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Emergency appeal operation update

Haiti: Earthquake Recovery

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRHT008
GLIDE n° [EQ-2010-000009-HTI](#)
Operations update n° 29
1 February 2012

Period covered by this Operations Update: July to September 2011.

Appeal target (current): The overall budget is 282,102,385 Swiss francs including the Emergency Response Units (ERUs) value. The current appeal target without the ERUs value is 247,279,612 Swiss francs.

Appeal coverage: 94%

< [Click here](#) view the donor response list, [here](#) to view the interim financial statement up to September 2011 or [here](#) to link to the contact details >

A fleet of water trucks that were transferred to the national water authority by the IFRC now carry the DINEPA logo. In a landmark partnership, the Red Cross Red Crescent has transferred institutional capacity to the public authority through technical advice, training and the provision of vehicles. IFRC



Appeal History

Date	Activity
January 2010	Disaster Relief Emergency Fund (DREF): CHF 500,000 was initially allocated from the Federation's DREF to support the Haitian Red Cross (HRC) to respond
13 January 2010	A preliminary emergency appeal for CHF 10.1m was launched to support the HRC to immediately deliver life-saving assistance to some 20,000 families for nine months
16 January 2010	A revised preliminary emergency appeal with a revised budget of CHF 105.7m to assist up to 60,000 families for three years was issued
9 February 2010	Operations Update n° 5 was published, reflecting revised objectives for the six-month relief phase of the operation under the plan of action, as well as a revised budget of CHF 218.4m, of which CHF 2.07m was designated to support the IFRC's inter-agency coordination for the Shelter and Non-food items (NFI) Cluster
5 October 2010	A summary of the revised plan of action was issued, with a total budget of CHF 314,329,971.

March 2011

The Federation-Wide Strategic Framework was published.

29 December 2011

A [revised summary plan of action](#) was issued on 29 December 2011 to reflect the transition from the emergency relief to the recovery phase of the operation, covering the period July 2011 to December 2012.

Summary: A revised Plan of Action was developed to clearly articulate the IFRC Secretariat actions reflecting programme priorities and funding available to the IFRC Recovery Operation as at July 2011. It covers the period July 2011 through December 2012 and replaces the October 2010 Plan of Action. It is structured around two related pillars identified in cooperation with the Haitian Red Cross: the earthquake recovery operation as pillar one, and national society development and strategy implementation as pillar two. The Plan reflects also a minimized role for IFRC in Haitian Red Cross core services (Health and Care and Disaster Risk Management) and a more focused involvement of IFRC in integrated recovery through the integrated neighbourhood approach (INA) - a strategy encouraging integration of key programmes in targeted urban neighbourhoods.

In addition to direct implementation of key services and progress made as highlighted in this report (shelter, water and sanitation, livelihoods support, community health and risk reduction), the IFRC has provided support services to the Red Cross membership to enable them to meet their objectives in neighbourhoods where they are providing an integrated package of services.

This document is the first quarterly progress report based on the revised Plan of Action, and covers the period July to September 2011.

The situation

On 12 January 2010, a devastating earthquake of magnitude 7.0 struck Haiti. The earthquake's epicentre was 15 km south-west of the country's capital Port-au-Prince, in proximity to the city of Léogâne. According to statistics from the Government of Haiti, the earthquake and the subsequent aftershocks that occurred during the weeks that followed the initial impact left some 300,000 people dead and 2.3 million people displaced. At the same time, 300,000 people were reported injured.

According to the International Organization for Migration (IOM), there has been a decrease in the number of individuals still sheltering in camps as at end September 2011, with 550,560 individuals estimated as remaining in 802 internally displaced persons (IDPs) camps in the affected areas of the country. This is about a 9 per cent decrease from the July 2011 figure, while the sites have also decreased from 894 to 802 sites. The Government of Haiti is moving ahead with its efforts in decongesting camps and relocating IDPs in and around Port-au-Prince. Many of the affected individuals are also under threat of eviction by private landowners¹.

Cholera remains a concern with new cases reported around the country during this reporting period, though at reduced rates compared to the second quarter of 2011. As at 12 September 2011, the cumulative number of reported cases was 452,189, of which 240,323 persons (53 per cent) were hospitalized and 6,334 had died².

Food prices are stable albeit high compared to 2010 due to the impact of inflation, the torrential rains of September 2010 and the higher price of imported goods. Although prices may stabilize while harvests are ongoing, an increase in prices is likely toward March 2012 as food stocks begin to decline.

The Government of Haiti has put in place a new initiative for children's education with the introduction of fee abolition. The initiative aims to encourage parents/guardians to enrol the children in their care in school.

The political situation in the country remained uncertain as a result of the challenges the newly elected president encountered in constituting a government. The rejection of the President's two nominees as prime minister caused a political stalemate in the country which has now been overcome later in the year.

The Haiti National Police continued to collaborate with the UN Stabilization Force in Haiti (MINUSTAH) to enforce and maintain peace in the country, in which violence and demonstrations are recurrent issues.

¹ Source : http://www.cccmhaiti.info/z_dtm_september_2011.php

² Source: http://www.who.int/hac/crises/hti/sitreps/haiti_health_cluster_bulletin_11october2011.pdf

Coordination and partnerships

The Federation's role has been to promote a coherent and unified response and recovery operation by facilitating coordination activities for the International Red Cross and Red Crescent Movement (with Haitian Red Cross, Partner National Societies and the ICRC), and externally with other key operational agencies such as Government authorities, organizations within the United Nations system, other international organizations, and international and national non-government organizations. The IFRC continued to support and facilitate in this direction. Movement Coordination is a key responsibility of the IFRC Secretariat in ensuring efficient and effective operational outcomes, and the Secretariat team in Haiti in collaboration with the Zone office in Panama, has strengthened this service through the appointment of specialists in key programme sectors. The Federation-Wide Reporting System demonstrated accountability of the Movement's actions in Haiti based on the Federation-wide Strategic Framework for Haiti, endorsed in March 2011.

Red Cross Movement partners adhere to all coordination mechanisms put in place as stated in the Movement Cooperation Framework signed in April 2010 between the HRC, ICRC and IFRC. The Movement Platform meets monthly and provides strategic guidance to the membership as required. Movement Operations Committee meetings were held weekly during this reporting period and technical committees continue to meet monthly on managing and coordinating programme implementation based on the Plan of Action of the Haiti operation.

