This document complements the operational plan of the IFRC country office and reflects the IFRC support provided to the Haiti Red Cross Society (HRCS) in agreed upon areas of focus.

Country Profile

Haiti, situated on the western side of the island of Hispaniola and with a population of 10,579,230 inhabitants, is the poorest country in the western hemisphere and one of the poorest in the world. 59% of its population lives under the poverty line and more than 24% lives in a situation of extreme poverty. A high level of inequality, a fiscal deficit that is expected to widen, and a slowing economic growth make it a challenge to face such poverty rates (World Bank 2017).

Haiti has made limited progress in providing its population access to basic services, but coverage remains among the lowest of any country in the Americas. Only 36% of the population had access to electricity in 2012 (compared to 32% in 2010); 57.5% had access to clean water in 2015 (36% in 2000); and 28% had access to basic sanitation in 2015 (21% in 2000).
Literacy rates in Haiti have seen substantial gains, from 64% in 2003 to 79% in 2012 for males and from 54% to 74% over the same period for females (9). However, 23% of the general population is illiterate, a figure that rises to over 30% in rural areas. The net enrollment rate in primary school has continuously increased from 47% in 1993 to 88% in 2011. The primary completion rate declined to 66% in 2012 from 68% in 2001, and less than 10% of the population completes secondary or higher education. Most schools are non-state and 67% of students attend private schools (fee-paying) (4).

The high reliance on non-government actors has led to very limited and ineffective public spending by the government in health, education, and social protection (World Bank 2015). The country continues to experience a rural exodus towards major urban areas such as Port-au-Prince and Gonaïves with an ongoing exodus of the population towards the Dominican Republic, the United States and Latin American countries. The lack of public services, particularly in health, water, education, police and justice, is a direct consequence of the fragility of public institutions and governance in the country. Social unrest has been increasing in the country due to the worsening of the economic situation and has led to violent protest in July 2018 with the resignation of the Prime Minister and government and a new government was installed in September 2018. The security situation in the country remains volatile.

Haiti is extremely vulnerable to natural hazards, with more than 90% of the population at risk. The high social and economic vulnerability of the population couple with massive deforestation and environmental deterioration, has a disproportionate impact on the vulnerable population. The recurrence of hydrometeorological hazards, such as tropical storms and hurricanes, couple with weak disaster preparedness and response, creates an environment of

Natural hazards, particularly hydrometeorological events, coupled with the high vulnerability of the population, is another element that is impacting heavily on Haiti, given that the country is in a hurricane zone and is highly vulnerable to floods, droughts, earthquakes, and hurricanes. The country had not fully recovered from the impact of the devastating 2010 earthquake when it was struck by Category 4 Hurricane Matthew in 2016, which had a significant impact on livelihoods and infrastructure and led to a new spike in cholera.
The National Society Role and Profile

14 branches carry out activities with around 10,000 registered volunteers and approximately 308 (139 male and 169 female) staff members that support the implementation of programs at the community level. The Haitian Red Cross Society (HRCS) has transitioned from a large scale post-earthquake operation to one where the focus is on development programming and institutional capacity building. The current strategic plan, aligned to the Strategy 2020, covers the 2016–2020 period. Priorities for HRCS are: Volunteer Development, Health, Disaster Risk Reduction and Resilience, Water and Sanitation, Resource Mobilization, and income generation through support services. However, given the impact of Hurricane Matthew, the priorities and business model of the HRCS has faced some adjustments to better respond to the challenges, while also focusing on the financial sustainability of their model, allowing the NS to respond adequately to the emerging humanitarian needs while continuing to provide services to vulnerable communities. The National Society is also focusing on supporting the Ministry of Health in cholera prevention, response, and eradication in the country.

