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Emergency appeal operation update

Haiti: Hurricane Matthew



International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRHT013	GLIDE n° TC-2016-000106
Operations update n° 6 – 12-month update Issue date: 9 May 2018	Timeframe covered by this update: 6 October 2016 – 6 October 2017
Emergency Appeal operation start date: 6 October 2016	Timeframe: 18 months; and end date: 6 April 2018.
Appeal budget: 28,236,416 Swiss francs Appeal coverage: 30 per cent	Total estimated Red Cross and Red Crescent response to date: 8,205,796 Swiss francs
Disaster Relief Emergency Fund (DREF) allocated: 565,000 Swiss francs	
People affected: 2.1 million ¹	N° of people assisted: 65,000 people (13,000 households) *through the IFRC appeal. At least 115,300 people through the RCRC Movement response.
Host National Society presence: 10,000 volunteers and 223 staff in 116 local units nation-wide.	
Red Cross Red Crescent Movement partners 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, the Netherlands Red Cross, Spanish Red Cross, Swiss Red Cross and International Federation of Red Cross and Red Crescent Societies (IFRC).	
Other partner organizations actively involved in the operation: The Department for Civil Protection (DPC for its acronym in French), Ministry of Public Health and Population (MSPP for its acronym in French), the United Nations (UN) system (United Nations Office for the Coordination of Humanitarian Affairs [UNOCHA], Pan American Health Organization [PAHO]).	
The IFRC, on behalf of the HRCS, thanks all donors who have contributed to this appeal: American Red Cross, Andorran Red Cross, Apple iTunes; British Red Cross; British Government; China Red Cross -Hong Kong branch, Danish Red Cross, Ole Kirk's Fond, DG -ECHO, Finnish Red Cross, French Red Cross, IFRC at the UN Inc, Italian Government Bilateral Emergency Fund, Japanese Government, Japanese Red Cross Society, Liechtenstein Red Cross, Luxembourg Red Cross, Luxembourg Government, Mexican Red Cross, Monaco Government, New Zealand Red Cross, private donors from Great Britain, Kenya, Luxembourg, the Netherlands, and online donations.	

[<Click here to view the interim financial report² and here to view contact details>](#)

This Operation Update reflects cumulative achievements and challenges of the first 12-month of the operation.

Achievements of the Red Cross and Red Crescent Movement response in Haiti:

¹ OCHA Humanitarian snapshot. 31 July 2017. <https://www.humanitarianresponse.info/en/operations/haiti/infographic/haiti-humanitarian-snapshot-july-31-2017-enfr>

² The bilateral contribution of the Emergency Response Units (ERUs) for approx. 1,182,340 is not reflected in the interim financial report; this figure added to the CHF 27,054,076 budget amount in the interim financial report completes the total budget figure of CHF 28.2m.

HEALTH

- 458 people received first aid (FA)
- 140 community members trained in FA + 166 volunteers
- 3,000 people received HIV prevention messages
- 6,912 male condoms distributed
- 2,518 people received psychosocial support (PSS) through mobile clinics
- 31,699 community members reached through PSS activities
 - 1,277 students
- 3,501 patients treated with primary health care in mobile clinics
- **115,300 people** received mosquito nets

WASH

- 20 volunteers trained on hygiene promotion
- 30 volunteers trained in home-based water quality assessment
- 11,000 families received buckets
- **79,875 people**/ 15,975 families reached with hygiene kits
- 48,555 people/ 9,711 families reached with jerry cans (2 per family)
- More than 2.3 million litres of safe drinking water distributed
- 11 water catchment sources rehabilitated
- 750 beneficiaries to benefit after the installation of 150 rainwater harvesting systems
- 16,100 people have access to safe water through rehabilitated rural water distribution networks

SHELTER

- 8,195 shelter non-food items distributed by
- **11,982 households** reached with shelter kits
- 1,070 people / 214 households had their existing housing structures rehabilitated.

LIVELIHOODS

- 1,000 food parcels distributed during the emergency phase.
- 360 households were reached with conditional CTP distribution
- **1,961 people** received seeds
- 1,200 beneficiaries received HRCS support on gardening

A. SITUATION ANALYSIS

Description of the disaster

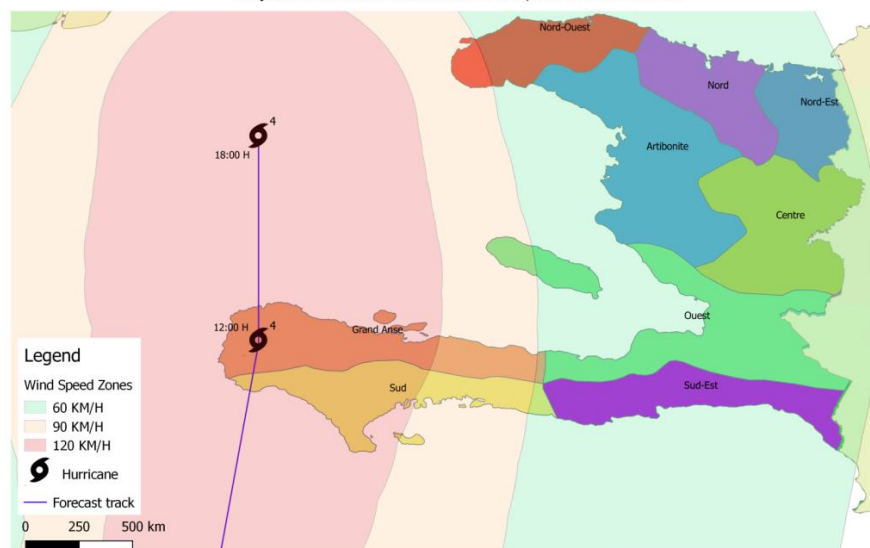
Hurricane Matthew was the largest humanitarian emergency in Haiti since the 2010 earthquake. A category 5 tropical hurricane had not formed in the area for nine years, prompting the Haitian government to rapidly activate the National Emergency Plan, the National Emergency Operation Centre and regional emergency operation centres. Moreover, while the Haitian government did not declare a state of emergency, a red alert was issued and international humanitarian assistance requested, and the national presidential elections were postponed until November 2016. The storm was raised to a Category 5 on 1



International Federation
of Red Cross and Red Crescent Societies

Date: 04/10/2016

Impact of Hurricane Matthew in Haiti, October 04 of 2016



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Produced by : DCPRR, Americas Regional Office. Sources: National Hurricane Center Tropical Cyclone Forecasts

October 2016 before it weakened back to a category 4.

Hurricane Matthew struck Haiti on 4 October 2016 as a **Category 4** hurricane, causing massive destruction mainly in the departments of **Grande-Anse, Sud, Nippes, and Nord-Ouest** and to a lesser extent in **Sud-Est and Ouest** departments. As of July 2017, OCHA reported “1.4 million people among the 2.1 million affected by Hurricane Matthew are still in need of humanitarian assistance”³. At least 20 percent of the territory was affected. The hurricane brought extensive flooding and mudslides, damage to road infrastructure and buildings, electrical grid and the water system; additionally, the hurricane impacted telecommunications in the affected areas due to the lack of electrical power and damage to both the electrical and telecommunication grids.

The Haitian Red Cross Society (**HRCS**)’s preliminary assessments revealed a need for a humanitarian intervention in water, sanitation and hygiene promotion (WASH), food and non-food items (NFIs), shelter and health. Furthermore, the HRCS found that water infrastructure damage was massive in the main affected cities and that water sources had been contaminated, increasing the risk of waterborne diseases, particularly cholera. The storm severely impacted Haiti’s agricultural sector, causing food shortages.

The IFRC launched an Emergency Appeal on 6 October 2016 seeking CHF 6.8 million to help the HRCS aid affected populations. Taking into consideration the scope of the disaster and the needs revealed by the various assessments conducted within the first month of the operation, the members of the International Red Cross and Red Crescent Movement (the Movement) in Haiti further articulated their efforts for a stronger and better aligned response to Hurricane Matthew.

The process of Strengthening Movement Coordination and Cooperation (SMCC) was followed and led to the signing of a **tripartite agreement** specifically for **Hurricane Matthew Operation**, among the National Society, IFRC and ICRC. That agreement provided for joint Movement intervention in Haiti. Thus, the Appeal was revised to an International Emergency Appeal for CHF 28.2 million to be implemented by all Movement partners present in country, namely American, Canadian, Dominican, French, German, Italian, Japanese, the Netherlands, Spanish and Swiss Red Cross Societies, ICRC and IFRC.

The emergency plan of action put in place by the Movement to respond to Hurricane Matthew was divided into **two phases**:

	Timeframe	Focus	Comments
Emergency phase	October to December 2016	<ul style="list-style-type: none"> ▪ Damage and needs assessments ▪ Relief distributions (non-food items, food-when possible- and water) ▪ Health 	All activities planned were implemented despite several challenges.
Recovery phase	January 2017 to April 2018	Integrated approach to the delivery of assistance: <ul style="list-style-type: none"> ▪ Health ▪ Water, sanitation and hygiene promotion ▪ Shelter ▪ Livelihoods 	Delayed due to several challenges : Recruiting of staff for the roll out of the recovery phase, finalizing contracts with service providers for cash transfer distributions before the 2017 planting season in Haiti, the security constraints posed by the socio-political situation in intervention areas, and very low coverage of the appeal which resulted in the need to prioritize activities. In addition to the challenges related to the joint planning and budgeting, joint prioritisation and then the operationalisation One International Appeal mechanism.

The Operation updates no. 1, 2, 3, 4 and 5 present detailed progress made by the Movement during the emergency and recovery phases of the operation. Despite the challenges, the Movement was able to implement some of the planned activities within the EPoA in the following sectors:

³ OCHA Humanitarian Snapshot on <https://www.humanitarianresponse.info/en/operations/haiti/infographic/haiti-humanitarian-snapshot-july-31-2017-enfr>



Relief (non-food items) including the distribution of immediate essential household non-food items, emergency wash and shelter materials. When possible, relief teams distributed food to meet the urgent nutritional needs of the affected population during the operation’s first three months.



Health: Based on health assessments, the strategy was comprised of four areas of intervention: delivery of first aid and capacity building in first aid; mobile primary health care clinics; psychosocial support and epidemic prevention.



WASH: All WASH activities have been accompanied by hygiene promotion and social marketing campaigns to ensure sustainability. During the immediate phase, WASH activities focused on the establishment of a solid HRCS hygiene promotion volunteer and trainer pool and hygiene promotion activities around water and NFI distributions. The long-term activities will shift to the provision of sustainable WASH technologies, in close coordination with shelter activities and cholera preparedness and other health-related activities. Through appropriate household water treatment and safe water storage (HWTS) as well as excreta disposal solutions, an overall positive public health impact can be reached.



Shelter and settlement: Community and household support through community participation and the build back better approach to ensure the proper training was received and capacity building activities for repairs and rebuilding were conducted. Cash instalments and/or in-kind distribution facilitated the also construction/repair process.



Livelihoods support for households to ensure economic security and the restoration and protection of beneficiaries’ livelihoods and income-generating activities. Cash transfer and in-kind distributions provided the household items they needed to restart their activities. Capacity building activities and the installation of safe spaces was conducted to help strengthen and protect their assets.

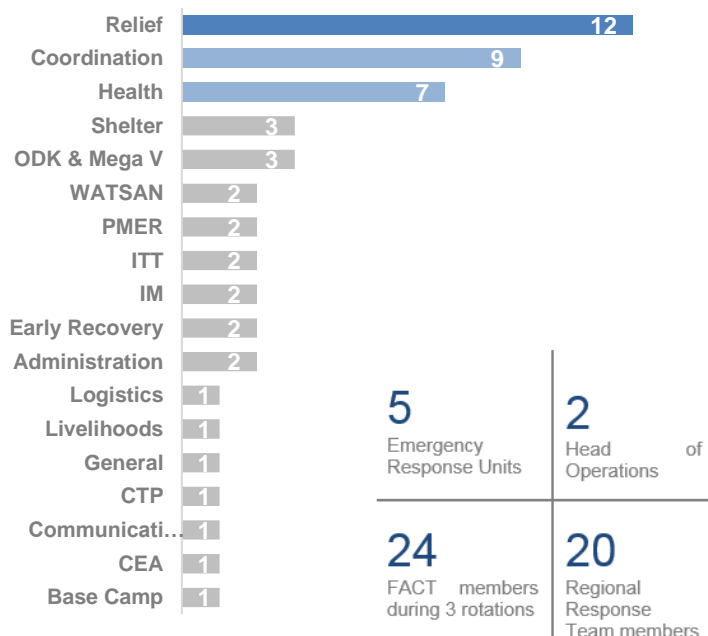
Summary of current response

Overview of Host National Society

The HRCS is guiding the operation, supported by Movement partners working in Haiti, in coordination with the DPC at the national and local level. A total of **846 Red Cross volunteers and HRCS staff** in affected localities were

mobilized to assist the most vulnerable. The information on achievements by Movement partners are centralized on an online database, where each entry is validated by the HRCS prior to being used for monitoring, reporting and dissemination. Coordination and sharing of information with the Department for Civil Protection and other international partners is ongoing.