National Society Capacity Building: The IFRC Earthquake Recovery Operation Plan of Action places emphasis on National Society capacity building and development. IFRC has integrated delegates within the Haitian Red Cross (HRC) structure, and these advisers are working with the National Society to strengthen its capacity in critical management functions. The capacity of HRC staff and volunteers is enhanced through trainings and workshops organized by programmatic areas during July and September 2011. The capacity of HRC local branches continues to be strengthened by the operation. The IFRC supported HRC in prepositioning relief items in all its regional branches, with the exception of Gonâve Island, as part of the hurricane preparedness activities in 2011. The IFRC and HRC leadership continue their consultation on how best to support the National Society in the development of the base camp site. Activities undertaken to strengthen the Haitian Red Cross are articulated in detail in the progress reports on programmatic areas in this update.

Red Cross and Red Crescent action

Overview

In this reporting period, 1 July to 30 September 2011, the operation has continued the transition from emergency activities to recovery programming, characterized by a scaling down of emergency response activities, a gradual exit from working in the spontaneous settlements established by persons displaced by the January 2010 earthquake, and a focus on building community resilience through long-term community development interventions via an integrated neighbourhood approach. The targets set in the IFRC Earthquake Recovery Operation Plan of Action are to be achieved by December 2012. In some instances, preparatory work has already started toward the achievement of these targets – advocacy with national authorities, collaboration with other organizations, community mobilization and communication with beneficiaries. In others, work in communities is well underway, through direct implementation by the IFRC and via support to partner national societies who are working in communities. In parallel, some programmes are still undertaking a gradual phasing out from emergency response activities and shifting to longer-term community development. The distribution of emergency relief items concluded in August 2011, and IFRC's water trucking activities in IDP camp sites have discontinued with the transferring of this service to the National Directorate for Water and Sanitation (DINEPA), the government agency responsible for water management.

IFRC's focus is now on scaling-up integrated neighbourhood approach (INA) activities, as well as National Society development, particularly health and care, disaster risk management, ambulance services, and organizational development.

The integrated neighbourhood approach (INA) is a strategy that encourages integration of key programmes in targeted, urban neighbourhoods. In addition to direct implementation of key services, i.e. shelter, water and sanitation, livelihoods support, community health and risk reduction, the IFRC is providing support services to the Red Cross membership to enable them to meet their objectives in neighbourhoods where they are providing an integrated package of services. The IFRC is working with Red Cross partners to coordinate and focus the recovery operation to enable the greatest possible impact.

Progress towards outcomes

Pillar One: Earthquake Operation

1. Integrated Neighbourhood Approach

Goal: To increase access to sustained basic services and improved infrastructure through proven participatory techniques³ designed to increase community ownership

Objective 1: Shelter, water, sanitation and infrastructure support

- **Objective 1.1:** Increase access to safe shelter through a multi-pronged 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.

Objective 3: Community-based support: Mobilization, health, hygiene promotion and risk-reduction:

- **Objective 3.1:** Mobilize community engagement and 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)

Progress

IFRC direct implementation

INA Site 1 – CARREFOUR FEUILLES

Commune: Port-au-Prince

Quartier: Carrefour Feuilles

of households (catchment area): 200

Est. # of beneficiaries: 1,000

Programme Area

Key Interventions and Target Estimates

Shelter

- T-shelters x 45 households
- Yellow house repairs & new house construction
- Rental support
- Infrastructure upgrades

Water

- Provision of safe water storage containers: minimum 45 households
- Community water point/kiosk
- Training in operation and maintenance of water point/s

Sanitation

- Sanitation solutions for t-shelters: 45 households
- Expansion to other community households and/or communal latrines
- Training in operation and maintenance of latrines

Livelihoods

- \$500 grants for up to 200 households

³ Proven participatory techniques include Participatory Approach for Safe Shelter Awareness (PASSA) and Vulnerability Capacity Assessment (VCA).

- Vocational training is available for all registered beneficiaries
- Access to funds for small and medium enterprises

Community Based Health and First Aid (CBHFA); Disaster Risk Management (DRM)

- CBHFA; psychosocial support; reproductive and sexual health, including HIV (as required)
- Vulnerability and Capacity Assessment (VCA); community risk reduction plans
- Hygiene promotion

During this reporting period, the shelter team has constructed both traditional and gabion-basket retaining walls, and has implemented ravine and embankment protection work. Future priorities in Carrefour Feuilles include establishment of solar powered street lighting, road works and demolition works. Registration of the community is complete, a vulnerability and capacity assessment (VCA) has been undertaken and livelihoods support has been initiated. At the same time, there has been continuous engagement with municipal and central government authorities.

Note: Integrated neighbourhood approach (INA) site 2 (Delmas 30 – Creekside), site 3 (Delmas 33, with French Red Cross), and site 4 (Mais Gate) are all in planning phases. These INA sites will be reported upon in future operations updates as planning develops.

IFRC support to French Red Cross

INA Site 5 – Delmas 9, 17, 30⁴ and Croix des Bouquets

Commune:

Quartier:

of households: 1,816

Est. # of beneficiaries: 9,080

Programme Area

Key Interventions and Targets

Shelter

- t-shelters
- Yellow house repair and new house construction
- Rental support
- Infrastructure upgrades

Sanitation

- Sanitation Solutions for all t-shelters
- Improved sanitation at household level for those in new or repaired homes

Livelihoods

- 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

The IFRC has committed to giving financial support to the French Red Cross for implementing work in Delmas 9. Additional support will be provided for livelihoods and small and medium enterprises as requested.

The American Red Cross has established a partnership with the Pan-American Development Foundation (PADF) and Miyamoto Engineering for repair of 5,000 houses in Croix du Pres and other selected sites. As part of this partnership, house repairs will take place in Delmas 9 with the French Red Cross, and IFRC plans to work closely with PADF and the American Red Cross to expand the geographical scope of the house repair programme.

As a first step to ensuring land security in communities, the IFRC has hired consultants to undertake cadastral mapping of communities (Delmas 30, Carrefour Feuilles, Delmas 19, Delmas 9). The objective is to map the houses in the community, and work with the community residents to determine land ownership, and concurrently work with the Government to develop a system of recognition of land ownership.

IFRC Potential Support to British Red Cross

⁴ IFRC support to French Red Cross INA activities in Delmas 30 is in addition to IFRC direct implementation at Delmas 30 –Creekside, INA Site 2

INA Site 6 – DELMAS 19**Commune:****Quartier:****# of households:****Est. # of beneficiaries:****Programme Area****Key Interventions and Targets****Shelter**

- Rental support and resettlement grants
- Demolition and infrastructure upgrades

Sanitation

- Canal rehabilitation (currently underway)

The IFRC has committed to providing technical and financial support for the British Red Cross work in Delmas 19 through design, construction and rehabilitation of over 300 metres of drainage. The pilot phase is now complete with drainage cover installed. Design, specification and tender preparation for phase 2 is underway. All community engagement is being undertaken by the British Red Cross.