In addition, the Haitian and Dominican Republic National Societies, in alignment with their respective humanitarian mandates and in accordance with the Fundamental Principles and International Red Cross Movement Policies, the Strategy 2020, the Seville Agreement, the Interamerican Framework for Action, the Houston Interamerican Conference Plan of Action, and the Collaboration Agreement subscribed between both National Societies in December 2013, agreed to the implementation of the Red Cross Bi-national Cooperation Plan of Action 2015–2016. With the aim of furthering the effectiveness and impact of their actions, they have joined resources and capacities, together with other possible actors, fulfilling their humanitarian auxiliary role to the governments, specifically in the areas of Health, Water and Sanitation, and Migration, under the motto “Together for Humanity”.
The Role of the IFRC Country Cluster Office

The IFRC Country Cluster Office (CCST) supports the HRCS through the presence of a Head of Cluster and a technical team, and provides institutional support to the three National Societies, as well as technical support in risk reduction management and volunteer development. Furthermore, the IFRC CCST will continue to support the HRCS facilitating coordination within the Movement and with external partners. The Movement partners adhere to and work within a framework of coordination mechanisms as stated in the revised Movement Coordination Framework (MCF) between the HRCS, ICRC and the IFRC along with PNS still in country. Movement partners in Haiti are operating within the frame of a Tripartite Agreement signed between HRCS, IFRC and ICRC in April 2016.

The ICRC continues to cooperate with the CRC through its delegation in Mexico City and with the DRC and HRCS through its delegation in Washington.

Movement partners in Haiti currently include the American, Canadian, French, German, Netherlands, Spanish and Swiss Red Cross Societies, supporting programming in Health, Disaster Risk Reduction and Resilience, Water and Sanitation, and Shelter. In addition to bi-lateral Movement support in country, the Haitian RC receives funding from UNICEF and Swedish RC (via IFRC) for cholera surveillance, whilst the Korean RC is supporting the reconstruction of blood bank facilities.

The IFRC and National Societies will work closely with the three national Department of Civil Protection or their equivalent to coordinate and respond during disasters, and with the Ministries of Public Health for health-related interventions. Collaboration with the government and international humanitarian actors, including NGOs and the United Nations system, takes place through the various coordination mechanisms.
AREAS OF FOCUS

15,000
PEOPLE IN HIGH RISK AREAS WILL BE PREPARED FOR AND ABLE TO RESPOND TO DISASTERS

34,000
PEOPLE WILL HAVE INCREASED ACCESS TO APPROPRIATE HEALTH SERVICES

281,000
PEOPLE WILL HAVE ACCESS TO CLEAN WATER, SANITATION AND HYGIENE

200
PEOPLE WILL BE SUPPORTED THROUGH ALL LEVELS OF MIGRATION

STRATEGIES FOR IMPLEMENTATION

- STRENGTHEN NATIONAL SOCIETY CAPACITIES
- ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT
- ENSURE A STRONG IFRC
AREA OF FOCUS

DISASTER RISK REDUCTION

Assessment and Analysis

The accumulated disasters, from 1971 to 2016, caused massive losses in human lives, heavily impacted infrastructure and caused detrimental losses to the country’s economy. One of deadlier is the 2010 earthquake that caused more than 220,000 dead, 300,000 injured, 1.5 million of displaced people, relocating nearly 1.3 million people, large-scale destruction of infrastructure, including 105,000 buildings that were destroyed and 208,000 damaged; economic losses were evaluated of the order billions of US dollars equivalent to 120% of GDP. The four successive cyclones of 2008 and Cyclone Jeanne in 2004 resulted in contractions of around 15% and 7% on GDP. Concomitantly, important damage was inventoried following the passage of Hurricane Matthew (October 2016), not only in lives and infrastructure, but especially in the agricultural sectors and the sub-sectors of fisheries and livestock, the order of 38 billion gourdes, or 7% of GDP or 31% of GDPA.

With more than 90% of the population at risk, the need to increase disaster preparedness and prevention is paramount. The high level of vulnerability of the population require a stronger action in terms of community resilience. The National Disaster Management System should be strengthened through community organization and involvement in disaster preparedness. Through public awareness and public education, training of volunteers and community mobilizers in early warning system and provision of equipment for response, the Haitian population will increase their resilience towards natural hazards.
Programmatic Approach

