



Haiti

ECHO FACTSHEET

Facts & Figures

People affected by drought caused by the effects of El Niño: 3.6 million people, out of which 1.5 million severely affected (January 2016, source: CNSA).

New cholera cases from 1 January to 21 May 2016: **15 794 new cases & 157 fatalities** (source: Ministry of Health)

Internally displaced persons (IDPs) still in camps on 31 March 2016: **62 590 individuals** (source: IOM, DTM, March 2016)

European Commission's total humanitarian aid to Haiti since 1995: **€353.7 million**.

European Commission's total assistance for **Disaster Risk Reduction in Haiti** since 1998: **€34.2 million**.

European Commission's **immediate emergency assistance** in 2010 after the **earthquake**: **€100 million**

ECHO is the European Commission's Humanitarian Aid and Civil Protection department.

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Vouchers distribution information session in the context of the European Commission's Food Assistance Drought Response intervention in South East Department, Haiti. PHOTO: EU/ECHO/Hilaire AVRIL

Key messages

- **Food and nutritional insecurity** due to recurrent drought episodes exacerbated by *El Niño* phenomena are the focus of current European Commission assistance. Interventions are closely articulated with initiatives aiming at enhancing the resilience of the most vulnerable populations to face and recover from recurrent shocks.
- The Commission's humanitarian funding also focuses on an additional 3 million people potentially affected by a **cholera outbreak** which has already claimed more than 9 100 lives since 2010, and remains one of the world's worst epidemics with over 15 000 people infected in the first four and a half months of 2016.
- The Commission's humanitarian assistance supports the most vulnerable affected by the **2010 catastrophic, magnitude 7.0 earthquake** still living in the camps. The earthquake claimed 222 750 lives and destroyed tens of thousands of homes and buildings. The Commission immediately provided humanitarian assistance through the allocation of **€100 million** to provide aid to **5 million victims of the disaster**. Six years later, more than **62 000 people still live in 36 makeshift camps for Internally Displaced Persons (IDPs)**, in which access to basic services remains insufficient.
- The Commission also supports **Disaster Risk Reduction (DRR) and preparedness projects**, to ensure Haitians are more resilient to **recurring natural hazards** such as hurricanes, floods, landslides and droughts, and **epidemics** such as cholera.
- Since 1995, the Commission has provided **€353.7 million in humanitarian assistance to Haiti, including €34.2 million for DRR actions**.

Humanitarian situations and needs

Background

Haiti is located on the western side of the island of Hispaniola (which it shares with the Dominican Republic) and is situated in the Caribbean Sea's "**hurricane belt**". Haiti is highly exposed to **natural hazards** such as **hurricanes, floods, landslides, droughts and earthquakes**. Climate change, deforestation, a challenging topography and widespread poverty leave Haitians particularly vulnerable to natural disasters.

Haiti has long been the poorest country in the Western hemisphere, with **58.5% of the population living under the poverty line** (World Bank figures for 2012), and about every other Haitian lacking access to basic healthcare services. Populations **have little coping capacities**, and even minor natural hazards can have a huge impact on the population.

That was the difficult context in Haiti even before the **catastrophic 2010 earthquake**. On Tuesday 12 January 2010, a magnitude 7.0 earthquake - the strongest in two centuries, devastated Haiti, **claiming 222 750 lives** and **displacing 1.5 million Haitians**. Those who survived lacked food, water, sanitation, basic emergency health care or even the most basic forms of safe shelters.

A few months later, in October 2010, a **cholera outbreak** spread across the country causing the largest epidemic ever registered in the world. As of May 2016, cholera has claimed over 9 000 lives and remains one of the world's worst outbreaks with over 770 000 suspected cases from its onset. **15 794 new cases** have been registered between January and 21 May 2016, similar to the number recorded for the same period in 2015.