IFRC support to Spanish Red Cross**INA Site 7 – LÉOGÂNE 3****Commune:****Quartier:****# of households: 4,400****Est. # of beneficiaries:****Programme Area****Key Interventions and Targets****Shelter**

- T-shelters (Spanish Red Cross)

Water

- 46 water constructions, including new bore holes, new and rehabilitated water points, and water distribution networks

Sanitation

- 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

Community Based Health and First Aid (CBHFA); Disaster Risk Management (DRM)

- CBHFA x 4,408 households
- DRM (Spanish Red Cross)

The IFRC team in Léogâne is supporting the implementation of INA in 14 communities in which the Spanish Red Cross is already working, as defined in a draft agreement between the Spanish Red Cross and the IFRC. From July to September 2011, the IFRC participated in the vulnerability and capacity assessment exercise conducted by the Spanish Red Cross in the communities of Mapou-Buissoniere, Beausejour, Chateau and Nan-Bassin, and commenced implementation of CBHFA modules one to three. The IFRC health team has shared its health plan with the Spanish Red Cross and has engaged in discussions on effective collaboration between stakeholders.

Based on DINEPA recommendations, two water committees have been formed in Derrier Morne, Nan Bassin and Beausejour communities for the management of the water facilities provided to the communities. The IFRC team has also assessed proposed sites for 38 boreholes identified by the Spanish Red Cross in its operational areas.

The IFRC has constructed 187 pit latrines (5.2 percent of target number) and beneficiaries in the target communities are now using these facilities. The latrines were built with the participation of beneficiaries who carried out digging work at sites. In addition, the operation has identified 258 additional sites for pit latrine construction in 3 communities from Deslandes. 40 garbage bins and 90 hand-washing stations have been

established in Deslandes to improve the hygiene habits of the community. Community mobilization is ongoing in Deslandes. New communities have been identified and the IFRC team held community meetings to establish relationships and prepare the communities for more sanitation activities and ensure their participation. The IFRC's community mobilizers continued to monitor sanitation activities in Deslandes during this reporting period. In addition, 59 communities volunteers have been trained in PHAST and have commenced implementing hygiene promotion in Deslandes.

Challenges: For INA sites 1-6, identifying and forming representative committees with each community has been a major challenge in INA target neighbourhoods. Nevertheless, the IFRC team in collaboration with communities is working towards solutions. The IFRC is undertaking training and information dissemination in communities that address attitudes and behaviours. This process will take longer than originally anticipated, however it is considered a worthy investment in order to maximize the potential for sustainability in the longer term.

Relationships with relevant authorities are challenged by the pressure placed on the resources of agencies such as the Mayor's office and the Ministry of Public Works (MTPTC). It is imperative that the IFRC takes an active role in fostering these relationships. While this collaboration is in its infancy, it is an important step in ensuring all projects are assessed and approved by the relevant authorities, and provides a link between the community groups and the respective government offices.

For INA site 7, sporadic civil unrest often affects the general security situation and leads to restriction of movement to Red Cross operational areas.

2. Stand-alone Recovery Projects

2.a Shelter and Settlement Solutions

Goal: Facilitate the transition to a safer and healthier environment for households displaced 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
- Management of day labourers/employees for t-shelter construction
- Skill building and training of 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 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



IFRC T-shelters /IFRC

Progress: Work progressed on transitional shelter (T-shelter) construction during this reporting period. Workers at the IFRC shelter workshop, *Woodstock*, produced items for timber-frame transitional shelters, and teams continued construction at designated sites.

Since the beginning of the operation, the IFRC shelter team has undertaken direct implementation of timber-frame transitional shelters to beneficiaries⁵, and has also provided transitional shelter material kits and technical support to partner national societies (Canadian Red Cross, French Red Cross and Norwegian Red Cross). The IFRC intensified its support to the French Red Cross shelter programme with the signing of a Memorandum of Understanding in September 2011. The IFRC is committed to supporting the implementation of the French Red Cross shelter programme in Croix des Bouquets and Delmas especially in provision of T-shelter and emergency shelter improvement through community capacity building.

All beneficiaries of the IFRC T-shelter project receive water tanks for safe water storage and have access to sanitation facilities. After discussion with implementing partners and beneficiaries, the original design of the timber-frame transitional shelter was modified to include two doors⁶, and was altered to include a veranda.

Beneficiaries of the IFRC T-shelter project were selected based on their vulnerability. Some of the T-shelter sites accommodate families with persons with disabilities, therefore in these cases the T-shelters are adapted to include ramps suitable for wheelchair access and wheelchair friendly latrines are installed. The IFRC collaborated with Handicap International to meet disability access standards.

As the T-shelter sites are newly formed communities, there is little natural social cohesion. In May 2011, IFRC community development facilitators commenced a community engagement process, convening community meetings that aimed to involve at least one representative from each household at the neighbourhood meeting. This was intended to assist understanding of each other and to develop solidarity. These meetings brought together neighbourhoods (i.e. people living in the same block of houses) and discussion was focussed on the problems they encountered and experienced, identifying the issues and then prioritizing them. Main issues were: shelters, e.g. need for a veranda as cooking occurs outside the house, which is problematic when it rains; water, e.g. distribution; sanitation, e.g. desire for hygiene promotion; rubbish disposal; and security, e.g. robberies at the camps (especially raised at La Piste).

The second phase of the process involves convening larger meetings with elected representatives from the neighbourhood blocks. It is through this process that the formation of committees is undertaken to work on issues as prioritized by the neighbourhood blocks. During the reporting period the IFRC team is supporting the La Piste community to form a water committee as a priority, as the free water trucking service provided by IFRC is phasing out. The idea is that the water committee manages the six water points installed at La Piste t-shelter community, which is being provided now by the national water authority, DINEPA, with IFRC providing short-term subsidies for water charges. The plan is for the water committee to open a bank account and save money for future purchase of water from private companies, and for repairs to the water points. The income is generated through collection by the committee of 3 Haitian gourdes per bucket of water. At the moment, the community can pay to the committee instead of the supplier and hence there is saving potential.

The process at Annexe de la Mairie is following the same course as at La Piste. The first meetings were held at neighbourhood level involving 3 blocks of houses of 24 families each. By encouraging people to think about the problems they are encountering at the household level, the facilitators are able to bring these issues up to the community level so that there is commonality and sense of community. An immediate issue at Annexe de la Mairie is water inundation and drainage problems, and a plan is in development to use rubble and create trenches to mitigate flooding

Other community initiatives include leisure activities. IFRC community development facilitators have supported the formation of football teams at La Piste and Annexe de la Mairie with local children. Regular competition games between the two sites are well attended, and are helping to build solidarity and a sense of belonging in communities.

The table below highlights the key results achieved during this reporting period for the stand-alone recovery programme:

⁵ The IFRC has constructed timber-frame transitional shelters at La Piste, Annexe de la Mairie and St. Marc. In addition, the IFRC currently offers a transitional shelter to internally displaced households who either own land, or who have the opportunity to move to a plot of land on which a transitional shelter can be built.

