EUROPEAN COMMISSION

DIRECTORATE-GENERAL HUMANITARIAN AID AND CIVIL PROTECTION - ECHO

Humanitarian Aid Decision
BRIDGING FACILITY (EDF) 11

Title: Commission decision financing humanitarian actions in Haiti from the Bridging Facility (EDF)

Description: support the prevention, surveillance and response to cholera and assist internally displaced people in finding more durable solutions and help improve their livelihood.

Location of action: Haiti

Amount of Decision: EUR 5 000 000

Decision reference number: ECHO/HTI/EDF/2014/01000

Supporting document

1. Humanitarian context, needs and risk

1.1 Situation and context

Haiti is the poorest country in the Latin America and Caribbean region. Nearly 78% of the population (estimated 10 million) live on less than USD 2 per day. The country ranks 161 out of 186 countries[1] in the Human Development Index. This extreme poverty is reflected in social indicators such as literacy, life expectancy, mother and child mortality and chronic malnutrition. Institutional weaknesses and weak governance are exacerbated by recurrent shocks, which seriously hinders the implementation of development strategies and the reconstruction process.

The country is globally characterized by a lack of infrastructure and public services (for example: the MSPP - Ministère de la Santé Publique et de la Population - managing only 15% of the health institutions in the country) and very limited economic capacity (substantial foreign debt). The health care system is extremely weak in terms of coverage and quality, resulting in the worst health indicators in the region. There is rather limited access to clean

[1] Source: Human Development Report, “The Rise of the South: Human Progress in a Diverse World” (UNDP 2013)

water and adequate sanitation, which poses one of the key challenges when it comes to the spread of waterborne diseases.

Haiti has not yet recovered from the multiple shocks experienced over the last four years. In January 2010, an earthquake destroyed the capital city of Port-au-Prince and the areas around the epicentre, leaving 222 750 people dead and 300 000 injured. As a consequence of the unprecedented disaster, 1.5 million people were internal displaced, 313 000 houses damaged, and the administration lost one third of its civil servants.

Nine months later, the cholera epidemic broke out and rapidly turned out to be the largest cholera epidemics ever recorded in modern times. Although recently the rate of new cases and fatalities has been considerably slowed down through concerted efforts by international actors, cholera still leads to more cases than in any other country in the world. Since the initial outbreak in October 2010, about 697 256 cases and 8 534 deaths[2] have been registered.

In August and October 2012, Haiti was successively hit by tropical storm Isaac and hurricane Sandy that further exacerbated the food insecurity situation. Indeed, the country is exposed to a wide range of cyclical, often annual, natural hazards (earthquakes, cyclones, floods, landslides, drought), severely impacting the population's already weak ability to recover from even small or medium disasters.

Extreme poverty, uncontrolled urbanization and environmental degradation have also contributed to creating a vicious cycle, with the population increasingly resorting to negative coping mechanisms.

ECHO's[3] Integrated Analysis Framework for 2013-2014 identified high humanitarian needs in Haiti. The vulnerability of the population affected by the crisis is considered to be very high.

Strengthening the people of Haiti's resilience to disasters is of paramount importance for the European Union (EU). Since the onset of the 2010 earthquake, Commission services (ECHO and DEVCO) coordinated their efforts in order to tackle the whole range of key risks that induce crises and address the root causes of identified vulnerabilities.

Humanitarian assistance is still required to help vulnerable populations recover and develop appropriate coping mechanisms to withstand future shocks. In line with the Communication on the EU Approach to Resilience, Learning from Food Security Crises[4] and Action Plan for Resilience in Crisis Prone Countries[5]. Strong emphasis has been put on building the resilience of the poorest households by linking relief, rehabilitation and development and by strengthening donor coordination.

[2] MSPP (Ministère de la Santé Publique et de la Population), January 2014
[3] Directorate-General for Humanitarian Aid and Civil Protection - ECHO
[4] COM(2012)586
[5] SWD(2013)227

1.2 Funding situation

Over the last couple of years, the number of humanitarian actors present in Haiti has drastically decreased as a direct consequence of a sharp reduction in humanitarian funding. In the Humanitarian Action Plan (HAP) of January 2014, the United Nations (UN) reported that the withdrawal of international actors has resulted in clear gaps, namely with regard to human and financial resources to ensure basic service delivery.

