



Haiti Recovery Operation Summary of the Plan of Action

July 2011 – December 2012

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Saving Lives, Changing Minds



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

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i. Acronyms and Abbreviations

| | |
|------------------|---|
| CASEC | Conseil d'Administration de la Section Communale / Commune Administration Council |
| CBHFA | Community-based Health and First Aid |
| CTC | Cholera Treatment Centre |
| CTU | Cholera Treatment Unit |
| DINEPA | National Directorate of Water and Sanitation |
| DRM | Disaster Risk Management |
| DRR | Disaster Risk Reduction |
| GA | Global Alliance on HIV and AIDS |
| GBV | Gender Based Violence |
| GIS | Geographic Information System |
| HIV and AIDS | Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome |
| HRC | Haitian Red Cross |
| IASC | Inter-Agency Standing Committee |
| IDP | Internally Displaced Person |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| INA | Integrated Neighbourhood Approach |
| IOM | International Organization for Migration |
| MINUSTAH | United Nations Stabilization Mission in Haiti |
| MNCH | Maternal, Newborn and Child Health |
| MCF | Movement Coordination Framework |
| MSPP | Ministry of Public Health and the Population |
| NGO | Non Governmental Organization |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| OD | Organizational Development |
| PASSA | Participatory Approach for Safe Shelter Awareness |
| PAWG | Performance and Accountability Working Group |
| PHAST | Participatory Hygiene and Sanitation Transformation |
| PNS | Partner National Society/ies |
| PoA | Plan of Action |
| PREKAD | Port-au-Prince Neighbourhood Housing Reconstruction Project |
| PSP | Psychosocial Support Programme |
| RCRC | Red Cross and Red Crescent (used interchangeably with IFRC) |
| SOP | Standard Operating Procedures |
| Sphere (Project) | Humanitarian Charter and Minimum Standards in Humanitarian Response |
| SWG | Specific Working Groups |
| T-Shelter | Transitional shelter |
| WASH | Water, sanitation and hygiene promotion |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| VCA | Vulnerability and capacity assessment |
| WHO | World Health Organization |

ii. Executive Summary

It is eighteen months since the earthquake of 12 January 2010 devastated much of Haiti's capital, Port-au-Prince, and nearby localities. An immediate and extensive response was launched by Red Cross and Red Crescent Societies, the United Nations and hundreds of national and international non governmental organizations. The Red Cross and Red Crescent response was developed in support of the strategic plans of both the Haitian Red Cross (HRC) and the Government of Haiti, serving the immediate humanitarian needs and longer term recovery inputs for the affected population.

The collective recovery operation is progressing and results include provision of 100,920 shelter solutions at 31 July 2011, of which 15,268 have come from International Federation and its partners. The number of internally displaced persons' (IDP) sites has reduced from approximately 1,500 in July 2010 to around 1,000 in May 2011. Challenges and constraints include an uncertain political environment, logistical complexities of working in the densely populated city of Port-au-Prince, a population of some 600,000 people still living in camps in and around Port-au-Prince, continuing disaster events including the annual hurricane season, and the unexpected cholera epidemic of October 2010 that is expected to remain in Haiti for years to come.

This revised Plan of Action follows a series of actions that commenced with the release of the Revised Preliminary Appeal for the Haiti earthquake of January 2010 for 105 million Swiss francs, and an operations update including a revised budget for 218 million Swiss francs issued in early February 2010. A Red Cross Red Crescent Plan of Action was developed based on assessments undertaken by the Red Cross and Red Crescent and other actors, the strategic plan of the Haitian Red Cross and the Government of Haiti's Action Plan for National Recovery and Development of Haiti. The IFRC secretariat's own Plan of Action was released in September 2010 reflecting the structure of the Federation-wide Plan of Action and operationalizing the secretariat's commitments. Results against the secretariat's Plan of Action for the period 12 January 2010 to 30 June 2011 are available in the Haiti Earthquake Consolidated Report of early November 2011.

The Federation-Wide Strategic Framework for Haiti was finalized in March 2011 and was developed to maximize the impact of the International Federation of Red Cross and Red Crescent Societies in Haiti. The Framework harmonizes the work of the membership under a common vision and strategic direction. This initiative follows the direction of Strategy 2020, which affirms the Federation's resolve to do more, do better and to reach further through a harmonized Federation-wide approach to planning, performance management and accountability.

The IFRC recovery strategy follows the Federation-wide Strategic Framework and focuses on three areas: (1) responsible exit from camps and other emergency interventions; (2) scale-up of the Integrated Neighbourhood Approach (INA) while meeting previous recovery commitments both within and outside of Port-au-Prince; and (3) support Haitian Red Cross development.

This revised Plan of Action Summary has been developed to clearly articulate IFRC secretariat actions moving forward according to the funds available to the IFRC Recovery Operation as at July 2011. It covers the period July 2011 through December 2012, and as such, replaces the secretariat's September 2010 Plan of Action. It continues to use a 'pillar' approach but the structure has been simplified to minimize overlap and duplication found in the three-pillar configuration of the 2010 Plan of Action. It also reflects a minimized role for IFRC in HRC core services (Health and Care and Disaster Risk Management) and a more focused involvement of IFRC in integrated recovery.

Haiti Recovery Operation Plan of Action: 2011-2012

- Pillar One: Earthquake recovery operation
- Pillar Two: National Society development and strategy Implementation

Haitian Red Cross will lead the implementation of Pillar Two, with IFRC continuing to provide support to HRC on its full strategic plan with increased emphasis on institutional development.

The keynote of Pillar One is the implementation of the Integrated Neighbourhood Approach (INA) - a holistic strategy that encourages integration of key programmes in targeted neighbourhoods. The goal is to increase access to sustained basic services and improved infrastructure through proven participatory techniques designed to increase community ownership. There are three overarching objectives:

1. Shelter, water, sanitation and infrastructure support
2. Livelihoods
3. Community-based support

IFRC will approach INA in two ways: (1) through coordination and support services to the membership to enable their own INA strategies, and (2) through direct implementation. The INA strategy and the neighbourhoods in which it is planned to be implemented are detailed in section 2 of this Plan of Action.

In addition to INA, IFRC will continue programming in shelter solutions, will launch violence prevention coordination activities, and in Leogane will continue implementing water, sanitation and health activities. IFRC will, over the remainder of 2011, exit out of emergency interventions - emergency shelter/tarpaulins and other non-food item distributions as well as emergency water and sanitation services. Although camp populations are slowly diminishing, hundreds of thousands will remain in camps for some time, and IFRC will continue to monitor the situation and respond as needed as and when new needs emerge.

Pillar Two is focussed on supporting Strategy 2010 – 2015 of the Haitian Red Cross. The goal is to ensure that Haitian Red Cross is a strong and reliable civil sector partner to the government and the people of Haiti while scaling up and sustaining key services in the sectors of disaster management and health by strengthening HRC's financial, technical and human resource base.

Under Pillar Two, the programme focus areas for 2011 to 2012 for which the IFRC secretariat will offer its support to Haitian Red Cross are (1) Health and Care, (2) Disaster Risk Management, and (3) Ambulance Services. It is intended that core HRC programmes such as health and care and disaster risk management activities will be represented in the services to be offered in the INA approach. While the IFRC secretariat will assume overall management responsibility for the INA programme (Pillar One), health and care and disaster risk management inputs will continue to be directed by HRC (Pillar Two).

The Haitian Red Cross health and care programme has four components, which are implemented according to needs analyses:

1. Community health, including maternal, newborn and child health
2. Emergency health
3. Psychosocial support programming
4. HIV and AIDS, incorporating a gender-based violence component

The goal of the disaster risk management programme is to reduce community-level risks and disaster impacts through enhanced disaster risk management capacity of HRC at local, regional and

national levels. HRC's national role will be further enhanced through political advocacy for mainstreaming disaster risk reduction within national development and institutional policies and strategies and through scaled-up participation in the national system structure at all levels.

The HRC ambulance service goal for this period is to strengthen National Society capacity to respond to disasters through its national ambulance service, achieving this through capacity building, resource development, and coordination.

The IFRC secretariat has established a supporting structure in Haiti to enable advancement of Pillar One and Pillar Two objectives, as well as the operational interests of Partner National Societies active in Haiti; this is discussed in part three of this plan. Key functions include Movement Coordination, Beneficiary Communications, and the supporting services of Communications, Logistics, Security, Human Resources, Finance and Administration, and Risk Management.

Movement Coordination is a key responsibility of the IFRC secretariat to help ensure efficient and effective outcomes of the relief and recovery portfolio. Movement Coordination capacity has been strengthened in 2011 to continue shelter, and include information management, violence prevention, livelihoods, disaster risk management and water and sanitation coordination functions.

Within the IFRC Haiti operation, beneficiary communications supports operational programmes to communicate with and be accountable to their beneficiaries, as well as providing the general population with practical information on topics such as health and weather. In 2011 and 2012 the beneficiary communications team will focus on continuing to provide Haitians with information such as preventative health and disaster preparedness advice; support operational teams to make sure people know about the Red Cross services and projects that affect them, including transition of services from camps to communities and the Integrated Neighbourhood Approach (INA); improve 2-way communication and accountability; and work closely with the Haitian Red Cross communications team to develop sustainability plans for key beneficiary communications approaches and tools.

| Host NS | Type of Disaster | Timeframe of Plan | Date | Budget Jan.2010-Dec. 2014 | Glide number |
|-------------------|------------------|---------------------------|------------------|---------------------------|--------------------|
| Haitian Red Cross | Earthquake | July 2011 – December 2012 | 29 December 2011 | CHF 282,102,385 | EQ-2010-000009-HTI |

[Click here for detailed budget information](#) and [here for the interim financial report January 2010- 30 November 2011](#)

1. Background, Context and Rationale

a. Summary of Recovery Context

As of August 2011, recovery from the 2010 Haiti earthquake is underway; according to IOM data camp populations have reduced from approximately 1.3 million to around 600,000¹, although numbers are disputed. Collectively, more than 100,920 shelter solutions have been provided by

¹ OCHA Haiti Humanitarian Bulletin (26 July to 18 August 2011)

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humanitarian actors at end July 2011 (4,246 achieved / 11,697 planned permanent houses, 6,516 achieved / 12,803 planned repairs, 90,158 achieved / 112,271 planned t-shelters; of these 15,268 have come from the Red Cross Red Crescent and its partners. The number of IDP sites has reduced as well, from approximately 1,500 in July 2010 to around 1,000 in May 2011. While progress has proceeded more rapidly in Leogane, Jacmel, Petit Goave, Grand Goave among others, improvements within Port-au-Prince are also noticeable. Additional rubble has been removed, streets are somewhat easier to traverse and road repairs are underway in many areas including the new 'USAID' road heading west out of the city. Camp closures continue around Port-au-Prince, and many former camps have been cleared and seemingly made ready for development. It should be noted that there are a range of factors influencing the reduction in camp numbers, which includes people opting to return to their place of origin, and as a consequence of forced camp evictions.

Earlier this year, Haiti elected a new government. Expectations are high and much has been promised by the new Martelly Administration – including free education funded through mobile phone and money transfer taxes. There has also been a plan to close six high profile camps in a short period of time as a precursor to the demobilization of all 1,000 camps. In late June the Martelly Administration suffered its first setback when the nominee for prime minister, Daniel Rouzier, was denied confirmation in the Senate. The UN/MINUSTAH encouraged Parliament and the Martelly Administration to form a new government quickly so that civil society, external actors and business could get on with recovery and work to help support the government's emerging strategies. While a master development plan is still lacking, smaller plans for the development of various economic corridors in Port-au-Prince are under development and plans continue for a housing credit programme. As of August 2011, the Prime Ministerial nomination remains unconfirmed and a new government has not been formed.

Cholera remains a concern as the epidemic continues. Cholera will remain in Haiti for years to come, and it is a particular concern now due to the ongoing high numbers of displaced persons and chronically poor access to safe water and sanitation. Since the outbreak in mid-October 2010 the government of Haiti and WHO have reported more than 320,000 cases including more than 5,300 deaths. As of early June 2011 there were 1,300 patients estimated in the Port-au-Prince CTCs/CTUs and they were operating at full capacity. Surveillance and reporting remains limited throughout the country and government staffing of CTCs and CTUs remains a challenge as the government is reportedly unable to pay salaries. A heightened cholera caseload is expected throughout the rainy and storm season.

Meteorologists have predicted 9 hurricanes and 17 major storms for the 2011 storm season, and so far Haiti has felt the effects of hurricanes Emily and Irene, with the Haitian Red Cross responding to flash flooding in Gonaives and Artibonite in August 2011. To date, all 13 HRC branches have received capacity improvements as well as training, and currently 25,000 families are covered by pre-positioned stocks throughout the country.

b. Summary of Planning

This revised Plan of Action marks the evolution of operational planning from the inception of the operation in January 2010. It follows a series of actions that commenced with the release of the revised Haiti earthquake appeal of January 2010 for 105 million Swiss francs, and the updated appeal for 218 million Swiss francs in February 2010. Also in February 2010 a Red Cross Red Crescent Summit was convened in Montreal, at which a Red Cross Red Crescent Plan of Action was developed. This was based on assessments carried out; the Strategic Plan 2010-2015 of the Haitian Red Cross and its focus upon disaster preparedness and response, health and blood services; the Government

of Haiti's Action Plan for National Recovery and Development of Haiti; and other actors' assessments. The Red Cross Red Crescent Plan of Action of 2010 was structured around three pillars:

- Pillar One: Earthquake operation
- Pillar Two: Disaster risk reduction and disaster preparedness
- Pillar Three: Strengthening the Haitian Red Cross

In late April 2010, 25 National Societies, the secretariat of the IFRC and the International Committee of the Red Cross (ICRC) met in New York City. During this meeting, the Red Cross Red Crescent Plan of Action was endorsed, and the Haitian Red Cross presented its national strategy.

The IFRC Secretariat's own Plan of Action was released in September 2010, following the same structure of the Movement-wide Plan of Action and operationalizing the secretariat's commitments.

In March 2011 the Federation-Wide Strategic Framework for Haiti was finalized. The Federation-Wide Strategic Framework for Haiti seeks to maximize the impact of the International Federation of Red Cross and Red Crescent Societies in Haiti through the establishment of common strategies that further align resources and efforts. This initiative follows the direction of Strategy 2020, which affirms the resolve to do more, do better and to reach further through a harmonized Federation-wide approach to planning, performance management and accountability.

This revised Plan of Action has been developed to clearly articulate IFRC secretariat actions moving forward according to the funds available to the IFRC Recovery Operation as at July 2011. As such, it replaces the secretariat's September 2010 Plan of Action for the period July 2011 to December 2012. Planning for longer term programming to December 2014 is underway and will be developed to reflect forward plans, particularly in regards to National Society development and expansion of the integrated neighbourhood approach.

| DATE | DOCUMENT |
|-----------------------|---|
| January 2010 | Revised Preliminary Haiti earthquake appeal for 105 million Swiss francs. |
| February 2010 | Updated Haiti earthquake appeal for CHF 218 million Swiss francs. |
| February 2010 | Red Cross Red Crescent Summit in Montreal: 2010 Plan of Action is developed. |
| April 2010 | New York City meeting: Red Cross Red Crescent Plan of Action is endorsed. Haitian Red Cross presents its national strategy. |
| September 2010 | IFRC secretariat Plan of Action is released. |
| March 2011 | Federation-Wide Strategic Framework for Haiti is finalized. |
| November 2011 | Haiti Earthquake Consolidated Report for the period January 2010 to June 2011 is published on the web. |

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December 2011

- Revised Plan of Action replaces IFRC secretariat Plan of Action of September 2010.
- Revised Plan of Action covers the period from July 2011 to December 2012 and is accompanied by a revised budget for the period January 2010 to December 2014.

c. Summary of IFRC Recovery Strategy

The IFRC recovery strategy follows the Federation-wide Strategic Framework and focuses on three areas:

1. Responsible exit from camps and other emergency interventions
2. Scale-up the Integrated Neighbourhood Approach while meeting previous recovery commitments both within and outside of Port-au-Prince.
3. Support for Haitian Red Cross National Society Development

Over the remainder of 2011, IFRC will exit out of emergency interventions (emergency shelter/tarpaulins and other non-food item distributions as well as water and sanitation) and will focus streamlined capacity on neighbourhood renewal. However, while the camp population is slowly diminishing, hundreds of thousands will remain in camps for some time. IFRC will continue to monitor the situation and respond as needed as and when new needs emerge.

IFRC is currently supporting several PNSs in the integrated neighbourhood approach in addition to facilitating their own direct implementation in targeted areas. Plans are in place to scale up both direct implementation as well as PNS support in INA over the coming 18 months.

Finally, support to HRC continues to evolve within the areas of health and ambulance services, disaster risk management and organizational development. New capacity building interventions are being tested and activities crucial to the long-term sustainability of HRC services prioritized.

d. IFRC Results to Date

The Federation secretariat in Haiti, supported by the Zone and headquarters offices, continues to make significant progress in earthquake recovery as well as in support to Haitian Red Cross in key strategic areas. Main achievements of the secretariat operation are available in the 18 months' progress report published on the Federation web site on 2 November 2011.

| INDICATORS | TOTAL REACHED |
|--|---------------|
| Households provided with at least one hygiene kit | 190,947 |
| Households provided with at least one distribution of two tarpaulins | 157,623 |
| Shelter solutions provided to households* | 5,203 |

| | |
|--|--------------------|
| Latrines installed in 27 camps | 814 |
| Households covered by pre-positioned non-food relief stock | 25,000 |
| Haitian Red Cross branches with improved capacity to respond to disasters | 13 |
| People reached through SMS with key messages related to health, disaster preparedness and violence prevention | 1.2 million |
| People reached with psychosocial support * | 93,484 |
| People being provided with daily access to drinking water ** | [219,000- 94,000] |
| People provided with access to sanitation facilities *** | 37,000 |

*Cumulative number from January 2010 to June 2011

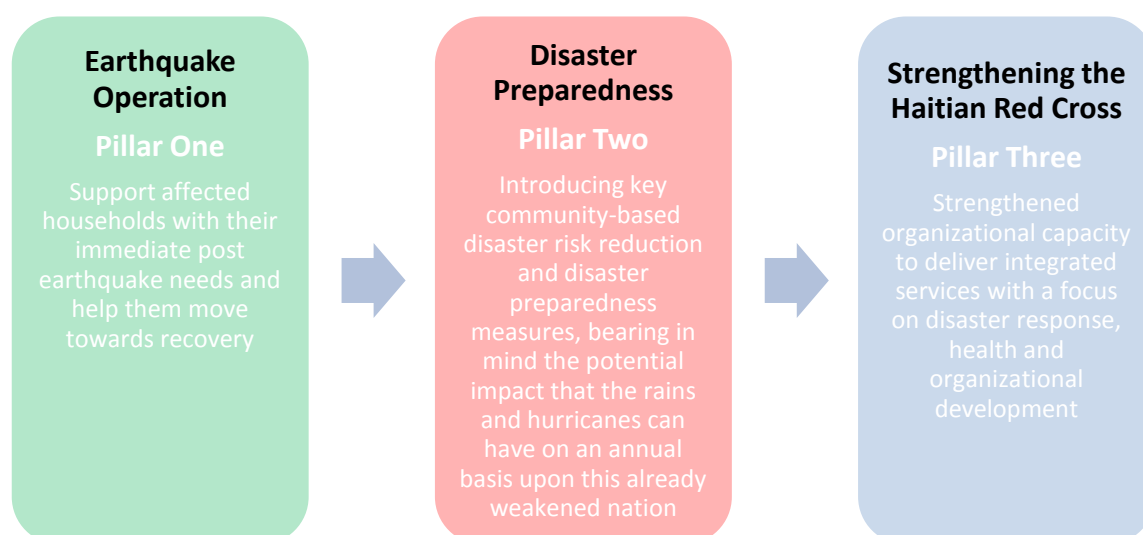
** Figure as of June 2011. This reflects a downscale of emergency water provision (in January 2011 219,000 people were provided with access to drinking water) to more sustainable water provision.