⁶ The original design had just one door; beneficiaries indicated that a second door provided an alternative escape route if attacked, given Haiti's often volatile security situation.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of T-shelters provided	5,000	5,000	1,500	842	407	36	1,285
# of households receiving a hygiene kit	1,500	900	300	-	-	-	632
# of T-shelters with a sanitation solution	1,500	800	300	173	70	0	243
# of T-shelter HHs with access to an improved water source	1,500	800	300	173	70	0	243
# of households receiving a settlement grant	1,500	800	300	766	448	16	1,230

Challenges: The shelter programme is facing supply chain delays in the delivery of construction items. The shelter team continues to negotiate and discuss with suppliers and the logistics department for improvement. In addition, land tenure issues in the country continue to be a significant challenge which work against or cause delay in realizing objectives. Locating land for the construction of T-shelters continues to be a challenge and affects implementation of planned activities. The issue of land especially in Port-au-Prince is challenging due to land ownership.

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

Key Activities

- Beneficiary communication, assessment, selection, validation
- Rental house assessments
- Beneficiary support for ID cards, bank accounts etc.
- Follow-up support and monitoring

Progress: During this reporting period, the IFRC has continued to identify and relocate vulnerable families who formerly lived in makeshift shelters in spontaneous settlements (camps) in Port-au-Prince, to safe shelters through the provision of rental and relocation support. The process begins with the registration of persons living in the camps. Key demographic data⁷ is collected from each household, and based on criteria outlined by the IFRC⁸, vulnerable families are offered rental or relocation support as follows:

- families with 'green houses' which require simple repair work to make them habitable
- families who have identified accommodation in Port-au-Prince that they can rent; the IFRC community shelter teams assess the accommodation sought to ensure that it is secure, has water and sanitation facilities and is seen as a safe dwelling
- families who can relocate to their province of origin.

All beneficiaries are offered health insurance provided by Développement des Activités de Santé en Haïti (DASH). Owners of 'green houses', beneficiaries of rental and relocation support are also provided with a resettlement grant of 500 United States dollars (20,000 Haitian Gourdes). The community teams regularly check-in with beneficiaries to assess their progress and offer follow-up support. The following table presents progress for stand-alone recovery programme:

⁷ Registration of camp residents involves asking the names of the heads of households and all members of the household, their age, sex, employment status, level of education. They are also asked where they lived before the earthquake – whether they were house owners or lived in rented accommodation.

⁸ Vulnerability criteria defined by the IFRC and used for selection of beneficiaries include families affected by the earthquake of 12 January 2010, most vulnerable families which are headed by children or women or with members with disabilities, older persons living alone, amputees or persons disabled as a result of the earthquake.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of households receiving rental/ relocation grants	2,500	1,500	500	147	284	432	863
# of households remaining in improved shelter conditions after 12 months	2,200	200	-	-	-	-	data n/a ⁹

Challenges: A challenge is in identifying shelter solutions that include access to water and sanitation facilities. The project team works in collaboration with the IFRC water, sanitation and hygiene promotion team to ensure that beneficiaries move into safe and secure houses with access to water and sanitation.

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.

Key Activities

- 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 beneficiaries in targeted vocation and technical trades
- Microfinance support: mapping and selection of microfinance providers; establish links between providers and beneficiaries; support targeted capacity of service providers to improve services to the poor; support beneficiaries to access microfinance services

Progress: Each household benefitting from an alternative shelter solution is offered a 'livelihoods grant' in the sum of 250 United States dollars. A second grant (also USD250) is available to the beneficiary on condition that the first grant was well-utilized for livelihoods development. Livelihoods team members visit the beneficiary monthly to monitor their progress and to offer small business training and discuss livelihoods ideas with them. Vocational training opportunities are also discussed with the beneficiary.

The IFRC livelihoods team has over the past months, identified training service providers. In late June 2011, ten persons were enrolled in sewing skills training offered by Haiti Apparel Centre, and as at end July 2011, 7 persons had graduated from this training. In August 44 persons were enrolled in construction training (22 in an electrics course; 22 in a plumbing course) offered by Haiti Tec. By the end of September, 41 persons had graduated from the courses; 19 persons graduated from the electrical course and all 22 persons successfully completed the plumbing course).



Livelihoods grants component of the IFRC shelter programme helps beneficiaries set up petty businesses/IFRC

In July 2011, a training survey was carried out via SMS to 761 beneficiaries to assess their interest in learning new skills and if so, what kind of skills would interest them. Responses received numbered 153, and the feedback indicated that respondents were most interested in learning to drive (45), information technology (19), cosmetology (16) and electrical skills (14). Follow up calls will be done and meetings scheduled to confirm the interests of beneficiaries.

In September, 316 beneficiaries due to receive their second livelihoods grant were surveyed. Ninety-seven per cent said they used their grant for *petits commerces* (small business), a few used a

portion to pay school fees, pay debts and to satisfy other needs for the family. Although almost all have initially used the grant for small business, less than half of them (41 per cent) have invested back a portion of their income into the business. This poses a high risk of cash depletion and loss of income as time progresses. Increasing needs could be forcing them to use whatever cash they have to meet their family needs. There are however around 16 per cent who said they saved a part of

⁹ Data was not available by the close of the reporting period.

their income, while some (5 per cent) have used it to participate in *Sol/Sabotay* (daily/monthly money savings systems either individually or in a group) which helps address some of their cash needs. Sixty three percent said they have savings. Forty five percent reported holding bank accounts, 5 per cent in the *caisse populaire* (cooperative). Overall, the beneficiaries say the grant has helped them meet the needs of the family first and foremost (75 per cent), pay for school (21 per cent) and earn additional income. The table below presents the key results for the reporting period for stand-alone recovery programming:

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of HHs that have received a livelihood support grant (or other form of financial support)	5,000	2,500	1,000	272	314	662	1,248 ¹⁰
# of people trained	500	250	75	7	-	41	48
# of people trained reporting they have a job				N/A	N/A	N/A	N/A

2.b Emergency Water and Sanitation

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 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 camp residents are aware of water delivery conclusion and where nearest safe water sources are located, and have an opportunity to comment or ask questions

Progress: The IFRC water and sanitation team continues to work closely with the Government of Haiti's water and sanitation authority Direction Nationale de l'Eau Potable et Assainissement (DINEPA) in the implementation of the Memorandum of Understanding signed on 14 July 2011. During this reporting period, IFRC has transferred responsibility for water delivery to 17 camps to DINEPA. In September, the IFRC water trucking team delivered clean water to 41 camps and to one cholera treatment centre (CTC), and completed construction work on 6 of 18 planned water kiosks in Ancien Ministère des Femmes - Delmas 31, Parc Maguana Petit Stade - Delmas 31, Quartier Silo - Rue Albert Jod - Village OPHSP, Delmas 89 A impasse Oseille, Delmas 89 B Lindor 1 and Delmas 89 C Lindor 2 (terrain Mano).