UN representatives, including at the highest level, have voiced concern at the widening gap between humanitarian needs and funding for humanitarian actions. It is estimated that humanitarian funding allocated to Haiti through the HAP has remained just above 40% of what has been requested since 2012[6]. The Humanitarian Country Team has been raising awareness on the need to ensure available resources in order to address the most pressing priorities.

The HAP estimates for covering the key humanitarian needs is USD 167.6 million to support the implementation of the Plan. Requirements for 2014 have been slightly increased, given the need to step up efforts to address earthquake related displacement in the capital. 50% of the requirements are intended to seek housing solutions and provide basic services for those remaining in the camps. Health and water, sanitation and hygiene (WASH) intervention needs relating to the cholera epidemic are estimated at USD 40 million. The remainder of the estimated requirements concerns food security, nutrition, protection and disaster preparedness.

1.3 Identified humanitarian needs

The most acute humanitarian needs are linked to the cholera outbreak, earthquake-related displacement (including protection needs related to camps evictions and gender-based violence), child and mother mortality, violence, food insecurity and the need to build resilience to natural hazards. The proposed funding decision focuses on the first two problems.

In 2013, the Government launched a 10-year **National Plan for the Elimination of Cholera**, aiming to limit the transmission by improving access to water, sanitation, hygiene and health care facilities for 80-90% of the Haitian population. The EU humanitarian budget already funds activities in the framework of the Haiti short-term plan (2013-2015) of the National Plan, with actions responding to cholera outbreaks in both the health and wash sectors, with a view to ensure adequate treatment while cutting the transmission of the disease. UNICEF (United Nations Children's Fund) launched its two-year cholera strategy to support the MSPP in rapid response activities to cholera alerts in June 2013. In line with the National Plan (and in particular its short-term component), UNICEF's partner non-governmental organizations (NGOs) aim at reinforcing the roles of health and WASH authorities at departmental level in order to improve coordination and increase the efficiency of rapid response activities.

[6] According to the OCHA Financial Tracking Service (FTS), the HAPs in 2012 and 2013 were financed respectively at 46.5 and 44.2%.

Since the beginning of the outbreak (October 2010) and until end 2013, funds from the EU humanitarian budget allocated to cholera prevention, surveillance and response totalled to EUR 37 million, benefiting more than 3 million people. For 2014, EUR 5 million have been already allocated for cholera prevention, surveillance and response.

The response has been mostly carried out by international actors who have actively promoted the convergence of health and WASH actions with the aim to:

- ensure access to free and adequate treatment
- sensitize and equip people with the knowledge and practice of safe hygiene behaviour
- strengthen the surveillance system/alert system (data collection, SMS-based reporting system to heath care centres)
- ensure a rapid response to every alert within less than 48 hours
- vaccination campaigns.

Although **cholera** fatality rates have been halved through rapid response and prevention, Haiti continues to host the largest cholera epidemic in the world since 58 505 suspected cases and 610 deaths were reported from January to December 2013[7]. The average fatality rates remain high, i.e. above 1%. According to the MSPP/PAHO the disease is potentially expected to affect 45 000 in 2014.

Lack of both sustained infrastructure funding, particularly for sanitation, and common health strategy are two of the major obstacles effective elimination of the epidemic.

The UN Special Envoy for Cholera in Haiti estimated recently that funding requirements needed to contain the epidemic and build infrastructures and cut the contamination cycle are USD 400 million for 2013-14. It is worth noting that the bulk of these requirements relate to much needed infrastructure investments, particularly in the sanitation sector. However, international humanitarian support is still needed to treat cholera cases, sensitize the population and decontaminate houses and water points. Joint medical and WASH efforts need to be strengthened during the dry season.

Internal displacement is another acute humanitarian need identified in the HAP.

