cholera sector through the HRP 2017-2018, coordination of the response has proved to be a fundamental axis in the control and elimination strategy. With coordination, there is now better exchange of information and faster capability for decision making than in previous years. In May 2017, this rapid and effective coordination enabled in a few days, the control of outbreaks in the Ouest department - the department most at risk of cholera because of its population density. A similar situation in previous years would have probably taken longer to control with a risk of a nation-wide spread.

To facilitate the decrease in cholera cases, access to care which includes both preventive and curative aspects is fundamental. Under the umbrella of the preventive component, more than 700,000 people were vaccinated in October 2016 in the departments of Grande Anse and Sud - the departments most affected by Hurricane Matthew. In May 2017, a second dose was administered in the same departments. This massive vaccination was accompanied by actions to improve access to potable water, particularly by promoting the treatment of water at home. UNICEF, PAHO/WHO, in support of DINEPA and in coordination with other institutions such as the CDC and USAID, are continuing their work to increase the demand and supply of water treatment products.

The approach currently used in Haiti to reduce transmission of cholera in communities, is to detect as soon as possible any outbreak from a suspected cholera case and to send on the spot, one or more Rapid Response Mobile Teams (EMIRA). This implementation of this approach called Alert/Response, started gradually from 2013 and has contributed to a significant change in the epidemic profile of cholera in Haiti. One reason for this is that the approach has been "fully" financed since September 2016, notably through the loan of 8 million US dollars from the United Nations Central Emergency Response Fund (CERF). The year 2017 is thus the first year in which the mechanism is financed for 12 months, thus enabling the full implementation of the strategy and the increase in the number of response teams since September 2016 whereby 60 NGO teams were able to support the 12 EMIRAs in July 2017<sup>8</sup>.

Under the curative component, a special effort has been made by PAHO/WHO to improve the quality of care, and the prevention and control of infections at treatment centres. This includes the continuous training of service providers and the exhaustive and repeated evaluation of treatment centres, all of which contribute to the continuous decline observed in recent weeks.

### **Challenges faced by the actors**

Despite the tremendous efforts made, the response faces enormous challenges. The first challenge is maintaining the stable trend or steady decline, particularly during the upcoming major rainy season in the context of an underfunded response. The PNEC and the HRP remain underfunded, particularly regarding components related to the Alert/Response system and the improvement of healthcare facilities. Without adequate

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<sup>6</sup> [http://www.un.org/News/dh/infocus/haiti/Haiti\\_UN\\_System\\_Cholera.pdf](http://www.un.org/News/dh/infocus/haiti/Haiti_UN_System_Cholera.pdf)

<sup>7</sup> <https://www.humanitarianresponse.info/en/operations/haiti/document/haiti-humanitarian-response-plan-2017-2018>

<sup>8</sup> The World Bank, as well as the MSPP Infectious Disease Coordinators in each department fund the EMIRAs.

funding, the intervention teams would be phased out by the end of 2017 and the conditions of care might deteriorate rapidly.

The second challenge is the need to improve surveillance and control of the disease. It is clear that the clinical diagnostic capacity of health care providers is still very low throughout the country, thus leading to over-reporting of suspected cases of cholera. In addition, laboratory confirmation and rapid return of results which is still very slow requires rapid improvement.

## Dialogue between humanitarian actors and local authorities

OCHA and its humanitarian partners (National Civil Protection Department (DPC), departmental delegations, MINUSTAH, UNICEF, IOM, Early Recovery and Livelihoods Sector / UNDP) initiated a series of discussions between humanitarian actors and local authorities in the Sud and Grand'Anse departments, on 9 and 16 June 2017 respectively. This series of discussions, happening about eight months after Hurricane Matthew, was conducted to strengthen the relationship between stakeholders for better collaboration in emergency preparedness and response, recovery, and development. It was an opportunity to clear up some misunderstandings and contradictions regarding expectations, and the lack of confidence affecting the relationship between humanitarian actors and local authorities.



Session between humanitarian actors and local authorities of the Sud Department  
Photo: OCHA

Among the participants in these discussions were the departmental delegates of Grand Anse and Sud, the directors-general of ministries and local authorities (mainly mayors from different municipalities) and representatives of civil societies. Representatives of United Nations agencies and national and international NGOs working in the Sud and the Grand'Anse constituted the panel of humanitarian actors.

### **Towards a better coordination of humanitarian response**

The mayors of the Sud and Grand'Anse departments praised the contribution of humanitarian actors to the post-Matthew emergency response while also highlighting the weaknesses of the response. The mayors suggested the need for a greater level of involvement of local communities in humanitarian actions at all stages of intervention. In addition, they would like more actions with long-term impact that can propel the recovery of the population affected by hurricane Matthew. According to local authorities, after the first phase of the response to the emergency, humanitarian actors should now assist the affected population in the reconstruction of their housing and the revitalization of income-generating activities.

On the part of the humanitarian community, OCHA took advantage of the meeting to remind all the participants of the humanitarian principles. OCHA pointed out that humanitarian aid differs from development aid: humanitarian aid aims at saving lives and reducing the suffering of people affected by a humanitarian crisis and providing protection to the most vulnerable while development aid aims to promote economic development

and improve the living conditions of populations through long-term projects. OCHA emphasised that development aid must take over from humanitarian aid once the humanitarian crisis is over.

The humanitarian actors both in the Sud and the Grand'Anse, including UNICEF, IOM, FAO, the Early Recovery and Livelihoods Sector / UNDP, seized the opportunity to inform the local authorities and decentralized government services of their achievements and results in various areas of humanitarian response, including protection, health, hygiene and sanitation, nutrition, food security, shelter and housing.

The humanitarian actors also explained that lack of funding was the main factor limiting the recovery efforts from conducting appropriate responses and responding to the magnitude of medium and long-term needs of those affected by the hurricane. As of 31 July 2017, only 19.5% of the \$291.5 million required in the Humanitarian Response Plan (HRP) has been financed, with zero (0) funding for the Recovery, Nutrition and Camp Coordination and Camp Management sectors<sup>9</sup>.

### Way forward

The participants commended the initiative of the dialogue and agreed that a mutual understanding was on the verge of developing. They expressed their willingness to continue interaction at the decentralized level in order to improve collaboration and partnership between humanitarian actors and local authorities and to achieve better results for the affected population.

In order to facilitate the continuation of the dialogue, a monitoring unit was recommended to be set up by the two departmental delegations. Humanitarian actors have also agreed to develop simple and clear fact sheets with local authorities that will promote initiatives being implemented. Humanitarian aid coordination mechanisms will be further explained to the mayors to help them better understand the requirements of the humanitarian response. Field visits will also be used to strengthen collaboration and partnership between humanitarian actors and local elected officials.

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<sup>9</sup> <https://fts.unocha.org/appeals/543/summary>