



HUMANITARIAN ACTION

Haiti has made remarkable progress to recover from the multiple shocks suffered in the last few years: 89% of the displaced population from the 2010 earthquake have left the camps; the number of cholera cases has been reduced by 50 percent from 2012 to 2013 and severe food insecurity has been brought down from 1.5 million affected people in early 2013 to 600,000 in October 2013. Also, national capacities to better prepare and respond to future emergencies have been further strengthened. Such progress was only possible thanks to concerted national and international efforts.

KEY FACTS AND FIGURES

PREPARATION ET REPONSE

In 2013, 1 national and 10 departmental contingency plans for the cyclone season were developed by the Directorate of Civil Protection (DPC).

1 national simulation exercise carried out by the DPC, in which all the relevant international partners participated. 3 exercises in the Departments of Nippes, South and South East. 9 new Departmental Emergency Operations Centres established.

Preparedness activities in 223 camps with pre-identified focal points able to provide minimal preparation and response.

In preparation for the landfall of Tropical Storm Chantal in July 2013, 154 camps were reached with last-minute sensitization messages for more than 40,000 families.

In 2013, the DPC also further reinforced its capacity to address concerns related to protection, child protection and gender-based violence (GBV) as part of its emergency preparedness and response plans and activities.

In August 2013, the DPC national focal point on protection participated in the preparation and conduct of the national emergency simulation exercise. For the first time, protection

concerns were reported by the field to the national level and addressed.

Non-food items (NFI) contingency stocks pre-positioned in more than 20 communes (out of 140) across the country to cover the needs of 50,000 families in case of emergency.

FOOD INSECURITY AND SEVERE ACUTE MALNUTRITION

The situation in 2013 has significantly improved. The estimated number of severely food insecure people has dropped to 600,000 people and the total number of food insecure to 3 million people from the 6.7 million people last year.

A well-coordinated response to food insecurity by the Government of Haiti and the international community is one of the factors that can explain this positive trend; in addition to a good harvest in spring 2013, a reduction of the Consumer Price Index of locally produced food and an 11% increase in remittances from abroad.

439 health workers trained in the management of severe acute malnutrition.

CHALLENGES AND PERSPECTIVES

Critical needs and acute vulnerabilities remain across the country requiring life and livelihood-saving interventions. An estimated 145,000 people remain displaced in camps at the end of 2013. Despite a significant decrease in the overall number of cholera-related deaths, Haiti still hosts half of the world's suspected cholera cases. While recognizing improvements in the food security situation, the prevalence of Global Acute Malnutrition (GAM) among children below 5 years has increased from 5.1% (EMMUS) in 2012 to 6.5% in 2013. 100,000 children under 5 are affected by GAM, of which 20,000 are affected by Severe Acute Malnutrition (SAM).

The decline in humanitarian funding puts the important gains achieved to date at risk. In 2013, less than 50% of the critical humanitarian requirements identified were funded. This decrease in funding has also led to a gradual withdrawal of humanitarian actors registered by the Office of the Coordination of Humanitarian Affairs.

Their number continued to decrease from 515 in 2010 to 177 in 2013. In certain sectors, the resulting capacity gap is felt, particularly with regard to human and financial resources to ensure basic services.

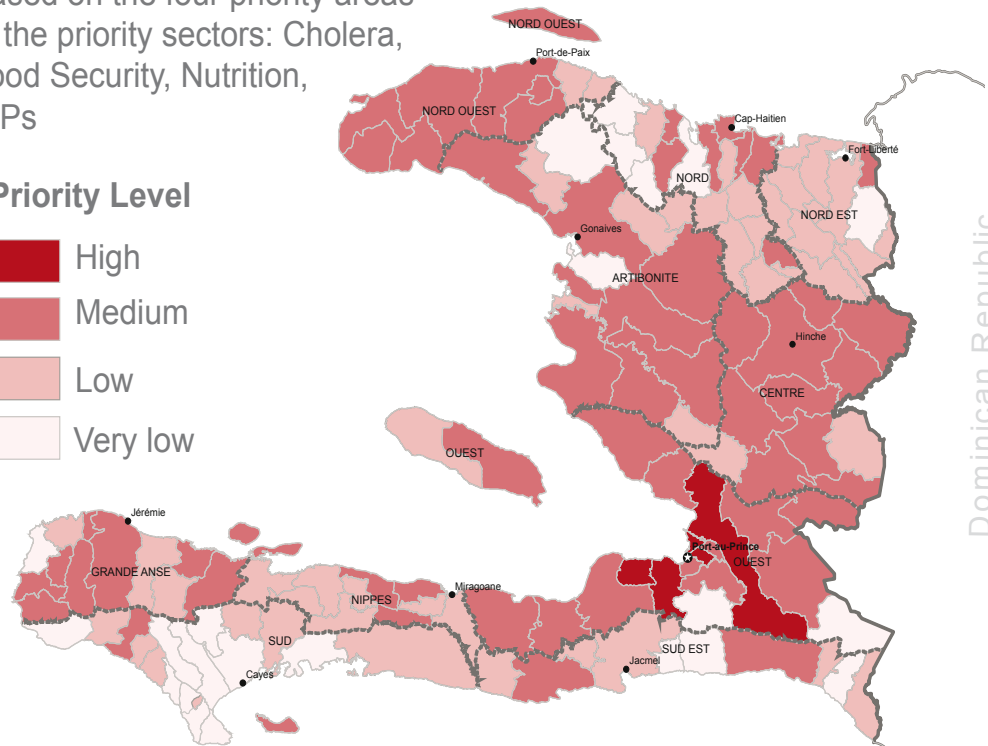
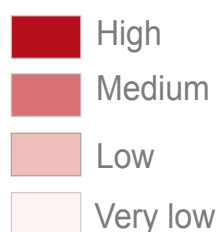
The Haiti Humanitarian Action Plan (HAP) 2014, which requests 168 million USD, aims to ensure that remaining critical humanitarian needs of displaced populations, people affected by cholera and by food insecurity and malnutrition are responded to and minimized. It also seeks to strengthen national capacities to coordinate and respond to actual and future humanitarian needs in case of a crisis. Half of the requirements are intended to seek solutions and provide basic services for 100% of the remaining IDPs in camps. A further 40 million is required for health and WASH needs related to the cholera epidemic.

As funding for humanitarian assistance declines, the humanitarian community recognizes the importance of engaging with longer-term development actors to ensure that critical humanitarian needs are addressed at the same time that actions continue to be undertaken to address structural challenges.

HUMANITARIAN PRIORITY AREAS IN HAITI

Based on the four priority areas of the priority sectors: Cholera, Food Security, Nutrition, IDPs

Priority Level



Criteria	Food Security (IPC classification)	Nutrition (GAM prevalence)	Cholera (Number of cases)	IDPs (per cent of population)
High	Crisis	5% - 9%	>1,500	> 3.3%
Medium	Stress	3% - 4%	501 - 1,500	1.0% - 3.2%
Low	Minimal		1 - 500	0.02% - 0.1%

(1) Source: Cluster CCCM & Shelter.
 (2) See fact sheet on cholera.