Surge capacity deployed by area of expertise



Overview of Red Cross Red Crescent Movement in country

The following Red Cross partners are active in country: **American Red Cross, the Canadian Red Cross Society, Dominican Red Cross, French Red Cross, German Red Cross, Italian Red Cross, Netherlands Red Cross, Spanish Red Cross and Swiss Red Cross**, which support the HRCS on programmes throughout the country; the **ICRC** and the **IFRC** are also present in country. The IFRC has been active since the beginning of the operation through its Country Cluster Support Team. IFRC support

focused on assessments, sensitization activities, logistics, distributions, financial and in-kind resources, and coordination efforts to operationalize a Movement-wide plan of action to respond to the affected population's needs.

Initially, the HRCS and the IFRC chaired daily Movement Operations Committee (MOC) meetings. As the operation progressed into the recovery phase, the meetings are now held quarterly. The PNSs in country and ICRC representatives attended the meetings, during which updates, and common issues were discussed.

Overview of non-RCRC actors in country

The Movement collaborates with international and local humanitarian actors, including United Nations system agencies in country, and the Haitian Government - UCLBP, MSPP, DINEPA Government - UCLBP, MSPP, DINEPA agencies in country.

Needs analysis and scenario planning

Needs analysis

The HRCS worked in collaboration with the government to prioritize intervention areas. The **Sud, Grand'Anse, Nippes, Sud-Est, Ouest and Nord-Ouest departments** were designated as the most affected by Hurricane Matthew. Damage and needs assessments identified emergency health and care, psychosocial support (PSS), water and sanitation and shelter were identified as key needs. In addition, the HRCS conducted a market assessment and confirmed the feasibility of cash transfer programming (CTP) as part of livelihood recovery and shelter interventions.

Health

The IFRC's field assessment team reported and confirmed an increased in health-related problems due to Hurricane Matthew. Haiti is the poorest country in the Western hemisphere, with inadequate public health and water and sanitation infrastructure is poor and low immunization rates are low, which were adversely impacted by Hurricane Matthew.

While the process of repairing damaged health facilities has started, there was still a need to cover the population's basic health needs in the in the recovery phase through mobile health clinics and the provision of support and repair of existing health facilities.

After the hurricane, the prevalence of soft tissue injuries, infected wounds, and fractures increased during the acute emergency phase; nevertheless, there was also an increased risk of injuries during the reconstruction phase, further burdening an already overstretched health system. Additionally, there is a need for capacity building in basic first aid, as properly applied first aid can mitigate the long-term effects of an injury.

In response to the destruction of 34 of Haiti's 212 cholera treatment facilities (CTCs/CTUs) and the reports of 6,096 suspected cholera cases from the 2 October to 9 November 2016 in the MSPP launched a cholera vaccination campaign on 8 November, covering the most affected areas with one dose of oral vaccine⁴. In 2017, the lowest number of suspected annual cholera cases since the beginning of the epidemic in 2010 was recorded as a result of an effective and coordinated response, timely clinical care and improved epidemiological surveillance system. This made it possible to reach an incidence rate of 1.12% at the end of 2017, bringing the country closer to the target of 0.1% set for the end of 2018. During the month of December, 776 cases were notified, resulting in the annual total of 13,681 suspected cases of cholera and 159 deaths: a respective decrease of -67% and -64% in comparison with 2016."

Finally, psychological and mental health services were very difficult to access in Haiti, and few humanitarian organizations responding to this disaster are currently working this area; consequently, MSPP, PAHO and the HRCS all identified this as a gap and thus an appropriate area of intervention for the Red Cross Red Crescent Movement.

⁴ PAHO Situation Report no. 26

Water, Sanitation and Hygiene Promotion

Despite significant advances in the water and sanitation sector over the last six years, access to safe water and sanitation remained inadequate and cannot protect people against waterborne diseases (mainly cholera) in the departments' poor urban and rural areas. According to UN-OCHA, 47 per cent households did not have individual sanitation facilities, 44 per cent did not have access to safe water and 55 per cent did not have access to handwashing facilities at the end of 2015.

Even before the disaster, in the numerous areas in which rural piped water networks and rural water pumps were not functioning, the local populations were using water from the river despite the HRCS's dissemination of hygiene messages on safe water-treatment methods and the necessity to perform water treatment at the household level; furthermore, through the distribution of free aqua tabs during cholera prevention campaigns, people became reliant upon them, resulting in the improper treatment of their water.

Moreover, the severe flooding caused by the storm contaminated the affected communities' drinking water, triggering diarrhoea and possible cholera cases.

In the short term, the affected population required access to treated drinking water, which could be provided through household chlorination (aqua tabs) and chlorination systems at the source when available or filtration in urban and rural areas. When possible, the water distribution system was repaired immediately and the water supply restored, and hygiene and household water treatment awareness reinforced to ramp up behavioural change and diminish the health impact.

Shelter

The DPC reported extensive hurricane damage across the country with over 75,000 houses destroyed and damaged in the department of Grand'Anse alone; similar levels of housing destruction were reported in the departments of Nippes and Sud, and Hurricane Matthew also caused large-scale flooding and landslides throughout the departments of Nippes, Sud, Grand'Anse and Nord.

The widespread destruction could be attributed to the use of substandard, non-hurricane-resistant building materials and the fact that the affected communities were in areas that are highly susceptible to flooding and landslides; however, the houses that were built after Hurricane Sandy by the IFRC proved to be resistant to the hurricane, with many being used by other families as small communal collective centres.

Affected communities need resources, technical support and training to rebuild their houses and communities; consequently, The recovery phase includes community disaster risk reduction planning, safe shelter awareness training and capacity building of local masons and technicians, community planning using existing methodologies such as Participatory Approach for Safe Shelter Awareness (PASSA), Participatory Hygiene and Sanitation Transformation (PHAST) and participatory DRR programmes in-country. Additionally, the HRCS will integrate Shelter programmes into all sectors, with the aim of improving community resilience to manage future environmental and economic emergencies.

Livelihoods

The hurricane had an extreme impact on livelihoods in the Nippes and Sud-Est departments, affecting agriculture and fishing most severely; other activities related to trade or transportation have been disrupted or hampered by flood damage to infrastructure. Meanwhile, 100 per cent of the crops like beans or tuberculous, cacao and coffee were destroyed in some areas, and these crops will be impossible to restore until the environmental conditions are themselves restored, which could take many years; therefore, new activities to compensate for the reduction in income will have to be considered.

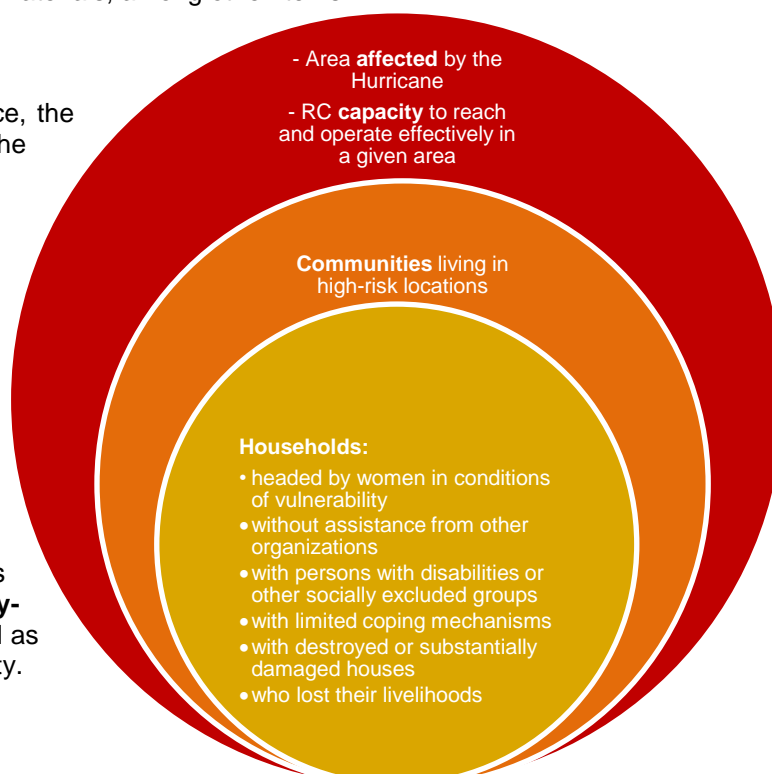
After the disaster, people tried to save and collect perishables; however, there was not enough storage space to store what had been left from the hurricane. As part of livelihoods activities, the response must consider that

households will need to cover other basic needs like the replacement of personal items that were lost such as clothing, mattresses, kitchen items, and school materials, among other items.

Beneficiary selection

An **integrated approach** was warranted; hence, the selection criteria on the diagram applies as the basis for all the sectors

In addition, the HRCS and Movement partners selected beneficiaries based on the key principles of **impartiality, neutrality and humanity**, and process followed the International Red Cross and Red Crescent Movement's and non-governmental organizations (NGOs) in disaster relief operations' Code of Conduct. Lastly, in compliance with the IFRC's Gender Policy, child protection policy and pledge on non-discrimination and respect for diversity, the operation's beneficiary selection process has considered **socially or economically-disadvantaged and excluded groups**, as well as the issues of disability, gender, age, and minority.



Risk Assessment:

The immediate relief response in affected areas can trigger severe civil unrest and disrupt activities; they could also be triggered by the political instability. The social and political context is monitored on a weekly basis by the IFRC's Security Unit, the UN, and the HRCS, and security regulations are in place and followed. Furthermore, mitigation measures such as travel restrictions, contingency and relocation plans, ongoing security risk assessments can be applied whenever necessary. Considering the security issues encountered since the start of the operation, extra measures have been put in place, including the adoption of a common protocol among partners, a preventive code of conduct for staff and delegates, and the implementation of the ICRC's Safer Access Strategy.

Among the other risks identified for this operation are the likelihood of another big disaster (earthquake, tropical cyclone, floods), the deterioration of the humanitarian situation due to food insecurity, outbreaks of cholera and misunderstanding among the population regarding the actions taken. As per mitigation measures, through its international network the Red Cross Movement can apply contingency plans and mobilize additional available surge capacity at the regional and global level. A communication policy is in place, and the IFRC deployed a communication delegate the moment the operation began; additionally, the mitigating actions also include the implementation of a sound communication plan containing updated key messages that are shared on a regular basis.

The impact of the hurricane rendered access to some affected localities extremely difficult, which has had an adverse effect on the supply of key materials. Transitional planning and approvals by authorities may delay recovery programme implementation.

Operational implementation

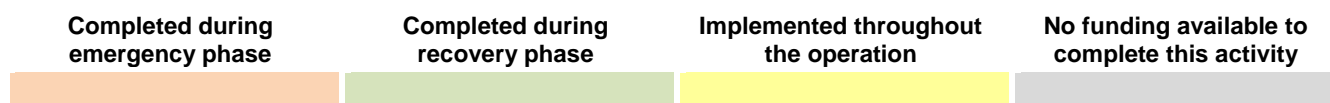
Overview

In addition to the sectors and the strategy of the operation explained under the Summary section, the integrated approach applied to the interventions is as follows:

- ✓ Affected zones narrowed by HRCS's choice of the intervention zones and sectors. Sectors interact mainly in the same areas with possible overlapping;
- ✓ Integration through selection of beneficiaries;
- ✓ Integration through activities: some sectors are a natural match for integration (WASH/health, WASH/shelter, livelihoods/distributions);
- ✓ Integration through cross-cutting sectors (Cash Transfer, community mobilization, planning, monitoring, evaluation and reporting [PMER], Communications,) cash transfer programming is being used to deliver assistance to livelihood and shelter sector beneficiaries. In addition, monitoring measures related to the cash transfer are being integrated into the overall monitoring and evaluation scheme; this will also constitute part of the cross-cutting CEA strategy and its related activities;
- ✓ Integration through partners PNSs (integration of partners' expertise in the field to enhance activities and create synergy) or the ICRC (safe access, security for example); and
- ✓ Establishment of Movement cash transfer taskforce to compile PNS experience and ensure alignment and the standardization of the implementation of cash transfer activities.

