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Emergency Plan of Action operation update

Haiti: Hurricane Matthew

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal no. MDRHT013 Operations Update no. 3	GLIDE no. TC-2016-000106
Date of issue: 6 February 2017	Timeframe covered by this update: 14 December 2016 to 20 January 2017.
Operation start date: 6 October 2016	Operation timeframe: 18 months; and end date: 6 April 2018
Overall operation budget: 28,236,416 Swiss Francs	DREF amount initially allocated: 565,000 Swiss francs
No. of people affected: 2.1 million people	No. of people being assisted: 147,500 people (29,500 households)
Red Cross Red Crescent Movement partners currently actively involved in the operation: The International Committee of the Red Cross (ICRC), American Red Cross, Canadian Red Cross Society, Dominican Red Cross, French Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross Society, the Netherlands Red Cross, Spanish Red Cross and Swiss Red Cross; and the International Federation of Red Cross and Red Crescent Societies (IFRC).	
Other partner organizations actively involved in the operation: The Haitian Department for Civil Protection (DPC).	

Summary of revisions made under this Operation Update:

This Operation Update reflects a revised budget to correct allocations between budget lines to reflect the cash transfer distribution. The previously was reflected in other budget lines. All accordingly to Cash transfer procedure to IFRC partners, ICRC and PNSs. The overall figure for the budget remains the same and the validation has been done in line with IFRC's secretariat procedures.

<Click [here](#) to view the revised budget and [here](#) to view contact details>

A. Situation analysis

Description of the disaster

Hurricane Matthew struck Haiti on 4 October 2016 as a Category 4 hurricane, causing massive destruction mainly in the departments of Grand'Anse, Sud, Nippes, and Nord-Ouest and to a lesser extent in Sud-Ouest and Ouest departments. The government reported 546 deaths and 439 injuries as a consequence of the hurricane. About 2.1



Photo 1: HRCS volunteers and WASH FACT member fixing the water distribution system at Anse d'Hainaut. Source: IFRC

million people were affected, including 806,000 people in need of urgent food assistance¹.

Hurricane Matthew severely impacted health facilities and health care capacity. The main concerns remain disease outbreaks, psychosocial stress and access to health care. Moreover, water infrastructure damage is massive in the main affected cities, and water sources were contaminated. According to the World Health Organization (WHO)/Pan American Health Organization (PAHO), the number of suspected cholera cases in Haiti increased from 2,377 in September 2016 to 7,953² as of 22 November 2016. The Ministry of Public Health and Population (MSPP for its acronym in French) is leading a vast National oral vaccination campaign against cholera, and 729,000³ people were vaccinated throughout 16 communes in Grand'Anse and Sud in November 2016; at the same time, actions are being taken to ensure that the affected population is provided with potable water and reached through hygiene promotion messages. Another 13,799 people over 1 year of age were vaccinated⁴ as of 17 January 2017.

The International Organisation for Migration estimates that about 1,811 houses have been destroyed by Hurricane Matthew, and that another approximately 908 have been seriously damaged in affected localities⁵.

Livelihoods and local production were completely decimated in Grand'Anse (100 percent of crops were destroyed). Agriculture is the main source of income for 51 per cent of the population in this region; other livelihoods activities include fishing, selling charcoal, and petty trade. Moreover, food insecurity could worsen in the coming months if farming activities are not urgently restored by mid-November 2016 or January 2017, which are the two main planting seasons in Haiti.

Although humanitarian workers have responded rapidly, the needs remain acute even three months after the passage of the hurricane and the delivery of aid is still not up to scale in order to respond to the sheer dimension of the destruction and needs Hurricane Matthew caused. Funding in relation to the immense needs is low and the resources are limited. The delivery of humanitarian assistance has been fraught with tension either during distributions or in areas that have yet to receive assistance; road blocks, public demonstrations at distribution points and truck looting have been regularly reported, leading the Haitian government to request that security forces escort the humanitarian convoys. Further compounding the seriousness of the situation is the continuous rainfall in the affected areas, which has caused flooding and landslides and made it difficult to access the affected population, thereby hampering the humanitarian efforts; since 5 November 2016, torrential rains in northern Haiti have killed 13 people and led to the displacement of 2,780 people to 12 temporary collective centres.

The HRCS, with the support from its Movement partners, promptly responded from the onset of the disaster by rolling out its contingency plan in coordination with the government of Haiti, the IFRC, the ICRC and the Partner National Societies (PNSs) in country. Resources, staff and volunteers were pre-positioned prior to the landfall. The evolution of the situation was monitored closely throughout the passage of the hurricane and first response support was offered as soon as possible through first aid, psychosocial support (PSS), family reunification, the distribution of relief items and basic health care. Global and regional tools from the Movement were deployed to Haiti headed by a Head of Emergency Operations and consisting of disaster managers, a Field Assessment Coordination Team (FACT), Emergency Response Units (ERUs) with successfully integrated Regional Intervention Team (RIT) as well as Regional Disaster Response Team members. All these support relief and water, sanitation, and hygiene promotion (WASH) interventions, assess the situation and prepare future response actions based on the beneficiaries' needs.

While relief activities were going on, the FACT team, in collaboration with HRCS and Movement partners, conducted additional assessments to inform the plan of action's revision; as a result of its efforts, a revised international appeal was published on 10 November 2016, seeking CHF 28.2 million (increased from the CHF 6,852,515 that was sought in the initial emergency appeal) for emergency aid and recovery. The needs of the population are vast and FACT assessments reflected a need to scale up the initial intervention plans across all of the sectors. The additional funding will enable the IFRC to support the HRCS's assistance to 147,500 people for 18 months. The expanded operation will focus on the following sectors: health; water, sanitation and hygiene promotion; shelter (including household non-food items [NFIs]); livelihoods, food security; disaster risk reduction and restoring family links. It also reflected a substantial increase in the target population, timeframe for implementation, number of activities and of volunteers, and an enlarged geographic scope.

The emergency phase of the Red Cross intervention ended in December 2016, and all efforts are now concentrated on post-hurricane recovery. Most of the emergency teams have left the country, leaving behind a reduced but well-calculated longer-term staff to continue to provide support to affected people.

¹ OCHA [Situation Report No. 10](#) and [Situation report No. 17](#)

² OCHA, [Situation Report No.27](#)

³ <http://www.who.int/features/2016/haiti-cholera-vaccination/en/>

⁴ OCHA, [Situation Report No 32](#)

⁵ OCHA, [Situation Report No.27](#)

Currently, the international appeal has received approximately 7,851,498 Swiss francs in hard and soft pledges. Approximately 1,231,446 Swiss francs in bilateral contributions have also been registered (including ERU). To date, the appeal has received financial or in-kind contributions from: American Red Cross, British Red Cross/ British government, Canadian Red Cross Society/Canadian government, Credit Suisse Foundation, Danish Red Cross (from Ole Kirk's Fond), the United Kingdom's Department for International Development (DFID), the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), French Red Cross, Finnish Red Cross, the Red Cross Society of China's Hong Kong branch, private donors in Great Britain, the Italian government's bilateral emergency fund, Japanese Red Cross Society/Japanese government, private donors in Luxembourg, Liechtenstein Red Cross; private donors in the Netherlands, the Netherlands Red Cross, Monaco Red Cross/Monaco government, the Republic of Korea government and the Republic of Korea National Red Cross, Qatar Red Crescent Society, Singapore Red Cross Society, Spanish Red Cross, private donors in Spain, Swedish Red Cross, Swiss Red Cross/Swiss government, private donors in Switzerland, the United Nation's Development Programme from Chilean government, UL LLC Underwriters Laboratories, UNDP - United Nations Development Programme (from Chile Government), private donors in the United Arab Emirates, private donors in the United States of America, Voluntary Emergency Relief Fund (VERF)/WHO, private donors in Kenya. The International Red Cross and Red Crescent Movement on behalf of the HRCS thank all donors and partners for their support.

Summary of current response

Overview of Host National Society

HRCS is guiding the operation, which is being supported by Red Cross and Red Crescent partners working in Haiti and coordinated by the Directorate of Civil Protection (DPC) at the national and local level.

From the onset of the disaster, the HRCS, as an auxiliary to the public authorities, strengthened its response system in the departments most likely to be severely impacted by the hurricane, which included Sud, Grand'Anse, Nippes, Sud-est, Ouest and Nord-Ouest; The HRCS, with support from the IFRC and other Movement partners, identified emergency non-food relief items, health, water, sanitation and hygiene promotion, and shelter as the initial priority sectors to support the affected population. Preparedness actions for the impact of Hurricane Matthew were undertaken by the National Society with a pre-deployment of the National Intervention Team (NIT) members, the IFRC and PNS personnel to the possible areas of impact together with pre-positioned relief items for 3,500 households at the branch level. Almost 1,000 volunteers have been mobilized to the affected areas.