*** Sites where IFRC is providing PNS with desludging services are not included.

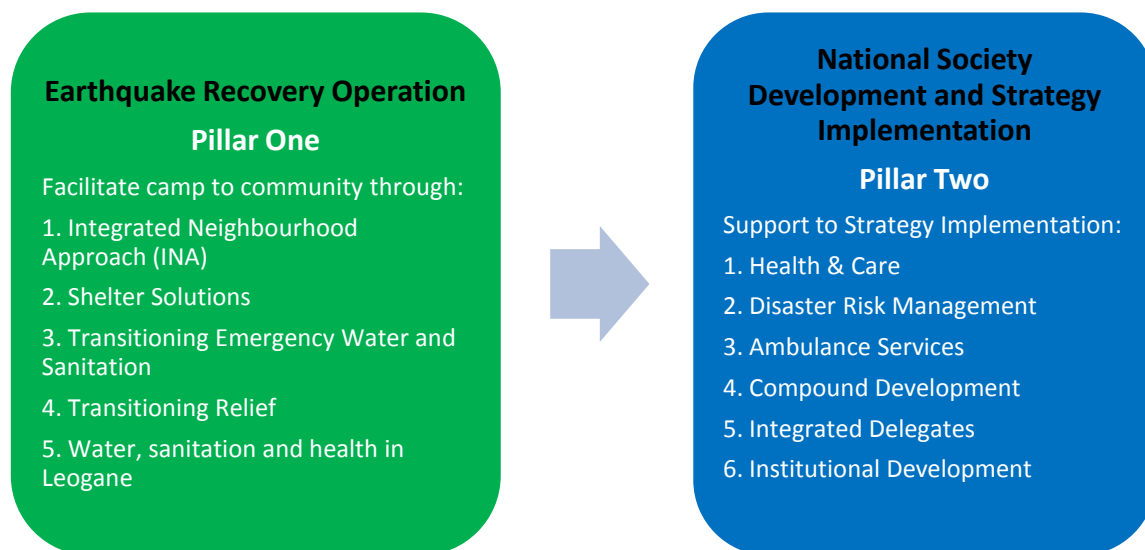
2. How the Plan of Action is organized. The Pillars Then and Now

This current Plan of Action covers the period July 2011 through December 2012. It uses a 'pillar' approach but the structure has been simplified to minimize overlap and duplication found in the previous configuration. It also reflects a minimized role for IFRC in HRC core services (health and care and disaster risk management) and a more focused involvement of IFRC in integrated recovery.

The Three Pillars Approach THEN



The Two Pillars Approach NOW



The Plan of Action will focus on the two pillars with HRC clearly leading implementation of Pillar 2. IFRC will continue to provide support to HRC on its full strategic plan with an increased emphasis on institutional development interventions.

IFRC will report on the revised plan of action quarterly. IFRC will take responsibility for the overall report but HRC will lead the reporting against the results framework for health and care, disaster risk management and ambulance services. The quarterly reports will largely focus on activities and outputs, although outcomes will be articulated as appropriate; more significant outcomes and possibly impact will be captured through final evaluations and end of project reports and summarized in relevant operations updates.

The Plan of Action describes the key sector inputs in the recovery operation. The intent of this Plan of Action is to present a clear picture of the Haiti Recovery Operation of the secretariat and the key outputs to be achieved by end December 2012.

3. Summary of Expected Results

Following are tables summarizing the expected results across the various programme areas as articulated in pillars one and two.

Global overview of results and targets for the Plan of Action

| WATER Overall Targets | KEY RESULTS | OVERALL TARGETS | KEY RESULTS | OVERALL TARGETS |
|----------------------------------|--|------------------|---|------------------|
| | Integrated Neighbourhood Approach Projects | | Stand-alone Recovery Projects | |
| Port-au-Prince metropolitan area | Support IFRC shelter activities with water and sanitation inputs. | 2,000 households | Camps in which IFRC will discontinue water trucking services. | 66 camps |
| Leogane | Support Spanish Red Cross shelter activities with water supply inputs. | 2,203 households | Provide access to safe water supply. | 4,000 households |

| SANITATION Overall Targets | KEY RESULTS | OVERALL TARGETS | KEY RESULTS | OVERALL TARGETS |
|----------------------------------|--|------------------|---|------------------|
| | Integrated Neighbourhood Approach Projects | | Stand-alone Recovery Projects | |
| Port-au-Prince metropolitan area | Support IFRC shelter activities with water and sanitation inputs. | 2,000 households | Camps in which IFRC will discontinue desludging services. | 32 camps |
| Leogane | Support Spanish Red Cross shelter activities with water sanitation and hygiene promotion inputs. | 2,200 households | Increase access to sanitation facilities. | 2,000 households |

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| HEALTH ² Overall Targets | KEY RESULTS | OVERALL TARGETS | KEY RESULTS | OVERALL TARGETS |
|--|--|------------------|---|------------------|
| | Integrated Neighbourhood Approach Projects | | Stand-alone Recovery Projects | |
| Port-au-Prince metropolitan area | Support INA neighbourhoods with Community based health and first-aid | tba | Training HRC volunteers in key health and care areas | 1,500 volunteers |
| Leogane | Community based health and first-aid | 4,400 households | Increase awareness of health information via community-based health and first-aid | 2,000 households |

| OTHER SECTORS Overall Targets | KEY RESULTS | OVERALL TARGETS | KEY RESULTS | OVERALL TARGETS |
|---------------------------------------|--|-----------------|--|--------------------|
| | Integrated Neighbourhood Approach Projects | | Stand-alone Recovery Projects | |
| RELIEF | N/A | N/A | Distribution of tarpaulins for emergency shelter | 103,000 households |
| DISASTER RISK MANAGEMENT ³ | Support INA neighbourhoods with DRM | tba | Community volunteers mobilized and equipped | 500 volunteers |

² The distinction between INA and Non INA programmes refers to a geographical distinction as activities are similar. When the Health component is integrated into others sectors it is called INA and when Health activities are implemented in an area where none of the other actors are present it is Non-INA.

³ For DRM, the logic is the same: the distinction between INA and Non INA programmes refers to a geographical distinction as activities are similar. When the DRM component is integrated to others sectors it is called INA and when DRM activities are implemented in an area where none of the other actors are present it is Non-INA.

| SHELTER Overall Targets | KEY RESULTS | OVERALL TARGETS | KEY RESULTS | OVERALL TARGETS |
|---|--|------------------|--|---|
| | Integrated Neighbourhood Approach Projects | | Stand-alone Recovery Projects | |
| Port-au-Prince metropolitan area | Provide households with improved access to shelter and infrastructure upgrades in consultation with the community. | 2,000 households | Provide households with improved shelter conditions: <ul style="list-style-type: none"> • Supply and training • Shelter units implemented by IFRC • Alternative Self Shelter Solutions • House repairs | At least 7,500 households <ul style="list-style-type: none"> 3,595 1,405 2,500 |

| LIVELIHOODS Overall Targets | KEY RESULTS | OVERALL TARGETS |
|---|---|------------------------------|
| | Integrated Neighbourhood Approach Projects ⁴ | |
| Port-au-Prince metropolitan area | \$500 cash grant | Up to 4,000 households |
| | Vocational training available | All registered beneficiaries |
| | Access to funds for small and medium enterprises | |

4. Pillar One: the Recovery Operation

Activities under Pillar One are organized into two sections, those recovery activities that are part of the Integrated Neighbourhood Approach (INA), and those that are to be delivered as part of other recovery activities.

- Shelter and Sheltering Solutions: IFRC secretariat will participate in implementing shelter solutions in INA neighbourhoods (section A below), and will complete its shelter programme as established in the September 2010 Plan of Action (see section B below).
- Water, sanitation and hygiene promotion: IFRC secretariat water, sanitation and hygiene promotion activities will be implemented in INA neighbourhoods (section A). Emergency water and sanitation activities are scaling down in 2011 and these activities are detailed in Section C.

⁴ The livelihood component is implemented in a geographical integrated dimension with others sectors.

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- Water, sanitation and health in Leogane: IFRC secretariat water, sanitation and health programming in Leogane is represented in INA programming, complementing Spanish Red Cross shelter inputs (section A). The Leogane programme will also continue the delivery of water and sanitation and health activities under their pre-existing recovery activities, detailed under section D.
- Relief: this programme is concluding in 2011 and final activities are described in section E.
- Violence prevention: this is a new initiative to the IFRC recovery operation and will cut across all sectors in both INA and other recovery operations.

a. Integrated Neighbourhood Approach (INA) Programme

Introduction: The integrated neighbourhood approach is a holistic strategy which encourages integration of key programmes in targeted neighbourhoods. It is a broad strategy adopted by the membership in Haiti to facilitate 'camp to community'. IFRC will approach INA in two ways; (1) through coordination and support services to the membership to enable their own INA strategies, and (2) through direct implementation. Listed below are the goal and numerous programme objectives the IFRC will pursue in INA followed by a listing of geographical areas and estimated targets. Note that many of the neighbourhoods are 'proposed' – which means they could change if funding is not secured, whereas others are already under implementation. This section of the Plan of Action will be modified as plans and resources are solidified.

Goal: To increase access to sustained basic services and improved infrastructure through proven participatory techniques⁵ designed to increase community ownership.

IFRC will contribute to the INA goal through the integration and joint management of key services in targeted neighbourhoods. In addition to direct implementation of key services (shelter, water and sanitation, livelihoods support, community health and risk reduction⁶), IFRC will provide support services to the membership to enable them to meet INA related objectives.

The activities and numbers summarized here focus on specific INA neighbourhoods – these will be expanded as needs assessments indicate and resources allow, with potential to continue beyond December 2012. Note additional programme (shelter, water, sanitation and hygiene promotion etc.) activities covering a range of sites (but not INA neighbourhoods) are captured in subsequent sections.

Objective 1: Shelter, water, sanitation and infrastructure support

- Objective 1.1: Increase access to safe shelter through a multi-pronged and gender-sensitive approach involving owner-driven, donor driver and alternative shelter solutions
- Objective 1.2: Increase availability of and access to safe water in INA neighbourhoods
- Objective 1.3: Increase access to basic sanitation at both household and community levels in INA neighbourhoods

Objective 2: Livelihoods

Support targeted shelter solution beneficiaries to become more economically self-reliant through increased access to support packages, skill-building and economic opportunities.

⁵ Proven participatory techniques include: Participatory Approach for Safe Shelter Awareness (PASSA) and Vulnerability Capacity Assessment (VCA)

⁶ INA provides a mechanism to bring synergy between secretariat activities, i.e. shelter and water and sanitation, and HRC core activities, i.e. community health and care, and disaster risk management. As they are HRC programmes they are described in Pillar Two of this Plan of Action.

Objective 3: Community-based support

Mobilization, health, hygiene promotion and risk-reduction:

- Objective 3.1: Mobilize community engagement and gender and diversity balanced participation in community-based assessments and activities
- Objective 3.2: Improve capacity of target communities to prevent and manage common health problems
- Objective 3.3: Hygiene knowledge and behaviour is improved in INA neighbourhoods benefiting from IFRC water and sanitation inputs through provision of hygiene promotion
- Objective 3.4: Improve capacity of target community to identify and mitigate risks and improve overall safety in the neighbourhoods (DRM)

Targeted Camps & Neighbourhoods (See Map 1 and 2 for current and targeted INA neighbourhoods)

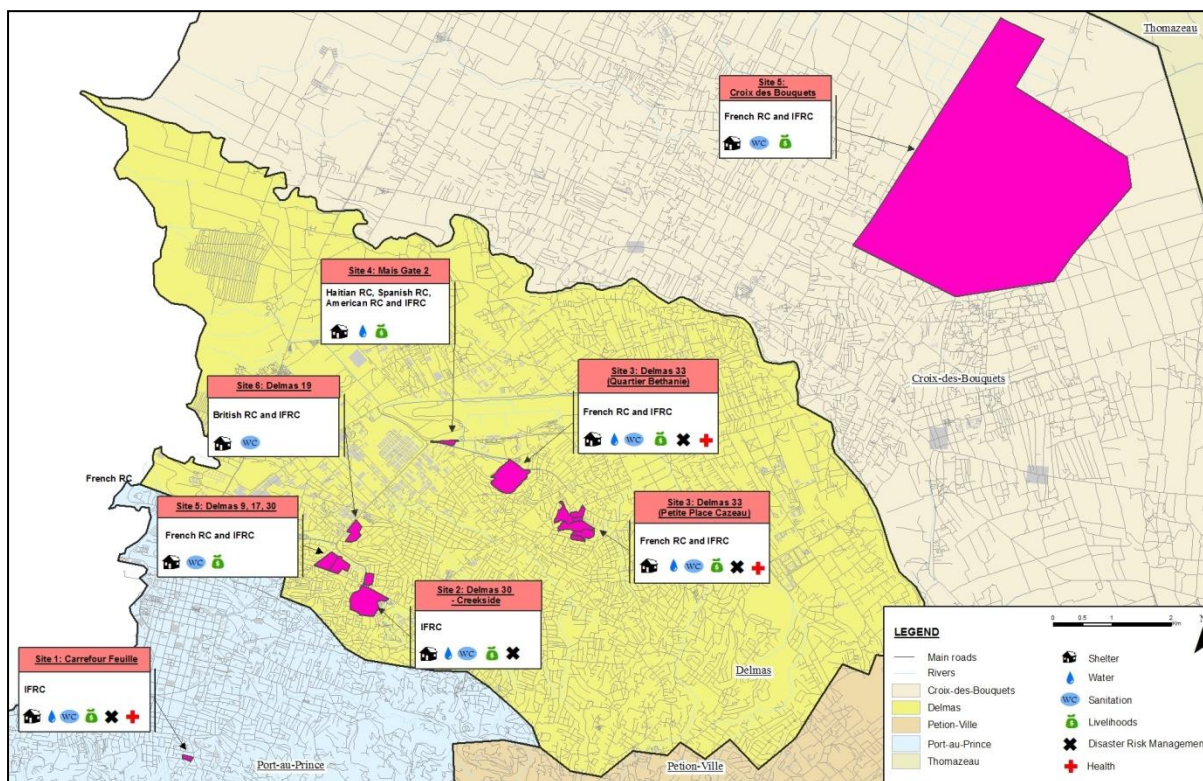
- Site 1: Carrefour Feuille: IFRC direct implementation (T-shelters, WASH, risk mitigation, infrastructure, livelihoods and risk reduction)
- Site 2: Delmas 30 - Creekside: proposed for direct IFRC implementation pending shelter enumeration and water and sanitation assessment; 400 household area across the ravine from French Red Cross site)
- Sites 3: Delmas 33: Quartier Bethanie, Petit Place Cazeau, with French Red Cross (pending Port-au-Prince Neighbourhood Housing Reconstruction Project (PREKAD)/World Bank grant approval)
- Site 4: Mais Gate camps: resettlement in support of government 6 Camp Plan
- Site 5: Delmas 9, 17, 30, and Croix des Bouquets, support to French Red Cross (mapping, GIS, enumeration, storm channel reconstruction and shelter support)
- Site 6: Delmas 19, with British Red Cross (GIS and storm channel reconstruction)
- Site 7: Leogane 3, with Spanish Red Cross (WASH and CBHFA)

These sites are targeted for the period July 2011 – December 2012. Pending Government and PREKAD negotiations along with needs assessment and recommendations from programme coordinators, other neighbourhoods could be substituted or added to the list. Relief and water and sanitation teams have been working with over 100 camps for the past year and are likely to have recommendations based on strong working relationships with targeted communities, knowledge of relocation options and proximity to former neighbourhoods. The Plan of Action (plans, targets and budgets) will be updated accordingly. Targets for shelter, water and sanitation and health will be refined following completion of a comprehensive needs assessment and registration process. It is vital that the needs assessments are carried out with a gender lens, i.e., based on an analysis of the needs of women, girls, boys and men.