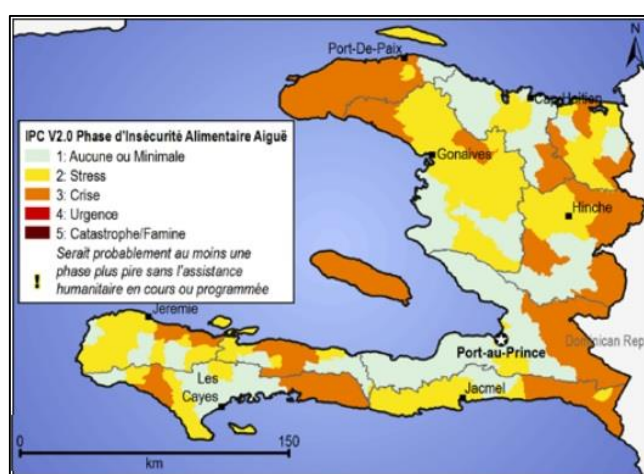
In addition, the country's **fragile food and nutritional security** has gradually deteriorated over the last years, starting with the impact of cyclonic disasters in 2012 (Tropical Storm *Isaac* and Hurricane *Sandy*) followed by recurring episodes of severe drought recently exacerbated by the impact of *El Niño*. In the most vulnerable areas, small farmers have faced severe harvests' losses during the last four spring seasons (the main agricultural campaign), forcing the most affected households to adopt regressive coping mechanisms.

An estimated **200 000 Dominicans of Haitian descent are at risk of becoming stateless** and of being deported to Haiti, together with several hundreds of thousands irregular migrants living in Dominican Republic. In September 2013, the Dominican Republic Constitutional Court declared that individuals from foreign descent, born between 1929 and 2007 on Dominican territory, were removed of their Dominican citizenship. In 2014, the population affected by the judgement was given the possibility to regularise their situation by June 2015. Since then **more than 86 000 individuals crossed the border into Haitian territory**, including over 1 200 presumed unaccompanied minors.

Major needs and related problems

As a direct consequence of the prolonged droughts exacerbated by *El Niño* phenomena, the country is facing a highly critical food and nutritional security situation. According to the National Coordination Food Security (CNSA in French), **3.6 million individuals are suffering from acute food insecurity countrywide**. The most vulnerable households are facing serious difficulties to cover their basic food needs in local markets, highly depending on imported food due to the local production losses. Moreover, the local currency devaluation against the US dollar has further impacted basic food prices in local markets, making access to food for poor households even more difficult. Finally, the fall of local production also resulted in a reduction of labour opportunities in agriculture, which normally constitutes the main source of income for the most vulnerable households.

The **cholera epidemic** that struck the country in 2010 is still far from being over. Despite significant progress, the **lack of access to safe drinking water** and the prevailing **weaknesses of sanitary infrastructures** resulting in high cholera institutional fatality rates remain serious concerns.



Haiti Food Security Outcomes, Perspectives February-May 2016.
Source: FEWSNET – CNSA.

Significant progress has been made since the 2010 earthquake, but **acute humanitarian** needs still persist in the IDP camps. **Basic services, protection and adequate housing solutions** remain largely insufficient for those displaced. Six years on, 62 590 Haitians remain sheltered in 36 camps, where access to water and basic services remains very limited (IOM, DTM figures as of March 2016).

The country has close to **inexistent absorption capacities to cope with the constant migration influx** from Dominican Republic. Host communities, mainly focused in the border areas, are already severely impacted by risks affecting the country such as food insecurity, malnutrition and cholera. The migration crisis is exacerbating the situation. Six new informal displacement sites have appeared in the South East Department border area (Anse à Pitres) hosting around 3 000 individuals.

Considering Haiti's exposure to natural disasters, building the **resilience of the most vulnerable population** is an overall objective of the humanitarian intervention in the country. Despite Haitian authorities' commitment to DRR initiatives, **more investment is required for adequate preparedness**. Embedding DRR in Haiti's reconstruction and development process, as well as empowering local communities to prepare for, and respond to natural and epidemics hazards remains a priority.

The European Union's Humanitarian Response

Funding

Haiti is the **largest beneficiary of the European Commission's humanitarian aid in Latin America and the Caribbean**, with **€353.7 million** in assistance **since 1995**. Between 1995 and 2009, humanitarian aid focused on covering needs arising from natural hazards and from violence with severe humanitarian consequences, in the context of a profound socio-economic crisis.



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Since 2010, the European Commission's response has totalled **€272.95 million**, assisting victims of the devastating **earthquake**, the **cholera** epidemic, slow onset **food and nutritional insecurity** emergencies caused by **droughts**, the **migration crisis** between Haiti and the Dominican Republic as well as strengthening local capacities to **prepare** for and respond to natural and epidemics events.