Overview of Red Cross Red Crescent Movement in country

The Participating National Societies active in country are: American Red Cross, the Canadian Red Cross Society, Dominican Red Cross, French Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross Society, Netherlands Red Cross, Spanish Red Cross and Swiss Red Cross, which support the HRCS on programmes throughout the country; they have been actively involved from the beginning of the operation either through assessments activities, sensitization, logistical support, distributions, financial and in-kind resources and now through coordination efforts in operationalizing a Movement-wide plan of action to respond to the affected population's immense needs.

The IFRC is supporting and coordinating with the National Society to respond better to the emergency and to ensure that all of the identified needs are met. The IFRC has maintained constant communication with the Haiti Red Cross Society through its country cluster office and with the regional office for the Americas in Panama through the Disasters and Crises department. At the HRCS's request, the IFRC immediately activated and deployed its global disaster response tools including a head of operation, a FACT composed of 8 team members, 6 ERUs specialized in logistics, relief, Water and Sanitation, Field hospital, Base camp and IT/Telecom, and 7 RIT members. During the emergency phase, the following staff members were deployed to support the operation: 80 ERU members, 34 delegates, 22 FACT members, 21 Regional Intervention Team (RIT) members, 8 staff on loan, and 5 IFRC Officers⁶. Now that the emergency phase of the operation is ended, most of the FACT members have left the country, leaving behind a limited IFRC team to support both the host National Society and other Movement partners with the operation.

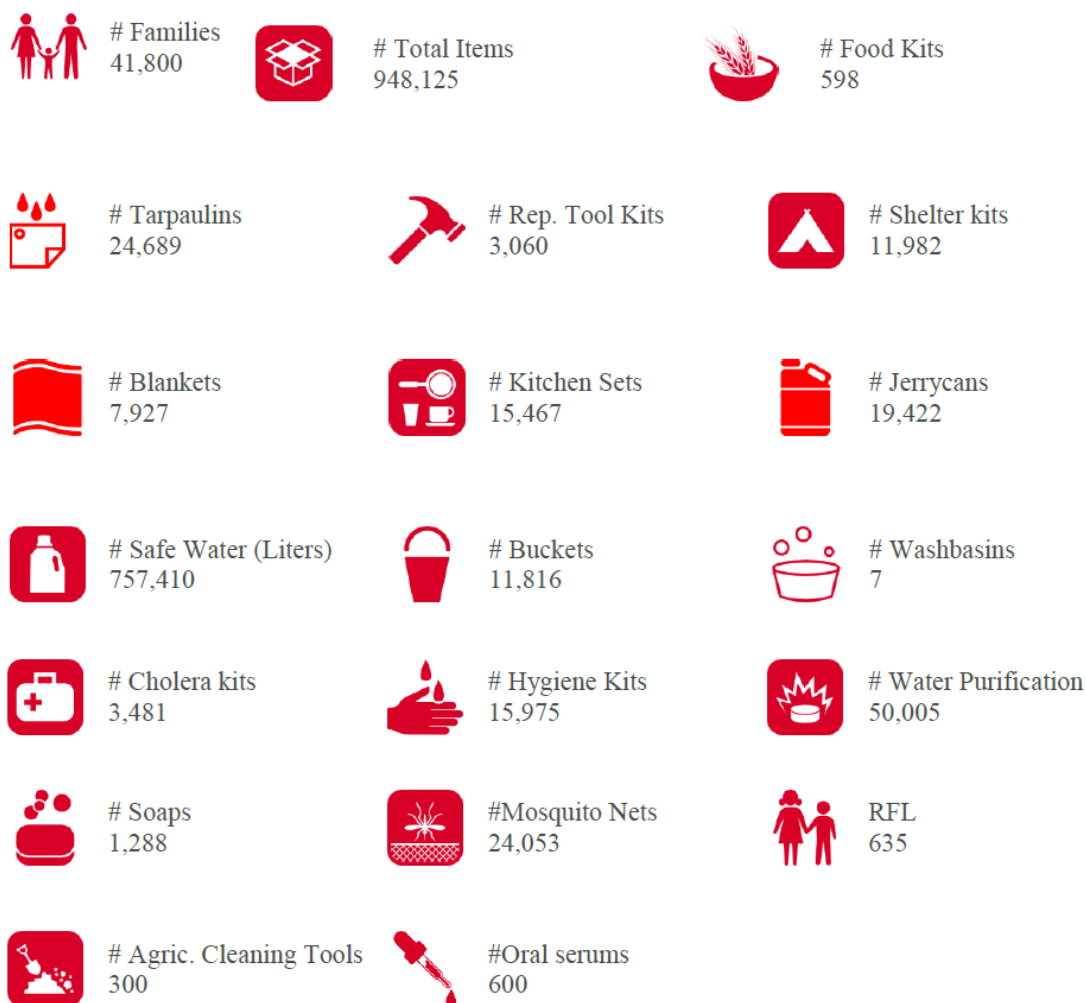
The ICRC is providing an appropriate response to the needs of detainees affected by the disaster, training HRCS's staff and volunteers on safer access and restoring family links, including on how to use its website www.familylinks.icrc.org, which allows households to register missing loved ones and facilitates Haiti Red Cross Society specialists' searches.

As of 18 January 2017, through Movement partners, more than **41,800 families**⁷ had been reached with more than 948,125 non-food items (NFIs) related to emergency health and nutrition, water and sanitation and shelter needs. Please refer to the IFRC's [Dashboard](#) created for this operation for more information. An overview of distributed items is below.

⁶ <https://app.klipfolio.com/published/ec77978d9513651515591847f84e4e61/hurricane-matthew#>

⁷ Five members per family

Households reached / Distributions made by the Red Cross/Red Crescent Movement by 18 January 2017



Needs analysis and scenario planning

The HRCS has been working in collaboration with the government to prioritize intervention areas. The **Sud, Grand'Anse, Nippes, Sud-est, Ouest** and **Nord-ouest departments** have been designated as most affected by hurricane Matthew. In addition, market assessment has been conducted and confirmed the feasibility of cash transfer programming as part of livelihood recovery and shelter interventions.

Risk Analysis

Since 6 January 2017, humanitarian operations in Grand'Anse and Sud were either temporally suspended or limited in relation with the arrest of senator-elect Guy Philippe and the demonstrations and road blocks that followed. The week beginning 16 January 2017, activities have fully resumed in Sud and slowly in Grand'Anse.

Additionally, since 1 January, three cases of looting or attempted looting have been reported against humanitarian convoys in the Sud region. In some instances, it was reported to OCHA that humanitarian actors may be directly targeted by looters who explicitly ask drivers whether the goods transported belong to a private company or an NGO before looting them⁸.

B. Operational strategy and plan

Overall Objective

The overall objective of this operation is to ensure that people affected by Hurricane Matthew in the Sud, Grand'Anse, Nippes, Sud-Est, Ouest and Nord-Ouest departments receive appropriate assistance in a timely, effective, and efficient manner; and that they are provided with the necessary support in order to recover with increased disaster resilience.

⁸ [OCHA, Situation Report No 32](#)

The response is focusing on health; water, sanitation and hygiene promotion; shelter (including household non-food items); livelihoods, food security; disaster risk reduction and restoring family links. The response also includes components of community engagement and accountability and safer access.

Proposed strategy

Continuous assessment during the emergency phase enabled the Movement team to rethink the operation. The new findings led to the revision of the Emergency Plan of Action in December 2016. The sectors of intervention that have been retained for the recovery phase of the operation (Health, WASH, Shelter, and Livelihoods) are planned and will be implemented in an integrated manner.

Operational support services

Human resources

In the initial stage of the operation, the surge capacity was deployed through the Global surge capacity desk in Geneva and Panama. The normal recruitment procedures, through IFRC HR services, began after the identification of the operation's needs. The positions identified for the recovery phase have already been filled. The selection of national staff involved in the operation was done jointly by the Haiti Red Cross Society and Haiti Cluster office. The daily workers and the Red Cross volunteers will be managed according to the Haitian Labor Law and the volunteers' policy of the Haitian Red Cross Society.

Logistics and supply chain

A logistics coordinator is in country since November 2016 to organise and manage all logistics aspects of the operation. Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

On the 16 December, emergency logistics operations had finalized as all remaining relief items were dispatched the Benelux Relief ERU team. Last relief distribution was done by Benelux ERU on the 13 December. On 16 December, the Port au Prince Cazeau warehouse was closed and on 20 December, the last Swiss Log ERU team left Haiti.