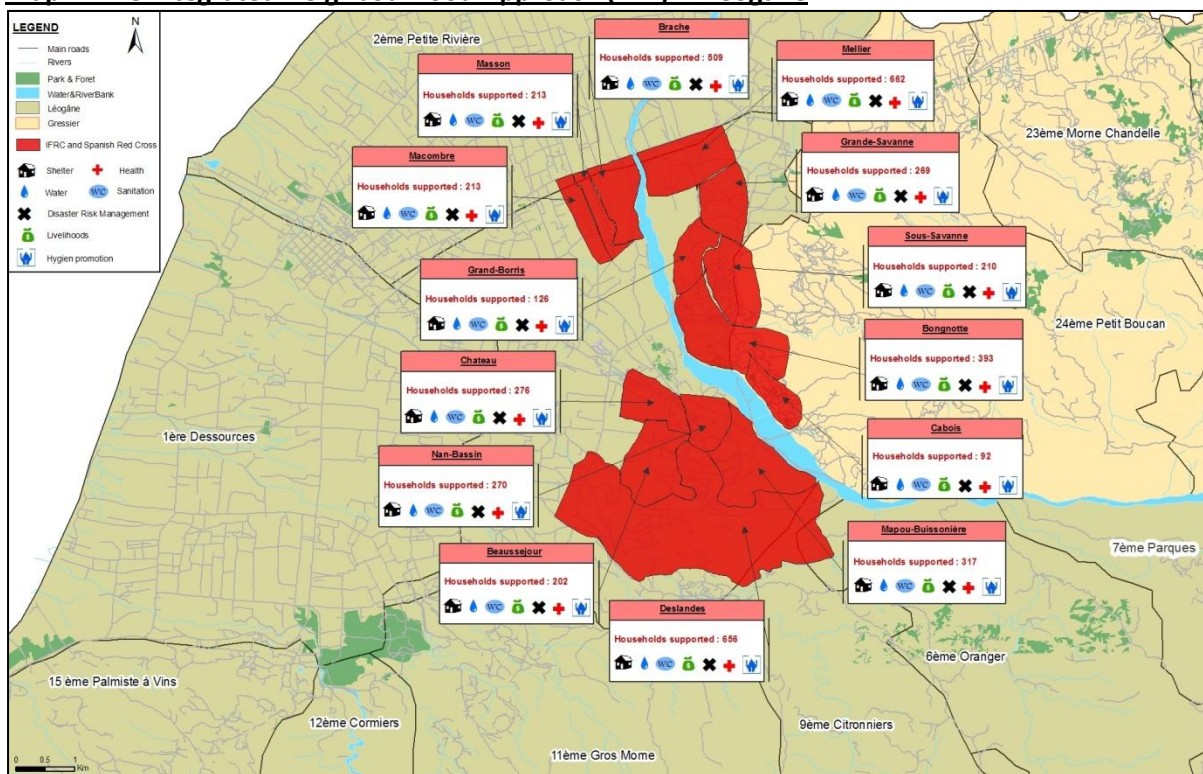
Currently IFRC is supporting INA in cooperation with PNSs in Delmas 9, 17, 19, 30 and 33. IFRC has proposed to support French Red Cross in two additional neighbourhoods of Delmas 33 pending approval of a government of Haiti/World Bank proposal. IFRC is working with Spanish Red Cross in INA in 14 communities in Leogane where IFRC (supported by the Japanese Red Cross Society) is providing increased access to water, sanitation, conducting hygiene promotion and community-based health. In these same communities Spanish Red Cross is providing t-shelters, livelihoods support and risk reduction measures.

IFRC is conducting direct implementation of INA in Carrefour Feuille and is planning to expand direct implementation in a targeted neighbourhood of Delmas 30. Details of each of these sites including interventions and estimated targets are summarized in the following tables.

Map 1: The Integrated Neighbourhood Approach (INA) in the Port-au-Prince area



Map 2: The Integrated Neighbourhood Approach (INA) in Léogâne



KEY ACTIVITIES & LOCATIONS

IFRC Direct Implementation – In Progress

| INA SITE 1: CARREFOUR FEUILLES | |
|--|--|
| Key Interventions and Target Estimates | |
| Programme Area | <ul style="list-style-type: none"> • Commune: Port-au-Prince • Quartier: Carrefour Feuilles • # of households (catchment area): 200 • Est. # of beneficiaries: 1,000 |
| Shelter | <ul style="list-style-type: none"> • T-shelters x 45 households • Yellow house repairs & new house construction • Rental support • Infrastructure upgrades |
| Water | <ul style="list-style-type: none"> • Provision of safe water storage containers: minimum 45 households • Community water point/kiosk • Training in operation and maintenance of water point/s |
| Sanitation | <ul style="list-style-type: none"> • Provision of safe water storage containers: minimum 45 households • Community water point/kiosk • Training in operation and maintenance of water point/s |
| Livelihoods | <ul style="list-style-type: none"> • \$500 grants for up to 200 households • Vocational training is available for all registered beneficiaries • Access to funds for small and medium enterprises |
| CBHFA and DRM | <ul style="list-style-type: none"> • CBHFA, psychosocial support, reproductive and sexual health, including HIV (as required) • VCA and Community risk reduction plans • Hygiene promotion |

IFRC Direct Implementation – Proposed

| INA Site 2: DELMAS 30 (Creekside) | |
|--|--|
| Key Interventions and Target Estimates | |
| Programme Area | <ul style="list-style-type: none"> •Commune: Delmas •Quartier: Delmas 30 •# of households: 400 •Est. # of beneficiaries: 2,000 |
| Shelter | <ul style="list-style-type: none"> • T-shelters •60 completed •Yellow house repairs and new house construction •Rental support •Infrastructure upgrades |
| Water | <ul style="list-style-type: none"> • Kiosk rehabilitation •Water points •Infrastructure upgrades •Provision of safe water containers for 400 households |
| Sanitation | <ul style="list-style-type: none"> •Sanitation solutions for all t-shelters •Improved sanitation at household level for those living in repaired or new homes |
| Livelihoods | <ul style="list-style-type: none"> • \$500 grants for up to 400 families •Vocational training is available for all registered beneficiaries •Access to funds for small and medium enterprises |

IFRC Joint Implementation with French Red Cross – Proposed

| INA Site 3 – DELMAS 33 | |
|--|--|
| Key Interventions and Target Estimates | |
| Programme Area | <ul style="list-style-type: none"> • Commune: Delmas • Quartier: Delmas 33 – Bethanie and Place Cazeau • # of households: 1,354 • Est. # of beneficiaries: 6,770 |
| Shelter | <ul style="list-style-type: none"> • T-shelters • House repair (yellow and green) French Red Cross • Rental support • Infrastructure upgrades |
| Water | <ul style="list-style-type: none"> • Kiosk rehabilitation • Water points • Infrastructure upgrades |
| Sanitation | <ul style="list-style-type: none"> • Improved sanitation at household level for those living in repaired or new homes |
| Livelihoods | <ul style="list-style-type: none"> • \$500 grants for up to 1,354 families • Vocational training is available for all registered beneficiaries • Access to funds for small and medium enterprises |
| CBHFA and DRM | <ul style="list-style-type: none"> • CBHFA, psychosocial support, reproductive and sexual health, including HIV (as required) |

Haiti Recovery Operation Plan of Action: 2011-2012

IFRC Direct Implementation with HRC, Spanish Red Cross and American Red Cross Support – Proposed

| INA Site 4 – MAIS GATE | |
|--|--|
| Key Interventions and Target Estimates | |
| Programme Area | <ul style="list-style-type: none"> • Commune: Port-au-Prince • Quartier: Mais Gate camps and targeted neighbourhoods • # of households: (to be determined following registration) • Est. # of beneficiaries: ~2,000 (to be confirmed following registration) |
| Shelter | <ul style="list-style-type: none"> • T-shelters • Yellow house repairs • Rental support & Resettlement grants (this will likely be the primary shelter solution for Mais Gate camp residents) • Infrastructure upgrades |
| Water | <ul style="list-style-type: none"> • Kiosk rehabilitation • Water point reconstruction |
| Sanitation | <ul style="list-style-type: none"> • Improved sanitation at household / community level |
| Livelihoods | <ul style="list-style-type: none"> • \$500 grants for up to 500 families • Vocational training is available for all registered beneficiaries • Access to funds for small and medium enterprises |

IFRC Support to French Red Cross

| INA Site 5 – DELMAS 9, 17, 30, and Croix-des-Bouquets | |
|---|--|
| Key Interventions and Target Estimates | |
| Programme Area | <ul style="list-style-type: none"> • Commune: • Quartier: • # of households: 1,816 • Est. # of beneficiaries: 9,080 |
| Shelter | <ul style="list-style-type: none"> • T-shelters • Yellow house repair and new construction • Rental support • Infrastructure upgrades |
| Sanitation | <ul style="list-style-type: none"> • Sanitation solutions for all t-shelters • Improved sanitation at household level for those in new or repaired homes |
| Livelihoods | <ul style="list-style-type: none"> • US\$500 grants for up to 1,500 families • Vocational training is available for all registered beneficiaries • Access to funds for small and medium enterprises |

IFRC Potential Support to British Red Cross

(British Red Cross (BRC) is leading implementation in Delmas 19 with IFRC providing canal rehabilitation; IFRC, if requested, could provide other support to BRC should the need arise).

| INA Site 6 – DELMAS 19 | |
|--|---|
| Key Interventions and Target Estimates | |
| Programme Area | <ul style="list-style-type: none"> • Commune: • Quartier: • # of households: • Est. # of beneficiaries: |
| Shelter | <ul style="list-style-type: none"> • Rental support and resettlement grants • Demolition and infrastructure upgrades |
| Sanitation | <ul style="list-style-type: none"> • Canal rehabilitation (currently underway) |

IFRC Support to Spanish Red Cross

| INA Site 7 – LEOGANE 3 | |
|--|---|
| Key Interventions and Target Estimates | |
| Programme Area | <ul style="list-style-type: none"> • Commune: • Quartier: • # of households: 4,408 • Est. # of beneficiaries: |
| Shelter | <ul style="list-style-type: none"> • T-shelters (Spanish Red Cross) |
| Water | <ul style="list-style-type: none"> • 46 water constructions, including new bore holes, new and rehabilitated water points, and water distribution networks |
| Sanitation | <ul style="list-style-type: none"> • Household latrines x 2,203 households • Hygiene promotion x 2,203 households • 100 x communal latrines in schools and other public buildings • 2,303 hand washing facilities plus 2,303 metallic garbage bins provided |
| CBHFA and DRM | <ul style="list-style-type: none"> • CBHFA x 4,408 households • DRM (Spanish Red Cross) |

*Non-INA inputs in Leogane are captured in Leogane water, sanitation, and health programme

b. Stand-alone Recovery Programme

i. Shelter & Settlement Solutions

The shelter programme continues to evolve along with the needs, capacities and interests of those displaced and affected by the earthquake. The focus is increasingly on more permanent solutions while helping Haitians living in camp situations to maintain their dignity until a more permanent solution can be realized. IFRC has a target of 1,500 transitional shelters for direct implementation and expects to complete these by the end of 2011. While the t-shelters are built to last 10 – 20 years (if properly maintained), the shelter team will focus more on yellow house repairs, green house retrofitting, some red house reconstruction along with rental and livelihoods support to enable women and men to find safe rental accommodation while increasing their skills and finding a job. The shelter team will also provide other complementary services to support neighbourhood renewal. This will include debris removal and rubble recycling, mitigation works, GIS mapping, and enumeration. The scope and scale of the shelter team's activities over the next eighteen months will depend on the resources mobilized.

The targets listed in the table below are as per the current resource allocations and are for non-INA locations only; see the INA section for additional shelter targets and activities.

Goal: Facilitate the transition to a safer and healthier environment for households displaced⁷ by the earthquake.

Objective 1: Shelter Solutions: Increase access to safe shelter through the provision of transitional shelters.

Key Activities

- Integrated programme communications strategy to targeted camp populations
- Beneficiary needs assessment, selection, verification is carried out with a gender lens
- Management of day labourers/employees for t-shelter construction
- Skill building and training of male and female workers for yellow-house repairs
- Enumeration process for land security; coordination with local authorities to ensure alignment with emerging urban plans
- Modification of T-shelter designs according to male and female beneficiary feedback, preferences
- Provision of T-shelter supply to PNS partners
- Provision of sanitation solutions with T-shelters
- Distribution of hygiene kits and cleaning kits along with sanitation solution in T-shelters
- Increased access to water in neighbourhoods targeted by t-shelters

Objective 2: Alternative Shelter Solutions: Increase access to safe shelter through the provision of rental and relocation support.

Key Activities

- Gender-sensitive beneficiary communication, assessment, selection, validation
- Rental house assessments
- Beneficiary support for ID cards, bank accounts etc.

⁷ This refers to a broad range of displaced households and not only those that are living in camp settings.

- Follow-up support and monitoring

Objective 3: Livelihoods: Support targeted shelter solution beneficiaries (women and men) to become more economically self-reliant through increased access to support packages, skill-building and economic opportunities.

Key Activities

- Gender balanced community mobilization, sensitization, beneficiary assessments and validation
- Grants disbursements: disbursement of livelihood grants following training and business plan development
- Vocational and technical training: mapping and selection of skill-building service providers
- Training of male and female beneficiaries in targeted vocation and technical trades
- Microfinance support: mapping and selection of microfinance providers; establish links between providers and beneficiaries (women and men); support targeted capacity of service providers to improve services to the poor; support beneficiaries to access microfinance services

| SHELTER KEY RESULTS | 2011 ANNUAL TARGETS | 2012 ANNUAL TARGETS | GRAND TOTAL |
|---|---------------------|---------------------|-------------|
| Objective 1: T-Shelters: Increase access to safe shelter through the provision of T-shelters (Outcome indicator: Number of households occupying their shelter 6 months after handover) | | | |
| Number of T-shelters provided | 5,000 | N/A | 5,000 |
| Number of households receiving a hygiene kit | 900 | 600 | 1,500 |
| Number of T-shelters with a sanitation solution | 800 | 700 | 1,500 |
| Number of T-shelter households with access to an improved water source | 800 | 700 | 1,500 |
| Objective 2: Alternative shelter solutions: Increase access to safer shelter through the provision of rental and relocation support (Outcome indicator: Number of households occupying the safe shelter 6 months after finalization of grant procedures) | | | |
| Number of households receiving rental/ relocation grants | 1,500 | 1,000 | 2,500 |
| Number and percentage of households remaining in improved shelter conditions after 12 months | 200 | 2,000 | 2,200 |
| Objective 3: Livelihoods: Support targeted shelter solution beneficiaries to become more economically self-reliant through increased access to support packages, skill-building and economic opportunities | | | |
| Number of households that have received a livelihood support grant | 2,500 | 2,500 | 5,000 |
| Number of women and men trained | 250 | 250 | 500 |

ii. Emergency Water and Sanitation

IFRC has been providing large-scale emergency water and sanitation services since early 2010. The transition strategy from camps has been planned for some time now and implementation is underway. Transition from water and sanitation in camps will focus on three key areas: (1) clear and transparent communication with camp populations regarding IFRC transition plans and rationale; (2) establishing a partnership and providing technical as well as financial support to the Haitian national water authority, DINEPA; and, (3) working with camp leadership committees to help them better understand options for accessing water and sanitation services in both public and private markets.

The IFRC emergency water and sanitation plan of action will therefore focus on:

1. Transition from emergency water
2. Transition from emergency sanitation
3. Hygiene promotion
4. Haitian Red Cross capacity-building

The water and sanitation team will also provide support in the neighbourhoods targeted by INA. This support is summarized earlier in the document and is not repeated below.

The transition strategy reflects the need for sustainable water and sanitation infrastructure in Haiti. To this end, IFRC is constructing water reservoirs that support private vendors to provide water to IDP camps. IFRC is also working with DINEPA so that they resume responsibility for providing water to the population through water trucking as well as through the network, which will be progressively repaired. This includes transferring institutional capacity to the public authorities through technical advice, training and provision of 15 water trucks and supplies. The Memorandum of Understanding with DINEPA was signed in July 2011.

Goal: Facilitate a responsible scale-down of non-sustainable water and sanitation services (while trying to ensure access through capacity building, small-scale rehabilitation and comprehensive beneficiary communication approaches).

Objective 1: Transition from emergency water provision while increasing awareness of and access to safe water.

Key Programme Activities

- Work with DINEPA to take over water trucking in targeted camps
- Work with DINEPA to construct and rehabilitate water kiosks in targeted neighbourhoods surrounding key camps
- Facilitate water and sanitation solutions among neighbourhood community members and private water providers
- Develop and implement a 2-way beneficiary communication strategy ensuring women, girls, boys and men in the camps are aware of water delivery conclusion and where nearest safe water sources are located, and have an opportunity to comment or ask questions

Objective 2: Transition from emergency sanitation service provision while increasing awareness of and access to sanitation solutions.

Key Programme Activities

- Decommission emergency latrines
- Work with DINEPA to take-over latrine desludging in targeted camps
- Assess sustainable sanitation options
- Provision of neighbourhood sanitation solutions in targeted neighbourhoods surrounding camps
- Develop and implement a 2-way beneficiary communication strategy ensuring women, girls, boys and men in the camps are aware of the decommissioning of latrines and the options for sanitation; the strategy will also allow camp residents to make comments and ask questions

Objective 3: Hygiene knowledge and behaviour is improved in camps and targeted surrounding neighbourhoods

Key Programme Activities

- Hygiene promotion campaigns are conducted repeatedly in all IFRC water and sanitation camps
- Hygiene promotion campaigns are conducted in neighbourhoods surrounding camps where some water and sanitation services are improved
- Support and training is provided to both women and men in targeted neighbourhoods surrounding camps to create neighbourhood water and sanitation management structures
- Support and training is given to hygiene promoters and community groups involved in Community Based Health and First Aid (CBHFA) in collaboration with the HRC Health Department

Objective 4: Strengthen HRC capacity in water, sanitation and hygiene promotion (Not included in results table; progress reported quarterly only in narrative section)

Key Programme Activities

- Water and sanitation technical workshops conducted with key HRC staff and volunteers (try and ensure a gender balance in workshops)
- Joint management of the DINEPA agreement
- HRC key staff participate in water and sanitation assessments and hygiene promotion activities
- HRC participates in the recruitment of water and sanitation staff

Haiti Recovery Operation Plan of Action: 2011-2012

Key Results and Timeframe

| EMERGENCY WATER & SANITATION KEY RESULTS | 2011 ANNUAL TARGETS | 2012 ANNUAL TARGETS | GRAND TOTAL |
|---|---------------------|---------------------|-------------|
| Objective 1: Transition from emergency water while increasing awareness of and access to safe water | | | |
| Number of camps where IFRC has ended water service | 66 | 0 | 66 |
| Number of water points serviced by IFRC | 132 | 0 | 132 |
| Number of camps where DINEPA has taken over water-trucking | 15 | 0 | 15 |
| Number of water kiosks constructed by DINEPA | 10 | 22 | 32 |
| Number of water kiosks rehabilitated by DINEPA | 15 | 36 | 51 |
| Number of beneficiaries reached via the communication campaign (disaggregated by sex) | 5,000 | 5,000 | 10,000 |
| Objective 2: Transition from emergency sanitation while increasing awareness of and access to sanitation solutions | | | |
| Number of camps where IFRC has ended sanitation services | 32 | 0 | 32 |
| Number of emergency latrines that have been decommissioned or serviced by DINEPA | 397 | 381 | 778 |
| Number of beneficiaries reached by the communication campaign (disaggregated by sex) | 5,000 | 5,000 | 10,000 |
| Objective 3: Hygiene knowledge and behaviour is improved in camps and targeted surrounding neighbourhoods | | | |
| Number of water and sanitation management committees formed during emergency operations. | 66 | 0 | 66 |
| Number of beneficiaries reached by more than one hygiene promotion activity (disaggregated by sex) | 250,000 | 0 | 250,000 |

iii. Water, sanitation and health in Leogane

The IFRC recovery operation has been delivering water, sanitation, hygiene promotion and community based health and first aid (CBHFA) programming in Leogane since July 2010. The Leogane team will engage in the integrated neighbourhood approach (INA), through provision of water, sanitation, hygiene promotion and CBHFA inputs in support of Spanish Red Cross shelter activities (INA site 7), while also continuing implementation of their existing recovery programme, as described below, through to December 2012. Thus, this section is focusing only on stand-alone project activities.