A key component of the transition strategy from water distribution is the facilitation of water solutions among neighbourhood community members and private water providers. To facilitate this, the IFRC has been constructing water reservoirs, which support private vendors to provide water to the IDP camps. The support is provided over a period of three weeks of distribution of water to the vendors at a subsidized cost. In week one, the vendor distributes water to the camps at no cost. In weeks two and three, water is still provided to the vendor at no cost, yet the vendor is allowed to distribute the water to the camps at a cost of 3 Haitian Gourdes (USD 0.08) per bucket (5-litre gallon). The funds accumulated from the sale of water in weeks two and three allow the vendor to purchase water from suppliers for resale to persons in the camps at the market rate. In this way, camps are assured a sustainable supply of water over the long term. Since June 2011, 18 water reservoirs have been constructed. The IFRC has identified sites with water reservoirs that can be connected to the DINEPA network.

¹⁰ Results includes household reached through stand-alone recovery programming only.

The next step will be for DINEPA to establish connections between the identified water reservoirs and the network. Throughout the scaling down of water distribution activities, an estimated 230,000 SMS text messages were sent out to beneficiaries by IFRC, informing them of the conclusion of water distribution to the camps.

In addition to the kiosks established, the IFRC water and sanitation programme is supporting water chlorination at 11 water stations in Port-au-Prince; 15 pool testers were provided to DINEPA to enhance chlorine residual control at the stations. The operation continued to support the Morne a Cabris ponds through water trucking. 151 trucks-load of water were supplied to the ponds between August and September 2011. The support is ongoing with two trucks load of water daily.

The national water and sanitation authority, DINEPA, was occupied with organizational restructuring and was not ready to assume all planned activities. The targets below relating to water kiosk activities were delayed by this issue, and equipment procurement challenges. It is expected that the pace of implementation of these activities will increase into 2012.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of camps where IFRC has ended water service	66	66	25	3	3	2	8
# of water points serviced by IFRC	132	132	53	69	66	64	64
# of camps whereby DINEPA has taken-over water-trucking	15	15	15	-	-	15	15
# of water kiosks constructed by DINEPA	32	10	-	-	-	-	-
# of water kiosks rehabilitated by DINEPA	51	15	-	-	-	-	-
# of beneficiaries reached via the communication** campaign	10,000	5,000	2,500	-			Data n/a

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

Key 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

Progress: In the period July to September 2011, 15 camps were handed over to DINEPA, the public authority responsible for sanitation, for latrine desludging works. The operation also supported the UNOPS/DINEPA project in desludging latrines in some camps during the month of September. The IFRC water and sanitation team continued to contribute to sanitation activities in various camps with disinfection, evacuation of solid waste and construction latrines seats and drainage. The water and sanitation programme, as part of its camp transition strategy, collaborated with the shelter team in providing latrine tanks at Woodstock to support the shelter programme at Annexe de la Mairie and La Piste. A total of 128 latrines and 159 showers have been constructed mainly at Annexe de la Mairie and La Piste. In addition, the sanitation team has started construction of permanent communal pit latrines in Block 6, La Piste and Charboniere.

The national water and sanitation authority, DINEPA, was occupied with organizational restructuring and was not ready to assume all planned activities. The targets below relating to IFRC's conclusion of sanitation services and the decommissioning of latrines/transfer of responsibility to DINEPA, therefore, are expected to progress significantly in early 2012.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of camps where IFRC has	32	32	10	1	-	1	1

ended sanitation service							
# of emergency latrines that have been decommissioned or serviced by DINEPA	778	397	16	-	-	8	8
# of beneficiaries reached by the communication campaign	10,000	5,000	2,500		-		Data n/a

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

Key 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 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

Progress:

Teams of hygiene promoters continued their daily campaigns in camps, using an adapted participatory hygiene and sanitation transformation (PHAST) methodology. The teams go door-to-door to disseminate key messages, and also use a peer approach, that is, one peer receiving the key messages passes on those messages to others, increasing the number of persons reached indirectly. The teams also delivered messages on cholera prevention. In the coming weeks, hygiene promoters will also be trained in Community Based Health and First Aid, empowering them to take a more comprehensive package of health promotion messages to the communities in which they work

As part of its transition from delivery of sanitation services to the camps, the sanitation team has been working in La Piste and Annexe de la Mairie with community members to establish committees that will take responsibility for sanitation services, including cleaning of latrines and solid waste collection and removal. A similar approach will be used in Delmas 30.

The IFRC water and sanitation team scaled up hygiene promotion activities in target communities during the third quarter of 2011. Hand-washing campaigns were launched in 25 camps and other public places like Place Gerard Bataille, Durmornay and Tabarre Markets. The campaigns targeted children and adult peer groups in camps, and neighbourhoods with sensitization messages on hand-washing practice, safe water chain, solid waste disposal and the risk of open defecation. The operation installed hand-washing facilities in strategic places in the target neighbourhoods and distributed soap during the sensitization sessions.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of watsan and hygiene promotion management committees formed during emergency operations	66	66	22	-	-	2	2
# of beneficiaries reached by more than one HP activity	250,000	250,000	250,000	20,850	31,103	49,450	49,450

The IFRC water and sanitation programme continued to work closely with Haitian Red Cross; volunteers participated in refresher training to ensure quality of service delivery to beneficiaries. The volunteers also participated in field activities, including water quality control, sanitation services and hygiene promotion activities.

Challenges: The distance where shelter beneficiaries live poses some logistical challenges in terms of accessing these areas to supply latrine and shower construction materials. Some beneficiaries, for example, live

in communities outside Port-au-Prince that are situated far from other beneficiary families. The IFRC water and sanitation team is consulting with the logistics unit for increased resources to reach distantly located families. The team is also exploring the possibility of increased manpower to be able to address this challenge more efficiently.

The socio-political situation in the country is characterized by frequent demonstrations, especially in Port-au-Prince. These events affect community access and movement of Red Cross personnel, and this affects service implementation.

The water, sanitation and hygiene promotion team encountered some challenges in forming and maintaining WatSan and hygiene promotion management committees (objective 3 above). The challenge lies primarily in forming committees in locations that are not natural communities, such as the camps for displaced persons. The water and sanitation team is working with the community development unit in the Shelter programme to work through these issues.