The programmatic approach in DRR will follow the Community Resilience Framework and will focus on strengthening community understanding of the risks they face. IFRC will support a hazard vulnerability assessment and assessment of the current Community Early Warning System (CEWS) status in Haiti, to better support the Haitian Red Cross Society in designing and implementing CEWS interventions, using the IFRC CEWS toolkit. IFRC will support the HRCS with production of materials and training of volunteers and partners in Public Awareness Campaigns on seismic risk, hurricanes, and flooding will be carried out in the community. IFRC will work with the Haitian RC on developing a national contingency plan for the Movement. Based on the needs, priorities and available funding, the IFRC Country Cluster Office will support the Haitian RC to operationalize the IFRC community resilience approach and adapt it to the Haitian context. This will include technical support to improve their organizational capacities and coordination on technical issues related to disaster preparedness and risk reduction.
Healthcare and Analysis

Haiti is continuously fighting against communicable diseases. Moreover, mortality and morbidity due to Non-communicable diseases (NCDs) have significantly increased in a context where public investment in Health is lower than 5%.

From October 2010 to June 2018, 819,000 cholera suspected cases and 9781 cholera suspected deaths are registered. Besides the persistence of Malaria, dengue, 2 outbreaks of chikungunya fever and Zika fever appeared in Haiti in 2014-2016, cumulating around 100,000 suspected cases. Tuberculosis knew an increase, from 14,222 in 2010 to 16,431 in 2015. The incidence rate (including coinfection with HIV) declined from 230 per 100,000 in 2010 to 200 per 100,000 in 2013, and the prevalence rate decreased from 325 to 244 per 100,000 for the same period. Despite this improvement, the rates are the highest in the Americas. Haiti is heavily affected by HIV, with a prevalence of 2.2% in adults 15-49 years old. Prevalence in 2012 was like that observed in 2006, showing a trend toward stabilization of the epidemic. The female-to-male infection ratio of 1.59:1 highlights the greater vulnerability of women to HIV infection. According to the results of a behavioral and biological surveillance study conducted in 2012 by the nongovernmental organization Population Services International (PSI), the prevalence of HIV infection is estimated to be 8.4% among sex workers and 18.1% among men who have sex with men and transgender people.

According to the sixth Mortality, Morbidity and Services Utilization Survey (EMMUS VI, 2018), maternal mortality is estimated at 529 maternal deaths per 100,000 live births, while in 2012 it was estimated at 630 deaths per 100,000 births. In 2012 neonatal mortality was 31 deaths per 1,000 births while in 2017 it is estimated at 32 deaths per 1,000 births. The EMMUS VI reveals also that “49% of women and 38% of men suffer from high blood pressure in Haiti. 14% of women and 8% of men are diabetic, while 78% of women aged 15-49 report having problems accessing health care. Immunization coverage continues to fall from 45.2 in 2012 to 41.4 in 2017”.

Programmatic Approach

The key approaches developed by the IFRC and the Movement partners are to continue supporting the Haitian Red Cross engagement to save lives, build community resilience for preparedness and response the major sanitary risk identified above through epidemic control, health promotion using the IFRC’s Community-Based Health and First Aid (CBHFA) methodology, promoting effective and concrete participation with communities to address priority health needs.
Proposed Health Strategy

1. Strengthen the Haitian RC ability to respond appropriately to health emergencies, by reducing vulnerabilities and building resilient communities

2. Offer auxiliary support to the public authorities by taking actions to support national public policies for community health management for DRR

3. Create functioning RC Movement synergy to develop harmonized contingency planning for disaster preparedness, response, recovery and resilience

4. Fight against epidemics and prevalent non-communicable diseases (diabetes, hypertension, cancer, and obesity) by promoting a healthy lifestyle

PEOPLE REACHED BY HEALTH PROGRAMS AND SERVICES 34,000

VOLUNTEERS MOBILIZED BY THE HRCS FOR HEALTH ACTIVITIES 200

PEOPLE REACHED WITH SERVICES TO REDUCE RELEVANT HEALTH RISK FACTORS 5,000

PEOPLE REACHED BY LONG TERM HEALTH CARE SUPPORT 1,500

VOLUNTEERS TRAINED BY THE HRCS IN EPIDEMIC CONTROL 150

PEOPLE TRAINED IN FIRST AID 50

PEOPLE REACHED THROUGH IMMUNIZATION ACTIVITIES 5,000

HRCS HAS CONTINGENCY PLAN TO RESPOND TO EPIDEMICS AND PANDEMICS, IS INVOLVED IN A NATIONAL IMMUNIZATION CAMPAIGN, AND HAS AN ACTIVE OUTREACH PLAN TO REACH MARGINALIZED POPULATION GROUPS