To synthesize here are the mains activities in Leogane :

| LEOGANE | KEY RESULTS | OVERALL TARGETS | KEY RESULTS | OVERALL TARGETS | GRAND TOTAL |
|-------------------|--|------------------|--|------------------|------------------|
| | Integrated Neighbourhood Approach projects | | Stand-alone Recovery Projects | | |
| WATER | Support Spanish Red Cross shelter activities with water supply inputs. | 2,203 households | Provide access to safe water supply. | 5,000 households | 7,203 households |
| SANITATION | Support Spanish Red Cross shelter activities with water sanitation and hygiene promotion inputs. | 2,203 households | Increase access to sanitation facilities. | 2,000 households | 4,203 households |
| HEALTH | Community based health and first-aid | 4,408 households | Increase awareness of health information via community-based health and first-aid. | 2,000 households | 6,408 households |

Introduction: Leogane is located some 29 km (18 miles) west of Port-au-Prince and was at the epicentre of the 2010 earthquake. The IFRC sub-office in Leogane is focussed on delivering water and sanitation, hygiene promotion and health services to the local population. The water, sanitation and hygiene promotion project in Leogane is contributing to improving the health status among identified women, girls, boys and men through construction of new water points, rehabilitation of water points affected by the earthquake, construction of sanitary facilities at household and communal level and hygiene promotion activities in camps and communities. The project adopts a community based approach to ensure the sustainability of newly built/rehabilitated facilities.

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Goal: Contribute to improvement of the health status of 20,000 people in 3 target sections of Leogane through improving access to safe water, sanitation and hygiene knowledge by end December 2012.

Objective 1: Increase access to safe water supply for 20,000 beneficiaries at household and community level by November 2012.

Key Programme Activities

- Construction and rehabilitation of 46 water facilities, including:
 - Construction of 20 water points/bore holes
 - Rehabilitation of existing 20 water points
 - Construction of 6 distribution networks

Objective 2: Increase access to sanitation facilities for 24,165 beneficiaries at household and community level by November 2012.

Key Programme Activities

- Construction of 1,200 household latrines
- Construction of 100 communal latrines in schools and public spaces
- Construction of 1,300 hand-washing facilities and provision of 1,300 metallic garbage bins

Objective 3: Enhance participation of women, girls boys and men in water and sanitation related activities to ensure sustainability by November 2012.

Key Programme Activities

- Establish relationship with 46 water point/sanitation communities and identify hardware needs
- Facilitate communication between 46 water points/sanitation stakeholders (beneficiaries, CASEC, DINEPA)
- Formation of 46 water committees as per DINEPA regulations
- Conduct 6 operation and maintenance training sessions (water technicians and/or pump operators, committee members responsible)
- Conduct water quality analysis and feedback to 46 water point communities after constructing/rehabilitating the water point.

Objective 4: Improve community knowledge, attitude, and practice on safe water, sanitation and hygiene by November 2012.

Key Programme Activities

- Conduct baseline survey (46 water points)
- Select and train 166 hygiene promotion community volunteers
- Develop and distribute hygiene promotion implementation tools
- Implement hygiene promotion in the community/schools PHAST/CBHFA methodology
- Distribute cleaning tool kits to 1,300 sanitation beneficiaries.
- Conduct endline survey

Key Results and Timeframe

| WATER, SANITATION & HYGIENE PROMOTION IN LEOGANE KEY RESULTS | 2011 ANNUAL TARGETS | 2012 ANNUAL TARGETS | GRAND TOTAL |
|--|---------------------|---------------------|-------------|
| Objective 1: Increase access to safe water supply for 20,000 beneficiaries at HH and community level by November 2012 | | | |
| Construction of water points/bore holes | 5 | 15 | 20 |
| Rehabilitation of existing water points | 5 | 15 | 20 |
| Construction of distribution networks | 1 | 5 | 6 |
| Objective 2: Increase access to sanitation facilities for 24,165 beneficiaries at HH and community level by November 2012 | | | |
| Construction of household latrines | 300 | 900 | 1,200 |
| Construction of communal latrines in schools and public spaces | 25 | 75 | 100 |
| Construction of hand-washing facilities | 325 | 975 | 1,300 |
| Distribution of maintenance tools | 25 | 75 | 100 |
| Distribution of metallic garbage bins | 325 | 975 | 1,300 |
| Objective 3: Enhance community participation in water and sanitation related activities to ensure sustainability by November 2012 | | | |
| Establish relationship with water point/sanitation communities and indentify hardware needs | 11 | 35 | 46 |
| Facilitate communication between water points/ sanitation stakeholders (beneficiaries, CASEC, DINEPA) | 11 | 35 | 46 |
| Formation of water committees as per DINEPA regulations. | 11 | 35 | 46 |
| Conduct operation and maintenance trainings | 1 | 5 | 6 |
| Objective 4: Improve community knowledge, attitudes, and practices on safe water, sanitation and hygiene by November 2012 | | | |
| Train community hygiene promotion volunteers | 42 | 124 | 166 |

Leogane health programme

Health programming in Leogane aligns with the overall goal of the Haitian Red Cross health and care programme, 'to significantly strengthen the capacity of target communities to prevent and manage injuries and common health problems in emergency and non-emergency situations'. The activities in Leogane are consistent with objective 4 of the Health and Care programme:

Haiti Recovery Operation Plan of Action: 2011-2012

- Objective 4: Implementation - Improved knowledge of health and disease prevention and increased and sustained health-seeking behaviours in targeted communities.

According to needs analyses undertaken in Leogane, services are delivered through the four recommended components of the health and care programme as required:

- Community health, including maternal, newborn and child health
- Emergency health
- Psychosocial support programming
- HIV and AIDS

| HEALTH PROGRAMME IMPLEMENTATION IN LEOGANE KEY RESULTS | 2011 ANNUAL TARGETS | 2012 ANNUAL TARGETS | GRAND TOTAL |
|---|---------------------|---------------------|-------------|
| <i>Objective 1: Improved knowledge of health and disease prevention and increased and sustained health seeking behaviours in targeted communities.</i> | | | |
| Number of communities mobilized by health programme | 1 | 2 | 3 |
| Number of women, girls, boys and men reached with tailored health interventions | | 10,000 | 10,000 |
| Number of community health volunteers trained | 70 | | 70 |

iv. Relief

As of mid-2011 more than 600,000 remain in camps in Port-au-Prince and surrounding areas. While numerous camps have been closed, some forcibly, there are informal reports of new persons coming in to camps as families move out (some from the provinces while others are from other camps that have closed or have experienced problems). While the overall trajectory remains positive, it is clear that the camp populations will remain for some time unless significant Government support and direction are provided. While the UN is concerned about the lack of resources for camp and camp management, the Government remains concerned that on-going services in camps delays returns to neighbourhoods and areas of origin. To address these seemingly competing concerns the IFRC will provide tarpaulins for targeted needy families to provide protection from the heat and rains for 2011 only. While needs may need to be re-assessed in late 2011/early 2012, IFRC does not have any plans currently to continue relief distributions into 2012. In the event of a large natural disaster exceeding the HRC capacity and current stocks, a separate appeal will be made.

Relief Focus:

1. Emergency shelter – replacement of tarpaulins
2. On-going monitoring and preparedness

Objective One: Increase access to emergency shelter for households in need of replacement tarpaulins

Key Programme Activities

- Monitoring and gender-sensitive needs assessments
- Tarpaulin distributions, 2 per household
- Distribute hygiene parcels

Objective Two: Maintain preparedness to respond to emerging, unmet needs

Key Programme Activities

- On-going monitoring and gender-sensitive situation assessments
- Gender-sensitive field assessments in targeted camps
- Upgrade relief database and protocols based on experience and lessons learned from the past year for application in subsequent operations

Key results and timeframe

| RELIEF KEY RESULTS | 2011 ANNUAL TARGETS |
|--|---------------------|
| <i>Objective 1: Increase access to emergency shelter for households in need of replacement tarpaulins</i> | |
| Number of families receiving tarpaulins | 103,000 |
| Number of tarpaulins distributed | 240,000 |

v. Violence Prevention

Social, economic, and political upheaval, limited security provision to protect communities, combined with mass displacement after the earthquake, congested urban areas, high youth unemployment and crime has left Haiti's communities acutely vulnerable to violence. While various forms and types of violence were prevalent before the earthquake, protection issues of the most vulnerable have been exacerbated. Particularly affected are women, youth, the elderly, infirm or people with disabilities, single parents, care-givers, the displaced, rural immigrants, as well as gay and lesbian communities. Refer to *Appendix A* for more information on the violence prevention initiative.

Goal: Improve community resilience to violence by identifying vulnerable groups and strengthening their protection within programmes. This will be achieved through coordinated implementation of IFRC violence prevention strategies, situational analysis and documentation of reported violence affecting beneficiary communities, as well as development of common response practices for Movement activities in Haiti.

Objective 1: Implement violence prevention strategies and policies of the IFRC across the Movement's programmes, with particular focus on INA and with the wider aim of improving institutional learning on violence prevention within the IFRC.

Objective 2: Monitor and analyze both perceived and real violence in communities.

Objective 3: Develop and implement into programmes common protection practices in response to reported violence (both real and perceived).

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Objective 4: Strengthen representation and voice of the IFRC on matters pertaining to violence mitigation, prevention and response by advocating government and UN Agencies deliver a more timely and comprehensive response to violence in communities.

Key Programme Activities

The following activities cut across all programmes but with priority focus on INA. While targeting beneficiary communities, many of the initiatives particularly those in advocacy will support the wider protection of Haiti's vulnerable groups.

Community-level

- Identify priority vulnerable groups and targeted approaches for their improved protection.
- Develop and apply survey tools on monitoring perceptions of violence in beneficiary communities, to better inform programmes.
- Develop a violence rapid reporting system within all relevant programmes and appropriate response strategies based on referral of victims, advocacy and/or programme adaption.
- Develop mass communications campaigns on violence awareness and prevention with relevant Movement partners.

National-level

- Improve representation of the Movement in Haiti within UN and governmental fora, and common advocacy of community protection issues.

IFRC Programmes

- Map the Movement's direct and indirect violence programming, identify and prioritize gaps while supporting targeted programme development to address these.
- Improve awareness of institutional violence prevention within IFRC departments and programmes.
- Support implementation of best practices and standards (Sphere, IASC guidelines) across IFRC programmes.

5. Pillar Two: National Society Development

a. Support to Haitian Red Cross Strategy 2010 – 2015

Goal: To assist Haitian Red Cross (HRC) to be a strong and reliable civil sector partner to the Government and the people of Haiti while scaling up and sustaining key services in the sectors of disaster management, health and blood to beneficiaries by strengthening the financial, technical and human resource base within the HRC.

The strategy for development of Haitian Red Cross 2012-15 ideally will be integrated within the new capacity building framework established by the secretariat in accordance with the direction provided by the IFRC Governing Board. Development will encompass a series of tools which guide and support the Red Cross Red Crescent towards the implementation of Strategy 2020 and especially Enabling Action 1: Building strong National Societies.

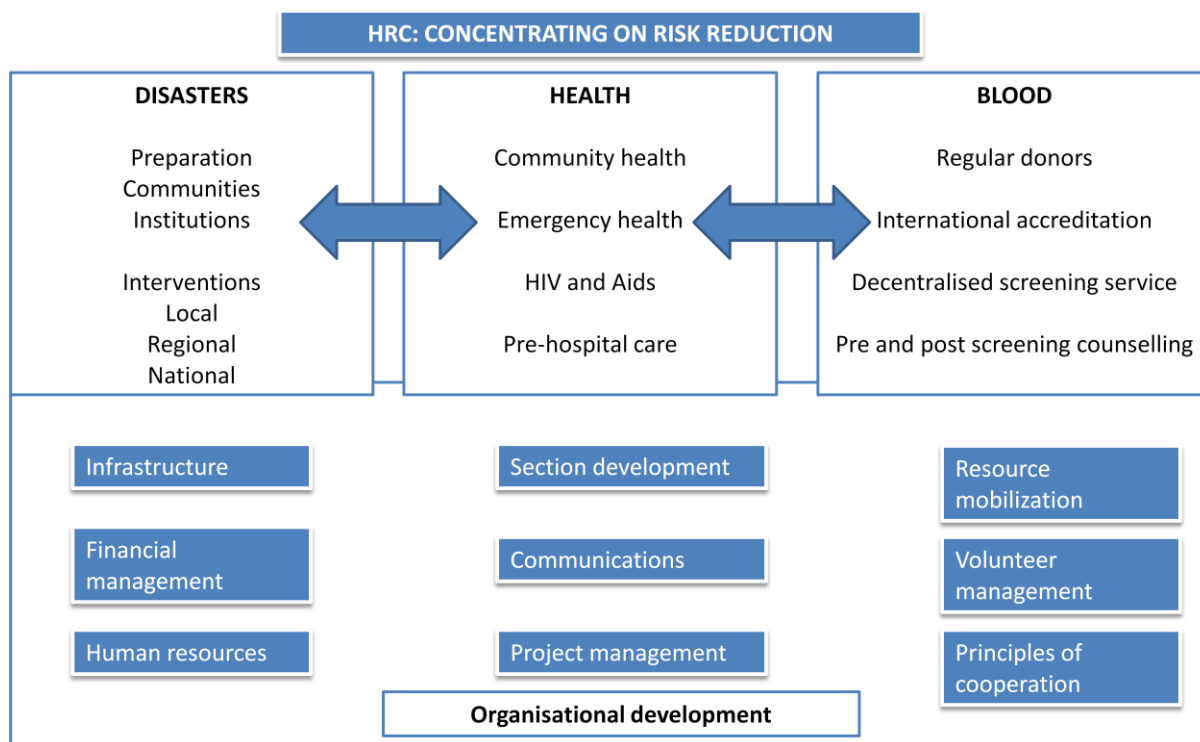
Organizational sustainability for the Haitian Red Cross refers to its capability to maintain core presence and essential business in all circumstances. As the Haitian Red Cross embarks on meeting its self-development objective, knowledge of its strengths, constraints and potential within its own context is a pre-requisite.

The Red Cross Red Crescent Learning and Knowledge Sharing Network aims to stimulate new thinking, set standards, establish curricula of relevance to core business areas, and signpost volunteers and staff towards accredited providers who offer structured learning opportunities. A strong National Society also needs to be a well-connected National Society and have access to the best affordable information and communication technologies. National Societies that are better connected within themselves and with other Societies deepen the “spirit of togetherness” in a practical way by being able to share knowledge and experience that enables all members to play a fuller role within the Federation.

One of these tools is already under implementation in Haiti: Federation-wide reporting. Other initiatives such as the databank will start as Haitian Red Cross senior management has committed to assign resources and start implementation in 2012. Others have to be fully developed including OCAC and new volunteer management initiatives in cooperation with all Federation actors.

The Haitian Red Cross was founded in May 1932 and under its Statutes is mandated to provide a wide range of services to the Haitian population, for which regular contributions from the budget of the Ministry of Health have been received. The mission and vision of the Society were adopted in August 2003 as part of its National Development Plan 2004 - 2008, a comprehensive plan that set out the Society’s vision to re-focus its work and build its capacity to respond to the pressing needs of Haiti’s most vulnerable people.

In December 2009, the Haitian Red Cross General Assembly adopted the Plan of Action 2010-2012, presenting an ambitious list of objectives for the following two years; this was developed in alignment with the Inter-American Plan 2007-2011 and Strategy 2020. This plan has been adjusted to reflect changes in the National Society’s responsibilities and needs following the earthquake and has since become Strategy 2010- 2015. There are now three main pillars to the HRC National Strategic Plan: Disaster Preparedness and Response (DP/DR), Community and Emergency Health and Blood Services, and Organizational Development (OD) as a cross-cutting issue including governance development in a decentralized National Society and improvement of performance in support systems and structures. All these sectoral and functional sub-strategies are guided by an overall vision of reducing risks to society and people.



These priorities were presented in a global Plan of Action by the Haitian Red Cross on 15 December. The Federation is currently working on a detailed support plan in coordination with the Haitian Red Cross' plan of action.

Operating principles

Before presenting the concrete objectives and activities, it is important to acknowledge that the Haitian Red Cross service development strategy is broader than the IFRC Plan of Action. The IFRC is committed to supporting the Haitian Red Cross in a more comprehensive National Society development context and in this regard is providing or facilitating financial, technical and human resource support to the entire Strategy.

This support is provided by strengthening key sectors directly but also by testing new ways of capacity building. These include pooling funds towards a common capacity building strategy so that a fragmented approach which is too project oriented is avoided; it also includes embedding delegates in key functions at Haitian Red Cross middle management level and allowing for the National Society to build capital assets crucial to its long term sustainability.

The following objectives and key activities are the result of this comprehensive view of National Society development.

Objective 1: Support the Haitian Red Cross in implementing their Strategy 2010 – 2015

Key activities:

- Finalize work plans, log frames and budgets for the HRC Strategy 2010-2015.
- Establish and support a National Society working group and its sub groups
- Build management capacities on a national and decentralized branch level
- Human Resources reinforcement (integrated delegates)

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- Build volunteer management systems that are gender-sensitive for adequate local service delivery
- Build project level technical and operational management capacity
- Strengthen human resources, communications and advocacy functions
- Strengthen resource mobilization capacities

Objective 2: Support development of financial resources for cores services and assets of the Haitian Red Cross

Key activities

- Establish and manage a trust fund or capacity building fund for the Haitian Red Cross.
- Continue to build the infrastructure of HRC including the newly acquired base camp. A feasibility study to maximize the development of the compound is commissioned.

Key Results and timeframe

| NATIONAL SOCIETY DEVELOPMENT KEY RESULTS | 2011 ANNUAL TARGETS | 2012 ANNUAL TARGETS |
|--|--|---|
| Objective 1: Support the Haitian Red Cross in implementing their Strategy 2010 – 2015 | | |
| Log frames, work plans and budgets for Strategy 2010- 2015 are developed for all key sectors | Planning documents for 2012-2013 finalized. | Planning documents for 2013-2014 developed and revised. |
| Embedded delegates in place | 5-7 | 5-7 |
| A National Society development working group is established within the membership | National society development working group has developed targets for critical National Society capacity building activities. | National Society development working group targets are fully implemented. |
| Objective 2: Support development of sustaining financial support to the Haitian Red Cross | | |
| A capacity building fund is developed at the minimum amount of 10 million US dollars | Capacity Building Fund has critical amount of funding to support programme and support costs. | |
| The compound development plan is finalized and accepted by the Movement partners | The compound development plan has received critical funding support. | The compound development plan is fully implemented. |

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Support to National Society development has garnered new momentum in 2011 as several significant events have unfolded. These include the arrival in March of the Haitian Red Cross technical advisor; the integration of delegates within HRC in key programmes and support functions and the establishment of the HRC National Society Development Working Group, and several smaller, issue-specific working groups. The working group, chaired by HRC and co-chaired by IFRC, will comprise heads of delegation from any interested Red Cross and Red Crescent partner working in Haiti. Meetings will be held on a monthly basis with an aim to tackle the recommendations of the working group. Issue-specific working groups, composed of a subset of the main working group have already been established to focus on the Trust Fund, resource mobilization and income-generating activities.