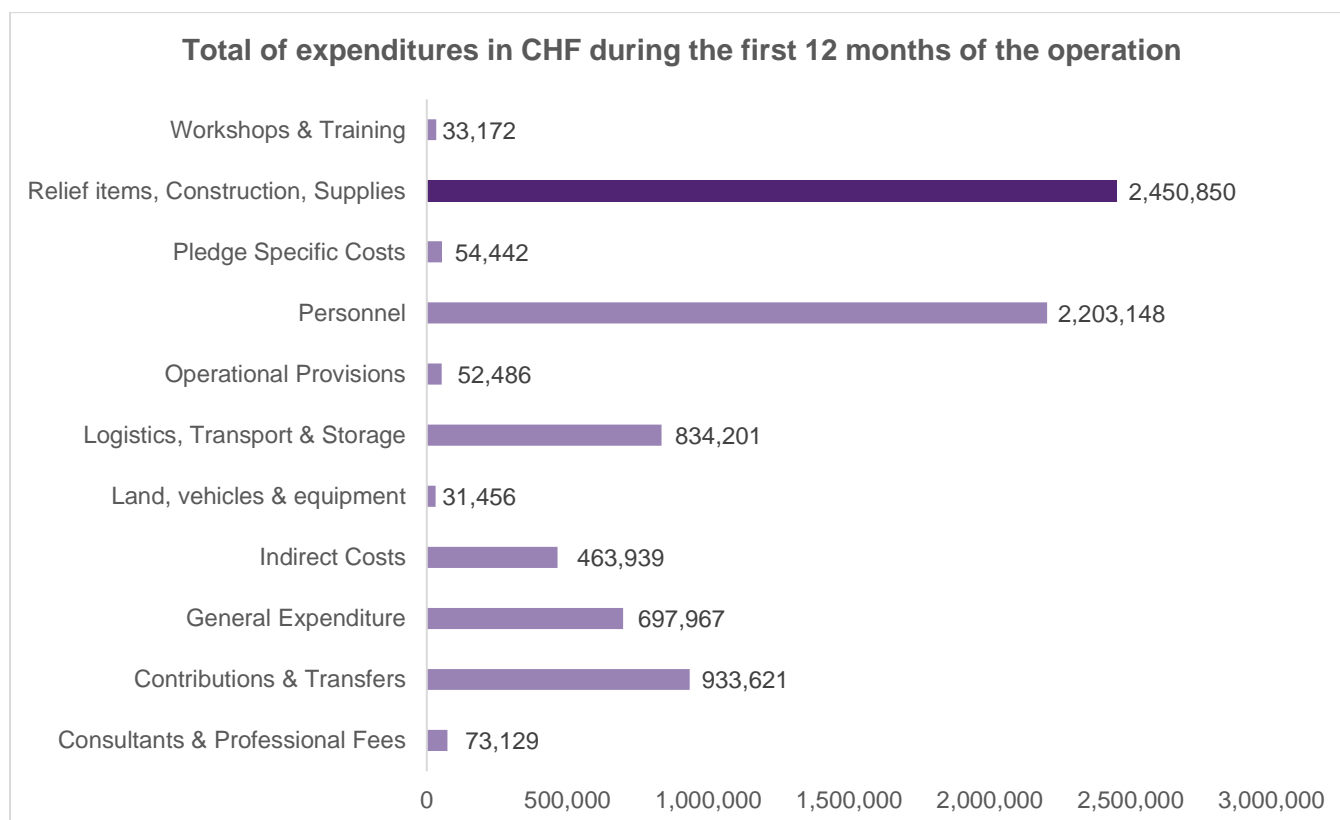
C. Detailed Operational Plan

A colour code is given for the status of activities under each sector to facilitate reading:



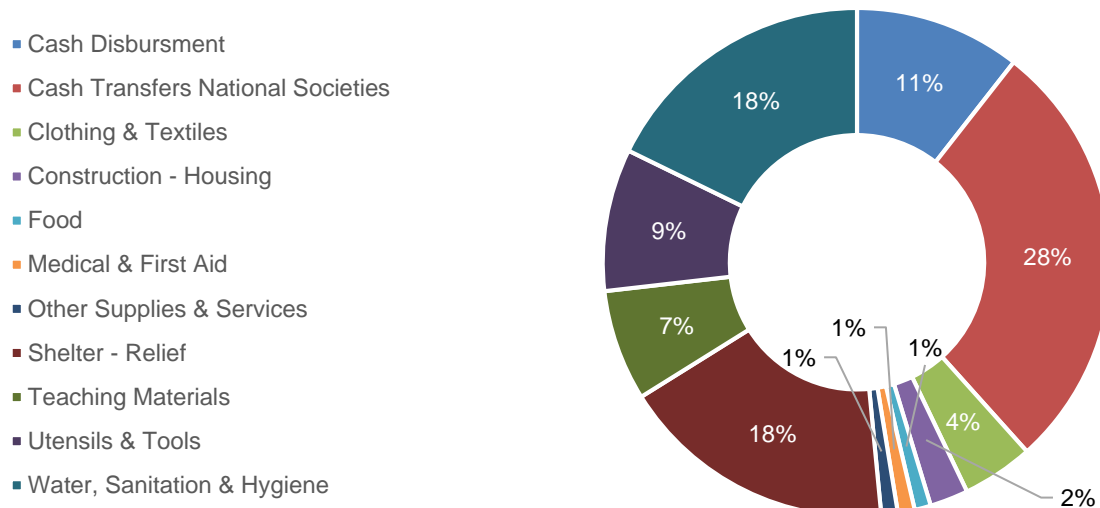
Financial situation:

The following graphs present a summary of the expenditures during the 12-month period covered by the report.



The following graph shows a further breakdown of the expenditures under the accounting lines of Relief items, construction & supplies, and Contributions and Transfers (which include cash transfer to National Societies). These two major lines total 3,4 million Swiss francs in expenditure during the reporting period:

Relief related costs and cash transfer to PNS



Health & Care

Needs analysis: Delivery of first aid and capacity building in first aid, mobile primary health care clinics, psychosocial support and epidemic prevention

Cross-sector integration: An integrated WASH/health/disaster risk reduction programme addressing communicable diseases, including waterborne-, vector-borne diseases and sexual transmitted infections (STIs) was developed. The programme sought to build capacity in early response to combat the rising cholera numbers. The first aid programme provided first aid training to volunteers and staff in all sectors to build in the team working on the Hurricane Matthew response's capacity.

Population to be assisted: The primary target population was 50,000 people in the most affected communes. Since there were four other NGOs staging mobile clinics in Grand'Anse, the intervention areas were coordinated with other stakeholders and not limited to the communities within the Grand'Anse area identified by HRCS as the most affected; this was to avoid duplication of efforts and ensure maximum coverage. The total population of Grand'Anse is 468,301. The target population was the most vulnerable population, including children, pregnant women, old people, persons living with disabilities and chronic diseases and people in collective centres. The secondary target population was in the other areas affected by the Hurricane Matthew: Grand'Anse, Sud, Nippes, Sud-Est, Ouest and Nord-Ouest.

Existing PNS activities in affected areas: Some PNSs had ongoing projects within the secondary areas of intervention; consequently, this appeal included the strengthening of some of the existing and planned projects within these areas run by HRCS or bilateral HRCS/PNS projects. When required, some PNSs also assisted the HRCS on the mobilization of trained volunteers from other regions for support interventions in Grand'Anse during the first phase of this response.

Clinical services to be offered in mobile clinics: Primary health care services offered by the mobile clinic included but were not be limited to basic wound care, the treatment of Acute respiratory infections (ARIs), diarrhoea, non-communicable diseases (NCDs), malaria, skin and eye infections and the provision of basic prenatal/postnatal care.

Outputs	% of achievement
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Outcome 1. The immediate risks to the health of affected populations are reduced.	Output 1.1 Target population is provided with first aid services			100%
	Output 1.2: Psychosocial first aid and psychosocial support activities are provided to people affected by the impact of Hurricane Matthew			100%
	Output 1.3 Epidemic prevention measures carried out in areas affected by Hurricane Matthew			100%
	Output 1.4: Increased access to healthcare services and prevention of maternal/new-born mortality using mobile clinics			100%
Activities	Is implementation on time?		% progress (estimate)	
	Yes (x)	No (x)		
1.1.1 Procurement and deployment of first aid kits	X		100%	
1.1.2 Procurement and deployment of personal protection equipment to the volunteers	X		100%	
1.1.3 Support the training of HRCS volunteers in the provision of first aid	X		100%	
1.1.4 Provision of first aid to beneficiaries	X		100%	
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		100%	
1.2.1 Reproduction and printing of information on stress management and coping mechanisms	X		100%	
1.2.2 Training of Trainers (ToT) on psychosocial support (PSS) activities for HRCS volunteers.	X		100%	
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. Training on the implementation of PSS activities in communities and schools through volunteers and health care workers	X		100%	
1.2.6 Provision of psychosocial support to volunteers	X		100%	
1.2.7 Support the health and well-being of staff and volunteers including PSS.	X		100%	
1.3.1 Reprinting of Information Education Communication (IEC) materials on cholera, vector borne diseases and STIs (with Wash)	X		100%	
1.3.2 Support the HRCS in implementing its existing community mobilization strategy to decrease the risk of vector- and waterborne diseases transmission	X		100%	
1.3.3 Active case finding and surveillance for cholera as part of mobile clinics	X		100%	
1.3.4 Assessment of need of Surveillance in Grande-Anse		X	0%	
1.3.5 Support the HRCS in implementing the community based epidemiological surveillance (SEBAC) of infectious diseases transmission (Cholera, Zika, Chikungunyam Paludiam and other immune-controllable disease)		X	0%	

1.3.6 Develop an integrated WASH/health program addressing communicable disease including waterborne- and vector borne diseases and STIs.	X		100%
1.3.7 Awareness campaign on cholera prevention	X		100%
1.3.8 Engagement in emergency OCV immunization campaigns led by MSPP, primarily through community sensitization and mobilization based on HRCS standards ⁵	X		100%
1.3.9 Distribution of 20,000 mosquito nets units (10,000 households)	X		100%
1.3.10 Procurement and provision of condoms (100,000) ⁶	X		%
1.3.11 Implement existing programs of prevention of cholera transmission.	X		100%
1.3.12 Implement CBHFA approach			0%
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 ⁷	N/A
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			
<p>Procurement and deployment of first aid kits: IFRC/HRCS teams distributed 150 First aid kits, provided by Qatar Red Crescent, from March to April 2017 in 9 communes of Grande-Anse Department. So far 106 first aids kits were distributed to 7 HRCS local committees and 37 kits distributed in 7 schools and 10 Community Based Organizations (CBO's). Also, 100 additional First aid kits were procured and distributed by IFRC and HRCS teams.</p> <p>Procurement and deployment of personal protection equipment to the volunteers: 6 communes received first aid kits composed of stretchers, a spinal board for first aid, and protection materials for volunteers.</p> <p>Support the training of HRCS volunteers in the provision of first aid: The HRCS supported by IFRC organized simultaneous training sessions on basic first aid (32 hours modules-5 days training) in 9 communes of Grand-Anse Department. The training sessions that took place in February and May 2017 were attended by 166 HRCS volunteers from the 7 communes targeted.</p> <p>Provision of first aid to beneficiaries: To better prepare communities in First Aid response, with the support of IFRC and HRCS, 140 beneficiaries (students, teachers, health staff, drivers,) in 7 targeted communes of Grand-Anse received 3 days first aid training and simulation exercises from 20 March to 30 April 2017. The communities provided the venue for the training and some participants from remote communal sections were accommodated in host families. Further, 458 people received basic first aid services. The HRCS repaired the ambulance in Jérémie to facilitate the transportation of patients from the communities to Jérémie hospital.</p>			

⁵ 2nd round planned for February 2017 with MSPP, but not yet done

⁶ Available in Jeremy warehouse for ECV and PSS activities

⁷ 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

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: 200 brochures on cholera and malaria prevention, which were later distributed to the HRCS volunteers who attended the first aid training. During the carnival period in Haiti (from 26 to 28 February 2017), 3,000 people received human immunodeficiency virus (HIV) prevention message in Grand'Anse during the carnival, and HRCS volunteers also disseminated messages on safe blood donation.

Reproduction and printing of information on stress management and coping mechanisms: HRCS volunteers with PSS experience walked in the streets of the major cities to popularize PSS messages, using condoms distribution to draw people's attention. 3,000 people received HIV prevention messages in Grande-Anse during the carnival. 6,912 male condoms were distributed during the same occasion. HRCS volunteers also distributed messages on safe blood donation.

Training of Trainers (ToT) on psychosocial support (PSS) activities for HRCS volunteers: 14 to 17 March 2017, the IFRC and the HRCS conducted a PSS Training of Trainers in Jérémie for 23 HRCS volunteers from 6 communes in Grand'Anse department

Provision of psychological first aid to communities during mobile clinics based on HRCS standards: During the mobile clinics in communes of Grande Anse, 2,518 people received psychosocial support from PSS delegates. In addition, PSS and sensitization were conducted in three villages in the west coast (Anse d'Hainault, Dame-Marie and Les Irois). The majority of people who benefited from this were children, pregnant women, and old people. The most common pathologies identified were dermatose, especially scabies, dermatophytes, gynaecological infections.