OUTCOME VULNERABLE PEOPLE’S HEALTH AND DIGNITY ARE IMPROVED THROUGH INCREASED ACCESS TO APPROPRIATE HEALTH SERVICES
AREA OF FOCUS

WATER, SANITATION AND HYGIENE

Assessment and Analysis

During the past several decades, Haiti has been characterized by a significant transmission of infectious diseases (typhoid, malaria, cholera). In 2010, a cholera epidemic broke out in Haiti, and spread rapidly throughout the country in a context where the health system was weak and epidemiological surveillance was not structured or organized. In January 2012, the presidents of Haiti and the Dominican Republic joined PAHO, UNICEF, and the United States of America’s Centers for Disease Control and Prevention (CDC) in issuing a “Call to Action” for a cholera-free island of Hispaniola. The binational “Call for Action” plan was aimed at limiting the transmission of cholera in Haiti by improving access to water, sanitation, hygiene and health care facilities. Since then, there has been a consistent decrease in the number of cases. Yet, today cholera continues to take a heavy toll on the lives of the Haitian population. The disease is still endemic and micro-epidemics continue to occur in various parts of the country.

Water and sanitation insecurity together with deficient hygiene behavior persist in both urban and rural areas in Haiti and affects the health and well-being of millions of men, women and children. Poor water, sanitation and hygiene (WASH) in a population increase the risk of WASH-related disease transmission, such as cholera. There is strong evidence of the positive impact on WASH-interventions on diarrheal morbidity, especially among children under five years. However, a withdrawal of funding from international donors is a cause of great concern, since underfunding of the “Call to Action” threatens to weaken the national, departmental and local capacities built to detect, monitor and respond effectively to the cholera outbreaks, which could consequently lead to an increased risk of new and larger epidemics.
Programmatic Approach

The Program is aligned to the IFRC global One WASH Programming, supporting Haitian RC do develop priority emergency WASH interventions and sustainable intervention in hotspots, geographic areas which constitute greater cholera burden and from where the epidemics diseases regularly spreads further within other areas in the country.

Proposed WASH Strategy

The strategy will improve access to safe water and sanitation and promote improved hygiene practices.

1. To Support Collaboration between Haitian Red Cross, the PNSs and the National Directorate for Water and Sanitation (DINEPA) for Implementations of the One WASH Objectives

2. Set-Up of WASH Contingency Stock

3. Creation and Training of Emergency WASH Response team

4. Rehabilitation and Construction of Water supply systems in cholera and other epidemics Hotspots

5. Increase Hygiene Promotion interventions in vulnerable communities

<table>
<thead>
<tr>
<th>Target Communities</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>People provided with knowledge on and accessed to improved excreta disposal</td>
<td>2,000</td>
</tr>
<tr>
<td>Households reached with awareness raising activities on improved treatment and safe use of wastewater</td>
<td>50,000</td>
</tr>
<tr>
<td>Households reached with key messages to promote personal and community hygiene</td>
<td>5,000</td>
</tr>
<tr>
<td>Households provided with safe water services that meet agreed standards</td>
<td>800</td>
</tr>
<tr>
<td>Outcome</td>
<td>Vulnerable people have increased access to appropriate and sustainable water, sanitation, and hygiene services</td>
</tr>
</tbody>
</table>
AREA OF FOCUS

MIGRATION

Assessment and Analysis

Haiti continues to have a large outward migration rate. However, changes in policies in the US and Cuba over the last few years have resulted in many Haitians being returned to Haiti. The HRCS lacks clear procedures to support this crisis. The IFRC will continue to support the Haitian and Dominican Red Cross on migration, given the number of people crossing the Dominican border weekly into Haiti. In addition, the Cuban Red Cross will provide support to migrants arriving in Haiti, such as the systematization of their records.