Funds have also been used to respond to sudden **emergencies**. In **2012**, the EU allocated a total of €9 million to address extensive damages caused by **tropical storm Isaac** and by **hurricane Sandy**. Shelter, safe water and livelihood support was funded for more than **1.5 million people**.

Overall, emphasis has been put on contributing to build the **resilience** of the most vulnerable, in particular in the face of recurring natural and epidemics disasters. Since 1998, more than **€34.2 million** have been earmarked to strengthen the preparedness of the communities. The ongoing implementation of natural disaster management plans and the deployment of early warning systems will further consolidate Haiti's capacity to resist, adapt and mitigate the impacts of **natural and epidemics hazards**.

Response to the 2010 earthquake

The catastrophic magnitude 7.0 **earthquake** that struck the country in 2010 triggered a massive humanitarian response. In the emergency phase, EU funds helped to provide shelter, safe drinking water, healthcare, food, protection and essential items to about **5 million people**. Mobile clinics were set up while destroyed health facilities were rehabilitated. From 2010 to 2016, the European Commission's Humanitarian Aid and Civil Protection department's (ECHO) response helped a total of **1.3 million people in the camps**, where access to basic services and primary health care infrastructure was made available.

Current interventions focus on **relocating families** still living in the camps, where living conditions lack decent water and sanitation or protection services against sexual violence, by providing opportunities to people to leave the camps through rental subsidy programmes and additional support to income-generating activities and training. Durable solutions for the remaining IDP camps need to be integrated into longer-term urban planning. It is vital to ensure voluntary relocation from the camps and formalisation of existing camps may be an option in some cases.



An elderly man benefited from the rental support programme to leave the camp.
PHOTO: EU/ECHO/E. H.

Response to the cholera outbreak

The Commission mobilised **€47.6 million** to address **the cholera outbreak**, targeting close to **3 million people** by setting up cholera treatment facilities, strengthening the national health system and reinforcing epidemiological surveillance. Prevention through the improvement of access to water and sanitation services, or educational campaigns on hygiene has been key in limiting the number of new infections.

In **2016**, the European Commission aims at **reducing the number of cholera cases**, and the related mortality rate below 1%. High quality case management, decontamination, distribution of hygiene products, access to drinking water, awareness and support to local authorities will help **control the spread of the disease**.

Response to food and nutritional insecurity

Since 2014, the Commission has allocated **€20.06 million** to respond to most **acute food and nutritional needs** of highly vulnerable households living in rural areas severely affected by droughts, contributing at the same time to reinforcing their resilience. The assistance has combined emergency actions such as cash transfers, water supply distributions together with resilience building initiatives such as livelihood protection, enhancement of water supply infrastructure, animal health support, reinforcement of early warning and information systems, hygiene and nutritional promotion and disaster risk reduction (awareness raising and small scale mitigation works). A comprehensive nutrition-sensitive approach has been systematically mainstreamed in all interventions.

Response to the migration crisis

Since 2015, the Commission has allocated **€697 000** to provide tailored assistance and protection to highly vulnerable Haitians or individuals of Haitian descent who returned from the Dominican Republic. Focus has been dedicated to non-accompanied minors for family reunification, providing primary assistance to highly vulnerable groups in particular the individuals at risk of statelessness.

Disaster preparedness

Since **1998** the Commission has invested **€34.2 million** to make Haiti more resilient to disasters, through the European Commission's Disaster Preparedness Programme (**DIPECHO**) and risk reduction activities. The funding helped setting up early warning systems and strengthening shelters and infrastructure to face recurring hurricanes, floods and other disasters.

The ongoing 2015-16 DIPECHO programme dedicates €3 million for disaster preparedness actions in the country. In addition, a new disaster preparedness integrated approach has been adopted in 2016, the *Drought Preparedness* initiative, supported in Haiti with an initial allocation of **€1.5 million**, aiming at improving the knowledge of drought as a hazard, to reinforce early warning systems and contingency plans and to enhance local coping strategies through the improvement of local water management mechanisms.

Moreover, in 2016, the Commission has allocated **€200 000** to support a cholera preparedness initiative in order to reinforce local rapid response capacities to the disease as well as local surveillance and early warning systems.



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