For the next months the Logistics team in Haiti is in the process of the customs clearance of the shipments received from the beginning of the operation. During the transitional recovery period (from January to March), the Logistics team in Haiti is in the process for resizing the logistics structure, the vehicle fleet and the warehousing in Jérémie. Furthermore, the team continues conducting local procurement processes for responding to the new needs of the programmes.

Challenges:

- 3 Canadian Red Cross Society ERU vehicles shipped by air early October 2016 are still waiting for customs clearance and registration: the process was delayed 2.5 months by the Ministry of Health and the tax exemption letter was signed mid-December only.
- 2 VRP vehicles shipped by sea from Panama: the tax exemption letter was also signed mid-December only
- 28 VRP vehicles shipped by sea from Dubai and Dakar and arrived in December are also waiting for the tax exemption letter since November 2016. Early December, the Ministry of Finance took the decision that all imported vehicles must remain in Customs until the end of the customs clearance process.
- Vehicle Handover Forms for 3 ambulances shipped by GFU to HRC are still waiting to be signed; the vehicles were delivered to HRC in November.

Information technologies (IT)

Information technologies (IT) will support the operation, covering two periods:

- The one-month period with the initial ITT ERU deployment
- And the remaining period of the operation, where IFRC will ensure:
 - the supply of suitable mobile phones and a SIM card to each delegate on arrival. A limited number of VHF handsets and vehicle's radios are available for the operation. Procurement of one base radio and several antennas is planned for security reasons. If a remote hub is considered an additional VHF radio should be purchased. Also, a 3G Wi-Fi router would be installed at the hub.
 - The provision of laptops and IT materials to the operation.
 - Internet connectivity for the Jérémie hub is assured for the first period by the VSAT and bandwidth lent by American Red Cross. Afterwards, 3G services in Jérémie will provide the main Internet connection to the Jérémie hub. However, as contingency plan, the reactivation of the VSAT terminal in Port-au-Prince owned by the national society is considered. This could be installed in Jérémie for the duration of the operation.

Information Management

The HRCS, with the support of the IFRC IM Team, set up an online integrated database, dedicated to a common vulnerability analysis, monitoring process and evaluation for all members of the RCRCM.

A visual tool with different levels of security access was created by the Information Management Team for the use of RCRC Movement members, donors, other partners, and the general public, to track the evolution of the impact caused by the Hurricane Matthew, and the RCRC Movement Response [Operation: Hurricane Matthew Dashboard](#)⁹.

In order to consolidate all information of the RCRC Movement members involved in the response, the IM team created different matrix in the online tool Smartsheet, that can be easily fed from the field, from any part of the country, and even from the HQ of any RCRCM member. The distribution matrix has been adopted by other agencies to consolidate different partner's interventions.

Planned and performed distributions, as well as planned and performed activities within all sectors were gathered through the following forms, and further disseminated through all RCRCM members and the external world through the requested formats, after being processed and validated by the NS. The gathered and validated information is also displayed real-time within the Hurricane Matthew Dashboard.

A shared online Project Management Smartsheet was created, in order to support the coordination and cross-sector collaboration on the Planning, Implementation and Monitoring of the EPoA¹⁰.

Communications

Public communications support to this operation will ensure that humanitarian needs are highlighted and the achievements of the operation are well-profiled through proactive public information that integrates the use of IFRC online platforms, media relations activities, audio-visual production and social media engagement. Primary target audiences include regional and international media, Partner National Societies, peer organizations as well as donors and the wider public.

Security

The social and political context is monitored on a weekly basis by IFRC Security Unit, UN, ICRC and HRCS and the security regulations are in place and followed. Mitigation measures such as travel restrictions, contingency and relocation plans, ongoing security risk assessments can be applied whenever is necessary.

The HRCS's President has the ultimate responsibility for the safety of staff and volunteers during the implementation of the plan of action. Clearly established security regulations and protocols for this operation are in place and strictly adhered to.

Planning, monitoring, evaluation, & reporting (PMER)

The HRCS, with support from the IFRC, will be responsible for PMER and accountability to the donors. The HRCS's role will be to ensure timely and accurate information for vertical and horizontal accountability. The IFRC PMER team will support the operation to develop a monitoring and evaluation system. Together, the HRCS and the IFRC will develop:

- A monitoring and evaluation (M&E) plan defining all the indicators, their purposes and the audience for all of the collected data.
- Update reports as the situation evolves and activities take place
- A comprehensive indicator tracking table to monitor project implementation.
- Periodical operations updates
- A Real Time Evaluation will be conducted in February 2017 to monitor response activities and formulate recommendations at strategic and programmatic level
- A final evaluation will be carried out at the end of the operation.

The operation report will provide accurate data on the distribution, and narrative and financial reports will be produced according to HRCS/IFRC requirements and in a timely manner.

Administration and Finance

Transfers will be made on the basis of the provisions in the letter of agreement to be signed between the National Society and the IFRC for the implementation of the project. The IFRC, through the Department of Finance, will provide all the operational support for the implementation, review, validation of budgets, bank transfers, technical support to the National Society on procedures for the justification of expenditures, review and validation of invoices for operational progress.

⁹ <https://app.klipfolio.com/published/ec77978d9513651515591847f84e4e61/hurricane-matthew#>

¹⁰ For the Gantt Chart view, please contact the IM focal point of the operation

In order to meet the needs of the beneficiaries in these difficult times, the following accountability and financial management methods will be put in place:

- i. IFRC will be responsible for the management of the international appeal.
- ii. The procurement of goods will be managed through the IFRC Logistics staff member in the country while all transfers to suppliers would be made through the IFRC's Americas regional office in Panama. Certain expenses incurred by the National Society directly will be transferred to the HRCS in various tranches. Those expenses will be implemented by the branches and divisions under the guidance of the headquarters and in accordance with the National Society's pre-existing internal financial management and administration, thereby ensuring the accountability of the National Society in its entirety.

C. Detailed Operational Plan

Health & Care

Needs analysis: based on health assessments, four areas of intervention have been identified: delivery of first aid and capacity building in first aid; mobile primary health care clinics; psychosocial support and epidemic prevention

Population to be assisted: The primary target population is 50,000 people in the most affected communes. There are 4 other NGOs doing mobile clinics in Grand'Anse, and therefore the intervention areas will be coordinated with the other stakeholders, and therefore not be limited to the communities identified by HRCS as those most affected, but will be within the Grand'Anse area. This is to avoid duplication of efforts and ensure maximum coverage. The total population of Grand'Anse is 468,301. (Direction des Statistiques Démographiques et Sociales (DSDS), Institut Haïtien de Statistique et d'Informatique (IHSI), mars 2015) Target population will focus on the most vulnerable persons, including children, pregnant women, old people, people living with disabilities and chronic diseases and people in shelters.

The secondary target population is in the other areas affected by the Hurricane Matthew, Grand'Anse, Sud, Nippes, Sud-Est, Ouest and Nord-Ouest.

Health & care			
Outcome 1. The immediate risks to the health of affected populations are reduced.	Outputs		% of achievement
		Output 1.1 Target population is provided with first aid services Output 1.2: Psychosocial first aid and psychosocial support activities are provided to people affected by the impact of Hurricane Matthew Output 1.3 Epidemic prevention measures carried out in areas affected by Hurricane Matthew Output 1.4: Increased access to healthcare services and prevention of maternal/new-born mortality through the use of mobile clinics	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
1.1.1 Procurement and deployment of first aid kits	X		50%
1.1.2 Procurement and deployment of personal protection equipment to the volunteers		X	25%
1.1.3 Support the training of HRCS volunteers in the provision of first aid	X		30%
1.1.4 Provision of first aid to beneficiaries	X		25%
1.1.5 Design and reproduction of messages on which actions to take during situations of immediate health risk, to be disseminated in affected communities or collective centres.	X		25%
1.1.6 If needed, implement CBHFA approach			%