Implementation of psychosocial support activities (managing stress, strengthening coping mechanisms, preventing violence in collective centres) during mobile clinics and in target communities: The team provided PSS to 223 people. During the support groups, families reported that psychosocial activities had the positive impacts on their psyche, especially with the various scenarios and also recreational games allowed them to relax and promote the psychosocial wellbeing of the families affected by Post-traumatic stress after Hurricane Matthew.

Monitoring activities of PSS were also conducted. During the implementation 48 families were interviewed by the IFRC team Leader, according to the families the psycho-educational activities have positive impacts on their psyches because by participants in the recreational activities, psychologically, they felt well and since they were part of the IFRC support groups, they have a reduction in post-traumatic stress. During the implementation of the activities, the families were very active and they participated massively in the individual interview sessions and also in the support groups carried out by the field technicians of PSS.

Psychosocial interventions reinforce the social ties that exist between people in the affected communities by improving the psychosocial well-being of individuals and the community as a global entity. Individual psychosocial activities were carried out at St Jean Baptiste D'Anse D'Hainault hospital with 9 patients. The listening sessions were carried out and according to the patients, it's was for the first time that they received visit about psychosocial support. Some of them who lost an inferior or superior member and others by cons suffering diseases felt that they were breaking up, but with the active listening sessions they could express their sufferings and feel relieved according to them. Relaxation exercises were done to improve the psychosocial well-being of these patients.

Training on the implementation of PSS activities in communities and schools through volunteers and health care workers:

216 HRCS volunteers and 139 teachers, health staff, drivers were trained to provide PSS services. HRCS volunteers visited 6 schools, reaching 565 students through PSS activities. Additionally, 712 students from 4 schools in the communes of Moron, Chambellan, Anse d'Hainault and Roseaux participated in PSS activities in April 2017. Meanwhile, 31,699 people reached through psychosocial support including home visits, groups awareness on psychosocial first aid together with stress management and recreational activities.

Provision of psychosocial support to volunteers/ Support the health and well-being of staff and volunteers including PSS

During the training activities on PSS to 70 volunteers in the Grand Anse region, volunteers received psychosocial support themselves which included preparing them to confront the psychological situation of affected populations. It is key to remember that most volunteers who participated in these trainings were themselves affected by the disaster. As such PSS was crucial to ensure both that their mental health needs were met, and that they were able to tend to the needs of the affected population

Reprinting of Information Education Communication (IEC) materials on cholera, vector borne diseases and STIs (with Wash): 200 Cholera & Malaria materials were printed and distributed to volunteers after ECV training

Support the HRCS in implementing its existing community mobilization strategy to decrease the risk of vector- and waterborne diseases transmission:

A synchronized campaign for the prevention of epidemic diseases (malaria, cholera, conjunctivitis, etc.) was organized in the Moron communes from 27 to 29 May 2017. The activity mobilized 100 volunteers from the CRH in the commune of Moron. At the same time, 30,000 aquatab tablets were distributed and 100 families received impregnated mosquito nets. In Dame Marie, the campaign mobilized 105 volunteers on the themes of prevention of epidemic diseases (malaria, cholera, conjunctivitis, etc.). At the same time, 50,000 aquatab tablets were distributed and 200 families received impregnated mosquito nets.

In Irois, the campaign mobilized 100 volunteers on the themes of prevention of epidemic diseases (malaria, cholera, conjunctivitis, etc.). At the same time, 15,000 aquatab tablets were distributed and 400 families received impregnated mosquito nets.

In Roseaux the campaign mobilized 100 volunteers on the themes of prevention of epidemic diseases (malaria, cholera, conjunctivitis, etc.). At the same time, 50,000 aquatab tablets were distributed and 100 families received impregnated mosquito nets.

30 HRCS volunteers (15 Moron & 15 Chambellan) were trained on Epidemic Control for Volunteers methodology for 3 days. All participants received a training kit (ECV manual in Creole) and some visibility items (bags, cholera and malaria albums)

Active case finding and surveillance for cholera as part of mobile clinics:

Completed

Assessment of need of Surveillance in Grande-Anse:

There was an agreement amongst partners to remove this activity

Develop an integrated WASH/health program addressing communicable disease including waterborne- and vector borne diseases and STIs:

The IFRC WASH programme is integrated across multiple sectors, namely Health, Livelihoods and Shelter, and is part of cash based approach with participatory community planning, training and capacity building at individual and community level. The integrated approach is aimed at creating a solid foundation for family and community resilience in the future. As an example of this, trainings were designed to include on cholera and community based water quality and were co-facilitated by HRCS cholera team from PaP and IFRC WASH (Matthew).

Awareness campaign on cholera prevention:

This activity was not prioritised in this sector, as the MSPP had planned and implemented a cholera awareness campaign. However, through the joint work of both WASH and Health Sectors, 60,300 beneficiaries were reached through Hygiene hygiene promotion and cholera awareness campaigns, in 20 localities of Anse D'Hainault and Les Irois. The activities, conducted jointly with the Health Team of the Operation, included discussions in focus groups on how to keep store water safely, how to use aqua tabs, washing hand -washing facilities and how to keep clean the latrines; distributions of posters and flyers, distributions of soap; as well as community level cholera awareness and prevention campaigns

Engagement in emergency OCV immunization campaigns led by MSPP, primarily through community sensitization and mobilization based on HRCS standards

Completed

Distribution of long-lasting insecticide treated mosquito nets units (10,000 households):

During the campaigns awareness sessions on malaria prevention were conducted in order to show the families the consequence of malaria to their health. There were considerable discussions between volunteers and families, and many questions were raised by beneficiaries, particularly with regard to the signs and symptoms of malaria and the importance of going to hospital for drug treatment for suspected cases. A demonstration on the proper use of mosquito nets was also made. Families were very pleased to participate in the mass awareness session and in the distribution of mosquito nets. Through this activity, the HRCS supported by its partners distributed 46,153 mosquito nets, which implied a 185% progress on this activity; reaching an estimated 115,382 people.

Procurement and provision of condoms

HRCS volunteers distributed 6,912 male condoms during February 2017.

Implement existing programs of prevention of cholera transmission.

1281 cholera kits were distributed.

Set up a mobile primary health care clinic program: A Canadian/French RC mobile primary health care clinic program was set up. Movements of the mobile clinic were coordination closely with MSPP, HRCS and other actors operating mobile clinics.

Clinical management of primary health care in mobile clinics: The Canadian/French RC ERU consulted 3,501 patients in remote villages in the communes of Beaumont, Pestel, Corail, Moron, Anse d'Hainault, Aceline, Les Irois and Dame-Marie, of which 64 percent were women, 36 per cent were men and 25 per cent were children under the age of 5 years.

Targeted immunization: The ERU mobile health clinic did not include this activity. The MSPP oral vaccination campaign was supported by the National Society, through community sensitisation sessions conducted by trained volunteers.

Data collection and regular reporting as per MSPP requirements

This has been followed as per MSPP requirements.

Management of medicines and medical consumable supply chain supporting mobile clinic & Ongoing assessment and repair/support of functionality of damaged health facilities in targeted areas

Completed.

Water, sanitation, and hygiene promotion

Emergency phase

Needs analysis: Increased the risk of water and vector-borne diseases, due to contaminated water sources and open defecation due to the lack of suitable sanitation facilities, immediately after the hurricane.

Cross-sector integration: WASH interacted with the health and shelter sectors, through relief, water treatment, and sanitation and hygiene promotion activities. There was also cross-sector integration in the training of HRCS volunteers and trainers and the hygiene promotion activities during the interventions.

Recovery phase

Needs analysis: Sustainable access to safe drinking water, through appropriate water treatment technologies at the household level or through treatment technologies applied directly at the source of an urban or rural water network. Wherever possible water distribution systems were to be repaired immediately and the water supply restored, and general hygiene and household water treatment awareness needed to be reinforced to ramp up behavioural change and provide an optimal result.

Cross-sector integration: WASH focused on an integrated approach with shelter and health at various levels.

Population to be assisted: 1,000 households were to be assisted in the communes of Les Irois and Anse d'Hainault in the Grand Anse.

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		100%
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		100%
2.1.3 Production, printing and distribution of IEC materials	X		100%
2.1.4 Continuous monitoring of the water, sanitation and hygiene situation in targeted communities	X		100%
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 prepositioning 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 prepositioning 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		%
Progress towards outcomes			
Training of HRCS hygiene promotion volunteers and trainers in targeted communities			

20 HRCS volunteers were trained on home based water quality assessment in 7 communes of Grand Anse, namely Anse d'Hainault, Les Irois, Moron, Chambellan, Roseaux, Beaumont and Pestel. The team from the Dominican Republic RC supported in this activity.

Assessment of the water, sanitation and hygiene situation in targeted communities using Rapid Mobile Phone-based (RAMP) technology

One of the hardest hit areas by Hurricane Mathew, Cap á fou village with estimated 600-1500 inhabitants, had an outbreak of dysentery with 37 cases treated by Canadian RC Mobile clinic the week prior. In a joint effort to follow up the Canadian mobile clinic returned, and the Swedish/Austrian ERU assessed the WASH situation. Diarrheal cases treated by the mobile clinic was much reduced. Overall the current WASH situation in the Village was very poor, with a river contaminated by animals, bathing, washing of clothes etc. as the only used water source. Open defecation is practised. Risk of new disease outbreaks is high. Villagers has used materials from the rubble to construct shelters, however shelter flagged as a priority need as situation was challenging.

Production, printing and distribution of IEC materials

Completed. The Dominican Republic RC supported in the distribution of IEC materials. The IEC materials were distributed in 5 communes not targeted by the recovery phase to enable the CRH committee to sustain hygiene promotion activities.

Continuous monitoring of the water, sanitation and hygiene situation in targeted communities

The HRCS trained 30 of its volunteers in home-based water quality assessment in 7 communes of Grande-Anse, namely Anse d'Hainault, Les Irois, Moron, Chambellan, Roseaux, Beaumont and Pestel; in addition, HRCS volunteers assessed the water, sanitation and hygiene situation in Anse d'Hainault and Les Irois.

Coordination with other WASH actors and respective authorities on target group needs and appropriate response

IFRC was regularly represented at all WASH and hygiene promotion coordination meetings that were presided over by DINEPA and DSGA.

Procurement of 11,000 buckets

Completed.

Procurement and pre-positioning of 8,699 hygiene kits

Completed. In total, 15,975 hygiene kits have been **distributed** to affected areas. Items were procured through the appeal and through direct in-kind contribution of actors that supported this operation. PNS that supported the distribution of these items included the IFRC, American Red Cross, French Red Cross, German Red Cross and ICRC, all through the support of HRCS volunteers.

Procurement of 22,000 jerry cans (2 per family)

22,000 jerry cans were purchased. 19,422 jerry cans have been distributed.

Procurement and prepositioning of water purification tablets for 11,000 households

During the implementation of two campaigns organized in eight communes Moron, Anse d'Hainault, Roseaux, Irois, Beaumont, Jeremie (Previle), Corail, Pestel which included sensitization on cholera, malaria (with mosquito net distributions) and hygiene promotion activities, 665,000 tablets of Aqua tabs, were distributed.

Provide safe water to the affected community

Water distribution plants were established in Grand Anse and provided drinking water to households. The Dominican Red Cross supported the HRCS on the water, sanitation and hygiene promotion activities, including the assessment of water availability in Grand Anse. With the Spanish Red Cross' support, the team also installed a water purification system, allowing for the distribution of about 757,410 litres of safe drinking water to affected people in Grand'Anse department.

1,597,862 litres of water were distributed to the target population of the communal sections of Anse d'Hainault and Les Irois⁸; 11 water catchment sources have been rehabilitated in the following areas: commune of Abricots and five targeted localities of the Les Irois commune (Dupond, Garcasse) and the Anse d'Hainault commune (Simon, Deli, Cacao) in Grand'Anse department. In addition, the IFRC also supported the rehabilitation of the water chlorination system for the two water sources in Anse d'Hainault, the reinforcement of drinking water infrastructure, the rehabilitation, disinfection and reinforcement of wells; moreover, the HRCS made leakage repairs to water distribution system for the 162 subscribers in Anse d'Hainault. The HRCS has also rehabilitated 4 rural water distribution networks and 1 well in Anse d'Hainault (2) and Les Irois (2), with communities contributing to digging the ground for burying pipes, and CAEPA plumbers connecting the newly installed pipes to the distribution network.

Distribution of WASH emergency non-food items to affected communities

Completed

Provide information to the population of targeted communities on safe use of water treatment products and safe water storage

Completed. As part of the integrated approach with shelter, beneficiaries also received rainwater harvesting systems (water tanks and filters) installed in shelters constructed. At the community level, there was training and distribution of water quality testing equipment to the local authorities and further community mobilization on hygiene promotion.

Monitor treatment and storage of water through household surveys (post-distribution monitoring)

Trained water chlorination agents and WASH technicians who were active in Anse d'Hainault and Les Irois during the response, conducted water quantity and quality checks post distribution.