Programmatic Approach

Technical support will be provided to the Haitian RC on the Americas Regional Migration Framework. The team will also take the opportunity to develop lessons learned and strategies to scale up advocacy towards humanitarian needs related to migration at the national level. IFRC will support the facilitation of dialogue opportunities between the National Societies of Haiti and the Dominican Republic on migration. Focus will be placed on developing Standard Operating Procedures (SOP’s) with regards to receiving migrants in both countries. Best practices and peer-to-peer support from Cuba will be used to support this process. A better understanding of the needs and role of the Red Cross in migration will be documented through case studies and issue papers. Peer-based support initiatives will be sourced and promoted (especially regarding children, women and health needs).
IFRC will use the harmonized approach of Preparedness for Effective Response, to support the Haiti Red Cross in the enhancement of capacities to deliver services in a crisis/emergency response. During 2019–2020, the IFRC will support the National Society to strengthen key functions to improve capacity for implementation of programs and increased efficiency of emergency responses. Emphasis will be placed on strengthening leadership strategies, with some focus on Protection, Gender and Inclusion, in line with NS strategy.

OUTCOME

NATIONAL SOCIETY HAS THE NECESSARY LEGAL, ETHICAL AND FINANCIAL FOUNDATIONS, SYSTEMS AND STRUCTURES, COMPETENCES AND CAPACITIES TO PLAN/PERFORM

OUTCOME

NATIONAL SOCIETIES DEVELOP DEEPLY SHARED IDENTITIES AND IMPROVED INTERNAL AND EXTERNAL COMMUNICATION

OUTCOME

NATIONAL SOCIETY PROGRAMMATIC AND OPERATIONAL OBJECTIVES ARE SUPPORTED

OUTCOME

THE FEDERATION NETWORK BENEFITS FROM ITS WEALTH OF EXPERIENCE AND EXPERTISE AND THE SHARED CULTURE INNOVATION, LEARNING AND BUILDING ON THE BEST
STRATEGY FOR IMPLEMENTATION

ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT

IFRC will train staff in Haiti Emergency Appeal guidelines. In addition, the IFRC cluster in the Haiti Logistics team will continue to support the HRCS, in procurement, supply chain management, customs and fleet (including driver’s tests), especially in pre-positioning of standard disaster preparedness supplies and other related expertise.

OUTCOME

EFFECTIVE AND COORDINATED INTERNATIONAL DISASTER RESPONSE IS ENSURED

OUTCOME

THE COMPLEMENTARITY AND STRENGTHS OF THE MOVEMENT ARE ENHANCED

480,000 SWISS FRANCS SOUGHT
ENSURE A STRONG IFRC

Informative financial information will be provided routinely and in a timely and accurate manner to inform decision-making to financial stakeholders. The cluster will aim at maintaining an efficient and effective internal control environment to minimize risk of loss or fraud.

The IFRC Security Team will continue to prioritize staff security within the cluster in terms of ensuring that staff are appropriately briefed on any situations, kept up-to-date on local security issues through Security Risk Assessments (SRAs), and that the results of security meetings and reports are shared with team members. IFRC Security will provide support to HRCS in terms of ensuring that the Base Camp security team is effective and will also know and apply the Movement Security Policy to develop an information network and monitoring system that can ensure safety of Red Cross staff in country. Through monitoring and evaluation support to the Cluster, IFRC will maintain a strong compliance with its Accountability Standards and Framework. IFRC will continue to undergo regular auditing of its finances, as well as reviews of its plans and programs.

THE IFRC IS EFFECTIVE, CREDIBILE, AND ACCOUNTABLE

THE IFRC GOVERNANCE BODIES ARE PROVIDED WITH THE RELEVANT INFORMATION SYSTEMS AND FACILITATES NECESSARY TO ENSURE THE SUCCESSFUL FULFILMENT OF

A STRATEGY AND A PLAN OF ACTION ARE DEVELOPED TO MITIGATE THE RISK OF FRAUD AND CORRUPTION WITHIN THE IFRC SECRETARIAT AND NATIONAL SOCIETIES
ENDNOTES

1  International Federation of Red Cross and Red Crescent Societies
2  Source: Pan American Health Organization
3  Call for Action (2012) PAHO Position Paper

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