1.2.1 Reproduction and printing of information on stress management and coping mechanisms	X		25%
1.2.2 Training of Trainers (ToT) on psychosocial support (PSS) activities for HRCS volunteers.		X	%
1.2.3 Provision of psychological first aid to communities during mobile clinics based on HRCS standards	X		100%
1.2.4 Implementation of psychosocial support activities (managing stress, strengthening coping mechanisms, preventing violence in collective centres) during mobile clinics and in target communities	X		100%
1.2.5 Provision of psychosocial support to volunteers		X ¹¹	25%
1.2.6 Support the health and well-being of staff and volunteers including PSS.	X		25%
1.3.1 Reprinting of Information Education Communication (IEC) materials on cholera, vector borne diseases and STIs (with Wash)	X		75%
1.3.2 Support the HRCS in implementing its existing community mobilization strategy to decrease the risk of vector- and waterborne diseases transmission		X ¹²	25%
1.3.3 Active case finding and surveillance for cholera as part of mobile clinics	X		75%
1.3.4 Assessment of need of Surveillance in Grand-Anse		X ¹³	%
1.3.5 Support the HRCS in implementing the community based epidemiological surveillance (SEBAC) of infectious diseases transmission (Cholera, Zika, Chikungunya, Malaria and other disease immune-controllable)		X ¹⁴	%
1.3.6 Develop and integrated WASH/health program addressing communicable disease including waterborne- and vector borne diseases and STIs.	X		25%
1.3.7 Awareness campaign on cholera prevention		X ¹⁵	%
1.3.8 Engagement in emergency OCV immunization campaigns led by MSPP, primarily through community sensitization and mobilization based on HRCS standards ¹⁶	X		%
1.3.9 Distribution of 25,000 mosquito nets units (10,000 households)	X ¹⁷		%
1.3.10 Procurement and provision of condoms (100.000) ¹⁸	X		25%
1.3.11 Implement existing programs of prevention of cholera transmission.			%
1.4.1 Set up a mobile primary health care clinic program.	X		100%
1.4.2 Clinical management of primary health care in mobile clinics	X		100%
1.4.3 Targeted immunization		X ¹⁹	%
1.4.4 Data collection and regular reporting as per MSPP requirements	X		100%
1.4.5 Management of medicines and medical consumable supply chain supporting mobile clinic.	X		100%
1.4.6 Ongoing assessment and repair/support of functionality of damaged health facilities in targeted areas	X		100%
Progress towards outcomes			

¹¹ This training will come after the ToT training on PSS. Hopefully in february 2017

¹² This is a joint Health-Wash activity to be carried out after the Epidemic Control for Volunteers (ECV) training

¹³ After discussions with HRC and IFRC, we all agreed to drop this activity as it is already covered by Ministry of Health.

¹⁴ After discussions with HRC and IFRC, we all agreed to drop this activity as it is already covered by Ministry of Health.

¹⁵ Cholera awareness campaign is already planned by Ministry of Health. This activity is not prioritised now to avoid duplication

¹⁶ 2nd round planned for February 2017 with MSPP

¹⁷ This activity is planned for February to March 2017

¹⁸ 3000 available in Jeremy warehouse for ECV and PSS activities

¹⁹ ERU mobile clinic doesn't include this activity, but population received vaccination through the Ministry of Health regular immunization program (EPI) supported by Unicef and WHO

During this period mobile clinic activities were carried out by ERU in Grand'Anse. The ERU team from the Canadian Red Cross donated some personal protection equipment, which were used by Red Cross volunteers during the emergency phase of the operation. The team treated 3,501 patients and provided psychosocial support (PSS) to 223 people. Assessment in 208 health posts. 70 volunteers were trained on PSS; 20 volunteers will be trained as trainer to be able to carry out PSS training within communities.

In November 2016, the Relief ERU team distributed 24000 mosquito nets. For the health activities, 20,000 mosquito nets arrived, and were donated to American Red Cross for distribution. 5,000 (approximately) are left. These will be sent in the coming weeks by logistics in Jeremie for distribution via the ECV program and the WASH program.

Challenges:

Main challenges are logistics (accessibility, vehicles), security issue. In addition, the PSS delegate could not join the ERU team in late December beginning January as initially planned; thus the HRCS found a psychologist to conduct this training in January. However, with the current security constraints in Grand'Anse, it has not yet been possible to start the training.

Water, sanitation, and hygiene promotion

Emergency phase

Needs analysis: Hurricane Matthew caused wide-spread flooding and damage to households. In combination with non-functional or non-existing water as well as sewage networks and wide-spread open defecation this fact is a major factor to increase the risk of water and vector-borne diseases.

Population to be assisted: The operation will target at least 55,000 people (11,000 households) in the most affected departments.

Recovery phase

Needs analysis: The wide spread floods by Hurricane Matthew in combination with open defecation as well as non-functional or non-existing water as well sewage networks brought back the threat of water as well as vector borne diseases. The affected population needs to have sustainable access to safe drinking water. This can be done through appropriate water treatment technologies at household level or through treatment technologies applied directly at the source of an urban or rural water network. Wherever possible water distribution systems must be repaired immediately and the water supply restored. General hygiene and household water treatment awareness needs to be reinforced in order to ramp up behavioural change and reach an appropriate health impact.

Population to be assisted: Detailed assessments are ongoing for this phase. Well-defined selection criteria will help select beneficiaries and specific communities to be assisted. Programs will be integrated with other sectors as applicable.

Water, sanitation, and hygiene promotion			
Outcome 2 Immediate reduction in risk of waterborne and water related diseases in targeted communities for 11,000 households	Outputs		% of achievement
		Output 2.1 Continuous assessment of water, sanitation and hygiene situation is carried out in targeted communities Output 2.2 Distribution of Water and sanitation emergency items which meet Sphere standards to at least 11,000 households in areas affected by Hurricane Matthew	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
2.1.1 Training of HRCS HP volunteers and trainers in targeted communities	X		100%
2.1.2 Assessment of the water, sanitation and hygiene situation in targeted communities using RAMP technology	X		50%

2.1.3 Production, printing and distribution of IEC materials	X		50%
2.1.4 Continuous monitoring of the water, sanitation and hygiene situation in targeted communities	X		50%
2.1.5 Coordination with other WASH actors and respective authorities on target group needs and appropriate response	X		100%
2.2.1 Procurement of 11,000 buckets	X		100%
2.2.2 Procurement and repositioning of 11,000 hygiene kits	X		100%
2.2.3 Procurement of 22,000 jerry cans (2 per family)	X		100%
2.2.4 Procurement and repositioning of water purification tablets for 11,000 households	X		100%
2.2.5 Provide safe water to the affected community	X		100%
2.2.6 Distribution of WASH emergency non-food items to affected communities	X		100%
2.2.7 Provide information to the population of targeted communities on safe use of water treatment products and safe water storage	X		100%
2.2.8 Monitor treatment and storage of water through household surveys (post distribution monitoring)	X		100%
2.2.9 HP activities around use of WASH NFIs provided to the target communities	X		100%
2.2.10 Disseminate hygiene promotion messages through radio programs	X		25%
Progress towards outcomes			

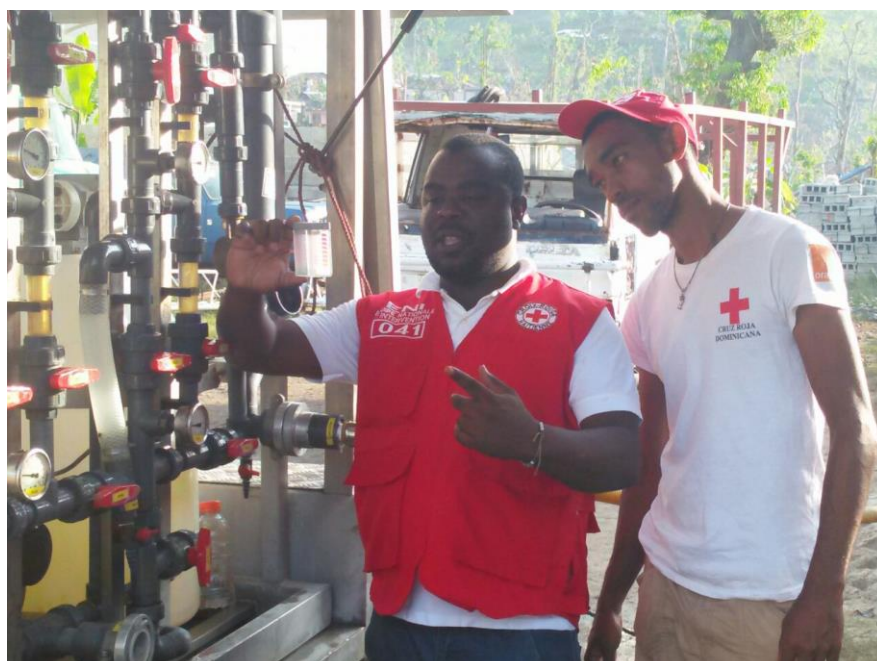


Photo 2: Haitian Red Cross volunteer being train on water purification technique.
Source: IFRC.

Volunteers are trained, hygiene promotion (HP) groups are formed and active in GA. The groups are able to conduct Hygiene promotion activities during distribution and other events. A sustainable pool of trainers is established and have successfully trained Red Cross facilitators. Trainers are available for further training of Red Cross volunteers.

Water distribution plants were established in Grand'Anse and provided drinking water to households. Furthermore, all water and sanitation items as well as NFI were distributed. All measures were accompanied with targeted hygiene promotion messages and promotion campaigns in the most affected areas of Grand'Anse.