Hygiene promotion activities around the use of WASH NFIs provided to the target communities

During the distribution of WASH items, the HRCS briefed affected populations on how to keep their water safe at home and disinfect water using chlorine solution.

2.2.10. Disseminate hygiene promotion messages through radio programmes

Not completed due to limited funding.

Outcome	3	Outputs		% of achievement
		Output 3.1	Output 3.2	
Sustainable reduction in risk of waterborne and water related diseases in targeted communities		The target communities have access to sustainable WASH services		60%
		Hygiene promotion and community mobilization activities		42%
Activities	Is implementation on time?		% progress (estimate)	
	Yes (x)	No (x)		
3.1.1 Identification of WASH technical staff and Hygiene Promotors	X		100%	
3.1.2 Recruitment of WASH technical staff and Hygiene Promotors	X		100%	
3.1.3 Training of WASH technical staff and Hygiene Promotors	X		100%	
3.1.4. Procurement and distribution of 988 cleaning kits				
3.1.5. Identification of beneficiaries per priorities as outlined in the EPoA using VCA technology	X		50%	
3.1.6. Coordination with other WASH actors and respective authorities on target group needs and appropriate response	X		100%	

⁸ In total more than 2.3 million litres of safe water were distributed by RC partners.

3.1.7 Identify best option water treatment device for 2,200 households including beneficiaries of the shelter program	X		100%
3.1.8 Procure and distribute water treatment devices and additional NFI to 2,200 households including beneficiaries of the shelter program	X		25%
3.1.9 Procure water quality monitoring devices	X		100%
3.1.10. Identification of additional NFI requirements in targeted community	X		25%
3.1.11 Implementation of sustainable WASH techniques (including training) aligned with the shelter programme	X		100%
3.1.12 Implementation of rainwater harvesting and sanitation technologies as required for 65 reconstructed houses aligned with the shelter program	X		104%
3.1.13 Implementation of rainwater harvesting technology and sanitation technologies for 100 new houses aligned with the shelter program	X		150%
3.1.14 Rehabilitate rural distribution networks	X		100%
3.1.15 Prepositioning of WASH related NFIs and water treatment tablets/sachets together with Health material for Cholera preparedness in target departments per activity	X		100%
3.1.16. Rehabilitation of sanitation facilities	X		100%
3.2.1 Study to develop a long-term WASH/Cholera project	X		35%
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		100%
3.2.3 Training of HRCS volunteers for Cholera response teams	X		100%
3.2.4 Assessment of the water, sanitation and hygiene situation in targeted communities using RAMP technology through HRCS volunteers cont.	X		60%
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		100%
3.2.7 Monitor treatment and storage of water through household surveys and household water quality tests through HRCS volunteers	X		100%
3.2.8 HP activities addressing the target communities through HRCS volunteers cont.	X		100%
3.2.9 Disseminate hygiene promotion messages through radio programs cont.		X	%

Progress towards outcomes

Identification of WASH technical staff and hygiene promoters & Recruitment of WASH technical staff and hygiene promoters

Completed

Training of WASH technical staff and hygiene promoters

Hygiene Promotion specialists with a ToT background trained hygiene promotion volunteers in seven Communes of Grand'Anse department; furthermore, hygiene promotion messaging was done during relief distributions, and the HRCS organized a two-week hygiene promotion campaign in Anse D'Hainault, Les Irois, Dame Marie and Roseaux, which was aimed reaching beneficiaries through hygiene promotion messaging and

allowing the recently trained hygiene promotion volunteers to practice and obtain real time coaching from ERU mass sanitation module (MSM) hygiene promotion experts.

Procurement and distribution of 988 cleaning kits

During the emergency phase of the operation, the IFRC supported the distribution of 300 cleaning kits; while partners supported the distribution of the rest.

Identification of beneficiaries according to priorities as outlined in the EPoA using Vulnerability and Capacity Assessment (VCA) technology

Coordination with other WASH actors and respective authorities on target group needs and appropriate response

Haiti's National Bureau of Water and Sanitation of Haiti (DINEPA for its acronym in French) is leading the general coordination with other WASH actors, which has also been supported by the United Nations Children's Fund (UNICEF). During the coordination meetings, general recommendation for a uniform approach of all actors are formulated and the exchange of relevant information is facilitated. A 4W coordination matrix on WASH activities, which was developed by Red Cross actors in Haiti, was shared with UNICEF; the UNICEF 4W matrix also includes information on WASH actors in other departments of Haiti that are responding to Matthew

Identify best option water treatment device for 1,000 households, including beneficiaries of the shelter programme

Completed

Procure and distribute water treatment devices and additional NFIs to 1,000 households, including beneficiaries of the shelter programme

A pool tester and *del agua kits* were made available to the HRCS volunteers and CAEPA⁹ technicians. Additional NFIs were not purchased due to gaps in funding.

Procure water quality monitoring devices

A pool tester and water testing kits have been put at the disposal of HRCS volunteers and Drinking Water Supply and Sanitation Committee (CAEPA for its acronym in French) technicians for hygiene promotion and water purification activities

Identification of additional NFI requirements in targeted community

Additional NFIs were not purchased due to gaps in funding.

Implementation of sustainable WASH techniques (including training) aligned with the shelter programme

All houses rehabilitated received a supplemental WASH component including the construction or repair of latrines, the installation of a rain water catchment system from the roof of the houses. Volunteers in Grand Anse, previously trained in hygiene promotion were trained in quality parameters testing and the kits in the ERU equipment to do it. Emphasis was set in microbiology

Implementation of rainwater harvesting and sanitation technologies as required for 65 reconstructed houses aligned with the shelter programme

During the emergency phase, the teams installed rainwater harvesting systems and water filters in 68 households that received emergency shelters.

Implementation of rainwater harvesting technology and sanitation technologies for 100 new and rehabilitated houses aligned with the shelter programme

750 beneficiaries (150 households) will benefit from the installation of 150 rainwater harvesting systems (water tanks and filters) in the shelters which currently are at various stages of construction, as part of the integrated approach of the operation.

Rehabilitate rural distribution networks

⁹ Comité d'Approvisionnement en Eau Potable et d'Assainissement

2,950 families, (16,100) people have access to safe water through the rehabilitation of rural water distribution networks in Anse D'Hainault and Les Irois.

Pre-positioning of WASH related NFIs and water treatment tablets/sachets together with health material for cholera preparedness in target departments

PUR sachets were pre-positioned in Dupond, Cap a four and Carcasse localities for subsequent WASH activities.

Rehabilitation of sanitation facilities

This activity included sanitary bloc assessments, meetings with community level actors, cleaning of septic tanks, Masonry works, put ventilation works, focus groups in the community on how to keep clean the toilettes, making use of with PHAST posters, and reparation and building of hand washing facilities.

Rehabilitation of Well - 11

Construct of Hand Washing Facilities at School) - 02

Rehabilitation of Community Sanitation Block – 02

Study to develop a long-term WASH/cholera project

Not completed due to limited funding.

Assess the possibility of integrated project health/WASH "Prevention of communicable diseases and early treatment of cholera" (waterborne, vector-borne, STIs)

Although there had been progress in the fight against Cholera, it was still as issue in Haiti at the time when Hurricane Matthew impacted Haiti, and the Red Cross continued to work together with the government and other organizations to ensure coordination and long lasting and sustainable actions to eradicate cholera form Haiti.

As Haiti is also vulnerable to vector-borne diseases, particularly Zika, Dengue and Chikungunya, the health and water and sanitation strategy of the Red Cross Red Crescent Movement in Haiti to respond to hurricane Matthew also addressed these vector-borne diseases. A programme on long term actions on both waterborne and vector-borne diseases was identified as a priority, and as such the Response proposed under the frame of this intervention build in complementarity and synergy with the ongoing programmes.

Training of HRCS volunteers for cholera response teams

32 HRCS volunteers trained in Emergency Response Team (ERT) from the communes of Anse d'Hainault, Les Irois, Jeremie, Moron, Chambellan, Roseaux -Dame Marie

Assessment of the water, sanitation and hygiene situation in targeted communities using RAMP technology through HRCS volunteers cont.

Monitoring of the water, sanitation and hygiene situation in targeted communities using RAMP technology through HRCS volunteers

Volunteers were trained in the use of RAMP technology. However, there were challenges in being able to involve volunteers, particularly teachers and students, during the emergency phase, given that 65% of volunteers were not able to attend the training. As a lesson learned the team concluded that recruiting these types of volunteers during the emergency phase should be avoided as much as possible.

Production, printing and distribution of IEC materials

The IEC materials were distributed in 5 communes not targeted by the recovery phase to enable the CRH committee to sustain PH activities. The Dominican Republic RC supported in the distribution of IEC materials

Monitor treatment and storage of water through household surveys and household water quality tests through HRCS volunteers

Home surveys conducted on water quality and testing conducted in Anse D'Hainault

Hygiene promotion activities addressing the target communities through HRCS volunteers

The HRCS has assisted at least 35,000 people through this sector; 11,000 people reached through hygiene promotion during relief distributions, 16,330 during the 2-week hygiene promotion campaign in Anse D'Hainault, Les Irois, Dame Marie and Roseaux and 12,000 people received hygiene promotion messages (hand washing, cholera prevention). During the carnival in Jérémie (26 to 28 February 2017), the HRCS branch deployed 54 volunteers (6 hygiene promoters, 12 volunteers on HIV- acquired immune deficiency syndrome (AIDS), 30 volunteers trained in first aid and 6 PSS volunteers. The HRCS now has 162 volunteers trained in hygiene promotion and 25 trainers available for future hygiene promotion activities; likewise, the HRCS has developed a monitoring and reporting template for ongoing and future Hygiene promotion activities.

Disseminate hygiene promotion messages through radio programmes

Not completed

Other results

Furthermore, the Dominican Red Cross also supported the maintenance of 7 ambulances, 19 power generators and 6 vehicles, as well as HRCS water and sanitation equipment; these efforts, which align with an existing Binational Plan between the Dominican Red Cross and Haiti Red Cross Society, enabled the HRCS to respond more effectively to Hurricane Matthew.

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		100%
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])	x		100%
4.1.2 Identification, registration, verification and mobilization of beneficiaries for relief	x		100%
4.1.3 Distribution of non-food items to 11,000 households	x		100%
4.1.4 Monitoring and reporting on distributions.	x		100%
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	x		100%
4.2.2 Distribution of emergency shelter kit to 11,000 households	x		100%
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	x		100%
4.2.4 Preparation and dissemination of beneficiary and stakeholder communication (including feedback and response mechanism)	x		25%
4.2.5 Contextualization of technical guidelines for the construction of emergency shelter	x		100%
4.2.6 Provision of technical orientations for volunteers and beneficiaries in the construction of emergency shelters	x		100%

4.2.7 Conduct community sensitization through the HRCS's volunteers trained in the recommended safe use of the shelter kit	x		100%
4.2.8 Monitoring and reporting on distributions and evaluation of assistance	x		100%

Progress towards outcomes

Mobilize volunteers and provide orientation on distribution protocols (Mega V and Open Data Kit [ODK])

23 HRCS's volunteers in the commune of Anse d'Hainault received an orientation on the revalidation process and distribution' protocol from HRCS staff, which was also supported by surge relief staff. They have been introduced to the ODK system, and they are using it to register beneficiary's households that will receive immediate shelter assistance; it is also being used to conduct an initial disaster survey of the affected properties.

Identification, registration, verification and mobilization of beneficiaries for relief

The initial FACT rapid assessments for immediate shelter needs were conducted in the department of Grand'Anse in Jeremie, Anse d'Hainault, Dame Marie, Chamberlan and Les Irois, in conjunction with WASH and Livelihoods' sectors; the assessments aimed to evaluate the immediate needs and identify longer term actions to assist the affected populations in order to restore livelihoods and increase resilience to future crises. The initial assessments identified large -scale destruction of housing and infrastructure rom the hurricane's winds and rain, and continuing poor weather conditions and rains have worsened the affected population's already difficult living conditions. The FACT team developed a rapid survey tool to collect household data, which is being used to identify urgent needs for immediate relief activities while gaining an understanding of the levels of housing damage for longer term assistance. HRCS's volunteers were trained in the use of Open Data Kit (ODK), and they began recording beneficiary data to facilitate the planning and distribution of relief items on 28 October 2016.

Distribution of non-food items to 11,000 households

The IFRC Relief ERU conducted distributions of NFIs such as tarpaulins, kitchen kits, blankets, shelter tool kits and buckets in Anse d'Hainault. Further distributions were planned in Dame Marie, Chamberlan, Les Irois, but continuing poor weather conditions, remote locations and damaged road and port infrastructure, limited logistics and storage hubs, transport restrictions and increased insecurity have hampered the distributions. As of 10 November, the IFRC relief ERU's distributions of shelter items were as follows. (please see Annex 2 of Ops Update No. 1 for data on all Red Cross Red Crescent Movement distributions).