The overall purpose of the National Society Development Working Group is to:

1. Establish a platform within the Movement focusing on harmonizing support for National Society development.
2. Support issue-specific working groups to put into practice the recommendations submitted by the working group and endorsed by the chair and supported by the co-chair.
3. Establish an integrated approach and prioritized time table as well as milestones for a sustained National Society Development Plan jointly with Movement partners.

b. Programme Focus Areas and Key Results for 2011 – 2012

i. Health and Care

Goal: To significantly strengthen the capacity of target communities to prevent and manage injuries and common health problems in emergency and non-emergency situations.

Objective 1: Capacity building – Haitian Red Cross (HRC) has enhanced capacity to respond to health needs at the community level with harmonized tools and methodologies.

Objective 2: Tool development – Haitian Red Cross has standard tools to implement health programmes that are developed, tested and standardized.

Objective 3: Coordination – A well functioning coordination mechanism with Movement and external partners is established in support of the Haitian Red Cross' health programme.

Objective 4: Implementation – Improved knowledge of health and disease prevention and increased and sustained health-seeking behaviours in targeted communities.

Based on needs analysis undertaken the four recommended components of the Health Programme are:

- Community health, including maternal, newborn and child health
- Emergency health
- Psychosocial support programming
- HIV and AIDS

Working in these defined areas will allow Haitian Red Cross to focus on a needs-based approach and ensure that the HRC health programme is harmonized with the health programming components that are being implemented throughout the Americas at all levels.

1. Community Health

The capacity of the Ministère de la Santé Publique et de la Population – MSPP - (MOH - Ministry of Public Health and the Population) to respond has been severely affected by the earthquake due to damage to ministry installations including headquarters, hospitals and clinics and due to staff leaving the government services to work with non-governmental organizations (NGOs) and other agencies. The World Health Organization advocates that an effective health system bridges state stewardship/governance with the health needs and demands of the population. Even prior to the earthquake, the MoH struggled to offer health services at all three levels of the health services system, reflected in the fact that the country-wide system provided care to only 20 per cent of the population with the rest being picked up by private sector, traditional healers, NGOs or by faith-based organizations (FBOs). Lack of service quality control and the weak state of the four building blocks for systems strengthening (evidence-based information, human resources, health care financing, and products and technologies) made it impossible for the health system to adequately fulfil its mandate to deliver a care services package able to meet the needs of the Haitian people.

The IFRC will focus on community health interventions working with targeted communities (in camp settings and in settled communities) where activities in line with Ministry of Health (MSPP) in Maternal, Newborn and Child Health (MNCH) will be promoted as well as the use of the Community Based Health and First Aid (CBHFA) approach as the preferred means of addressing community health needs in a holistic manner whilst recognizing that many of the elements also have their own disease-specific or activity-specific tools that are complementary to the CBHFA approach. The integrated community based health approach seeks to produce increased impact that reduces community and individual vulnerabilities and increases community capacity. Community volunteers and households will be empowered to develop and implement their own solutions to health challenges so as to be better prepared and able to respond to their own needs.

2. Emergency Health⁸

The Emergency Health component will focus on but not be limited to:

- Training in and use of the Epidemic Control for Volunteers (ECV) Toolkit
- Water and Sanitation in Emergencies
- HIV and AIDS in Emergencies
- Psychosocial Support Programme in Emergency Settings
- Maternal, Newborn and Child Health (in emergency settings).

During the cholera epidemic Haitian Red Cross volunteers trained in the Epidemic Control for Volunteers (ECV) methodology were able to reach significant numbers of people with key messages. It is important that HRC retains and builds upon this capacity for the health emergencies that will inevitably come. Having the material (including the community tools) in Creole and with graphics and drawings that reflect Haitian demographics will greatly assist in spreading this information. Emphasis will be placed on hurricane season preparedness with DM/DRR.

3. Psychosocial Support Programmes (PSP)

Psychosocial support is a priority sector for Haitian Red Cross and considerable work has begun on building capacity through a programme approach and in fostering Haitian Red Cross leadership.

⁸ The IFRC Secretariat's Cholera operation is scaling down through 2011 and all cholera-related activities will become part of the HRC Health and Care programme, under emergency health in February 2012.

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Haitian Red Cross also wants to build its capacities relying on local expertise and resources such as the Centre for Psycho Trauma, the Faculty of Human sciences and the Faculty of Ethnology that train students in the field of psychology, sociology, anthropology, ethnology, social work and social communication. Haitian Red Cross is willing to engage in the creation of new tools when and if necessary taking into consideration that such tools should be based on assessed needs. Emphasis thus far has been placed on the launching of the partnership / consortium process where all Movement partners will contribute to a single, coherent, harmonized approach to the psychosocial support programme including harmonized basic training.

To-date the PSP team have focused on transitional activities (from emergency to developmental activities) and on setting up the PS department. PSP teams were active in the emergency cholera response and have been working on needs assessments and data analysis. The programme strategy design has been developed so as to ensure partnerships with academia / universities and other partners with a view to responding to PSP needs in emergencies while maintaining a long-term vision for PSP development as a key thematic area in Haitian Red Cross.

4. HIV and AIDS

Prior to the earthquake UNAIDS and WHO estimated that there were 120,000 people living with HIV in the country, of which 53 per cent were women. Before the earthquake Haiti had an adult HIV prevalence of 2.2 per cent and accounted for 47 per cent of all people living with HIV in the Caribbean. First reported in 1979⁹, HIV infections in Haiti increased until the early 1990s. Prevalence then began to decrease, particularly in urban areas. HIV prevalence among pregnant women attending antenatal clinics declined notably from 5.9 per cent in 1996 to 3.1 per cent in 2004. The decline, however, appears to have stabilized at 2.2 per cent prevalence in recent years.

While positive behaviour changes may be in part responsible for the overall decline, significant levels of high-risk behaviour have persisted, particularly in rural areas and among young people. Overall, the negative health, economic, and social impacts of HIV and AIDS continue to be disproportionately high due to limited access to health care, extreme poverty, and AIDS-related stigma and discrimination.

Post-earthquake risks related to HIV transmission have significantly increased as evidence points to an increase in sexual behaviour as witnessed by unwanted pregnancies (mostly in youth) in the camp settings plus evidence of an increase in gender-based violence and transactional and transgenerational sex.

The Haitian Red Cross is a member of the Global Alliance (GA) on HIV and AIDS and has an excellent track record in HIV and AIDS programming- especially in youth peer education using the modified *Together we Can* methodology.

The Haitian Red Cross as part of its GA commitment and with IFRC and PNS support will strive to increase impact in its HIV and AIDS programme through three programmatic outputs:

- Preventing further infection
- Expanding care, treatment, and support
- Reducing stigma and discrimination

⁹ The AIDS epidemic in the Caribbean officially began in 1981 when the first cases of AIDS were recorded in Haiti. However, retrospective analysis of patients affected by Kaposi's sarcoma has shown that the first cases of AIDS had already been documented in 1979. UNAIDS. "The Status of HIV in the Caribbean". 2010.

bolstered by a fourth enabling output:

- Strengthening Haitian Red Cross national and regional capacities to deliver scaled-up programmes.

A component in the HIV programme will address gender-based violence. Since the earthquake, gender based violence has been cited as an increasingly critical issue for women, especially those living in camps for displaced persons and it is frequently under-reported. The post earthquake health cluster is working to ensure that victims of sexual violence are appropriately referred and receive needed attention (clinical care, psychosocial and legal assistance). Another working group focused on sexual and reproductive health is dealing with clinical management of rape, but this remains an area that requires specific attention and strong collaboration, particularly among the community and the primary and secondary levels of the health care system. Gender-based violence is a cross-cutting issue across all four health thematic areas and will be managed by the HIV and AIDS Delegate and Haitian Red Cross counterpart with close links with the Violence Prevention delegate in the Technical Movement Coordination unit and will support the implementation of IASC gender-based violence guidelines across Movement programmes.

Key Results and timeframe

Objective 1: Capacity-building

- At least 1,500 Haitian Red Cross volunteers will be trained in health topics by end 2012. Both women and men will have equal access to volunteering opportunities.
- At least 6 technical counterparts at the branch level will be in place and facilitating health programmes by end 2012.

Objective 2: Tool development

- In pursuance of a harmonized Red Cross Red Crescent health training programme, all RCRC members undertaking health training in Haiti will use HRC approved methodologies and approaches in the four thematic areas by end 2012.
- Methodologies and approaches in the four thematic areas are shared and validated by MSPP.

Objective 3: Coordination

- By end 2011, at least 50 per cent, and by end 2012, 100 per cent of RCRC members are participating in monthly technical working groups and other specific meetings in 4 thematic areas.

Objective 4: Implementation

- By end 2012 at least four communities are mobilized in health programming.

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| Health & Care KEY RESULTS | 2011 ANNUAL TARGETS | 2012 ANNUAL TARGETS | GRAND TOTAL |
|---|------------------------|------------------------|-------------|
| Objective 1: Capacity-building | | | |
| Number of HRC volunteers trained | 1,000 | 500 | 1,500 |
| Number of HRC technical counterparts at branch level where health programmes implementation is taking place. | 3 | 3 | 6 |
| Objective 2: Tool development | | | |
| All RCRC members using HRC approved methodologies and approaches in 4 thematic areas. | 7 | 7 | 14 |
| Methodologies and approaches are shared and validated by MSPP. | 2 | 2 | 4 |
| Objective 3: Coordination | | | |
| Number of RCRC members participating in monthly technical working groups and other specific meetings in 4 thematic areas. | 7 | 7 | 14 |
| Objective 4: Implementation | | | |
| Number of communities mobilized by health programme | 2 | 2 | 4 |

ii. Disaster Risk Management

The Disaster Risk Management (DRM) programme is working at national, branch and community levels to strengthen all facets of disaster risk reduction, preparedness, and response as well as coordination with DRM actors at national, regional and local levels. The programme is based on the 2010 – 2015 Strategic Plan of the Haitian Red Cross (HRC), as well as on the Federation-wide Strategic Framework and its disaster and risk management annex.

The programme will work towards supporting communities with high vulnerability levels through reinforcement of preparedness, response and recovery capacities; education and public awareness campaigns via coordinated interventions; reinforcing HRC disaster preparedness and response mechanisms; strengthening the HRC National Training Centre; and policy making and legal framework.

Goal: Reduce community-level risks and disaster impacts through enhanced disaster and risk management capacity of Haitian Red Cross (HRC) at local, regional and national levels. HRC's national role will be further enhanced through political advocacy for mainstreaming disaster risk reduction within national development and institutional policies and strategies and through scaled-up participation in the National Disaster and Risk Management System structure at all levels.

Objective One: Vulnerable communities have increased knowledge, skills and resources to conduct disaster mitigation, preparedness and response activities

Key Programme Activities

- In urban and rural environments, reinforcement/establishment of community brigades and provision of technical and practical skills to manage first response and disaster preparedness initiatives.
- Natural hazards awareness-raising amongst the general public, community leaders, teachers and students.
- Community-based health and first aid awareness-raising with community leaders and school children.
- Conduct vulnerability and capacity assessment and through this process identify where social micro-projects can be developed.

Objective Two: Enhanced institutional Haitian Red Cross capacity for risk and disaster management at national and community levels.

Key Programme Activities

Strengthening the HRC DRM structure, policies, systems, standard operating procedures and protocols, oriented to an integrated approach with other HRC departments and relevant stakeholders.

- Conduct nation-wide trainings aimed at building the capacity of HRC volunteers to initiate and implement community-based risk reduction activities, and enable volunteers to respond to emergencies more efficiently and effectively.
- Strengthen the service delivery capacity of the HRC National Training Centre.
- Conduct emergency simulation exercises.

Objective Three: Increased HRC coordination and advocacy for comprehensive disaster and risk management within national policies and the institutional framework.

Key Programme Activities

- Intensify the participation of the HRC within the national system structures in the elaboration of policies on the legal framework and the recovery strategy.

First Aid

The National Society's First Aid programme sits within the Disaster and Risk Management department, with a link to the health programme via the Community Based Health and First Aid (CBHFA) methodology. Haitian Red Cross has a long tradition in delivering First Aid training, and thus there is great potential for First Aid to flourish as a commercial enterprise with the establishment of the National Training Centre at Base Camp in Port-au-Prince. There are also opportunities in current community-based programmes to deliver basic First Aid training at the community level, and this is consistently reported by camps and communities as a training that is most appreciated, thus providing life saving information and skills to hundreds and even thousands of people. These opportunities will be explored in this period.

Key Results and timeframe

Objective 1: Vulnerable communities have increased knowledge, skills and resources to conduct disaster mitigation, preparedness and response activities.

- At least three (3) community response teams will be formed and equipped by end 2012.

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- At least three (3) camps/communities will have undertaken mitigation micro-projects by end 2012.

Objective 2: Enhanced institutional Haitian Red Cross capacity for risk and disaster management at national and community levels.

- At least 275 female and male volunteers will have been trained in DRM topics by end 2012.
- It is intended that 13 regional branches will be able to demonstrate increased DRM capacity.

Objective 3: Increased HRC coordination and advocacy for comprehensive disaster and risk management within national policies and the institutional framework.

- HRC is as an active participant in national DRM platforms and commissions.

| DISASTER RISK MANAGEMENT KEY RESULTS | 2011 ANNUAL TARGETS | 2012 ANNUAL TARGETS | GRAND TOTAL |
|---|------------------------|------------------------|-------------|
| Objective 1: Vulnerable communities have increased knowledge, skills and resources to conduct disaster mitigation, preparedness and response activities | | | |
| Number of community response teams set up and equipped | 1 | 2 | 3 |
| Number of camps/communities reached with mitigation micro-projects | 1 | 2 | 3 |
| Objective 2: Enhanced institutional Haitian Red Cross capacity for risk and disaster management at national and community levels | | | |
| Number of volunteers trained on DRM subjects | 100 | 175 | 275 |
| Number of regional branches with strengthened capacity for risk and disaster management | 4 | 9 | 13 |
| Objective 3: Increased HRC coordination and advocacy for comprehensive disaster and risk management within national policies and institutional framework | | | |
| HRC actively participating in national DRM platforms and national commissions | | | |

iii. Ambulance Services

Introduction: The ambulance service is a long-term national programme of the Haitian Red Cross and has traditionally provided service to road accident victims, and for people in particular need, such as transporting elderly people and pregnant women to hospital. Since October 2010 the ambulance service has been providing a comprehensive transport service for cholera patients in and near Port-au-Prince to cholera treatment centres and units. HRC seeks now to expand upon its national ambulance service capacity in times of disaster.

Goal: To strengthen Haitian Red Cross' capacity to respond to natural disasters through its national ambulance service.

Objective One: Capacity building: The Haitian Red Cross ambulance service is well staffed with trained personnel, volunteers, equipment and tools.

Key Programme Activities

- First aid training and refresher workshop for ambulance volunteers
- Training of medical doctors in classification and stabilization of disaster-affected people

Objective Two: Tool development: The Haitian Red Cross ambulance service has the necessary tools and equipment for emergency response.

Key Programme Activities:

- Acquisition of first aid material and equipment
- Acquisition of ambulances
- Construction of simulation site

Objective Three: Coordination: The HRC ambulance service is well integrated in coordination mechanisms of the Red Cross and Red Crescent and external partners such as the Haitian state, particularly the Ministry of Public Health and the Civil Protection.

Key Programme Activities

- Attend/ conduct regular meetings among partners
- Participate in national clusters and other coordination mechanism

6. An Enabling Environment: Support to Programmes

To help ensure effective outcomes in Haiti recovery, support is provided from three levels - Haiti, Panama and Geneva. Support from these levels is provided to three main client groups – IFRC Haiti secretariat team, Haitian Red Cross, and other National Societies operating in Haiti.

The following section describes in brief the main responsibilities of the various support functions to Haiti Recovery.

a. Movement Coordination

Movement Coordination is a key responsibility of the IFRC secretariat to help ensure efficient and effective outcomes of the relief and recovery portfolio. A memorandum of understanding was signed by IFRC, HRC, ICRC and subsequently 22 PNSs in April 2010 endorsing the importance of performing duties as a Federation. This agreement also endorsed the creation of seven coordination bodies that would assist in the implementation of key functions.

At a strategic level a Federation-wide Strategic Framework was endorsed in March 2011 to help articulate the overall purpose and recommended direction for the membership. This was followed by the emergence or continued development of other 'Federation-wide' initiatives including an Evaluation Framework, a Learning Strategy and renewed interest in accountability initiatives.

To help support these new initiatives and on-going or unmet responsibilities, Movement Coordination staff were hired to fill the following functions: Information Management (August), Violence Prevention (October), Livelihoods (October), Disaster Risk Management (July) and, Water & Sanitation (September). Movement Coordinators for the various programme sectors and cross-

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cutting functions support the secretariat, HRC and membership through coordination, representation, technical support and documentation.

Additionally the Performance and Accountability Working Group was activated in September 2011 and a new working group to support the implementation of the Federation-wide Strategic Framework and the Integrated Neighbourhood Approach, was started in April 2011.

It will take some time to solidify the initiatives along with the newly filled positions; additionally, more resources will be needed for Movement Coordination to fully implement the new initiatives. By June of 2012, the following results are expected:

- Launching of a web-based information management platform to support the data and mapping needs of the membership; this platform will also house Federation-wide reporting and should ease the ability of members to share as well as access Federation-wide data.
- Roll-out of a Federation-wide evaluation framework that clarifies how the membership will identify outcomes and impact; the framework will be supported by a vetted evaluator database to help ensure quality in the measurement of key indicators and implementation of surveys and evaluations that meet professional standards.
- Implementation of a Federation-wide learning strategy that documents, analyzes and applies learning in a number of key areas including - RCRC value-added in urban recovery; minimum standards and key activities in ensuring accountability to beneficiaries; programme integration, and minimum standards in facilitating transition and exit; key learning events in 2012 include a Shelter Review Week (April 2011) and a Learning Conference (2012).

b. Beneficiary Communications

Building strong and resilient communities requires that they are at the centre of the process. This means that we must continually listen to, talk with and involve women, girls, boys and men in the decisions that affect them. Within the IFRC Haiti operation, beneficiary communications supports operational programmes to communicate with and be accountable to their beneficiaries, as well as providing the general population with practical, useful information on topics such as health and weather.

Currently the beneficiary communications programme uses a number of tools to achieve these aims, including SMS, weekly radio shows, posters and leaflets, sound truck and a questions and complaints line. In 2012 a new 2-way phone line will be introduced that will provide information and an opportunity for people to feedback to the IFRC through touchtone surveys.