The Relief Phase was finalized by the end of December 2016, and all distributions implemented. Relief items

were successfully distributed to the most vulnerable people²⁰.

The knowledge transfer trough training and implementation in the framework of Relief and HP activities has successfully taken place and the capacity of HRC volunteers/staff was improved. Mobile data collection tools for Post

²⁰ See the [Dashboard](#) for details on distributions made

Distribution Monitoring (PDM) and the PDM methodology are established, questionnaires for PDM/WASH baseline are finalized and introduced.

Prepositioning of Cholera kits at department level is finalized and ready to be dispatched. HP material is available.

Outcome 3 Sustainable reduction in risk of waterborne and water related diseases in targeted communities	Outputs		% of achievement
	Output 3.1 The target communities have access to sustainable WASH services		34%
Output 3.2 Hygiene promotion and community mobilization activities			
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
3.1.1 Identification of WASH technical staff and Hygiene Promoters	X		100%
3.1.2 Recruitment of WASH technical staff and Hygiene Promoters	X		100%
3.1.3 Training of WASH technical staff and Hygiene Promoters	X		100%
3.1.4 Identification of beneficiaries according to priorities as outlined in the EPoA using VCA technology	X		50%
3.1.5 Coordination with other WASH actors and respective authorities on target group needs and appropriate response	X		100%
3.1.6 Identify best option water treatment devise for 2,200 households including beneficiaries of the shelter program	X		25%
3.1.7 Procure and distribute water treatment devices and additional NFI to 2,200 households including beneficiaries of the shelter program	X		25%
3.1.8 Procure water quality monitoring devices	X		10%
3.1.9 Identification of additional NFI requirements in targeted community	X		25%
3.1.10 Implementation of sustainable WASH techniques (including training) aligned with the shelter programme	X		10%
3.1.11 Implementation of rainwater harvesting and sanitation technologies as required for 800 reconstructed houses aligned with the shelter program	X		10%
3.1.12 Implementation of rainwater harvesting technology and sanitation technologies for 300 new houses aligned with the shelter program	X		10%
3.1.13 Rehabilitate rural distribution networks	X		%
3.1.14 Prepositioning of WASH related NFIs and water treatment tablets/sachets together with Health material for Cholera preparedness in target departments according to activity	X		25%
3.2.1 Study to develop a long-term WASH/Cholera project	X		25%
3.2.2 Assess the possibility of integrated project Health/WASH "Prevention of communicable diseases and early treatment of Cholera" (waterborne, vector borne, STI's)	X		50%
3.2.3 Training of HRCS volunteers for Cholera response teams	X		10%

3.2.4 Assessment of the water, sanitation and hygiene situation in targeted communities using RAMP technology through HRCS volunteers cont.	X		25%
3.2.5 Monitoring of the water, sanitation and hygiene situation in targeted communities using RAMP technology through HRCS volunteers cont.	X		25%
3.2.6 Production, printing and distribution of IEC materials cont.	X		25%
3.2.7 Monitor treatment and storage of water through household surveys and household water quality tests through HRCS volunteers	X		5%
3.2.8 HP activities addressing the target communities through HRCS volunteers cont.	X		25%
3.2.9 Disseminate hygiene promotion messages through radio programs cont.	X		%
Progress towards outcomes			
<p>HP trainers trained in ToT training were engaged to train HP volunteers in 7 Communes in Grand'Anse. Hygiene Promotion messaging was done during relief distributions, and furthermore a 2-week hygiene campaign in Anse D'Hainault, Les Irois, Dame Marie and Roseaux, aimed not only at reaching beneficiaries with HP messaging, but also to allow the recently trained HP volunteers to practice and get real time coaching from ERU MSM HP experts.</p> <p>At least 25,480 people have so far been assisted; 9,150 people reached by hygiene promotion during relief distributions, and 16,330 during the 2-week HP campaign in Anse D'Hainault, Les Irois, Dame Marie and Roseaux.</p> <p>HRCS now have a volunteer resource of a total of 162 trained HP volunteers and 25 trainers available for future HP activities.</p> <p>A questionnaire was developed to collect information about the HP volunteers and build a data bank to ensure this important information is not lost. Useful information such as names, contact information, trainings, RCRC experience and profession is stored in the data base for the benefit of HRC's continued work.</p>			

Shelter (including household non-food items)

Emergency phase

Needs analysis: Immediate relief and emergency shelter are clearly priorities as households have been displaced after their houses were damaged or destroyed. This operation will therefore support provision of non-food items, including kitchen sets as well as emergency shelter items such as tarpaulins and toolkits. Technical advice and training is provided to beneficiaries on the use of tools and tarpaulins. Volunteers monitor the use of distributed shelter kits to ensure that they are used safely effectively.

Population to be assisted: 10,000 households

Recovery phase

Needs analysis: Damage to communities, houses, collective centre toilets and stores is significant. It will be necessary to support those whose houses have been damaged and destroyed to provide physical protection for health and security and as a base for economic recovery. In most cases the loss of the house included the loss of personal possessions plus tools, equipment and stock used in family livelihoods activities. The aim of the recovery phase is to provide a solid base for household and community recovery through an integrated approach using livelihoods, shelter, WASH, health with protection and community development to help communities be more resilient to future economic and environmental crises.

Using the successes achieve, lessons and physical evidence of Sandy houses resisting hurricane Mathew the Red Cross Movement is planning to provide an improved shelter response in the affected areas using and integrated programming approach to recovery through community participation and panning, training and capacity building in improved local construction techniques and use of materials. The implementation of reconstruction and repairs will be owner driven using cash programming with technical support to ensure quality control.

The IFRC through the Shelter working group, has a key role in establishing and advocating for legal and technical minimum standards, both for formal and informal settlements to ensure that the humanitarian response and reconstruction process do not undermine tenure security.

Population to be assisted:

Target departments	Full house construction	House repairs	Displaced recovery package	Location
IFRC	200	960	-	Grand'Anse
American RC	-	1000	500	Sud
German RC	150	300	-	Nippes
Total	350	2260	500	

Shelter (including household non-food items)			
Outcome 4 The immediate shelter and settlement needs of the target population are met	Outputs		% of achievement
	Output 4.1 Essential non-food items are provided to the target population Output 4.2: Target population is provided with emergency shelter assistance		Progress will be reported in following updates
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
4.1.1 Mobilize volunteers and provide orientation on distribution protocols (Mega V and Open Data Kit [ODK])			%
4.1.2 Identification, registration, verification and mobilization of beneficiaries for relief			%
4.1.3 Distribution of non-food items to 11,000 households			%
4.1.4 Monitoring and reporting on distributions.			%
4.2.1 Identify and mobilize volunteers and staff to support the operation and provide orientation on revalidation process and distribution protocols (Mega V and ODK) and the shelter preliminary survey			%
4.2.2 Distribution of emergency shelter Kit to 11,000 households			%
4.2.3 Selection and registration of beneficiary households that will receive shelter assistance, including a first quick evaluation of the beneficiaries houses conditions with ODK system			%
4.2.4 Preparation and dissemination of beneficiary and stakeholder communication (including feedback and response mechanism)			%
4.2.5 Contextualization of technical guidelines for the construction of emergency shelter			%
4.2.6 Provision of technical orientations for volunteers and beneficiaries in the construction of emergency shelters			%
4.2.7 Conduct community sensitization through the HRCS's volunteers trained in the recommended safe use of the shelter kit			%
4.2.8 Monitoring and reporting on distributions and evaluation of assistance			%
Progress towards outcomes			
<u>Assessments</u> The initial FACT, PNS and NS integrated rapid assessments for immediate shelter, Livelihoods WASH needs were conducted in the department of Grand'Anse (IFRC/HRC) Nippes (GRC/HRC) Sud and Nord Oest (ARC/HRC). The assessments evaluated the immediate needs and to identify longer term recovery actions to assist the affected populations to restore livelihoods and increase resilience to future crises.			

The FACT team trained PNS and HRC in the use of the Open Data Kit (ODK) to continue recording beneficiary data to facilitate the planning and distribution of relief items and to support beneficiary identification for programme activities.

Fact Shelter second delegate arrived and is in the field assessing damage, supply chains and markets, partners and evaluating Sandy shelters for improving methodology for future shelter programme.

Planning

The longer term shelter recovery planning for the Hurricane Matthew operation is working on an improved programme approach through the use of the knowledge gained from the Hurricane Sandy operation in 2012 and further field assessment. The Integrated EPoA and revised appeal was completed including the FACT transitional plan to change from the emergency phase to recovery implementation.

HRCS and volunteers' training

HRCS's volunteers continue to survey affected locations with ODK in parallel with NFI distributions.