Kitchen Sets	Tarpaulins	Toolkits	Blankets	Food Kits	Total distributed	NFI
1,394	3,598	1,409	1,196	598	8,195	

Monitoring and reporting on distributions

HRCS' trained volunteers and the shelter FACT delegate monitored the distributions, providing feedback on the use of tarpaulins and identifying needs for further capacity building.

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

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 was deployed to continue to conduct field assessment damage, supply chains and markets, partners and evaluate Sandy shelters for improving methodology for future shelter programme.

Distribution of emergency shelter Kit to 11,000 households

11,982 shelter kits were distributed in the targeted communes of Grand'Anse department.

Selection and registration of beneficiary households that will receive shelter assistance, including a first quick evaluation of the beneficiaries' house conditions with ODK system

Shelter assessment quick survey was designed to determine housing typologies, general scope of the damage and location information. A Shelter quick assessment survey conducted with the 300 beneficiaries prioritized in

Anse d'Hainault for the distribution of shelter kits, NFIs and hygiene kits. Some volunteers found difficult to understand the information in the quick shelter assessment survey. As such the quick shelter assessment survey was adapted to make easier for the volunteers to understand

Contextualization of technical guidelines for the construction of emergency shelter

EIC materials for the shelter kit recommended use were selected and printed, and shared with the Shelter Working Group in Jérémie. Preparation of 1:1 model of the recommended tarpaulins fixing systems was conducted to make easier the community sensitization.

Provision of technical orientations for volunteers and beneficiaries in the construction of emergency shelters

Training was conducted for 26 HRC volunteers in Anse d'Hainault on the recommended fixing systems for tarpaulins, in preparation to support the community sensitization on this aspect;

Community sensitization on the recommended way of fixing the tarpaulins was provided to the 300 beneficiaries prioritized in Anse d'Hainault. The sensitization was provided with 1:1 models (models in real scale dimension) of the different recommended fixings while they were waiting, in groups of 5 to 10 people

Conduct community sensitization through the HRCS's volunteers trained in the recommended safe use of the shelter kit

300 beneficiaries were reached through by sensitization on recommended safe use of shelter kit

Monitoring and reporting on distributions and evaluation of assistance

Completed. A monitoring visit in Anse d'Hainault was conducted to check the installation of the tarpaulins distributed a few days before. Most of the families visited during the monitoring activity in Anse d'Hainault kept only one tarpaulin and shared or sold the other. The tarpaulins were one of the most appreciated goods from the distribution (among kitchen sets, hygiene kits and shelter toolkits). Although very thankful for these distributions, beneficiaries' main priority remained, during the emergency phase, food, and information and training on how to keep up their houses to ensure they are safe from future disasters.

Outcome 5 The target population has durable and sustainable shelter	Outputs		% of achievement
		Output 5.1 Durable shelter that meets agreed standards is provided to households	
	Output 5.2: Orientation/awareness raising sessions on safer shelter provided to target communities		100%
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	X		100%
5.1.2 Identification of households that will receive shelter repair and rebuilding assistance, revalidate their eligibility, and register them as beneficiaries	X		100%
5.1.3 Identification and support package to host and displaced families, including rent and housing assistance	X		%
5.1.4 Providing selected households with orientation on the programme, the distribution process, and guidance on building back better and safer principles	X		100%
5.1.5 Hiring of technical experts and support staff	X		100%
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.	X		100%

5.1.7 Provision of training to the local labour force on safer construction	X		100%
5.1.8 Provision of 64 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	X		2%
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	X		100%
5.1.10 Conduct evaluations	X		%
5.2.1 Training for volunteers and staff so that they can better support and monitor implementation of shelter activities in communities	X		100%
5.2.2 Participatory Approach for Safe Shelter Awareness (PASSA) training for volunteers and roll out in communities	X		100%
5.2.3 Training on Building Back Better (volunteer and rolling out in communities)	X		100%
5.2.4 Training on disability inclusion shelter (volunteer and rolling out in communities)	X		%
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	X		%

Progress towards outcomes

Identification of communities and specific beneficiaries in coordination with local government authorities

The selection of the communes was one of the first activities conducted. The most affected municipalities, were selected according to predefined criteria.

Identification of households that will receive shelter repair and rebuilding assistance, revalidate their eligibility, and be registered as beneficiaries

The choice of the beneficiaries and houses to be repaired, was made in collaboration with the HRCS and local authorities, who have a very good knowledge of the environment and the post-Matthew situation. A set of criteria was defined emphasizing not only the level of vulnerability of the beneficiaries, but also the technical aspects and the budget available by house. These criteria included:

- The beneficiary needed to be registered by the Haitian / American Red Cross.
- The house was not to be located on the coast (beyond 50 m from the sea and 25 m from a river).
- The house was not to be located near sloping land or at-risk of landslide. A clearance of at least 10 meters is required between a sloping terrain and a steep area.
- The house was not to be built over a river or irrigation canal.
- The terrain under the house was not to be swampy, liquefiable.
- Houses representing a huge danger for families were to be prioritized. (Columns damaged / bent, no roofs or bad roofing applications, internal sanitation problems and around the house "wastewater drainage, bad waste management")
- At least one person with a disability lived in the house.
- At least one person over 60 years old lived in the house.
- At least one pregnant woman or breastfeeding woman lived in the house.
- If the head of household has 5 children under 18 and one of whom is under 5 years old.

Providing selected households with orientation on the programme, the distribution process, and guidance on building back better and safer principles

Orientation was provided to beneficiaries through key and simple messages, information sessions and distribution of posters with explanatory images on building back better.

Hiring of technical experts and support staff

A call for proposals was launched on May 19th, 2017 with the aim of recruiting a private firm with expertise in the field of training technicians in masonry and carpentry and in evaluation of damaged shelters. Seven construction firms submitted their proposals. After a technical and costs analysis of the proposals received, the selection committee chose GENITECH CONSTRUCTION to fulfil the tasks based on the following criteria:

- ✓ Feasibility of the proposal
- ✓ Coherence of the proposal
- ✓ Cost analysis and quality of the proposal
- ✓ The overall experience of the firm

In addition, technicians were selected from the lists of names that had been submitted to American Red Cross by the Haitian Red Cross and the local authorities. Following interviews and a technical evaluation (review), a final list of 51 technicians was retained to be trained and involved in the shelter repair programme. With a view to effective coverage of the municipalities and localities concerned, the technicians were divided into ten groups, including team leaders chosen accordingly to their capacity, their sense of responsibility and leadership.

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.

Completed

Provision of training to the local labour force on safer construction

In order to contribute to meeting durable and sustainable shelter needs of the affected population in the communes of Anse-d'Hainault and Les Irois of Grande-Anse department, the IFRC/Shelter team conducted training sessions on improved vernacular construction, on safe construction techniques for 121 local carpenters and masons.

Provision of 64 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

Materials for construction of 15 shelters and 15 latrines were distributed in Les Irois. Materials bought in Port-au-Prince for 15 constructions of shelter were delivered to the Office in Anse d'Hainault and these materials were distributed to the beneficiaries.

Rehabilitation of 47 existing housing structures with shelter rebuilding materials, technical guidance and labour support

Despite the various challenges encountered from the implementation phase to the end of the shelter repair activities, the HRCS, with the support of the ARC and the IFRC, carried out the interventions planned in the two most affected departments by the passing of Hurricane Matthew. Through the efforts of the Movement, people who lived in concrete water reservoirs, caves, and damaged shelters have been helped with adequate, stronger, safer shelter, more resistant to rain and wind. The HRCS, with technical support from IFRC and American Red Cross (ARC), contributed to meeting durable and sustainable shelter needs of the affected population in the communes of Anse-d'Hainault, Les Irois of the Grande-Anse department (IFRC) and the targeted communes of Chardonnières, Les Anglais and Chantal in the Sud department. This support has helped to reach 214 households in total (an estimated 1,070 people based on the average number of members per household).

As mentioned earlier, an integrated approach combining shelter with WASH and Livelihood interventions has been a key element in providing sustainability for the improvement of the affected communities living conditions. As such, it has been possible to build latrines, distribute water filters, and conduct training sessions and sensitization activities on hygiene and sanitation to help prevent certain diseases related to poor hygiene behaviour and use of non-potable water. In addition, the involvement of the community in the rebuilding efforts, through capacity building of local carpenters and masons in safe construction techniques, also contributes to the sustainability of these efforts as the know-how stays in the community, which enables replication. These efforts have contributed to the process of changing people's living conditions by making them stronger and more resilient.

In order to support this integrated approach, a livelihood and WASH RDRTs were deployed during the early stages of the recovery phase. This helped to further define the interventions and identify beneficiaries to be linked to the shelter activities.

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

Completed. Offices were set up in Les Irois and Anse D'Hainault, through which the Shelter team could be closer to the communities and monitor the progress of the rehabilitations and other works being conducted.

Conduct evaluations

No further funds available to complete this activity.

Training for volunteers and staff so that they can better support and monitor implementation of shelter activities in communities

Completed.

Participatory approach to Safe Shelter Awareness (PASSA) training for volunteers and roll out in communities

The integrated intervention for this sector relied on a community-led approach using various methodologies such as the Participatory Approach for Safe Shelter Awareness (PASSA). As such, it has been possible to build latrines, distribute water filters, and conduct training sessions and sensitization activities on hygiene and sanitation to help prevent certain diseases related to poor hygiene behaviour and use of non-potable water. In addition, the involvement of the community in the rebuilding efforts, through capacity building of local carpenters and masons in safe construction techniques, also contributes to the sustainability of these efforts as the know-how stays in the community, which enables replication. This support was essential to create shelter conditions that are more resilient to future disasters. The concept of safe shelter also integrated awareness on improved environmental conditions and better hygiene practices to ensure that communities rebuild settlements that are healthy and less prone to risk of disease incidence.

Training on Building Back Better (volunteer and rolling out in communities)

4 training sessions have been conducted, with 112 local people trained

Training on disability inclusion shelter (volunteer and rolling out in communities) Not completed

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

These materials were distributed as well as efforts were focused on continuously raising awareness and providing guidance to target population. Using the PASSA approach, beneficiaries were involved in the rehabilitation and processes, which implies they have received the necessary

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		100%
Output 6.2: Target population can cover their basic needs through the implementation of a cash transfer programme		100%	
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		100%
6.2.3 Distribution of unconditional multipurpose CTP to families	X		100%
Progress towards outcomes			
<p>Identification of communities for intervention and beneficiaries targeting</p> <p>An assessment was undertaken in the field to identify the beneficiaries for the cash transfer program. As AmCross had already identified the most vulnerable communes and communal sections in the South department during its rapid-post disaster assessments, the beneficiaries for the cash transfer were selected from among the existing beneficiary groups and cross-checked with the Minister of Social Affairs and Labor's (MAST) vulnerable and affected households list.</p> <p>Based on these assessments, AmCross identified that many households continued to be in a precarious economic situation and were in need of cash transfer support for recovery. The beneficiaries were prioritized so that only families in vulnerable situations such as female-headed/single-parent households, households with higher number of children, presence of the elderly and people with disabilities in the household, were selected to receive the cash transfer. As these criteria were used for the original selection of the beneficiary groups surveyed, the questions related to the families' food security and severity of losses were analysed to rank beneficiaries in order of those who were most in need of the cash transfer support to be able to recover.</p> <p>Distribution of dry food kits to targeted families</p> <p>During the emergency phase of the operation, the IFRC supported the procurement of 1,000 food parcels; and the direct distribution of 598 food parcels to contribute to the food security of the targeted families. The remaining food parcels were also distributed by other partners.</p> <p>Monitoring and reporting on distributions</p> <p>The team conducted follow-up monitoring and an evaluation of 440 beneficiaries to determine the use of cash programming.</p> <p>Cash transfer programme feasibility study</p> <p>A cash feasibility study was completed, concluding that markets were functioning and cash would be a feasible response option. The choice of multi-purpose cash transfer was based on two factors: i) the capacity to rapidly provide assistance within a short period of time; and ii) providing families with the purchasing power to choose those items that they considered most needed for their livelihood restoration and overall recovery. Cash transfers also assisted in restoring household purchasing power and infusing funds into the local economies, thereby supporting economic recovery in the community.</p> <p>IFRC/HRCS to hire the transfer service</p> <p>There experienced significant delays with the signing of the contract, but eventually a contract was signed with the remittance company Unitransfer. A company with presence in all the municipalities targeted for the cash grants to women to support small income generating activities.</p> <p>Distribution of unconditional multipurpose CTP to families</p> <p>Based on the vulnerability criteria and level of impact from the hurricane, the HRCS identified 2,200 families for the cash transfer programme under the Operation. These 2,200 beneficiaries consisted of 880 fishermen (40 per cent) and 1,320 farmers (60 per cent), and the CTP was completed, despite delays in the signing of the contract with the transfer service.</p> <p>Haitian Red Cross with support from IFRC</p> <p>A cash feasibility study was conducted, concluding that markets were functioning and cash would be a feasible response option.</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 in [Operations update 1, 2 and 3](#).