An evaluation of beneficiary communications in 2011 found that while the programme is doing well at providing people with information (76 per cent of respondents had received information from the Red Cross, 96 per cent of whom reported this as useful information), the level of two-way communication is low (10 per cent). If the Red Cross is to improve its accountability to beneficiaries this figure will need to increase. As 2012 approaches, the integration of beneficiary communications into IFRC operations and the Haitian Red Cross and the willingness of programmes to take on board the feedback of their beneficiaries and use it to shape and refine their activities will be the ultimate goal.

To contribute to this goal, beneficiary communications will focus on four key outcomes in 2012. Firstly, the programme will continue to provide Haitians with useful, practical information they can use in their everyday lives. This information will focus on providing preventative health and disaster

preparedness advice, which the evaluation highlighted as being most valued by Haitians. Regular integrated campaigns, using a range of communication tools from SMS and radio, through posters to sound truck and the new phone line, will be used to deliver this information. Key indicators to measure success will include, number of SMS delivered; number of hours of radio broadcast; number of women, girls, boys and men who listened to a full menu option of information on the Interactive Voice Response (IVR); and number of sites visited by sound truck.

Secondly, beneficiary communications will support operational teams to make sure people know about the Red Cross services and projects that affect them, particularly in relation to the transition of services from camps to communities. Working closely with operational teams, beneficiary communications will help develop transition communications plans that ensure that women, girls, boys and men who have been affected know how and when services will change. These plans will also feed into learning strategy activities which identify minimum standards in facilitating transition and exit. Beneficiary communications will contribute to the success of the Integrated Neighbourhood Approach by embedding tools such as SMS, leaflets and a complaints and questions line into the community mobilization approach, helping to ensure people play an active role in the process. Indicators of success will include number of calls answered by the Noula questions and complaints line; number of sites visited by sound truck.

Thirdly, beneficiary communications will seek to increase the number of ways in which women, girls, boys and men can communicate back with Red Cross, and so improve 2-way communication and accountability. One of the key means of achieving this will be the launch of the new Interactive Voice Response (IVR) phone line, which will not only provide a valuable source of information but also a means of getting beneficiary feedback through surveys that can be completed by touching buttons on a phone. Due to be launched in January 2012, the IVR will provide a key monitoring and evaluation and feedback tool for programmes, and initial surveys planned cover people's satisfaction with shelter, their experiences of physical violence and their use of Red Cross livelihoods grants. The Noula questions and complaints call centre will be expanded and improved, covering more projects and providing a more formal complaints and response mechanism. Beneficiary communications will work with the Performance and Accountability working group and will lead the process to develop Movement-wide minimum standards and key activities in ensuring accountability to beneficiaries. Indicators of success include; number of calls to the radio show; number of calls managed by Noula; number of people to complete a survey on the IVR.

Fourthly, beneficiary communications will work closely with the Haitian Red Cross communications team to develop sustainability plans for key beneficiary communications approaches and tools. These plans will include identifying which areas of beneficiary communications should be carried forward by Haitian Red Cross and the training, funding and human resource requirements to achieve these activities. Indicators of success will include a beneficiary communications sustainability plan agreed with the Haitian Red Cross; the inclusion of beneficiary communications activities within the disaster management and health strategies and plans of action.

c. Support Services

i. Communications

The central thread of communications in the second year of the operation is focused on '*from camp to community*', providing communications materials on the key programme transitions to Red Cross and Red Crescent Movement communications colleagues, beneficiaries, donors and the wider world.

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Reputation management, through production of reactive statements, key messages and robust Q&As also continue to be a priority area. It is recognized that additional emergency communications needs may arise and proactive communications around preparedness for hurricanes and the rainy season continue to be needed.

With less direct media pressure than in 2010, the opportunity exists to plan and execute communications linked to public advocacy priorities such as key advocacy messages or reports, issues briefs and opinion pieces. These products should put Haitian voices and priorities at the centre of external communications and position the Red Cross and Red Crescent as thoughtful leaders.

Supporting the Haitian Red Cross communications objectives is also a priority, through targeted support to specific initiatives and also by providing resources for capacity building activities.

ii. Logistics

In early 2010 the IFRC established a substantial logistics infrastructure in Haiti to support programmes; this represented the biggest logistical operation ever set-up by IFRC in one single country. In 2011, the logistics operation continues to serve the Haiti Recovery Operation with the following services:

- Procurement of supplies and services
- Custom clearing of all goods entering Haiti by air, land and sea
- Receipt and handling of supplies
- Warehousing
- Dispatch and delivery of supplies to sites specified by programme coordinators
- Provision of light vehicles, trucks and heavy equipment to programmes
- Maintenance and reporting of light vehicles, trucks and heavy equipment through the vehicle workshop
- Provision of supplementary logistics services to Partner National Societies e.g. warehousing and custom clearing services.

From 1 July 2011 to 31 December 2012, the IFRC logistics operation will continue its revised right-sizing plans to ensure smooth transition of logistics services to the Haitian Red Cross. This will include establishment of a warehouse, vehicle workshop, ambulance centre and car wash at Haitian Red Cross Base Camp. In close cooperation with the Haitian Red Cross, a selection process will be implemented where logistics-skilled national staff will be thoroughly trained in all the aspects of logistics services to operate and maintain the above-mentioned facilities, preferable as income generating structures. The same training will be made available for PNSs' logistics staff and other organizations through the supplementary services cost recovery plan.

The Logistics department will also continue to provide logistics services to programmes through the Integrated Neighbourhood Approach, and to health and cholera, and disaster risk management programmes of Haitian Red Cross.

iii. Human Resources

The IFRC Human Resources (HR) unit oversees human resource management related to both IFRC operations in Haiti and also provides human resources support to a number of Participating National Societies (PNS) working in Haiti; all activities are undertaken in close collaboration with Haitian Red Cross. This support to the Haiti Operation is in line with the Federation's global HR approach and the Haiti HR Strategy. The unit has five sub-units, learning and development, international staff, national

staff, staff health and strategic human resources, and the unit sits within the IFRC's Support Services team in Haiti.

In 2011, the IFRC HR unit in Haiti is supporting 785 national staff, over 100 delegates/consultants, 1,500 daily workers/volunteers who are working in 25 departments/units. As at 1 July 2011 the unit is staffed by 7 delegates and 11 national staff, and into 2012 it is planned that staffing will be revised to 5 delegates and 12 national staff.

For the period to end 2012, the HR unit will continue to deliver services in accordance with the HR Strategy which identifies priority areas of workforce planning, payroll system, compensation and benefits for international staff and for national staff, learning and staff development, and end of mission surveying. Significant planned outcomes for the period to end 2012 includes a fully computerized payroll system for HRC, PNS and IFRC national staff, continual review and revision of human resource structures along with the terms and conditions for national and international staff, and ongoing provision of skills development opportunities for employees and volunteers that also support operational requirements.

Human Resources will contribute on specific aspects by focusing attention on the headquarters and branches capacity building, specifically leadership development, management development and organizational development. In 2012, the integrated Human Resources Director will be able to support the Haitian Red Cross in improving the Human Resources systems, branches and volunteer management issues.

iv. Security

Reflecting the complex and unstable environment in Haiti, and particularly in Port-au-Prince and surrounding localities, the IFRC established a security unit at Base Camp from early 2010. The security unit operates to ensure the safety and security of Red Cross and Red Crescent activities, programmes and assets throughout Haiti. The unit ensures that the Minimum Security Requirements are implemented and enforced, and advises and assists IFRC and PNS management in the development of appropriate security plans and procedures. The unit also regularly trains national staff in security issues and procedures.

In the period to end 2012, the unit will update security processes and procedures to further improve the IFRC's security management in Haiti. Monitoring and situation analysis of Haiti contextual issues and identification of security trends will continue along with the development and implementation of appropriate responses. The unit will also maintain international staff security awareness through security briefings, radio procedures and trainings as required.

v. Base Camp

The Haitian Red Cross, which lost its headquarters in the earthquake, and IFRC moved to the current Base Camp site in Mais Gate in February 2010. Following an extensive period of negotiations, the land of 10.75 hectares was purchased for Haitian Red Cross in early 2011.

In support of the development of the Haitian Red Cross, Base Camp will be developed to maximize the National Society's potential to deliver services from the site, and to generate income for the National Society through commercial opportunities. Plans in development include the construction of a national training centre by end 2011, which will provide excellent scope for delivering a

Haiti Recovery Operation Plan of Action: 2011-2012

commercial training programme, such as First Aid, in addition to HRC's own training activities for staff, volunteers and communities. A feasibility study will be undertaken in 2011 to assess the potential of the site and the options available to HRC, including establishing a logistics base at Base Camp with a vehicle repair facility. In accordance with the HRC request, IFRC will assist in facilitating development of the site as required.

In this period, the IFRC Base Camp management unit will complete the accommodation transition from tents to air-conditioned containers for international delegates residing at base camp. One hundred accommodation containers have been installed that are accommodating approximately 80 longer term delegates and up to 20 visitors to Base Camp: IFRC staff members from the Americas Zone and other locations, consultants, visiting PNSs and so on. Several tents are being maintained to accommodate visitors during overflow situations. In addition, 24 office containers have been installed and are being maintained, of which two are dedicated meeting rooms.

vi. Risk Management

In alignment with Enabling Action no. 3 "Function effectively as the International Federation" under the IFRC's Strategy 2020, the Secretariat created a full time risk management advisory position in the Haiti operation, which has been staffed since May 2010. The major responsibilities of these advisory services, which are extended to the membership to a large extent, includes risk management capacity building, and implementation of the Federation risk management framework to encourage more effective use of resources by concentrating as much as possible on prevention rather than reaction; fraud and corruption prevention that concentrates on both internal and external threats and dilemmas; legal advisory services to ensure that the interests of the Federation and the funds that have been entrusted to it are protected; and the coordination of regular internal control audits and external financial audits. The advisor acts as an agent for change by making recommendations for continuous improvement, including advocating for the implementation of lessons learned.

Appendix A: Violence Prevention

Social, economic and political upheaval, limited security provision to protect communities, combined with mass displacement after the earthquake, congested urban areas, high youth unemployment and crime has left Haiti's communities acutely vulnerable to violence. As such while various forms and types of violence were prevalent before the earthquake, protection issues of the most vulnerable have been exacerbated. Particularly affected are women, youth, the elderly, infirm or handicapped, single parents, care-givers, the displaced, rural immigrants, as well as gay and lesbian communities.

Understanding the full picture of violence in Haiti, as in all fragile contexts, remains limited owing to significant under-reporting. With the immediate material needs of communities overwhelming the efforts of humanitarian organizations over the past year, addressing violence has been marginalized. However, the move to recovery operations in 2011 calls for greater and immediate attention on the dynamics of violence which threaten both the resilience of communities and the programmes designed to support them.

While reports of violence are increasing, more research and analysis will be advocated for by the IFRC in order to develop evidence-based violence prevention programming, with particular focus on interpersonal forms of violence¹⁰. The few studies by human rights organizations to date reveal alarming trends. The Centre for Human Rights and Global Justice recorded how 70 per cent of a recent 346 respondent survey report being more concerned about sexual violence in February 2011 than before the earthquake¹¹. UNICEF also estimates that presently, more than 1.2 million children are deemed to be extremely vulnerable to violence, exploitation and abuse¹². According to a report by IOM, 24 per cent of those living in camps reported being threatened with forced eviction, while transactional sex and wider instances of sexual violence and other forms of violent abuse of power are also prevalent in camps.¹³

With growing urgency to address violence prevention centrally in programmes in Haiti and worldwide, there has been a proliferation of associated policies and strategies. Their coordinated implementation will be managed by the Violence Prevention delegate within the IFRC secretariat in Haiti's Technical Movement Coordination. Acting as the Haiti focal point on violence prevention for the Federation, the Violence Prevention delegate will liaise with technical movement coordinators for Livelihoods, Shelter and Water and Sanitation; the HIV/AIDS delegate and counterpart in the Haitian Red Cross Health Programme; the Violence Prevention delegate of the Canadian Red Cross and other PNS focal points to be identified; as well as the Violence Prevention focal point for the Americas Region based in Panama (to be advised).

To ensure sustainability of the approach a national counterpart will be trained to take over the position with the ultimate goal of situating this person within the Haitian Red Cross. This approach endeavours to build technical capacity on violence prevention within the Haitian Red Cross, identified within the Strategy on Violence Prevention, Mitigation and Response (2010–2020) as a

¹⁰ Interpersonal violence occurs between people when one person uses his or her power, in any setting, to cause harm physically, sexually or psychologically to a person or a group of people.

¹¹ Centre for Human Rights and Global Justice. (2011). *Sexual Violence in Haiti's IDP Camps: Results of a household survey*. CHRJ, online

¹² Unicef. (2011). *Children in Haiti: One year after – the long road from relief to recovery*. Unicef. New York

¹³ IOM Psychosocial team assessment Haiti, April 2011; 'HAP deployment to Haiti – final report' (2010), Humanitarian Accountability Partnership; 'Driven by desperation' (2011), UNHCR; 'Haiti: Aftershocks: Women speak out against sexual violence in Haiti's camps' (2011), Amnesty International.

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common obstacle facing national societies. This is complemented by the strategic goal of the Canadian Red Cross to promote the creation and maintenance of safe environments within the institutions of the Movement.

Alignment of approach with relevant policies and strategies

Government of Haiti

- Signatory to major international instruments including **CEDAW** (signed in 1980), the **Convention on the Rights of the Child** (signed in 1990), and regional instruments such as the **Inter-American Convention on Human Rights** (ratified in 1977) and the **Inter-American Convention for the Prevention, Punishment and Elimination of Violence against Women**, also referred to as **the Belem Do Para Convention** (ratified in 1997).
- **National Plan** against Violence against Women, plus 5 year plan for Ending Violence Against Women (2011-2016).
- Ministry of Gender's **Action Plan** includes specific focus on promotion and protection of women and girls, specifically on sexual and gender-based violence.

HRC

- The Haitian Red Cross has declared its commitment to aligning its strategies with Strategy 2020, of which one of the three strategic directions is to “**promote social inclusion and a culture of non-violence and peace**”¹⁴.
- The Haitian Red Cross is party to the **Humanitarian Diplomacy Plan of Action for Haiti 2011-2012**.
- The Haitian Red Cross has participated in the ‘Creating Safe Environments in Ten Steps’ programme of the Canadian Red Cross as part of its efforts to build technical awareness of and capacity in violence prevention.

IFRC

- The IFRC has declared its commitment to aligning its strategies with **Strategy 2020**, strategic aim 3 of which is to promote social inclusion and a culture of non-violence and peace.
- Violence Prevention is explicitly addressed in strategic directions 3 and 4 of the **Humanitarian Diplomacy Plan of Action for Haiti 2011-2012**. The International Red Cross Red Crescent Montreal Declaration for Response in Haiti states that “Recognizing the specific needs of vulnerable populations, such as women and children during the relief phase of our operation, the Movement will closely work with Haitian governmental authorities and the Protection Cluster members to actively assist [...] in the **prevention of violence against children and women**...”¹⁵
- Violence Prevention will be a priority thematic area at the **2012 Inter-Americas Conference**
- Violence Prevention will be a key thematic area at the **Americas Strategy (2011-2015)**
- The **Federation Wide Strategic Framework** for Haiti is in-line with the IFRC’s Strategy on Violence Prevention, Mitigation and Response.
- The IFRC has finalized its **Strategy on Violence Prevention, Mitigation and Response (2011–2020)** that places special emphasis on integrating violence prevention into the systems of each National Society and supporting communities to reduce the risk of violence, especially against children and youth.
- The IFRC is in the process of finalizing the IFRC Gender Strategy which will provide a common framework for the IFRC (National Societies and their secretariat) to institutionalize

¹⁴ International Federation of Red Cross Red Crescent. (2009). *Strategy 2020*. Geneva: IFRC

¹⁵ International Federation of Red Cross Red Crescent. (2010). *Commitment for Haiti – Montreal, Canada*. IFRC

gender in planning and implementation of both emergency and longer term development programmes. The Strategy sets out concrete strategic directions at the institutional and programmatic levels to achieve more effective results in reaching out to the most vulnerable. It promotes gender equality at both organizational and programming levels.