2.c Water, Sanitation and Health in Léogâne

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

Water and Sanitation

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

Key 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

Progress: The IFRC team in Léogâne commenced implementation of the planned activities in August 2001, and as at end September, has completed the rehabilitation of one water distribution network. The rehabilitated distribution network is improving water supply in Kamocil, Kan Rozeau, Badadere, K Tiyut and K Teze communities. The team is also constructing new water points and boreholes in identified communities where assessments have been carried out. During this reporting period, three new water points equipped with public showers were erected in K Tiyut, Kan Rozeau and K Teze. The operation has completed the construction of 5 boreholes, and these facilities are functioning. The process of rehabilitation of some water points was on-going during this reporting period. The Tet Kazeau water point rehabilitation process has been finalized while the one for Nepley was still being processed.



IFRC organizes drawing competitions among children to promote good hygiene practices/IFRC

Hygiene promotion activities targeting water interventions continued to be carried out in the IFRC targeted areas.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of water points/bore holes constructed	20	11	5	-	3	5	8
# of existing water points rehabilitated	20	5	2	-	1	-	-
# of distribution networks constructed	6	1	1	-	-	1	1

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

Key Activities

- Construction of 1,160 household latrines
- Construction of 100 communal latrines in schools and public spaces
- Construction of 1,260 hand-washing facilities and provision of 1,260 metallic garbage bins for households and community facilities.

Progress: The IFRC has also completed a prototype of Ecosan – ecologically friendly latrines where faeces are separated from urine so that the former can be processed to serve as fertilizer; the project will be implemented in areas with a high water table with a good perspective of developing livelihoods.

Sanitation activities carried out during this period focused exclusively in INA areas.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of household latrines constructed	1,160	260	100				
# of communal latrines in schools and public spaces	100	25	10	-	-	-	
# of hand-washing facilities constructed	1,260	285	150	-	-	-	
# of maintenance tools distributed	100	25	5	-	-	-	
# of metallic garbage bins distributed	1,260	285	150	-	-	-	

Objective 3: Enhance community participation in water and sanitation related activities to ensure sustainability by November 2012.

Key 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.

Progress: A total of eight water committees were formed by the community mobilization team. The committees are in K Pity, Modsol, K Eilen, K Madame Francoise and Lot Bo Dlo. The criteria used to set up these committees were based on DINEPA regulations.

The team has assessed proposed sites for 38 boreholes identified by the Spanish Red Cross in its operational areas.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of relationships established with water point/sanitation communities and identify hardware needs	46	17	5	-	-	-	-
Facilitate communication between water points/sanitation stakeholders (beneficiaries, CASEC, DINEPA)	47	17	5	-	-	-	-
# of water committees formed as per DINEPA regulations.	46	17	5	3	6	9	9

of operation and maintenance trainings conducted (water technicians and/or pump operators, committee members responsible)

6 1

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

Key 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.

Progress: The IFRC continued to carry out hygiene promotion using the PHAST methodology. The promotion activities focused on the water component and hand-washing. Implementation of the plan of action drawn up by 5 communities has commenced. Cleaning kits were also distributed and regular cleaning activities in the communities are ongoing.

In addition to these activities, the hygiene promotion team carried out sensitization campaigns on cholera and distributed aqua tablets in communities where new cholera cases were registered. Visibility materials such as banners and posters were produced to intensify hand-washing campaigns and activities in the target communities.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of community hygiene promotion volunteers trained	166	42		23	-	-	23

Health

Health programming in Léogâne 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 Léogâne are consistent with Objective 4 of the health and care programme.

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

Key Activities

According to needs analyses undertaken in Léogâne, 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

Progress: Over the period July to September 2011, the focus was on training volunteers from the communities of Modsol and Neply in various modules of CBHFA, as well as implementation of CBHFA in these communities. A malaria and dengue prevention campaign which included mosquito net distribution, was also implemented in the communities of Modsol and Neply. In these communities, 3,952 people benefited from the campaigns, and 1,627 mosquito nets were distributed to 917 households. In addition, 89 persons were trained to do vulnerability and capacity assessments (VCA). In Mercery, where volunteers were also trained in CBHFA modules 1-3, the topic of gender-based violence (GBV) arose as an issue in the community and will be addressed by the Léogâne health team through the CBHFA approach.

In September 2011, Léogâne's health and care project manager participated in a CBHFA workshop in Panama. The session targeted coordinators and project managers and focused on programme planning, monitoring and evaluation, as well as promoting a common understanding of the CBHFA approach and working with other sectors.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of communities mobilized by health programme	3	1	3	2	2	3	3
# of people reached with tailored health interventions	10,000		1,000	150	275	700	1,125
# of community health volunteers trained	70	70	55	30	25	-	55

2.d Relief

Focus:

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

Objective 1: Increase access to emergency shelter for households in need of replacement tarpaulins

Key Activities

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

Progress: From July to September 2011, relief distributions were considerably reduced as this programme area continued scaling down, reflecting the operation's transition to the recovery phase.

Key Results	Life of project	2011 Annual Target	2011 Target Q3	2011 Result July	2011 Result August	2011 Result September	2011 Result Q3 Total
# of families receiving tarpaulins		103,000	43,000	16,101	4,672	20,761	41,534
# of tarpaulins distributed		240,000		32,202	9,344	41,522	83,068

Objective 2: Maintain preparedness to respond to emerging, unmet needs

Key Activities

- On-going monitoring and situation assessments
- 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

Progress: No major activities were carried out because relief activities scaled down as the operation transited into the recovery phase. While relief activities scaled down towards the end of September 2011, daily monitoring of weather patterns in the Atlantic Ocean as well as tracking of tropical storms and hurricanes was carried out in August and September 2011 and information from the exercise shared with the disaster risk management team.

The relief team continued to carry out assessments of emergency shelter and hygiene activities in 50 camps in Port-au-Prince and ensured that information from the assessment missions were shared with shelter and water and sanitation teams.

The relief programme also continued its collaboration with Haitian Red Cross during this period focusing on enabling the National Society to build on its relief capacity in preparation for full closure of the IFRC relief programme by end 2011.

2.e Violence Prevention

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).

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 Activities:

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 flora, 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.

Progress: Violence prevention planned activities will effectively commence during the last quarter of 2011 as the IFRC is finalizing the recruitment of a violence prevention delegate.

Pillar Two: National Society Development

A. Support to Haitian Red Cross Strategy 2010 - 2015

Goal: To ensure that Haitian Red Cross (HRC) 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, health and blood to beneficiaries by strengthening the financial, technical and human resource base within the HRC

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 National Society working group and its sub groups
- Build management capacities on a national and decentralized branch level
- Embed international delegates in critical functions of middle management
- Build volunteer management systems for adequate local service delivery
- Build project level technical and operational management capacity
- Strengthen human resources, communications and advocacy functions
- Strengthen resource mobilization capacities

Progress: The Haitian Red Cross commenced the process of developing its strategic development plan for 2012-2015. Consultations with local branches have commenced, and feedback from these consultations is expected to contribute to a draft strategic plan to be developed at the headquarters before presentation to Haitian Red Cross management. A final draft will be presented to partners in December 2011 for their input before validation and roll out in 2012.