Monitoring and report on distribution and evaluate assistance

HRCS is monitoring the distributions, providing feedback on the use of tarpaulins and identifying needs for further capacity building.

Shelter working group and sector coordination

The IFRC is participating in SWG meetings. The [SWG](#) is working on a common approach to incremental shelter response.

Outcome 5 The target population has durable and sustainable shelter	Outputs		% of achievement
	<p>Output 5.1 Durable shelter that meets agreed standards is provided to households</p> <p>Output 5.2: Orientation/awareness raising sessions on safer shelter provided to target communities</p> <p>Output 5.3: Ensure support to overcome regulatory barriers in an environment with complicated tenure and land issues, and rebuild regulations and recovery politics</p>		
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
5.1.1 Identification of communities and specific beneficiaries in coordination with local government authorities			%
5.1.2 Identification of households that will receive shelter repair and rebuilding assistance, revalidate their eligibility, and register them as beneficiaries			%
5.1.3 Identification and support package to host and displaced families, including rent and housing assistance			%
5.1.4 Providing selected households with orientation on the programme, the distribution process, and guidance on building back better and safer principles			%
5.1.5 Hiring of technical experts and support staff			%
5.1.6 Construction of model houses in selected localities to demonstrate safer construction techniques and to provide beneficiaries with visual demonstration on how to build back better and safer.			%
5.1.7 Provision of training to the local labour force on safer construction			%
5.1.8 Provision of 3,110 households with shelter rebuilding materials, technical guidance and labour support (cash transfer programming will be considered depending on the results of the market assessments), and to build one latrine, one safe storages and one improved kitchen per house			%

5.1.9 Regular monitoring to ensure that households receiving support to repair or retrofit their houses and households that receive support to rebuild have completed construction using building back safer principles, and that cash instalments are in accordance with the conditions specified in the beneficiary pledge agreement			%
5.1.10 Conduct evaluations			%
5.2.1 Training for volunteers and staff so that they can better support and monitor implementation of shelter activities in communities			%
5.2.2 Participatory Approach for. Safe Shelter Awareness (PASSA) training for volunteers and roll out in communities			%
5.2.3 Training on Building Back Better (volunteer and rolling out in communities)			%
5.2.4 Training on disability inclusion shelter (volunteer and rolling out in communities)			%
5.2.5 Using IEC materials developed by the shelter cluster, raise awareness of how households targeted by shelter interventions can improve their houses to be safer against future disasters			%
5.3.1 Training on Housing Land and Property (HLP) rights for judges, prosecutors and civic lawyers			%
5.3.2 Assistance in the process of regularization of tenure by assisting affected households to obtain formal legal status of their housing, land and property			%
5.3.3 Strengthening of local government capacity to manage the process of regularization			%
Progress towards outcomes			
The activities for this sector (recovery phase) are planned to begin in February 2017. All activities planned during the emergency phase were implemented and reported on in Operations Update No 1 and 2. Progress on the recovery phase will be provided in the next Operations Update.			

Livelihoods, Nutrition and Food security

Needs analysis: Livelihoods support for households to ensure the economic security, restart and protect livelihoods and income earning activities. Cash transfer and in kind distributions will provide families the items they need to restart their activities. Capacity building activities and installation of safe spaces will strengthen and protect their assets.

Population to be assisted: 3,300 households within the areas affected by the hurricane

Livelihoods, Nutrition and Food security			
Outcome 6 Economic security is ensured for the targeted households in the affected area	Outputs		% of achievement
		Output 6.1 Beneficiary households have access to basic items for their food security	
	Output 6.2: Target population can cover their basic needs through the implementation of a cash transfer programme		58% for output 6.2
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
6.1.1 Identification of communities for intervention and beneficiaries targeting	X		100%
6.1.2 Distribution of dry food kits to targeted families	X		100%
6.1.3 Monitoring and reporting on distributions	X		100%
6.2.1 Cash transfer programme feasibility study	X		100%

6.2.2 IFRC/HRCS to contract the transfer service		X	75%
6.2.3 Distribution of unconditional multipurpose CTP to families		X	%
Progress towards outcomes			
<p>A cash feasibility study was conducted, concluding that markets were functioning and cash would be a feasible response option.</p> <p>However, it was decided to provide in-kind support for immediate needs (Output 6.2) instead of CTP during the relief phase, as it would take time to go through the tender process and signing a contract with a service provider. The Food kits and NFIs distributed are mentioned on page 4 of this report.</p> <p>The tender process and selection of Financial Service Provider was approved on 18 January. The remittance company, Unitransfer, was selected for the distribution of cash to the beneficiaries, both for livelihoods purposes and for the shelter programme. The contract is expected to be signed shortly.</p>			
Outcome 7 Restore and strengthen livelihoods for 3,300 households through support for restarting activities, capacity building and livelihoods protection promotion	Outputs		% of achievement
	Output 7.1 Targeted households dedicated to agriculture and livestock have the seeds and tools they need to resume their income activities		0% for output 7.1
	Output 7.2: Fishermen in the affected area have basic items needed to perform their activity		30% for output 7.2
	Output 7.3: Households livelihoods have been strengthened through capacity building for beneficiaries on better agricultural practices and marketing		0% for output 7.3
	Output 7.4: Livelihoods are protected through the implementation of basic household infrastructure for safe storage and community safe shelters for livestock and through promotion of productions techniques minimizing losses		0% for output 7.4
Output 7.5: 300 households have adopted new income generating activities that diversify their income sources		0% for output 7.5	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
7.1.1 Conditional CTP distribution to households to buy inputs for the planting season			%
7.1.2 Distribution of seeds for family gardens			%
7.1.3 Support and technical accompaniment			%
7.2.1 Identification, registration, verification and mobilization of beneficiaries	X		90%
7.2.2 Identification and contract with local suppliers			%
7.2.3 Conditional CTP- vouchers- distribution to buy small items they need			%
7.3.1 Selection of training modules and training plan design			%
7.3.2 Implementation of trainings			%
7.3.3 Support and accompaniment in the field during application of new knowledge			%
7.4.1 Creation of safe storage places for households, beneficiaries of the shelter programme (linked with Output 5.1)			%
7.4.2 Campaign on reducing food loss and waste			%

7.4.3 Building of emergency community shelter for livestock			%
7.5.1 Identification of new small scale income generation activities			%
7.5.2 Capacity building for new activities			%
7.5.3 Items distribution for the new activities			%
7.5.4 Support and accompaniment for the implementation of the new activities			%
Accountability and complaint mechanisms implementation, including project committees			%
Monitoring and evaluation (M&E) activities			%
Exit strategy design and implementation			%
Progress towards outcomes			
<p>Close to 2,000 vulnerable households have been registered using Open Data Kit (ODK). The lists are now in process of being validated in the communities to ensure that the most vulnerable households have been selected. Community Engagement and Accountability (CEA) officers are supporting this feed-back process, and an additional 200 vulnerable households fulfilling the targeting criteria can be included in the programme through this process. we hope to be able to start cash distributions to beneficiaries at the end of January or beginning of February.</p>			

Disaster Risk Reduction

Needs analysis: Risk reduction will focus on the development/strengthening of a people-centred early warning system to reduce risks within the communities. The community early warning system (CEWS) will be used to protect life, health and livelihoods. Capacity strengthening of the NS systems at the department level will serve to better link the CEWS to national systems.

Disaster risk reduction			
Outcome 8 Disaster Preparedness and early warning actions are implemented for response at the community and institutional level for disasters	Outputs		% of achievement
		<p>Output 8.1: At least 5,000 households at risk of floods and landslides in at-risks areas and people that have been evacuated to collective centres are prepared and on alert</p> <p>Output 8.2: The risk of flash floods and landslides is reduced</p> <p>Output 8.3: The HRCS has increased its capacity in preparedness for emergency situations</p>	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
8.1.1 Assessment of the community early warning systems (CEWS)	x ²¹		0%
8.1.2 Training of regional committee volunteers and partners on the CEWS toolkit			0%
8.1.3 Printing of sensitization materials			0%
8.1.4 Linking CEWS/EWS			0%

²¹ The activities are planned, but cannot be implemented now as very limited funding has been received for DRR so far.

8.1.5 Public Awareness and Public Education (PAPE)/Mass media information campaigns (KDV) in communities and schools (<i>The Male</i>)			0%
8.1.6 Implement CEWS in three vulnerable communities			0%
8.1.7 Upgrade eight schools for shelter, evacuation routes			0%
8.2.1 Building check dams			0%
8.2.2 Prevention of erosion by reforestation, planting vegetation			0%
8.2.3 Environmental Impact Monitoring			0%
8.3.1 Strengthen the HRCS Regional Committee emergency response capacity in two departments			0%
8.3.2 Emergency Operation Centre (EOC) strengthening			0%
8.3.3 Training for National Interventions Teams (NITs) on Damage Analysis and Needs Assessment (DANA), relief distributions (use of Mega V)			0%
Progress towards outcomes			
This area is planned for future phases of the response; consequently, no actions have been taken to date.			