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. However, some last minutes' misunderstandings pushed Unitransfer to step out of the process. Since then, negotiations have taken place with the service provider, and the new negotiations could only be completed in April 2017 with the signing of the agreement. 2,200 people were identified as beneficiaries for the cash transfer programme under the Matthew Operation. Several meetings were organised with local authorities to review and validate the list of beneficiaries. IFRC teams are presently rushing to start the distribution of cash to beneficiaries by 15 May 2017. In the meantime, HRCS volunteers are conducting community sensitisation and coaching on how to use the cash that will be distributed in the days ahead. The volunteers are also helping identify beneficiaries' training gaps.

During the emergency phase of the operation, IFRC supported the distribution of 300 cleaning kits and 598 food kits. The distributions were made by 36 HRCS volunteers and 3 national staff (1 team leader and 2 agricultural technicians), as well as 1 RDRT member and 3 delegates all hired on a short-term basis. Finally, a livelihoods Senior Officer was hired in April 2017 to support the implementation of livelihoods activities for six months. Activities are implemented with the support of the community engagement and accountability (CEA) team, which facilitates contacts with local communities.

Haitian Red Cross with support from American Red Cross

The American Red Cross (ARC) has planned to implement an unconditional Cash Transfer Programme to help families affected by Hurricane Matthew in Haiti. During this reporting period, ARC identified 2,600 families that will receive the cash transfer as summarised in the following table:

Department	Communes	Families identified
Sud	Coteaux	489
	Les Anglais	507
	Chardonnières	490
	Chantal	288
	Tiburon	517
	Roche-A-Bateau	309
Total	6	2,600

The ARC has contracted with UNITRANSFER, jointly with IFRC, for the distribution of cash to beneficiaries in all selected communes. The beneficiaries have been selected based on vulnerability criteria and level of impact from the hurricane. Beneficiaries without ID card have been identified and special badges provided. Community meetings were held with local authorities to ensure all targeted households were aware of the activity and informed on the distribution date (particularly for beneficiaries without cell phones). The main issue for this activity was the delay in signing the agreement with the service provider, UNITRANSFER.

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	100%
	Output 7.2: Fishermen in the affected area have basic items needed to perform their activity	100%
	Output 7.3: Households livelihoods have been strengthened through capacity building for beneficiaries on better agricultural practices and marketing	100%

	<p>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</p> <p>Output 7.5: 300 households have adopted new income generating activities that diversify their income sources</p>	22%	66%	
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	x		100%	
7.1.2 Distribution of seeds for family gardens	x		100%	
7.1.3 Support and technical accompaniment	x		100%	
7.2.1 Identification, registration, verification and mobilization of beneficiaries	X		100%	
7.2.2 Identification and contract with local suppliers	X		100%	
7.2.3 Conditional CTP- vouchers- distribution to buy small items they need			60%	
7.3.1 Selection of training modules and training plan design	X		100%	
7.3.2 Implementation of trainings	X		100%	
7.3.3 Support and accompaniment in the field during application of new knowledge			70%	
7.4.1 Creation of safe storage places for households, beneficiaries of the shelter programme (linked with Output 5.1)			15%	
7.4.2 Campaign on reducing food loss and waste			50%	
7.5.1 Identification of new small-scale income generation activities			100%	
7.5.2 Capacity building for new activities			70%	
7.5.3 Items distribution for the new activities			100%	
7.5.4 Support and accompaniment for the implementation of the new activities			65%	
7.5.5. Accountability and complaint mechanisms implementation, including project committees			100%	
7.5.6. Monitoring and evaluation (M&E) activities			100%	
7.5.7. Exit strategy design and implementation			100%	
Progress towards outcomes				
<p>Conditional CTP distribution to households to buy inputs for the planting season 360 households were reached with conditional cash transfer distribution, including 1,694 people of which 898 were women and 796 were men.</p> <p>Distribution of seeds for family gardens</p>				
Commune	Seed distributed	Toolkits distributed	Number of direct beneficiaries	Comments
Roche-à-Bateau	12,900 suckers of bananas, 1,075 coconut plants	215	215 (125 W, 90 M)	100% of the targeted
Coteaux	18,060 suckers of bananas, 1,505 coconut plants	301	301 (192 W, 109 M)	
Chantal	25 320 dozen of cassava cutting, 25320 dozen of sweet potato cutting	211	211 (112 W, 99 M)	98.5% of the targeted. Three

					people did not show up
Chardonnières	36 000 dozen of cassava cutting, 36 000 dozen of sweet potato cutting	300	300 (159 W, 141 M)	100%	of the targeted
Tiburon	41 760 dozen of cassava cutting, 41 760 dozen of sweet potato cutting	348	348 (184 W, 164 M)	100%	of the targeted
Les Anglais	37 920 dozen of cassava cutting, 37 920 dozen of sweet potato cutting	316	316 (167 W, 149 M)	100%	of the targeted
Total of beneficiaries			1,691 (939 W, 752 M)	99.82%	(three people did not show up)

Support and technical accompaniment

A total of 1,200 beneficiaries received HRCS support on gardening, with 720 beneficiaries in the commune of Les Irois and 480 beneficiaries in the commune of Anse d'Hainault

Identification, registration, verification and mobilization of beneficiaries

Households have been registered using ODK.

Identification and hiring of local suppliers

Following a field verification survey, ten (10) local suppliers have been selected from the list provided by AmCross/HRC. They were invited to submit quotations for the seeds acquisition and were selected on the basis of (i) the availability of stock, and (ii) the delivery capacity. A contract was then signed with the selected supplier.

Distribution of conditional CTP vouchers to buy small items they need

Selection of training modules and training plan design

Completed

Implementation of training programmes:

Training of beneficiaries in financial literacy and business management: Before the realization of the cash grant distribution, a one-day training session was conducted on financial literacy for the beneficiaries in each municipality, to strengthen their capacity in micro-business management. The specific objectives of the training were to:

Strengthen the capacities of the 100 women beneficiaries to face the main challenges in the management of their activities;

Provide beneficiaries some core but simple techniques for good management of the cash grant;

Encourage women to organize themselves in MUSO if they wished to, so that they could develop close relations between them and undertake collective economic activities that would lead to major impacts on their economic situation and their community;

These trainings took place from August 10th to August 24th, 2017, through 4 sessions which benefited 97 women. The three other beneficiaries, who were not present the day of the training, later received the same training by individual appointments. At the end, all 100 targeted women were trained.

The HRCS provided technical training on cultivation techniques and storage methods to the 277 targeted farmers in the two communes of Haiti Grande-Anse department, 157 in Les Irois and 120 in Anse d'Hainault, with strong participation from women, 148 (53.43 per cent). Finally, 225 participants attended (175 in the Irois and 50 in Anse d'Hainault) three Training on techniques for the conservation and marketing of fishery products workshop.

Support and accompaniment in the field during application of new knowledge

Completed

Creation of safe storage places for households, beneficiaries of the shelter programme**Shelter programme not yet completed.****Campaign on reducing food loss and waste****Identification of new small-scale income-generation activities**

The HRCS conducted the income diversification activities, reaching 1,480 beneficiaries between two municipalities (885 in Irois and 595 in Anse d'Hainault); also 280 fishermen received a cooler for the conservation of their fishery products (livelihoods strengthening): 165 in the commune of Les Irois and 115 in the commune of Anse- d'Hainault.

Capacity building for new activities & Support and accompaniment provided to the implementation of the new activities

Not completed, due to limited funding and HR capacities.

Distribution of items for the new activities

Completed

Accountability and complaint mechanisms implementation, including project committees

Community Engagement and Accountability (CEA) officers supported this feed-back process

Monitoring and evaluation (M&E) activities

The team conducted follow-up monitoring and an evaluation of 440 beneficiaries to determine the use of cash programming.

Exit strategy design and implementation

Completed

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
	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	100%
	Output 8.2: The risk of flash floods and landslides is reduced	0%
	Output 8.3: The HRCS has increased its capacity in preparedness for emergency situations	100%*

Progress towards outcomes

Not all activities could be implemented due to lack of funding for DRR activities. However, during the initial stages of the response, the HRCS strengthened its EOC to improve the coordination of the response and information management of the data from the field. Furthermore, HRCS and IFRC worked with the Regional Committee in Grand Anse to strengthen the contingency plan of the Grand Anse Regional Committee, including a component on cholera. 5,000 beneficiaries in Les Irois and Anse D'Hainault are now covered (indirectly) through the inclusion of a Cholera component, as part of the overall Contingency Plan revision for the Grand Anse Region.

Restoring Family Links (RFL)

Outcome 9 Restoring Family Links (RFL) service is enhanced	Outputs	% of achievement
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within the National Society to respond to RFL needs of victims and their families	Output 9.1: Family links are restored whenever people are separated from, or without news of, their loved ones because of the Hurricane Matthew.	100%	
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 the affected families have the means to travel to one of the antenna locations, a forth 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.</p> <p>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

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	86%	
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		100%
10.1.6 Monitoring visits by the HRCS and IFRC	X		100%
10.1.7 Real-time evaluation (RTE) is conducted	X		100%
10.1.8 Enable humanitarian access through Disaster Law advocacy		X	25%

10.1.9 Conduct detailed livelihoods assessments to establish needs and strategy	X		100%
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Progress towards outcomes

During this reporting period, the IFRC Information Management and PMER team worked in close collaboration with the HRCS, the ICRC and all the PNSs in country to update the data collection and reporting system. In addition, HRCS volunteers and Movement partners involved in the operation are using the platform that was set up (online database) to report on achievements against the revised EPoA. Various missions were conducted to monitor progress of the operation in the field, and IFRC offices were set up in Anse D'Hainault and Jeremie.

Two heads of emergency operations, FACT and ERU teams were deployed to Haiti to support the operation; these teams conducted needs assessments and prepared the emergency plan of action to respond to Hurricane Matthew.

The IFRC and the HRCS carried out several monitoring visits to check the progress of the activities implemented by the operation teams in the targeted areas affected by the Hurricane Matthew (Roseaux, Anse-d'Hainault, Les Irois).

The [Real-time evaluation \(RTE\)](#) was conducted in February 2017 to provide recommendations to optimize allow the Hurricane Matthew operation team's work and facilitate HRCS's and IFRC's management's decision making. While a final evaluation was initially planned, due to limited funding only a lesson learned workshop will be carried out jointly for Haiti and Dominican Republic operations in response to Matthew.

Lastly, the HRCS produced videos on the shelter and water and sanitation programme, and with the IFRC's support, it conducted a CEA workshop in July 2017.

Outcome 11 Effective communication with all stakeholders	Outputs		% of achievement
	Output 11.1: Establishment of communication/public relations functions		99%
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		100%
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

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 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 2016 there has not been a communication team working on the ground. In February 2017, it was agreed that the Communication Officer of the cluster will take the role to coordinate the public communication for the Operation.

For details on communication materials produced during the emergency phase of the operation, see [Operations Update No 2](#). Communication activities continued during the recovery phase of the operation.

A 1 year after Matthew article was drafted and published in the newspaper with wider circulation in Haiti, The Nouvelliste.

A video library was also created to systematize and house audio-visual material from the Operation.

Outcome 12: Target people and communities access timely, accurate and trusted information that enable them to act 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	70%	
	Output 12.2: Adequate communication with the communities	70%	
	Output 12.3: Dialogue and community engagement: working with communities on two-way communication campaigns to provide accurate information	63%	
	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	48%	
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		100%
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		100%
12.2.1 Develop CEA guidelines to be shared among the RCRC Movement in Haiti		x	
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		100%
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		100%
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	60%
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		100%
12.3.4 Define a feedback data collection system (in coordination with PMER/IM) and perform perceptions surveys regularly		X	50%
12.4.1 Establishment of a national system for data collection and analysis from all CEA activities to inform communication approaches		X	25%
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 in 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 was 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 took 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 IFRC-supported 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 were 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 was not without its challenges as communication with some of the hard to reach areas targeted by the Red Cross Movement was poor, physical access for visits and distributions complex, and internet connectivity, cell phone towers and radio stations 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 included 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 sought 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, considered establishing feedback mechanisms in country. As the Red Cross and Red Crescent Movement had a strong CEA element in place in Haiti via its extensive network of volunteers, the movement 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.

With the objective of capturing the achievements of the interventions of the Federation after the passage of Matthew, community engagement and accountability (CEA) case studies were carried out in September 2017, through which feedback from direct and indirect beneficiaries were gathered. Field visits were organized by the CEA component, to follow up the progress of the implementation of the activities of the Program "Kwawouj Edem Kanpe Apré Matthew" (KEKAM) in Grand 'Anse, through which testimonies from the communities served by the program were collected. The main products of this initiative were written and video testimonies, as well as photos. Actors involved included Haitian Red Cross Volunteers, beneficiaries, representatives of regional and local committees of the Grand Anse Department and, CEA, WASH, and Shelter teams.