The IFRC has integrated 5 delegates into the Haitian Red Cross structure, and these specialists are supporting the National Society in critical management and operational activities, including National Society governance, human resources, and the disaster risk management (DRM) programme, which also includes the development of the national training centre.

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

Key Activities:

- Establish and manage a trust fund or capacity building fund for HRC
- 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.

Progress: IFRC is supporting Haitian Red Cross in the development of the Base Camp compound. A consultant has been contracted and has commenced a feasibility study of the compound to determine its potential physical development for HRC offices, and also for income generating purpose.

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

1. 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) capacity to respond to health needs at the community level with harmonized tools and methodologies is enhanced.

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.

Key Activities:

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

Activities undertaken will focus on these four components.

Progress:

Capacity Building

The emergency health team began training volunteers in all branches in the Epidemic Control for Volunteers (ECV) methodology in advance of the hurricane season. Some 35 supervisors from six regional branches (La Gonave, Nord Ouest, Haut Plateau, Bas Plateau, Haut Artibonite, Bas Artibonite) were trained in the ECV approach over a three-day period. This training is extremely important given hurricane (and rainy) seasons, and the likelihood of spikes in cholera cases in these periods. Along with staff trained in psychological support programming (PSP), there are at least ten well-trained staff and volunteers in each of the thirteen regional branches of Haitian Red Cross ready to respond to emergency situations.

In August 2011, 40 supervisors from seven regional branches were trained in the ECV approach over a three-day period in Jacmel. The training was also attended by the Ministry of Health (MSPP) and the Department of Civil Protection as well as a Board Member of the Haitian Red Cross and by the Vice-President of the Haitian Red Cross. A proposal has been submitted by Haitian Red Cross to roll out the training to ensure 1,000 volunteers throughout the country are trained in the methodology. The numbers of volunteers trained in the ECV increased in September with 65 staff and volunteers trained in La Gonave and a further 16 trained in Petit Goâve.

Training in HIV and AIDS awareness was carried out in Gressier for 46 participants plus 53 participants in Delmas. English, Spanish, French and Creole prints of the 'Faces Campaign', a public anti-stigma HIV and AIDS awareness campaign were undertaken, and leaflets in all the aforementioned languages are being developed. These materials will support future HIV and AIDS programme implementation.

Tool Development

In July 2011, the health and care team carried out a review of all CBHFA documents taking into account comments and suggestions from the CBHFA Coordinator at the IFRC Secretariat in Geneva. These documents included the CBHFA plan of action, chronogram, logical framework and budget 2011. All documents are now finalized.

The team is interested in hiring a consultant to assist in the revision of the Haitian Creole translation of the Epidemic Control for Volunteers material. The MSPP has identified some errors in the translation and a need to better incorporate the Haiti context, and they will then validate the material when these issues are addressed. It is expected that the consultancy contract will be signed at the beginning of October with work on the document completed by end 2011.

Posters in Creole for community sensitization on cholera and malaria have been ordered and more copies of the ECV documents in French will be procured for the nationwide roll-out of the methodology.

Health Coordination

The team supported partner national societies and IFRC teams in the field through a field visit to Petit Goâve to support the elaboration of the Norwegian Red Cross CBHFA plan of action for Petit Goâve and Grand Goâve. The team also participated in the recruitment of the Haitian Red Cross coordinator for Petit Goâve to support the implementation of the CBHFA approach. After some discussions, the Italian Red Cross is funding a Community

Health Project using the CBHFA approach in Gressier, and has requested technical assistance which the health team is ready to supply. To ensure that the HRC, IFRC and PNSs have sufficient copies of the manuals, the Health department is making arrangements to procure a container-load of CBHFA manuals (French version) from the IFRC Zone Office in Panama. Negotiations were ongoing with the Swedish Red Cross, who are now providing financial support to CBHFA activities including the translation and printing of materials and purchase of mosquito nets. The Swedish Red Cross will also provide supporting costs for a community health delegate for a one year period. The Republic of Korea National Red Cross has donated a container-load of mosquito nets to the IFRC/HRC health programme. The IFRC/HRC health team for its part has donated 1,300 mosquito nets to the British Red Cross in August 2011 for distribution in La Piste under the CBHFA programme.

In late August 2011, the Health and Care Coordinator, Community Health delegate, head of HRC Health department, HRC Community Health Officer, CBHFA delegates from Canadian Red Cross, Finnish Red Cross, German Red Cross and Norwegian Red Cross participated in a CBHFA meeting in Panama. The meeting targeted CBHFA coordinators and project managers and focused on programme planning, monitoring and evaluation, as well as promoting a common understanding of the CBHFA approach and how to work with other sectors.

The HRC Emergency Health Coordinator actively participated as the Emergency Response Unit team leader during Tropical Storm Emily and Hurricane Irene preparedness sessions in the Emergency Operations Cell.

The first Community Health Working Group meeting was held on 20 September 2011 with representatives from the HRC, IFRC, Canadian Red Cross, German Red Cross and the Haitian School of Community Health. The Ministry of Public Health and Population is also part of this working group but was not able to attend the meeting. This group is the driving force for the consistent nationwide roll-out of CBHFA and will be meeting initially once a month with the next meeting scheduled for 20 October 2011.

IFRC gave technical support to Finnish Red Cross as the latter commenced CBHFA activities. Technical visits were made with the Finnish Red Cross to Martissant in Port-au-Prince and Bas Plateau Central Branch to assess the feasibility of beginning CBHFA in these locations. It is likely that the first activities will be in Bas Plateau and there are discussion for further support with HRC and the Finnish Red Cross on to how support the process through training and technical follow-up.

Implementation

In the psychosocial support programme (PSP), daily activities have been undertaken in the four locations where the programme is implemented: Carrefour, Léogâne, Petit-Goâve and Canapé Vert. Activities are regularly implemented in 33 camps, 133 schools and 4 cholera treatment centres. The activities include:

- Recreational and sporting activities
- Psychosocial semi-structured activities
- Cultural activities
- Summer camps
- Non formal education
- Group discussions in the framework of cholera prevention
- Psychosocial first aid to cholera patients

The Haitian Red Cross PSP programme participated in the first scientific congress of the Haitian Association of Psychologists in July 2011 and submitted two papers: 1) "Emergency psychosocial support intervention and psychosocial programming", and 2) "Belief and perception of the community on cholera".

The second session of the emergency psychosocial response team for regional branches was held from 20 to 25 July 2011, and 30 HRC volunteers from 6 branches were trained.