Restoring Family Links (RFL)

RFL			
Outcome 9 Restoring Family Links (RFL) service is enhanced within the National Society to respond to RFL needs of victims and their families	Outputs		% of achievement
		Output 9.1: Family links are restored whenever people are separated from, or without news of, their loved ones as a result of the hurricane Matthew	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
9.1.1 RFL teams will facilitate communication for people in affected areas to re-establish contact with their households	X		100%
9.1.2 Active tracing in support to persons who have not succeeded in re-establishing contact with loved ones in or outside Haiti	X		100%
9.1.3 HRCS volunteers disseminate the website www.familylinks.icrc.org so people can register as “sound and safe” or register missing family members	X		100%
Progress towards outcomes			
<p>Together with the HRC, the ICRC set up RFL antennas in les Cayes, Jérémie and Dame-Marie, which were heavily affected by Hurricane Matthew. The antennas are operated by HRCS volunteers and allow people to search for or reconnect with family members after Hurricane Matthew. They can register as “safe and sound” or put out search requests for people who went missing. Given that not all of the affected families have the means to travel to one of the antenna locations, a fourth antenna was recently set-up and integrated into the FACT structure, allowing people whose families reside in remote areas to reach out to them, thereby offering a more comprehensive Movement response to people affected by Hurricane Matthew. Once the program ends, the antenna infrastructure and knowhow will remain with the HRCS, allowing it to intervene autonomously in a future emergency situation.</p> <p>So far, the HRCS has received 83 search requests, of which 63 were resolved. A total of 257 phone calls were facilitated, which enabled families to reconnect after Hurricane Matthew. Moreover, the antennas allowed for the dissemination of 22 Red Cross family messages to family members of detainees who were worried about the faith of their loved ones after Hurricane Matthew.</p>			

Quality programming / Areas common to all sectors

Needs analysis: The operation will be underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analysis to inform the design and ongoing implementation of the program
- Ongoing process of adjustment based on these assessments
- The establishment of mechanisms to facilitate two-way communication with, and ensure transparency and accountability to, disaster-affected people
- Management and delivery of the program will be informed by appropriate monitoring and evaluation.

Quality programming / Areas common to all sectors			
Outcome 10 Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs		% of achievement
	Output 10.1: Assessment and analysis activities undertaken to inform the design and implementation of the operation		67%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
10.1.1 Damage and needs assessments in affected areas including a market assessment	X		100%
10.1.2 Deployment of RIT members as required by the operation	X		100%
10.1.3 Deployment of Head of Emergency Operations	X		100%
10.1.4 Deployment of Field Assessment Coordination Team	X		100%
10.1.5 Development and use of a Monitoring and Evaluation (M&E) system to support monitoring of the operation progress and cash transfer mechanism		X	50%
10.1.6 Monitoring visits by the HRCS and IFRC	X		50%
10.1.7 Real-time evaluation (RTE) is conducted	X		5%
10.1.8 Enable humanitarian access through Disaster Law advocacy		X	0%
10.1.9 Conduct detailed livelihoods assessments to establish needs and strategy	X		100%
Progress towards outcomes			
<p>While Hurricane Matthew was forming, the Haiti Red Cross Society and Movement partners were already assessing anticipated needs and planning accordingly, and evaluating material and human resources and pre-positioning some of them to act fast. Monitoring was performed during the storm, and volunteers were deployed as soon as possible to rapidly assess damages in order to prepare an emergency plan of action for an emergency appeal.</p> <p>The IFRC's global and regional disaster management tools were activated, and a FACT was deployed to assess needs and prepare an efficient response to assist the affected population. In parallel with the relief activities, the carrying out of rapid sectorial assessments ensured that the affected people's needs were addressed not only during the response, but also during the recovery phase.</p> <p>As distributions and activities are scaling up, an innovative Smartsheet data management tool has been implemented and used as a monitoring tool. The data collected through the Smartsheet programme for distributions or activities is uploaded onto the IFRC's Dashboard to ensure timely information sharing.</p> <p>The Real Time Evaluation is taking place in February. An evaluation team has been selected and is in the progress of conducting preliminary interviews and drafting the inception report. Visits to Haiti are planned for the third week of February.</p>			
	Outputs		% of achievement

Outcome 11 Effective communication with all stakeholders	Output 11.1: Establishment of communication/public relations functions			100%
Activities	Is implementation on time?		% progress (estimate)	
	Yes (x)	No (x)		
11.1.1 Ensure that the situation regarding Hurricane Matthew and the work of the National Society is well documented and shared with media channels to profile the RCRC effectively	X		100%	
11.1.2 Develop human interest stories and information on the reality of the situation on the ground	X		100%	
11.1.3 Monitoring and collation of key facts and figures from the affected communities, to produce concise and visually appealing documents that are regularly updated	X		100%	
11.1.4 Coordination with the National Society to ensure that all funding opportunities are leveraged	X		100%	
11.1.5 Development of a Movement communications strategy linking with national communications plan	X		100%	
11.1.6 Development of six videos	X		95%	
11.1.7 Development of visual material (posters, infographics, brochure)	X		100%	
11.1.8 Dissemination of content on operations consistently on social media channels and implement a social media campaign	X		100%	
Progress towards outcomes				
<p>From the onset, the communications team has been actively integrated with the operational team on the ground, documenting the response of Haiti Red Cross and its Movement partners in order to bring visibility to activities, position the Red Cross as a key responder and support the emergency appeal. With support from global communications team in Port-au-Prince, Panama and Geneva, initially 4 communications delegates were positioned in the affected areas. However, since December there is not communication team working on the ground. On agreement with the Head of the Operation and the Country Cluster Coordinator, starting in February, the Communication Officer of the cluster will be taking the role of coordinate the public communication for the Operation.</p> <p>It is important to highlight that the communication activities will be continuing during the recovery phase of the operation.</p> <p>For details on communication materials produced on the operation, see Operations Update No 2.</p>				
Outcome 12: Target people and communities access timely, accurate and trusted information that enable them to take action about their safety, health and wellbeing and engage with the Red Cross to influence and guide decisions, enabling them to adapt, withstand and recover from external and internal shocks	Output 12.1: Define community engagement framework			%
	Output 12.2: Adequate communication with the communities			
	Output 12.3: Dialogue and community engagement: working with communities on two-way communication campaigns to provide accurate information			
	Output 12.4: Data collection and analysis for programmatic decisions: Utilise systems of data and information management to inform communication with communities and revise programmes regularly			
Activities	Is implementation on time?		% progress (estimate)	
	Yes (x)	No (x)		
12.1.1 Development of Community engagement and accountability (CEA) strategy, plan and tools for Haiti Red Cross to implement	X		85%	
12.1.2 Translation of texts into Haitian Creole	X		100%	

12.1.3 CEA training for the National Society headquarters and branch staff and volunteers		X	0%
12.2.1 Develop CEA guidelines to be shared among the RCRC Movement in Haiti		X	0%
12.2.2 Re-ignite the hotline and gather partners support	X		50%
12.2.3 Carry out communication and engagement activities, including feedback mechanisms through community volunteers at field level and communities	X		70%
12.3.1 Development and dissemination of targeted messages in Haitian Creole for media, volunteers, local and traditional leaders, churches, schools and other stakeholders to inform community debates	X		70%
12.3.2 Establishment of dialogue platforms and feedback systems (call-in radio programmes that cover Port-au-Prince and the affected areas, messaging systems and on-line interactive spaces)		X	0%
12.3.3 Liaise with local and international stakeholders to coordinate and support to the functioning of a CEA/Communication with Communities working group	X		70%
12.3.4 Define a feedback data collection system (in coordination with PMER/IM) and perform perceptions surveys regularly		X	0%
12.4.1 Establishment of a national system for data collection and analysis from all CEA activities to inform communication approaches		X	0%
12.4.2 Baseline assessment of information needs and trusted sources of information and channels	X		70%

Progress towards outcomes

During the 2010 response to the earthquake and cholera crisis in Haiti, important human and financial resources were invested in setting up a community engagement and accountability system. The various mechanisms used across programmes included, but were not limited to, a weekly national call-in radio programme (Radyo Kwa Wouj), an Interactive Voice Response phone line (Telefon Kwa Wouj), Short Message Service (SMS) messages, a call centre (Noula), print media (posters and leaflets) and face-to-face communication through HRCS volunteers. The strategy proved effective since it enabled the National Society to listen better to and communicate more effectively with affected populations. While many lessons were identified, the experience received overwhelming positive feedback from multiple types of stakeholders (e.g. end users and others in affected communities, Red Cross and Red Crescent program staff, local authorities, donors, other humanitarian actors). For more detailed reports of these experiences, please consult the following links: [An Kite Yo Pale](#) ; [We Are Here](#); [Haiti Beneficiary Communications Review 2013 – IFRC](#).