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haiti.info@ifrc.org
Web site: www.ifrc.org/haiti/



EMERGENCY APPEAL

28/12/2011

MDRHT008

HAITI EARTHQUAKE

| Budget Group | Multilateral Response | Inter-Agency Shelter Coord. | Bilateral Response | Appeal Budget CHF |
|--|-----------------------|-----------------------------|--------------------|--------------------|
| Shelter - Relief | 40,185,717 | | | 40,185,717 |
| Shelter - Transitional | 4,883,476 | | | 4,883,476 |
| Construction - Housing | 11,305 | 270 | | 11,575 |
| Construction - Facilities | 17,257 | | | 17,257 |
| Construction - Materials | 2,771,094 | | | 2,771,094 |
| Clothing & Textiles | 4,307,739 | | | 4,307,739 |
| Food | 319,009 | | | 319,009 |
| Seeds & Plants | 0 | | | 0 |
| Water, Sanitation & Hygiene | 20,956,936 | | | 20,956,936 |
| Medical & First Aid | 1,079,706 | 23 | | 1,079,729 |
| Teaching Materials | 1,058,555 | | | 1,058,555 |
| Ustensils & Tools | 4,548,769 | | | 4,548,769 |
| Other Supplies & Services | 4,685,430 | 10,000 | | 4,695,430 |
| Emergency Response Units | 0 | | 34,822,773 | 34,822,773 |
| Cash Disbursements | 0 | | | 0 |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | 84,824,993 | 10,293 | 34,822,773 | 119,658,059 |
| Land & Buildings | 2,974,067 | | | 2,974,067 |
| Vehicles Purchase | 1,844,249 | | | 1,844,249 |
| Computer & Telecom Equipment | 1,092,438 | 5,810 | | 1,098,248 |
| Office/Household Furniture & Equipment | 647,580 | | | 647,580 |
| Medical Equipment | 12,775 | | | 12,775 |
| Other Machiney & Equipment | 45,972 | | | 45,972 |
| Total LAND, VEHICLES AND EQUIPMENT | 6,617,080 | 5,810 | 0 | 6,622,891 |
| Storage, Warehousing | 4,286,872 | 6,032 | | 4,292,904 |
| Distribution & Monitoring | 7,453,344 | 3,818 | | 7,457,163 |
| Transport & Vehicle Costs | 11,677,843 | 129,228 | | 11,807,070 |
| Logistics Services | 765,039 | | | 765,039 |
| Total LOGISTICS, TRANSPORT AND STORAGE | 24,183,098 | 139,078 | 0 | 24,322,175 |
| International Staff | 38,203,192 | 252,229 | | 38,455,422 |
| National Staff | 20,108,338 | 25,161 | | 20,133,499 |
| National Society Staff | 5,544,517 | 2,438 | | 5,546,955 |
| Volunteers | 1,070,948 | | | 1,070,948 |
| Total PERSONNEL | 64,926,996 | 279,827 | 0 | 65,206,824 |
| Consultants | 2,657,987 | 1,130,475 | | 3,788,461 |
| Professional Fees | 1,247,085 | 257,936 | | 1,505,021 |
| Total CONSULTANTS & PROFESSIONAL FEES | 3,905,071 | 1,388,411 | 0 | 5,293,482 |
| Workshops & Training | 2,728,742 | 16,727 | | 2,745,469 |
| Total WORKSHOP & TRAINING | 2,728,742 | 16,727 | 0 | 2,745,469 |
| Travel | 2,652,197 | 98,030 | | 2,750,228 |
| Information & Public Relations | 1,449,490 | 35,884 | | 1,485,374 |
| Office Costs | 457,086 | 35,105 | | 492,192 |
| Communications | 1,550,659 | 20,830 | | 1,571,489 |
| Financial Charges | | 723 | | 723 |
| Other General Expenses | 3,311,410 | 2,737 | | 3,314,147 |
| Shared Support Services | | 6,405 | | 6,405 |
| Total GENERAL EXPENDITURES | 9,420,843 | 199,715 | 0 | 9,620,558 |
| Partner National Societies | 10,031,985 | 15,475 | | 10,047,460 |
| Other Partners (NGOs, UN, other) | | 141,429 | | 141,429 |
| TOTAL TRANSFER TO PARTNERS | 10,031,985 | 156,904 | 0 | 10,188,889 |
| Operational Provisions | 24,697,655 | | | 24,697,655 |
| TOTAL OPERATIONAL PROVISIONS | 24,697,655 | 0 | 0 | 24,697,655 |
| Programme and Supplementary Services Recovery | 13,599,976 | 146,409 | 0 | 13,746,384 |
| Total INDIRECT COSTS | 13,599,976 | 146,409 | 0 | 13,746,384 |
| TOTAL BUDGET | 244,936,439 | 2,343,173 | 34,822,773 | 282,102,385 |
| Available Resources | | | | |
| Multilateral Contributions | 227,257,451 | 2,287,560 | | 229,545,011 |
| Bilateral Contributions | | 0 | 34,822,773 | 34,822,773 |
| TOTAL AVAILABLE RESOURCES | 227,257,451 | 2,287,560 | 34,822,773 | 264,367,784 |
| NET EMERGENCY APPEAL NEEDS | 17,678,988 | 55,613 | 0 | 17,734,601 |

MDRHT008 - Haiti - Earthquake

Appeal Launch Date: 13 Jan 10

Appeal Timeframe: 13 Jan 10 to 31 Dec 14

Interim Report

I. Consolidated Funding

| Selected Parameters | |
|---------------------|-----------------|
| Reporting Timeframe | 2010/01-2011/11 |
| Budget Timeframe | 2010/01-2014/12 |
| Appeal | MDRHT008 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|--|---------------------|----------------------------|------------------------------|-----------------------|--------------|-------------|
| A. Budget | 120,046,734 | 46,399,890 | 22,482,445 | 58,806 | 58,291,738 | 247,279,613 |
| B. Opening Balance | 0 | 0 | 0 | 0 | 0 | 0 |
| Income | | | | | | |
| <u>Cash contributions</u> | | | | | | |
| Albanian Red Cross | 15,828 | | | | | 15,828 |
| American Red Cross | 22,196,750 | 15,256,043 | 1,308,224 | | 48,800 | 38,809,817 |
| Andorran Red Cross | 71,872 | | | | | 71,872 |
| Antigua and Barbuda Red Cross | 108,684 | | | | | 108,684 |
| Arcos Dorados B.V. | | | | | 1,215,429 | 1,215,429 |
| Argentine Red Cross | -105,986 | | | | 378,902 | 272,916 |
| Armenian Red Cross Society | 2,098 | | | | | 2,098 |
| Australian Red Cross | 2,393,200 | 516,150 | | | 305,334 | 3,214,684 |
| Australian Red Cross (from Australian Government) | 926,900 | | | | | 926,900 |
| Australia - Private Donors | 439 | | | | | 439 |
| Austrian Red Cross | 36,629 | | | | | 36,629 |
| Austrian Red Cross (from Austrian Government) | | 272,480 | | | 411,795 | 684,275 |
| Austrian Red Cross (from Austria - Private Donors) | | 46,677 | | | | 46,677 |
| Bain & Co. Inc. | 46,921 | | | | | 46,921 |
| Bangladesh Red Crescent Society | 1,099 | | | | | 1,099 |
| Baphalali Swaziland Red Cross Society | 6,889 | | | | | 6,889 |
| Belarus Red Cross | 14,935 | | | | | 14,935 |
| Belgian Red Cross | 16,562 | | | | | 16,562 |
| Belgian Red Cross (Flanders) | 61,454 | | | | | 61,454 |
| Belgium - Private Donors | 14,682 | | | | | 14,682 |
| Belize Red Cross Society | 82,107 | | | | 259,556 | 341,663 |
| Bolivia Private Donors | 830 | | | | | 830 |
| Botswana Red Cross Society | 28,788 | 0 | | | | 28,788 |
| British Red Cross | 148,271 | 822,375 | | | 22,659 | 993,305 |
| British Red Cross (from DEC (Disasters Emergency Committee)) | 1,699,020 | | | | | 1,699,020 |
| British Red Cross (from DFID - British Government) | 1,086,366 | | | | | 1,086,366 |
| Bulgarian Red Cross | 143,520 | | | | 148,680 | 292,200 |
| Cambodian Red Cross Society | 10,415 | | | | | 10,415 |
| Cambodia - Private Donors | | | | | 724 | 724 |
| Canada - Private Donors | 264 | | | | | 264 |
| Canadian Government | 41,158 | | | | | 41,158 |
| CARE International | 68,280 | | | | | 68,280 |
| Caribbean Airlines | | | | | 2,289 | 2,289 |
| CERN Staff Association | 17,000 | | | | | 17,000 |
| Chilean Red Cross | 353,392 | | | | 193,652 | 547,044 |
| China Red Cross, Hong Kong branch | 965,451 | 1,660,187 | | | | 2,625,638 |
| China Red Cross, Macau branch | | | | | 103,000 | 103,000 |
| Colombian Red Cross Society | 431,143 | | | | | 431,143 |
| Consolidated Contractors Co. (CCC) | 72,020 | | | | | 72,020 |
| Costa Rican Red Cross | 528,370 | 221,998 | | | 633,428 | 1,383,795 |
| Credit Suisse | 16,162 | | | | | 16,162 |
| Croatian Red Cross | 194,480 | | | | 107,195 | 301,675 |
| CWT Beheermaatschappij BV | 0 | 66,409 | | | 37,736 | 104,145 |
| Cyprus - Private Donors | 135 | | | | | 135 |
| Czech Government | 81,808 | 0 | | | | 81,808 |
| Czech private donors | 7,300 | | | | | 7,300 |
| Czech Red Cross | | 165,107 | | | | 165,107 |
| Danish Red Cross | 608,449 | 182,700 | | | 342,060 | 1,133,209 |
| Danish Red Cross (from Danish Government) | | 187,706 | | | 375,412 | 563,119 |
| Denmark - Private Donors | 103 | | | | | 103 |
| Dominica Red Cross Society | 66,225 | | | | 39,520 | 105,745 |
| Economist Group | 16,689 | | | | | 16,689 |
| Egyptian Red Crescent Society | | | | | 52,010 | 52,010 |
| Egypt - Private Donors | 513 | | | | | 513 |

| | | | | | | |
|--|-----------|------------|-----------|--------|-----------|------------|
| Ericsson | 513,084 | | | | | 513,084 |
| Estonia Government | 235,246 | | | | | 235,246 |
| Estonia Red Cross | 66,946 | | | | | 66,946 |
| Ethiopian Red Cross Society | 3,000 | | | | | 3,000 |
| European Commission - DG ECHO | 1,216,459 | | | | | 1,216,459 |
| European Economic & Social Committee (EESC) | 19,887 | | | | | 19,887 |
| Finnish Red Cross | 9,290 | | | | | 9,290 |
| Fixed Mobile Convergence Alliance (FMCA) | 11,581 | | | | | 11,581 |
| France - Private Donors | 464 | | | | | 464 |
| French Red Cross | 44,342 | | | | | 44,342 |
| GDF Suez | | | | | 10,613 | 10,613 |
| German Red Cross | 147,264 | | 614,589 | | | 761,854 |
| Germany - Private Donors | 621 | | | | 7,168 | 7,790 |
| Ghana Red Cross Society | | | | | 13,151 | 13,151 |
| Great Britain - Private Donors | 16,412 | | | | | 16,412 |
| Guatemalan Red Cross | 66,500 | -18 | | | | 66,482 |
| Hellenic Red Cross | 73,790 | | | | | 73,790 |
| Hilton Worldwide | 778,977 | | | | | 778,977 |
| Hungarian Red Cross | 41,560 | | | | | 41,560 |
| Icelandic Red Cross | 53,413 | 92,700 | | | | 146,113 |
| IFRC at the UN Inc | -5,387 | | | | | -5,387 |
| IFRC at the UN Inc (from Alcatel Lucent) | 25,839 | | | | | 25,839 |
| IFRC at the UN Inc (from Alcatel-Lucent Foundation) | | | | | 49,665 | 49,665 |
| IFRC at the UN Inc (from Analog Devices Incorporated) | 53,530 | | | | | 53,530 |
| IFRC at the UN Inc (from BlackRock) | 18,738 | | | | | 18,738 |
| IFRC at the UN Inc (from BP Foundation) | 315,459 | | | | | 315,459 |
| IFRC at the UN Inc (from Brazilian Government) | 105,858 | 899,740 | | | | 1,005,598 |
| IFRC at the UN Inc (from CoreLogic) | 22,531 | | | | | 22,531 |
| IFRC at the UN Inc (from DELL Direct Giving Campaign) | 250,053 | | | | | 250,053 |
| IFRC at the UN Inc (from Electronic Theatre Controls, Inc.) | 63,406 | | | | | 63,406 |
| IFRC at the UN Inc (from Fibrogen) | 10,052 | | | | | 10,052 |
| IFRC at the UN Inc (from Gallagher Arthur J. & Co.) | 116,361 | | | | | 116,361 |
| IFRC at the UN Inc (from Gilson Inc.) | 8,081 | | | | | 8,081 |
| IFRC at the UN Inc (from Health Partners of Philadelphia) | 2,158 | | | | | 2,158 |
| IFRC at the UN Inc (from Islamic Heritage) | 3,001 | | | | | 3,001 |
| IFRC at the UN Inc (from Jones Apparel Group) | 130,603 | | | | | 130,603 |
| IFRC at the UN Inc (from Kraft Foods Foundation) | | | | | 951 | 951 |
| IFRC at the UN Inc (from Mellon Bank) | 163,675 | | | | | 163,675 |
| IFRC at the UN Inc (from The Mosaic Company) | 125,027 | | | | | 125,027 |
| IFRC at the UN Inc (from ThermoFisher Scientific) | 24,624 | | | | | 24,624 |
| IFRC at the UN Inc (from United States - Private Donors) | 29,392 | | | | 2,363 | 31,755 |
| IFRC at the UN Inc (from Westminster Presbyterian Church of Munster) | 8,565 | | | | | 8,565 |
| Indian Red Cross Society (from India - Private Donors) | 56,484 | | 7,533 | | | 64,017 |
| India - Private Donors | 308 | | | | | 308 |
| Iranian private donors | 74 | | | | | 74 |
| Ireland - Private Donors | 2,582 | | | | 21,386 | 23,968 |
| Irish Government | | | | | 368,895 | 368,895 |
| Irish Red Cross Society | 574,548 | 870,996 | 718,184 | 59,725 | 1,340,309 | 3,563,763 |
| Irish Red Cross Society (from Irish Government) | | 221,988 | | | | 221,988 |
| Italian Government | 267 | | | | | 267 |
| Italian Government Bilateral Emergency Fund | | | | | 737,681 | 737,681 |
| Italian Red Cross | | 492,975 | 1,232,559 | | | 1,725,534 |
| Italy - Private Donors | 691 | | | | | 691 |
| Jamaica Red Cross | 213,206 | | | | | 213,206 |
| Jamaica Red Cross (from Jamaica - Private Donors) | 265,281 | | | | | 265,281 |
| Japanese Government | 2,425,132 | | | | | 2,425,132 |
| Japanese Red Cross Society | 1,000,000 | 10,000,000 | | | 233,034 | 11,233,034 |
| Japan - Private Donors | 8,894 | | | | | 8,894 |
| Jordan - Private Donors | 2,059 | | | | 7,644 | 9,703 |
| Kazakhstan - Private Donors | 1,645 | | | | | 1,645 |
| Kuwait - Private Donors | 3,156 | | | | 47,218 | 50,374 |
| Kuwait Red Crescent Society | 1,052,147 | | | | | 1,052,147 |
| Latvian Red Cross | 5,870 | | | | | 5,870 |
| Lebanese Red Cross | 45,975 | | | | | 45,975 |
| Liberian Red Cross Society | 4,275 | | | | | 4,275 |

| | | | | | |
|---|-----------|---------|-----------|---------|-----------|
| Libyan Private Donors | 4,063 | | | | 4,063 |
| Lichtenstein - Private Donors | 5,199 | | | | 5,199 |
| Liechtenstein Red Cross | -47,581 | | | 50,000 | 2,419 |
| Lithuanian Red Cross Society | 37,296 | | | | 37,296 |
| Luxembourg - Private Donors | 183 | | | | 183 |
| Luxembourg Red Cross | 18,466 | | | | 18,466 |
| Macedonia private donors | 100 | | | | 100 |
| Malaysian Red Crescent Society | | 7,626 | | 3,268 | 10,895 |
| Malaysia - Private Donors | 31 | | | | 31 |
| Malta Red Cross Society | 63,699 | | | | 63,699 |
| Marriott International Inc. | | | | 7,784 | 7,784 |
| Mauritius Red Cross Society (from Mauritius Private Donors) | 70,097 | | | | 70,097 |
| McDonald corp. | 0 | 513,084 | | | 513,084 |
| Mexican Red Cross | 326,278 | | | | 326,278 |
| Mexico - Private Donors | 1,026 | | | | 1,026 |
| Michelin | 50 | | | | 50 |
| Moroccan Red Crescent | | | | 32,560 | 32,560 |
| Morocco Private Donors | | | | 16,705 | 16,705 |
| Namibia Red Cross | | 39,701 | | 17,015 | 56,716 |
| Nepal Private Donors | 2,039 | | | | 2,039 |
| Nepal Red Cross Society | 1,500 | | | | 1,500 |
| Nestle | 205,655 | | | | 205,655 |
| Netherlands - Private Donors | 1,394 | | | | 1,394 |
| New Zealand Red Cross | 10,000 | | | 865,285 | 875,285 |
| New Zealand Red Cross (from New Zealand Government) | 135,678 | 162,702 | | | 298,380 |
| Nicaraguan Red Cross | 167,971 | | | | 167,971 |
| Nigeria private donors | 220 | | | | 220 |
| Norway - Private Donors | 10,830 | | | | 10,830 |
| Norwegian Red Cross | 1,460,789 | 804,398 | 1,260,847 | 181,422 | 3,707,457 |
| Office of the Representative of the Dalai Lama | | | | 100,000 | 100,000 |
| Oman - Private Donors | 8,556 | | | | 8,556 |
| On Line donations | 894,656 | | | | 894,656 |
| OPEC Fund For International Development | 538,097 | | | | 538,097 |
| Other | 4,557,125 | -1,420 | 0 | | 4,555,705 |
| Pakistan Private Donors | 5,332 | | | | 5,332 |
| Palau Red Cross Society | 6,371 | | | | 6,371 |
| Peruvian Red Cross | 75,674 | -2,958 | | | 72,717 |
| Polish Red Cross | 128,947 | 0 | | | 128,947 |
| Portuguese - Private Donors | 147 | | | | 147 |
| Portuguese Red Cross | | | | 737,078 | 737,078 |
| Procter & Gamble | 5,000 | | | | 5,000 |
| Qatar Red Crescent Society | 156,342 | | | | 156,342 |
| Red Crescent Society of the United Arab Emirates | 84,972 | | | 80,000 | 164,972 |
| Red Cross of Cape Verde | 396 | | | | 396 |
| Red Cross of Monaco | | | | 73,649 | 73,649 |
| Red Cross of Montenegro | | | | 5,556 | 5,556 |
| Red Cross of Montenegro (from Montenegro Government) | | | | 87,038 | 87,038 |
| Red Cross of Viet Nam | | | | 21,395 | 21,395 |
| Red Cross Society of China | 2,193,854 | | | 948,891 | 3,142,746 |
| Red Cross Society of China (from Jet Lee One Foundation) | | | | 319,898 | 319,898 |
| Red Cross Society of Côte d'Ivoire | 22,354 | | | | 22,354 |
| Red Cross Society of Georgia | 320 | | | | 320 |
| Red Cross Society of Georgia (from United States Government - Missions) | 680 | | | | 680 |
| Romanian Red Cross | | | | 69,633 | 69,633 |
| Russia - Private Donors | 106 | | | | 106 |
| Saint Kitts and Nevis Red Cross Society | 68,876 | | | | 68,876 |
| Saint Lucia Red Cross | | 44,398 | | 19,028 | 63,426 |
| Saint Vincent and the Grenadines Red Cross | 90,463 | | | | 90,463 |
| Saudi Arabia - Private Donors | 1,075 | | | | 1,075 |
| Save the Children (from Great Britain - Private Donors) | | | | 208,645 | 208,645 |
| Senegal Private Donor | 148 | | | | 148 |
| Seychelles Red Cross Society | 12,948 | | | | 12,948 |
| Seychelles Red Cross Society (from Seychelles private donors) | 26,339 | | | | 26,339 |
| Singapore - Private Donors | 3,405 | | | | 3,405 |
| Singapore Red Cross Society | 583,749 | | | | 583,749 |