In January 2014, 146 573 people[8] (39 464 households) were still living in 271 camps, in extremely dire conditions with limited access to basic services, a situation which is highly prone to the spread of waterborne diseases, including cholera. Since 2010, over 16 000 households in more than 160 camps have been forcibly evicted due to issues related to land ownership and in 2014, over 16 280 displaced households (57 948 individuals) living in 102 camps are still under threat of eviction, of which 51 camps are under high risk of eviction.

In the aftermath of the 2010 earthquake, the number of internally displaced people (IDPs) amounted to 1.5 million people. Owing to spontaneous departures and interventions

[7]Source UN, Haiti Humanitarian Action Plan, January 2014

supporting the return of IDPs to neighbourhoods, their number has been reduced by nearly 97%. The remaining caseload is made of the most vulnerable IDPs who are unable to leave camps for financial reasons and lack of alternative places to live. Meanwhile, their living conditions have significantly deteriorated since the earthquake. Many continue to be at high risk of forced evictions, high level of violence, environmental hazards, cholera and other water born/related diseases. Basic WASH and health services are further reduced from already substandard levels following the massive withdrawal of humanitarian actors. Some camps have no access to clean water, and in most of them, the lack of functional latrines has resulted in inappropriate hygiene behaviour such as open defecation. Gender based violence is widespread in the camps and create security problems, particularly for women and young boys and girls who are particularly at risk due to promiscuity and low protection standards. Protection and basic services for IDPs need to be reinforced.

In light of the dire living conditions of the IDP and the related protection issues, it is necessary to continue supporting the IDPs in finding appropriate return solutions, whilst maintaining minimum services for those remaining in the camps. The UN has called on the international actors to increase efforts in favour of durable solutions for the IDPs.

1.4 Risk assessment and possible constraints

In general, humanitarian interventions in Haiti do not encounter major risks due to security or access. However, the long-awaited elections which have now been planned for October 2014 could trigger civil unrest and disrupt project implementation.

The legislation on Non-Governmental Organisations (under preparation) may hinder the delivery and response capacity of international actors, particularly at the departmental level, where state authority and service delivery is weakest.

The 2014 rainy and hurricane season (June to November) may also negatively impact parts of the country.

2. Proposed ECHO response

2.1 Rationale

Whilst the ultimate solution resides in massive infrastructure investments, particularly in the water and sanitation sector, the cholera epidemic still needs to be addressed as a public health emergency. In spite of their cholera eradication strategy, national authorities have low capacity to respond. Cholera is still a major challenge and the rainy and the hurricane season are critical elements as they increase the risks of outbreaks. As a matter of fact, when latrines and canals flood are non-existing or are destroyed, the cholera vibrio spreads very quickly and represents a threat, especially for the very densely populated city of Port-au-Prince and the numerous IDP camps that it still hosts.

Humanitarian intervention is still need to help eradicate the disease and avoid it spreading to other countries in the region.

[8] Source: IOM Displacement Tracking Matrix (DTM) January 2014

The situation of IDPs living in the camps is inextricably linked to the cholera situation. Lack of access to clean water, extremely poor WASH conditions and bad hygiene behaviour are some of the conducive factors. Exposure to environmental hazards add to the vulnerability of the displaced people. Therefore, enhanced efforts to support the return of the IDPs into safer housing conditions, albeit for a period of 12 months would make a sound difference for the beneficiaries.

2.2 Objectives

- Principal objective: address cholera and support efforts to end the earthquake-related internal displacement.

Specific objectives:

- to support the prevention, surveillance and response to cholera

and

- to assist internally displaced people in finding more durable solutions and help improve their livelihood.

Interventions funded by this decision will target the cholera affected population through simultaneous health and WASH responses with a focus on lives saving activities. They will also help the most vulnerable IDP families to exit camps through a relocation package consisting of a rental subsidy (12 months) and a livelihood grant to help them develop an income generating activity.