With a view to looking at reactivating the sustainable use of these mechanisms, a RIT delegate was deployed mid-October, 2016. This was followed by a CEA consultant from November to December, 2016. The aim of the consultant was to use CEA - Community Engagement and Accountability - to support Livelihoods, Shelter, Cash, Wash and Health program interventions in the field. In other words, make sure communities are informed and invited to feedback in partnership with IFRC programmes.

A CEA Senior Officer has been recruited to support the rolling out of the CEA strategy, monitor the CEA field support, and work with HRC staff to develop key sustainable CEA mechanisms such as radio programming.

The consultant has facilitated the deployment of an experienced Haitian national CEA Manager from American Red Cross to lead the operational CEA field work. The CEA officer travelled immediately to the field, assisting IFRC operations to obtain local community support for programmes on the ground. The CEA consultant has taken part in the integration with plans and HR structures along with the different IFRC Sectors, resulting in a range of planning tools and plans for the appeal, and assisted in getting budgetary support to hire an initial two CEA field officers to support the CEA Manager in one of each of the two field locations where interventions will take place, in Les Irois, and in Anse d'Hainault.

The CEA Consultant developed an initial CEA strategy together with Haitian Red Cross (HRC), working with the HRC CEA department to identify opportunities for integrating CEA into the immediate response and the relief phase. The preliminary activities are integrated in the strategy helping to define how CEA activities may be embedded into the National Society's programmes and capacity-building, and attempt to capitalize on the widespread ownership of mobile phones in Haiti and the high radio listenership among the affected communities prior to the disaster; however, this initiative will not be without its challenges as communication with some of the hard to reach areas targeted by

the Red Cross Movement is poor, physical access for visits and distributions is complex, and internet connectivity, cell phone towers and radio stations have been damaged, making continuous communication with the affected areas a challenge.

These impediments have been partially addressed by collecting information from beneficiaries at distribution sites; moreover, when in the field, concrete CEA input was used to adjust current relief distributions (e.g. developing pointers for HRCS volunteers to engage more effectively with the communities, instilling greater communication regarding the readjustment of plans and tools to increase information sharing in the local language). The Next steps will include gaining a more nuanced understanding of how women and men use these tools and repairing the communication infrastructure.

While undergoing this process, the National Society seeks to ensure coherence with external communications activities and operations to mitigate reputational risks related to the community's perception and understanding of Red Cross actions.

Together with national and international partners, in Port-au-Prince, discussions on information-sharing and collaborative spaces were held with external stakeholders (e.g. OCHA, Internews). Learning from recent emergencies, there is a growing emphasis and investment on CEA among partners and donors. Some partners, with DIFID support, are looking into establishing feedback mechanisms in country. As the Red Cross and Red Crescent Movement has a strong CEA element in place in Haiti via its extensive network of volunteers, the movement has decided for the moment to remain in an observer's role, trying to learn as much as possible from this mechanism as it evolves, and assisting it whenever possible. There is the possibility along these lines to develop a program of community journalism with training offered to Red Cross community volunteers by partners, and broadcast on local community radio station frequencies with information to the local communities.

Outcome 13: Safer Access Framework (SAF) is integrated into the HRCS programming and implementation of activities for Hurricane Matthew operation	Output 13.1: Safer Access framework (SAF) awareness workshops on the risks incurred when deployed are conducted for staff and volunteers	%
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Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	

13.1.1 Safer Access Framework (SAF) workshops for HRCS staff and volunteers in local branches in areas affected by the disaster.			%
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Progress towards outcomes

Safer Access Framework (SAF) is an ICRC security management methodology applied worldwide in ICRC operations. It also aims at offering National Societies an effective methodology and technical tools to facilitate safe and secure management of field operations in hostile environments.

Given the increasingly volatile security environment and rise of the number of security incidents targeting humanitarian organizations in the region affected by hurricane Matthew, the Movement needs an efficient methodology to manage field security in an effective way. Through the dissemination and training of Red Cross volunteers and staff, security management will be improved and risk exposure reduced to minima.

In order to promote safer access and integrate elements into operations, team leaders and other RC staff of the South Branch, 3 safer access workshops were facilitated by the HRC and the ICRC. The workshops were combined with a mini risk assessment led by the regional board. As an outcome, additional security rules were developed and will be submitted to the regional board for approval and implementation. More than 60 HRC volunteers and staff of the American Red Cross attended the workshops.

So far, 150 first aid kits were distributed to HRC field structures in order to replace the material used during and after hurricane Matthew. nine SAF workshops will be conducted in Nippes, Sud, Grande-Anse and Nord-Ouest over the next five weeks. 180 volunteers and staff will benefit at regional and local levels of HRC structures of the workshops. Moreover 425 first aid kits will be prepositioned in the field together with 110 stretchers and 200 body bags, allowing HRC structures to respond immediately and autonomously to future emergencies.

D. Budget

This Operation Update reflects a revised budget to correct allocations between budget lines to reflect the cash transfer distribution. The previously was reflected in other budget lines. All accordingly to Cash transfer procedure to IFRC partners, ICRC and PNSs. The overall figure for the budget remains 28,236,416 Swiss francs.

[Click here to view the revised budget](#)

Reference documents



Click here for:
Previous
[Appeals and updates](#)
[Emergency Plan of Action \(EPoA\)](#)

Contact Information

For further information, specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.

EMERGENCY APPEAL
MDRHT013 Hurricane Matthew

03/02/2017

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	351,077			351,077
Shelter - Transitional	0			0
Construction - Housing	1,282,723			1,282,723
Construction - Facilities	93,289			93,289
Construction - Materials	19,435			19,435
Clothing & Textiles	113,946			113,946
Food	119,526			119,526
Seeds & Plants	495,466			495,466
Water, Sanitation & Hygiene	2,128,746			2,128,746
Medical & First Aid	56,521			56,521
Teaching Materials	268,011			268,011
Utensils & Tools	226,184			226,184
Other Supplies & Services	18,172			18,172
Emergency Response Units	0		1,182,340	1,182,340
Cash Disbursements	530,192			530,192
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	5,703,290	0	1,182,340	6,885,631
Land & Buildings	0			0
Vehicles	358,579			358,579
Computer & Telecom Equipment	116,320			116,320
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	291,528			291,528
Total LAND, VEHICLES AND EQUIPMENT	766,427	0	0	766,427
Storage, Warehousing	83,571			83,571
Distribution & Monitoring	329,041			329,041
Transport & Vehicle Costs	1,214,111			1,214,111
Logistics Services	219,603			219,603
Total LOGISTICS, TRANSPORT AND STORAGE	1,846,327	0	0	1,846,327
International Staff	2,844,838			2,844,838
National Staff	1,343,475			1,343,475
National Society Staff	1,345,045			1,345,045
Volunteers	187,044			187,044
Other Staff Benefits	0			0
Total PERSONNEL	5,720,403	0	0	5,720,403
Consultants	131,509			131,509
Professional Fees	30,000			30,000
Total CONSULTANTS & PROFESSIONAL FEES	161,509	0	0	161,509
Workshops & Training	624,064			624,064
Total WORKSHOP & TRAINING	624,064	0	0	624,064
Travel	132,694			132,694
Information & Public Relations	493,265			493,265
Office Costs	354,436			354,436
Communications	145,044			145,044
Financial Charges	128,029			128,029
Other General Expenses	11,078			11,078
Shared Office and Services Costs	324,468			324,468
Total GENERAL EXPENDITURES	1,589,015	0	0	1,589,015
Partner National Societies	8,991,852			8,991,852
Other Partners (NGOs, UN, other)	0			0
Total TRANSFER TO PARTNERS	8,991,852	0	0	8,991,852
Programme and Services Support Recovery	1,651,188	0		1,651,188
Total INDIRECT COSTS	1,651,188	0	0	1,651,188
Pledge Earmarking & Reporting Fees	0			0
Total PLEDGE SPECIFIC COSTS	0	0	0	0
TOTAL BUDGET	27,054,076	0	1,182,340	28,236,416
Available Resources				
Multilateral Contributions	7,634,709			7,634,709
Bilateral Contributions	888,780		1,182,340	2,071,120
TOTAL AVAILABLE RESOURCES	8,523,489	0	1,182,340	9,705,830
NET EMERGENCY APPEAL NEEDS	18,530,587	0	0	18,530,587