| | | | | | | |
|---|--------------------|-------------------|-------------------|---------------|-------------------|--------------------|
| Singapore Red Cross Society (from New Creation Church) | | | | | 20,836 | 20,836 |
| Singapore Red Cross Society (from Rahmatan Lil Alamin (Blessings-to-all) Foundation) | 50,782 | | | | | 50,782 |
| (SITA) Ste Intern. Telecomm. Aeronau | 77,226 | | | | | 77,226 |
| Slovak Red Cross | 159,776 | 59,729 | | | | 219,505 |
| Slovenia Government | 73,746 | | | | | 73,746 |
| Slovenian Red Cross | 106,663 | | | 1,783 | | 108,446 |
| Soft Choice Corporation | | | | 23,069 | | 23,069 |
| Sonesta Maho BC | | | | 26,582 | | 26,582 |
| South Africa - Private Donors | 105 | | | | | 105 |
| Spain - Private Donors | 15,228 | | | | | 15,228 |
| Spanish Red Cross | 729,311 | 219,587 | | 405,734 | | 1,354,632 |
| Sphene International Ltd | 1,570,081 | | | | | 1,570,081 |
| Sri Lanka - Private Donors | 1,036 | 1 | | | | 1,037 |
| SSI (Survey Sampling International) | 20,638 | | | | | 20,638 |
| Suriname Red Cross | 267,126 | | 187,731 | 146,064 | | 600,921 |
| Swedish Red Cross | 4,861,928 | 725,168 | 1,477,170 | 72,932 | | 7,137,198 |
| Swedish Red Cross (from Swedish Government) | 2,734,208 | | | 200,000 | | 2,934,208 |
| Swiss Red Cross | 66,135 | | | | | 66,135 |
| Switzerland - Private Donors | 41,042 | | | 400 | | 41,442 |
| Synovate Inc. | 30,203 | | | | | 30,203 |
| Syrian Arab Red Crescent | 10,027 | | | | | 10,027 |
| Tajikistan - Private Donors | 103 | | | | | 103 |
| Thailand - Private Donors | 52,443 | | | | | 52,443 |
| Thasia International Development Ltd | 53,637 | | | | | 53,637 |
| The Bahamas Red Cross Society | 52,868 | | | 622,924 | | 675,792 |
| The Barbados Red Cross Society | 413,594 | | | | | 413,594 |
| The Canadian Red Cross Society | 7,903,141 | 4,978,111 | | 4,856,271 | | 17,737,523 |
| The Canadian Red Cross Society (from Canadian Government) | 23,082,936 | | 10,570,905 | 200,000 | | 33,853,840 |
| The Gambia Red Cross Society | 1,591 | | | | | 1,591 |
| The Guyana Red Cross Society | | 48,655 | | 20,852 | | 69,507 |
| The Netherlands Red Cross | 5,980,036 | 2,995,720 | | | | 8,975,757 |
| The Netherlands Red Cross (from Netherlands Government) | 735,943 | | | | | 735,943 |
| The Red Cross of Serbia & Montenegro | -700 | | | | | -700 |
| The Red Cross of Serbia & Montenegro (from Government of Serbia & Montenegro) | 172,162 | | | | | 172,162 |
| The Red Cross of Serbia & Montenegro (from Serbia & Montenegro - Private Donors) | 1,739 | | | | | 1,739 |
| The Red Cross of The Former Yugoslav Rep.Macedonia | 47,581 | | | 47,581 | | 95,161 |
| The Red Cross Society of Bosnia and Herzegovina | | | | 31,403 | | 31,403 |
| The Red Cross Society of Bosnia and Herzegovina (from Government of Bosnia & Herzegovina) | 71,953 | | | 99,365 | | 171,317 |
| The Republic of Korea National Red Cross | 94,134 | 265,600 | | | | 359,734 |
| The Republic of Korea National Red Cross (from Republic of Korea - Private Donors) | 545,895 | 60 | | | | 545,955 |
| The South African Red Cross Society | 286,805 | | | | | 286,805 |
| The Thai Red Cross Society | 2,995,652 | | | 1,346,248 | | 4,341,900 |
| The Thai Red Cross Society (from Thai Government) | 30,658 | | | | | 30,658 |
| The Trinidad and Tobago Red Cross Society | 1,262,754 | | | | | 1,262,754 |
| Thomson Reuters | 14,048 | | | | | 14,048 |
| Trinidad & Tobago - Private Donors | | 9,952 | | 5,095 | | 15,046 |
| Ukrainian Red Cross Society | 9,303 | | | | | 9,303 |
| Unidentified donor | 5,199 | | | | | 5,199 |
| United Arab Emirates - Private Donors | 13,084 | | | | | 13,084 |
| United States - Private Donors | 18,089 | | | | | 18,089 |
| Uruguayan Red Cross | | | | 14,205 | | 14,205 |
| VERF/WHO Voluntary Emergency Relief | 7,000 | | | | | 7,000 |
| WIPO /OMPI staff | 1,570 | | | | | 1,570 |
| Xstrata AG | 472,534 | | | 36,371 | | 508,906 |
| Zambia Red Cross Society (from Zambia - Private Donors) | 234 | | | | | 234 |
| Zurich Insurance Company | | | | 239,923 | | 239,923 |
| Z Zurich Foundation | 250,000 | | | | | 250,000 |
| C1. Cash contributions | 110,242,369 | 42,846,328 | 17,377,743 | 59,725 | 19,780,749 | 190,306,914 |

Inkind Goods & Transport

| | | | | | | |
|------------------------------|------------|--|--|--|--|------------|
| American Red Cross | 11,994,165 | | | | | 11,994,165 |
| Austrian Red Cross | 570,822 | | | | | 570,822 |
| Belgian Red Cross | 254,806 | | | | | 254,806 |
| Belgian Red Cross (Flanders) | 1,054,080 | | | | | 1,054,080 |

| | | | | | |
|--|-------------------|----------------|--|--|-------------------|
| British Red Cross | 1,255,290 | | | | 1,255,290 |
| Canadian Government | 909,447 | | | | 909,447 |
| China Red Cross, Hong Kong branch | 814,268 | | | | 814,268 |
| Croatian Red Cross | 140,097 | | | | 140,097 |
| Danish Red Cross | 113,195 | | | | 113,195 |
| Finnish Red Cross | 161,242 | | | | 161,242 |
| French Red Cross | 721,874 | | | | 721,874 |
| Icelandic Red Cross | 52,514 | | | | 52,514 |
| Kuwait Red Crescent Society | 362,340 | | | | 362,340 |
| Luxembourg Red Cross | 348,512 | | | | 348,512 |
| Norwegian Red Cross | 214,548 | | | | 214,548 |
| Red Crescent Society of the United Arab Emirates | 236,100 | | | | 236,100 |
| Spanish Red Cross | 464,194 | | | | 464,194 |
| Swiss Red Cross | 1,017,467 | | | | 1,017,467 |
| Syrian Arab Red Crescent | 154,257 | | | | 154,257 |
| The Canadian Red Cross Society | 1,008,789 | | | | 1,008,789 |
| The Netherlands Red Cross | 4,669,405 | | | | 4,669,405 |
| The Republic of Korea National Red Cross | | 242,631 | | | 242,631 |
| C2. Inkind Goods & Transport | 26,517,414 | 242,631 | | | 26,760,045 |

Inkind Personnel

| | | | | | |
|--------------------------------|----------------|------------------|--|------------------|------------------|
| American Red Cross | 169,470 | 18,503 | | 222,640 | 410,613 |
| Australian Red Cross | 78,867 | 39,750 | | 125,150 | 243,767 |
| British Red Cross | 47,000 | 7,500 | | 84,700 | 139,200 |
| Danish Red Cross | 99,550 | 45,250 | | | 144,800 |
| Finnish Red Cross | | 80,623 | | 151,033 | 231,656 |
| French Red Cross | 36,960 | | | | 36,960 |
| Icelandic Red Cross | | 46,000 | | 31,570 | 77,570 |
| Japanese Red Cross Society | | 499,794 | | | 499,794 |
| New Zealand Red Cross | 55,807 | | | 45,873 | 101,680 |
| Norwegian Red Cross | | 13,787 | | 26,400 | 40,187 |
| Other | 20,387 | 144,410 | | 18,200 | 182,997 |
| Spanish Red Cross | 106,550 | | | | 106,550 |
| Swedish Red Cross | | | | 92,660 | 92,660 |
| Swiss Red Cross | 34,250 | | | | 34,250 |
| The Canadian Red Cross Society | 32,267 | 205,403 | | 396,466 | 634,136 |
| C3. Inkind Personnel | 681,108 | 1,101,020 | | 1,194,692 | 2,976,820 |

Other Income

| | | | | | | |
|--------------------------------------|----------------|---------------|--|-------------|------------------|------------------|
| Balance Reallocation | 72,560 | | | -920 | 0 | 71,640 |
| Fundraising Fees | -297,314 | -1 | | | -15,513 | -312,828 |
| IFRC at the UN Inc allocations | 31,487 | | | | | 31,487 |
| Interest Allocation to Programmes | 52,155 | | | | | 52,155 |
| Programme & Services Support Recover | | | | | 829,000 | 829,000 |
| Services Fees | 327,007 | 36,894 | | | 235,936 | 599,837 |
| Sundry Income | 98 | 16,224 | | | 941 | 17,264 |
| C4. Other Income | 185,994 | 53,117 | | -920 | 1,050,364 | 1,288,554 |

C. Total Income = SUM(C1..C4) 137,626,884 44,243,096 17,377,743 58,805 22,025,805 221,332,333

D. Total Funding = B + C 137,626,884 44,243,096 17,377,743 58,805 22,025,805 221,332,333

Appeal Coverage 115% 95% 77% 100% 38% 90%

II. Movement of Funds

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|----------------------------------|---------------------|----------------------------|------------------------------|-----------------------|--------------|--------------|
| B. Opening Balance | 0 | 0 | 0 | 0 | 0 | 0 |
| C. Income | 137,626,884 | 44,243,096 | 17,377,743 | 58,805 | 22,025,805 | 221,332,333 |
| E. Expenditure | -97,257,453 | -20,361,983 | -14,697,921 | -58,805 | -18,331,498 | -150,707,659 |
| F. Closing Balance = (B + C + E) | 40,369,431 | 23,881,113 | 2,679,822 | 0 | 3,694,307 | 70,624,673 |

III. Consolidated Expenditure vs. Budget

| Account Groups | Budget | Expenditure | | | | | TOTAL | Variance |
|--------------------------------------|------------|---------------------|----------------------------|------------------------------|-----------------------|--------------|-------------|----------|
| | | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | | |
| A | | | | | | B | A - B | |
| BUDGET (C) | | 120,046,734 | 46,399,890 | 22,482,445 | 58,806 | 58,291,738 | 247,279,613 | |
| Relief items, Construction, Supplies | | | | | | | | |
| Shelter - Relief | 40,185,717 | 18,185,406 | 38,796 | | | 18,224,202 | 21,961,514 | |
| Shelter - Transitional | 4,883,476 | 13,028,308 | 151,491 | | | 13,288,202 | -8,404,726 | |
| Construction - Housing | 11,575 | 11,575 | | | | 62,550 | 74,125 | |
| Construction - Facilities | 17,257 | 24,338 | | | | 120,015 | 144,353 | |
| Construction Materials | 2,771,094 | 2,901,711 | 454,850 | 14,461 | | 1,471,667 | 4,842,689 | |
| Clothing & Textiles | 4,307,739 | 3,762,080 | 532,479 | | | 1,780 | 4,296,339 | |
| Food | 319,009 | 327 | | | | 311,782 | 312,110 | |
| Seeds & Plants | | 158 | | | | | 158 | |
| Water, Sanitation & Hygiene | 20,956,936 | 13,826,500 | 4,939,414 | | | 52,466 | 18,818,379 | |

| | | | | | | | | |
|---|--------------------|-------------------|-------------------|-------------------|---------------|-------------------|--------------------|-------------------|
| Medical & First Aid | 1,079,729 | 550,525 | 56,096 | 14,125 | | 99,510 | 720,256 | 359,473 |
| Teaching Materials | 1,058,555 | 43,312 | 113,431 | | | 181 | 156,924 | 901,631 |
| Utensils & Tools | 4,548,769 | 4,463,389 | 1,154 | | | 9,350 | 4,473,893 | 74,876 |
| Other Supplies & Services | 4,695,430 | 495,092 | 190 | | | 6,920 | 502,202 | 4,193,228 |
| Total Relief items, Construction, Supplies | 84,835,286 | 57,292,718 | 6,287,901 | 28,587 | | 2,244,625 | 65,853,830 | 18,981,455 |
| Land, vehicles & equipment | | | | | | | | |
| Land & Buildings | 2,974,067 | 39,652 | | 1,132,224 | | | 1,171,877 | 1,802,190 |
| Vehicles | 1,844,249 | 273,153 | 50,290 | | | | 323,443 | 1,520,806 |
| Computers & Telecom | 1,098,248 | 448,511 | 50,649 | 23,280 | | 391,291 | 913,731 | 184,517 |
| Office & Household Equipment | 647,580 | 232,128 | 72,357 | 24,523 | | 176,283 | 505,291 | 142,289 |
| Medical Equipment | 12,775 | | 12,775 | | | | 12,775 | 0 |
| Others Machinery & Equipment | 45,972 | 23,008 | 6,955 | | | 27,197 | 57,159 | -11,187 |
| Total Land, vehicles & equipment | 6,622,891 | 1,016,453 | 193,026 | 1,180,027 | | 594,770 | 2,984,275 | 3,638,615 |
| Logistics, Transport & Storage | | | | | | | | |
| Storage | 4,292,904 | 2,054,716 | 370,222 | 11,269 | | 43,669 | 2,479,875 | 1,813,029 |
| Distribution & Monitoring | 7,457,163 | 5,177,887 | 799,490 | 121,637 | | 310,993 | 6,410,006 | 1,047,156 |
| Transport & Vehicles Costs | 11,807,070 | 4,530,833 | 1,248,362 | 138,956 | | 738,689 | 6,656,841 | 5,150,229 |
| Logistics Services | 765,039 | 1,319,730 | 128,924 | 1,650 | | 80,411 | 1,530,715 | -765,677 |
| Total Logistics, Transport & Storage | 24,322,175 | 13,083,166 | 2,546,997 | 273,512 | | 1,173,763 | 17,077,438 | 7,244,738 |
| Personnel | | | | | | | | |
| International Staff | 38,455,422 | 7,257,699 | 3,744,257 | 109,491 | 46,283 | 11,554,029 | 22,711,759 | 15,743,663 |
| National Staff | 20,133,499 | 3,573,058 | 2,036,966 | 68,149 | 49 | 3,263,212 | 8,941,434 | 11,192,065 |
| National Society Staff | 5,546,955 | 643,000 | 285,955 | 1,215,760 | | 374,077 | 2,518,793 | 3,028,162 |
| Volunteers | 1,070,948 | 362,828 | 196,019 | | | 130,707 | 689,554 | 381,394 |
| Total Personnel | 65,206,824 | 11,836,585 | 6,263,198 | 1,393,400 | 46,332 | 15,322,025 | 34,861,539 | 30,345,284 |
| Consultants & Professional Fees | | | | | | | | |
| Consultants | 3,788,461 | 1,775,471 | 11,167 | | | 625,087 | 2,411,725 | 1,376,736 |
| Professional Fees | 1,505,021 | 219,284 | 75,815 | 260,646 | | 424,206 | 979,951 | 525,069 |
| Total Consultants & Professional Fees | 5,293,482 | 1,994,755 | 86,981 | 260,646 | | 1,049,294 | 3,391,677 | 1,901,805 |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 2,745,469 | 690,660 | 216,473 | 50,896 | 1,625 | 301,309 | 1,260,962 | 1,484,507 |
| Total Workshops & Training | 2,745,469 | 690,660 | 216,473 | 50,896 | 1,625 | 301,309 | 1,260,962 | 1,484,507 |
| General Expenditure | | | | | | | | |
| Travel | 2,750,228 | 1,051,558 | 205,789 | 18,014 | 4,552 | 822,376 | 2,102,288 | 647,940 |
| Information & Public Relations | 1,485,374 | 302,378 | 68,661 | 13,743 | | 394,921 | 779,703 | 705,671 |
| Office Costs | 1,642,893 | 496,980 | 254,530 | 182,068 | 2,199 | 923,246 | 1,859,024 | -216,131 |
| Communications | 1,571,489 | 169,724 | 43,182 | 36,188 | | 512,966 | 762,060 | 809,430 |
| Financial Charges | -1,149,978 | -1,283,911 | 52,046 | 6,123 | -6 | -382,832 | -1,608,580 | 458,602 |
| Other General Expenses | 272,098 | 206,126 | 40,302 | 584 | | 34,966 | 281,978 | -9,880 |
| Shared Office and Services Costs | -0 | 3,148,720 | 1,957,313 | 202,231 | | -5,825,427 | -517,163 | 517,163 |
| Total General Expenditure | 6,572,104 | 4,091,574 | 2,621,822 | 458,951 | 6,745 | -3,519,784 | 3,659,309 | 2,912,794 |
| Depreciation | | | | | | | | |
| Assets Depreciation | 3,048,454 | 668,476 | 730,246 | | | 63,359 | 1,462,081 | 1,586,374 |
| Total Depreciation | 3,048,454 | 668,476 | 730,246 | | | 63,359 | 1,462,081 | 1,586,374 |
| Contributions & Transfers | | | | | | | | |
| Cash Transfers National Societies | 10,047,460 | 15,475 | | 10,031,986 | | | 10,047,461 | -1 |
| Cash Transfers to 3rd Parties | 141,429 | 193,979 | | | | | 193,979 | -52,550 |
| Total Contributions & Transfers | 10,188,889 | 209,454 | | 10,031,986 | | | 10,241,440 | -52,551 |
| Operational Provisions | | | | | | | | |
| Operational Provisions | 24,697,655 | 233,222 | 93,271 | 102,447 | | 50,585 | 479,526 | 24,218,129 |
| Total Operational Provisions | 24,697,655 | 233,222 | 93,271 | 102,447 | | 50,585 | 479,526 | 24,218,129 |
| Indirect Costs | | | | | | | | |
| Programme & Services Support Recover | 13,409,434 | 5,597,698 | 1,165,876 | 895,729 | 3,556 | 1,045,606 | 8,708,465 | 4,700,970 |
| Total Indirect Costs | 13,409,434 | 5,597,698 | 1,165,876 | 895,729 | 3,556 | 1,045,606 | 8,708,465 | 4,700,970 |
| Pledge Specific Costs | | | | | | | | |
| Pledge Earmarking Fee | 325,450 | 522,597 | 145,475 | 20,661 | 547 | 5,229 | 694,509 | -369,059 |
| Pledge Reporting Fees | 11,500 | 20,094 | 10,717 | 1,080 | | 717 | 32,608 | -21,108 |
| Total Pledge Specific Costs | 336,950 | 542,691 | 156,192 | 21,741 | 547 | 5,946 | 727,116 | -390,166 |
| TOTAL EXPENDITURE (D) | 247,279,613 | 97,257,453 | 20,361,983 | 14,697,921 | 58,805 | 18,331,498 | 150,707,659 | 96,571,953 |
| VARIANCE (C - D) | | 22,789,281 | 26,037,908 | 7,784,523 | 2 | 39,960,240 | 96,571,953 | |