2.3 Components

It is foreseen to continue implementing the two pillars (WASH and health) cholera strategy with a focus on lives saving activities through the provision of adequate treatment, safe water, and hygiene promotion and on reinforcing local capacities. Mobile capacity will be funded to react to cholera peaks with targeted wash-health coordinated interventions. Activities will be also supported aimed at strengthening coordination based on a functional EWARS (**Early Warning Alert and Response System**) to ensure that outbreaks are reported and addressed swiftly in order to cut the transmission of the disease. This would also include the maintenance of essential stock levels and logistics for medication and treatment and other relevant supplies.

IDPs' resettlement efforts will be supported, considering the needs and housing absorption capacities. Although the priority is to find an adequate housing solution for the IDPs remaining in the camps, all options that fits into humanitarian mandate may be explored such as rental subsidies, 'formalization' of some camps or even some components of the neighbourhood approach when relevant. Moreover, the living conditions in the remaining camps, in particular related to water and sanitation, will be monitored and addressed in case of serious risks to public health. Through a specific protection focus, extreme vulnerabilities will also be addressed with special attention to elders, handicapped persons, victims of violence or other highly vulnerable people.

2.4 Complementarity and coordination with other EU services, donors and institutions

(See table 3 in annex)

2.5 Duration

The duration for the implementation of this Decision shall be 12 months.

Humanitarian actions funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 May 2014 in order to cover certain costs already incurred by partners who have been intervening to support the population affected by cholera and those living in the camps as a consequence of the 2010 earthquake.

Start date: 1 May 2014

If the implementation of the actions envisaged in this Decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid actions.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the Agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

3. Evaluation

Under Article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, the Commission is required to "regularly assess humanitarian aid actions financed by the Union in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent actions." These evaluations are structured and organised in overarching and cross cutting issues forming part of DG ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

http://ec.europa.eu/echo/policies/evaluation/introduction_en.htm.

4. Management Issues

Humanitarian aid actions funded by the European Union are implemented by NGOs and the Red Cross National Societies on the basis of Framework Partnership Agreements (FPA), by Specialised Agencies of the Member States and by United Nations agencies based on the Financial Administrative Framework Agreement with the UN (FAFA) in conformity with Article 103.3 of the Financial Regulation applicable to the 10th EDF together with Article

178 of the Rules of Application of the Financial Regulation applicable to the general budget of the European Union.. These Framework agreements define the criteria for attributing grant agreements and contribution agreements and may be found at:

http://ec.europa.eu/echo/about/actors/partners_en.htm

For NGOs, Specialised Agencies of the Member States, Red Cross National Societies and international organisations not complying with the requirements set up in the applicable EDF Financial Regulation for joint management, actions will be managed by direct centralised management.

For international organisations identified as potential partners for implementing the Decision, actions will be managed under joint or indirect management.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.

5. Annexes

- Annex 1 - Summary decision matrix (table)
- Annex 2 - List of previous DG ECHO decisions
- Annex 3 - Overview table of the humanitarian donor contributions
- Annex 4 - IOM Displacement Tracking Matrix

Annex 1 - Summary decision matrix (table)

Principal objective to address cholera and support efforts to end the earthquake-related internal displacement.				
Specific objectives	**Allocated amount by specific objective (EUR)**	**Geographical area of operation**	**Activities**	**Potential partners**[9]
- to support the prevention, surveillance and response to cholera - to assist internally displaced people in finding more durable solutions and help improve their livelihood	2 000 000 3 000 000	Nationwide	- Health treatment &WASH interventions, - Rental subsidies, - Income generating activities, - Retrofitting	UNICEF-US PAHO MSF-NL IMC-UK IOM-CH MDM-ES SI-FR GOAL-IR HELPAGE INTERNATIONAL-UK FEDERATION HANDICAP-FR CONCERN WORLDWIDE-IR IRC-UK OXFAM-UK OXFAM-ES (INTERMON) IFRC
TOTAL	5 000 000			