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	90%
Activities	Is implementation on time?	% progress (estimate)
13.1.1 Safer Access Framework (SAF) workshops for HRCS staff and volunteers in local branches in areas affected by the disaster.	Yes (x)	No (x)
	X	
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.

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.

150 first aid kits were distributed to HRC field structures 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.

Furthermore, the IFRC's secretary general visited Haiti and seized the opportunity to talk with government authorities as part of the Disaster Law Advocacy effort.

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Interim financial report](#)

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 Disaster 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:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

www.ifrc.org
Saving lives, changing minds.



Disaster Response Financial Report

MDRHT013 - Haiti - Hurricane Matthew

Timeframe: 06 Oct 16 to 06 Apr 18

Appeal Launch Date: 06 Oct 16

Interim Report

Selected Parameters

Reporting Timeframe	2016/10-2017/10	Programme	MDRHT013
Budget Timeframe	2016/10-2018/4	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		16,606,057	9,574,936	808,586	64,496	27,054,076	
B. Opening Balance		30,326				30,326	
Income							
Cash contributions							
American Red Cross		39,753	214,104			253,857	
Andorran Red Cross			6,868			6,868	
Apple iTunes		44,687				44,687	
British Red Cross		1,014,972	8,295			1,023,267	
British Red Cross (from British Government*)		683,016	171,211			854,226	
China Red Cross, Hong Kong branch			311,422			311,422	
Credit Suisse Foundation		20,000				20,000	
Danish Red Cross (from Ole Kirk's Fond*)			138,172			138,172	
European Commission - DG ECHO			279,899			279,899	
Finnish Red Cross		53,568				53,568	
French Red Cross			4,537			4,537	
Great Britain - Private Donors			60			60	
IFRC at the UN Inc			1,693			1,693	
Italian Government Bilateral Emergency Fund		438,144				438,144	
Japanese Government			505,320			505,320	
Japanese Red Cross Society		87,398				87,398	
Japanese Red Cross Society (from Japanese Government*)		349,592				349,592	
Kenya - Private Donors			200			200	
Liechtenstein Red Cross		139,078				139,078	
Luxembourg - Private Donors		548				548	
Luxembourg Red Cross (from Luxembourg Government*)		54,266				54,266	
Mexican Red Cross		1,657				1,657	
Monaco Government		59,304				59,304	
Netherlands - Private Donors		22				22	
New Zealand Red Cross		7,270				7,270	
On Line donations			30,707			30,707	
On Line donations (from Argentina - Private Donors*)		1				1	
On Line donations (from Australia - Private Donors*)		3				3	
On Line donations (from Belgium - Private Donors*)		15				15	
On Line donations (from Brazil - Private Donors*)		20				20	
On Line donations (from Canada - Private Donors*)		10				10	
On Line donations (from Chile Private Donors*)		3				3	
On Line donations (from Colombia - Private Donors*)		11				11	
On Line donations (from Czech private donors*)		2				2	
On Line donations (from Denmark - Private Donors*)		6				6	
On Line donations (from Finland - Private Donors*)		3				3	
On Line donations (from France - Private Donors*)		3				3	
On Line donations (from Germany - Private Donors*)		15				15	
On Line donations (from Ghana Private Donors*)		4				4	
On Line donations (from Great Britain - Private Donors*)		56				56	
On Line donations (from Hong Kong - Private Donors*)		3				3	
On Line donations (from Ireland - Private Donors*)		14				14	
On Line donations (from Italy - Private Donors*)		2				2	
On Line donations (from Japan - Private Donors*)		4				4	
On Line donations (from Kazakhstan - Private Donors*)		2				2	
On Line donations (from Luxembourg - Private Donors*)		1				1	
On Line donations (from Malaysia - Private Donors*)		14				14	

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On Line donations (from Mexico - Private Donors*)	4			4
On Line donations (from Netherlands - Private Donors*)	5			5
On Line donations (from New Zealand - Private Donors*)	1			1
On Line donations (from Norway - Private Donors*)	9			9
On Line donations (from Portuguese - Private Donors*)	11			11
On Line donations (from Puerto Rico - Private donors*)	10			10
On Line donations (from Qatar Private Donors*)	2			2
On Line donations (from Singapore - Private Donors*)	28			28
On Line donations (from Spain - Private Donors*)	2			2
On Line donations (from Swedish - Private Donors*)	14			14
On Line donations (from Switzerland - Private Donors*)	25			25
On Line donations (from Taiwan - Private Donors*)	3			3
On Line donations (from Thailand - Private Donors*)	5			5
On Line donations (from Unidentified donor*)	76			76
On Line donations (from United Arab Emirates - Private Donors*)	20			20
On Line donations (from United States - Private Donors*)	273			273
Qatar Red Crescent Society		15,844		15,844
Qatar Red Crescent Society (from Qatar Government*)		145,321		145,321
Red Crescent Society of the Islamic Republic of Iran		10,000		10,000
Red Cross of Monaco			60,605	60,605
Republic of Korea Government	49,229	49,229	49,229	147,687
Spain - Private Donors		54		54
Spanish Red Cross		4,121		4,121
Swedish Red Cross	646,084	17,338		663,422
Swiss Red Cross	211,184			211,184
Swiss Red Cross (from Swiss Government*)	300,000			300,000
Switzerland - Private Donors		5,000		5,000
The Barbados Red Cross Society	15,849			15,849
The Canadian Red Cross Society (from Canadian Government*)	229,978			229,978
The Netherlands Red Cross (from Netherlands Government*)	323,940			323,940
The Republic of Korea National Red Cross	521,440	50,000		571,440
UL LLC -Underwriters Laboratories,LLC		4,879		4,879
UNDP - United Nations Development Programme (from Chile Government*)	49,460			49,460
United Arab Emirates - Private Donors	242			242
United States - Private Donors	926	152		1,078
VERF/WHO Voluntary Emergency Relief			2,000	2,000
C1. Cash contributions	5,342,283	1,974,424	111,834	7,428,541
Inkind Goods & Transport				
American Red Cross		86,606		86,606
British Red Cross		199,120		199,120
China Red Cross, Hong Kong branch		200,634		200,634
French Red Cross		72,808		72,808
Qatar Red Crescent Society		259,750		259,750
Spanish Red Cross		68,811		68,811
C2. Inkind Goods & Transport		887,730		887,730
Inkind Personnel				
Danish Red Cross	7,653			7,653
The Canadian Red Cross Society	18,948			18,948
C3. Inkind Personnel	26,601			26,601
C. Total Income = SUM(C1..C4)	5,368,884	2,862,154	111,834	8,342,872
D. Total Funding = B +C	5,399,209	2,862,154	111,834	8,373,197

Interim Report

Prepared on 29/Apr/2018



International Federation of Red Cross and Red Crescent Societies

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Split by funding source	Y	Project	*
Subsector:	*		

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* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		30,326				30,326	
C. Income		5,368,884	2,862,154	111,834		8,342,872	
E. Expenditure		-5,080,439	-2,677,057	-70,914		-7,828,410	
F. Closing Balance = (B + C + E)		318,771	185,097	40,920		544,787	

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Split by funding source	Y	Project	*
Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			16,606,057	9,574,936	808,586	64,496	27,054,076	
Relief items, Construction, Supplies								
Shelter - Relief	351,077		266,881	326,410			593,291	-242,214
Shelter - Transitional			185				185	-185
Construction - Housing	1,282,723		81,958				81,958	1,200,766
Construction - Facilities	93,289							93,289
Construction Materials	19,435		971				971	18,464
Clothing & Textiles	113,946		30	152,121			152,151	-38,205
Food	119,526		34,809				34,809	84,717
Seeds & Plants	495,466		22,079				22,079	473,387
Water, Sanitation & Hygiene	2,128,746		4,074	593,139			597,213	1,531,533
Medical & First Aid	56,521		256	35,870			36,126	20,395
Teaching Materials	268,011		46,400	189,444	1,465		237,309	30,702
Utensils & Tools	226,184		84,239	219,826			304,065	-77,881
Other Supplies & Services	18,172		11,477	23,732			35,209	-17,037
Cash Disbursement	530,192		355,483				355,483	174,710
Total Relief items, Construction, Sup	5,703,290		908,843	1,540,542	1,465		2,450,850	3,252,441
Land, vehicles & equipment								
Land & Buildings	0							0
Vehicles	358,579							358,579
Computers & Telecom	116,320		25,552	4,231			29,782	86,537
Office & Household Equipment			1,674				1,674	-1,674
Others Machinery & Equipment	291,528							291,528
Total Land, vehicles & equipment	766,427		27,226	4,231			31,456	734,971
Logistics, Transport & Storage								
Storage	83,571		56,495	11,821			68,317	15,255
Distribution & Monitoring	329,041		28,579	224,701			253,280	75,762
Transport & Vehicles Costs	1,214,111		320,390	79,879	78		400,348	813,763
Logistics Services	219,603		32,955	79,301			112,256	107,346
Total Logistics, Transport & Storage	1,846,327		438,419	395,703	78		834,201	1,012,126
Personnel								
International Staff	2,844,838		831,932	189,177			1,021,109	1,823,729
National Staff	1,343,475		824,623	209,674	9,208		1,043,506	299,970
National Society Staff	1,345,045		94,691	22,875			117,566	1,227,479
Volunteers	187,044		6,773	14,186			20,959	166,085
Other Staff Benefits			8				8	-8
Total Personnel	5,720,403		1,758,027	435,912	9,208		2,203,148	3,517,256
Consultants & Professional Fees								
Consultants	131,509		29,969		40,245		70,213	61,296
Professional Fees	30,000		893		2,023		2,916	27,084
Total Consultants & Professional Fees	161,509		30,861		42,268		73,129	88,380
Workshops & Training								
Workshops & Training	624,064		25,153	8,019			33,172	590,892
Total Workshops & Training	624,064		25,153	8,019			33,172	590,892
General Expenditure								
Travel	132,694		158,992	36,630	4,064		199,686	-66,992
Information & Public Relations	493,265		9,668	1,511	5,939		17,118	476,147
Office Costs	354,436		87,789	12,176	67		100,031	254,405
Communications	145,044		41,156	3,419	21		44,596	100,448

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Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			16,606,057	9,574,936	808,586	64,496	27,054,076	
Financial Charges	128,029		-5,371	2,784	-143		-2,729	130,759
Other General Expenses	11,078		4,240	2,208			6,449	4,630
Shared Office and Services Costs	324,468		265,711	63,488	3,617		332,816	-8,349
Total General Expenditure	1,589,015		562,185	122,216	13,566		697,967	891,048
Contributions & Transfers								
Cash Transfers National Societies	8,991,852		933,621				933,621	8,058,231
Total Contributions & Transfers	8,991,852		933,621				933,621	8,058,231
Operational Provisions								
Operational Provisions			51,924	562			52,486	-52,486
Total Operational Provisions			51,924	562			52,486	-52,486
Indirect Costs								
Programme & Services Support Recover	1,651,188		306,252	153,358	4,328		463,939	1,187,249
Total Indirect Costs	1,651,188		306,252	153,358	4,328		463,939	1,187,249
Pledge Specific Costs								
Pledge Earmarking Fee			33,429	12,613			46,042	-46,042
Pledge Reporting Fees			4,499	3,901			8,400	-8,400
Total Pledge Specific Costs			37,928	16,514			54,442	-54,442
TOTAL EXPENDITURE (D)	27,054,076		5,080,439	2,677,057	70,914		7,828,410	19,225,666
VARIANCE (C - D)			11,525,618	6,897,879	737,672	64,496	19,225,666	

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Budget Timeframe	2016/10-2018/4	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	5,255,108	30,326	2,296,266	2,326,592	2,476,105	-149,513	
Food security	3,901,670		1,238,200	1,238,200	1,074,520	163,680	
Shelter	7,449,279		1,834,417	1,834,417	1,529,814	304,604	
Subtotal BL2	16,606,057	30,326	5,368,884	5,399,209	5,080,439	318,771	
BL3 - Strengthen RC/RC contribution to development							
Disaster risk reduction	1,771,477		57,744	57,744	27,739	30,005	
Health	1,734,423		1,688,457	1,688,457	1,693,286	-4,829	
Water and sanitation	6,069,036		1,115,953	1,115,953	956,033	159,921	
Subtotal BL3	9,574,936		2,862,154	2,862,154	2,677,057	185,097	
BL4 - Heighten influence and support for RC/RC work							
International relations	808,586		111,834	111,834	70,914	40,920	
Subtotal BL4	808,586		111,834	111,834	70,914	40,920	
BL5 - Joint working and accountability							
Cooperation and coordination	64,496						
Subtotal BL5	64,496						
GRAND TOTAL	27,054,076	30,326	8,342,872	8,373,197	7,828,410	544,787	