[9] UNITED NATIONS CHILDREN'S FUND, PAN AMERICAN HEALTH ORGANIZATION, MEDECINS SANS FRONTIERES NEDERLAND, INTERNATIONAL MEDICAL CORPS UK LBG, INTERNATIONAL ORGANIZATION FOR MIGRATION, MEDECINS DU MONDE ESPAGNE, SOLIDARITES INTERNATIONAL, GOAL-IR, HELPAGE INTERNATIONAL-UK, FEDERATION HANDICAP INTERNATIONAL, CONCERN WORLDWIDE (IRL), INTERNATIONAL RESCUE COMMITTEE UK, OXFAM UK, OXFAM INTERMON, INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT

Annex 2 - List of previous DG ECHO decisions

List of previous DG ECHO operations in

Decision Number	Decision Type	2011 EUR	2012 EUR	2013 EUR
ECHO/DIP/BUD/2011/92000*	HIP	2 559 819		
ECHO/HTI/BUD/2010/02000	EMERGENCY	10 000 000		
ECHO/HTI/BUD/2011/91000	HIP	36 000 000		
ECHO/HTI/BUD/2012/91000	HIP		34 250 000	
ECHO/HTI/BUD/2013/91000	HIP			15 000 000
	Subtotal	48 559 819	34 250 000	15 000 000
	TOTAL	**97 809 819**		

Date :

Source : HOPE

(*) decisions with more than one country

Annex 3 - Overview table of the humanitarian donor contributions

Donors in HAITI over the last 12 months			
1. EU Member States (*)		**2. European Commission**	
	EUR		EUR
Belgium	589 426	DG ECHO	13 484 520
Germany	3 976 032	DG DEVCO	545 860 000(**)
Luxembourg	370 000		
Sweden	1 955 886		
Subtotal	6 891 344	**Subtotal**	559 344 520
TOTAL	20 375 864		

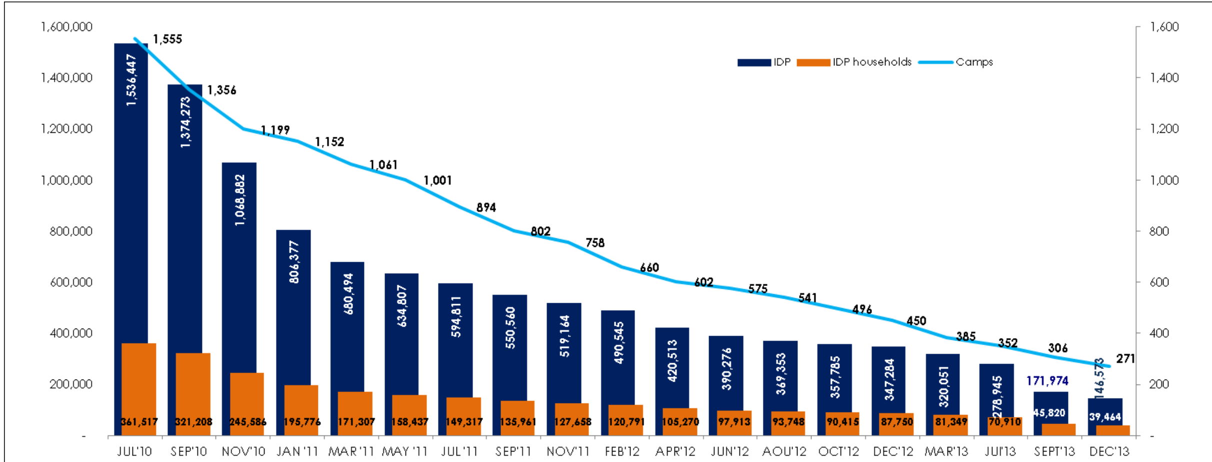
Date : 03/04/2014

(*) Source : DG ECHO 14 Points reports. https://webgate.ec.europa.eu/hac

(**) 10th EDF (2008-2013): A-Envelope EUR 411 000 000
B-Envelope EUR 134 860 000

Empty cells : no information or no contribution.

Annex 4 - IOM Displacement Tracking Matrix



Source : IOM Displacement Tracking Matrix (DTM) January 2014