UNICEF agreed to donate recreational and PSP kits for 13 decentralized emergency response teams plus two additional kits for a mobile emergency PSP response team. In response to a request by UNICEF, the PSP team trained 25 members of the Scouts of Haiti in basic PSP techniques. Pre and post evaluation as well as feedback from participants and representatives from the executive committee of the Scouts of Haiti showed appreciation for training content and facilitation. This is a positive step towards developing an income generating activity for PSP through provision of training services to other organizations.

Positive discussions were also held with Sport Sans Frontières for the participation of 7 PSP volunteers to deliver a training of trainers' curriculum in the context of socio-sporting activities and health/GBV/disasters awareness through sporting activities. This training will likely start in October 2011.

The Red Cross Red Crescent membership has agreed upon a partnership approach for PSP implementation. The Memorandum of Understanding for this partnership was finalized and circulated among partners, including Haitian Red Cross, IFRC, the International Committee of the Red Cross, Italian Red Cross, Icelandic Red Cross and Norwegian Red Cross.

During the first week of August 2011, the PSP programme trained 30 volunteers from Bas-Plateau, Martissant, Cité Soleil, Carrefour Feuilles, and La Piste in emergency psychosocial support response and psychological first aid. The HRC is now able to deploy 19 PSP teams in cases of emergency including 11 in HRC regional branches, 8 in the West Department (including 7 in Port-au-Prince and the Carrefour area).

The PSP team was actively involved in the HRC crisis cell set up for response to Tropical Storm Emily and Hurricane Irene. Two PSP teams were deployed following the passing of Irene. In Fort Liberté (North East), the PSP team provided support to 86 persons who had been evacuated in a high school for three days. In Artibonite, PSP volunteers provided support to three families who had lost relatives in the storm.

The IFRC PSP centre in Copenhagen and Save the Children are jointly developing a new PSP guided activity manual. This manual has been translated to Haitian Creole and the PSP team met with the Save the Children representative in Haiti. It was agreed that the HRC will field-test this manual from October 2011 onwards after a joint Save the Children/HRC training in September 2011.

The British Red Cross and the HRC PSP team have initiated positive talks regarding the integration of PSP related activities of the British Red Cross within the HRC PSP programme and the possibility of British Red Cross joining the PSP Partnership.

In the first two weeks of August, psychosocial support services were provided to more than 8,000 beneficiaries. Over 15,000 clients including children and adolescents were reached with PSP services in September 2011 in seven areas in and around Port-au-Prince, including 33 camps, and five cholera treatment centres.

HRC PSP staff and 5 volunteers participated in a Civil Protection simulation exercise at the International Airport on how to plan a response in the event of an aeroplane accident. The HRC volunteers trained in VCA received a 3-hour awareness session on PSP and supportive communication.

In summary, 315 HRC volunteers have been trained in PSP related activities. Two of the HRC developed methodologies have been shared with and validated by Haiti's Ministry of Public Health and Population (MSPP). The HRC has also mobilized four communities for health programme implementation.

Challenges: Coordination meetings were organized to clarify roles particularly as the IFRC's integrated neighbourhood approach (INA) strategy is being implemented. The health unit also organized meetings and field visits at the sub-delegation in Léogâne on how to further ensure the integration of health and water and sanitation activities of the IFRC.

2. Disaster Risk Management

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

- To set up and equip three (3) community response teams by 31 December 2012.
- To reach three (3) camps/communities with mitigation micro-projects by 31 December 2012.

Key Activities:

- In urban and rural environment, reinforcement/establishment of community brigades and provision of technical and practical skills to manage first response and disaster preparedness initiatives.
- Natural hazards awareness raising in 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.

Progress: The HRC has put in place community emergency teams in certain communities in the country. The teams were trained and equipped at the community level to sensitize the population on disaster preparedness, prevention and mitigation. Each team comprises 5-25 members, according to the size of the community. The training focused on first aid, vulnerability and capacity assessments, Community Based Health and First Aid, household emergency planning and the roles and responsibilities of the team. The trained teams were provided with intervention equipment, such as rain boots, gloves, raincoats,



Haitian Red Cross distributes non-food items/ IFRC

wheelbarrows, shovels, megaphones, and light torches to enhance their activities in their respective communities.

The HRC Disaster Risk Management team was actively involved in preparedness activities for Tropical Storm Emily and Hurricane Irene. “Kouri Di Vwazen’ w” (KDV), a sensitization project was launched on 10 August 2011 to raise awareness amongst the population about hurricanes. This year the project did not focus on hurricanes alone but included information on floods, fire, earthquakes and cholera-related risks. The KDV approach continues to be an effective tool to reach vulnerable communities with disaster prevention and preparedness messages.

The HRC distributed kits of non-food items (NFI) to vulnerable households during the third quarter of 2011. The kits contained basic relief items like mats, blankets and hygiene kits.

Period in 2011	Localities	# of households reached
July	Delmas 32/TerrainAcra	135
August	Haut Artibonite (Ennery)	287
September	Archaie (Courjolle, Toman)	150
Total		572

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

- To train 275 volunteers on disaster risk management subjects by 31 December 2012
- Thirteen (13) HRC regional branches have strengthened their disaster and risk management capacity by 31 December 2012.

Key Activities:

- 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.

Progress: During this reporting period, the HRC’s disaster risk management department trained a total of 118 volunteers and staff from across the country in disaster risk management topics. An emergency simulation exercise based on an aeroplane accident scenario was carried out on the tarmac of the international airport in Port-au-Prince on 29 September 2011. This exercise was organized in collaboration with airport management, with the objective of strengthen the capacity of participants to provide basic first aid in the case of aeroplane accidents.

The HRC completed development of contingency plans for its regional branches during this reporting period. As at end September 2011, 6 regional branches had developed their contingency plans. Staff, volunteers and partners participated actively in the development of these plans in all regional branches. The plans focused mainly on storms, floods and cholera disasters. The HRC continued prepositioning non-food relief items in its

regional branches in preparedness for rapid intervention during disasters. A cumulative total of 25,000 NFI kits have been prepositioned in 13 regional branches as at September 2011.

The HRC Disaster Risk Management department also organized three working sessions on the use of the emergency operation manual. The sessions were attended by staff from other units including health, IT/telecom and the ambulance service.

Another training was organized to strengthen the disaster preparedness capacity of the HRC and included training of a national intervention team.

Region	# of household NFI kits prepositioned
Hinche	3,000
Cap-Haitien	1,200
Gonaïves	500
Port de Paix	1,000
Fort Liberté	800
St Marc	1,000
Petit Goâve	500
Anse à veau	500
Léogâne	500
Les Cayes	1,000
Jacmel	1,000
Jérémie	1,000
Port-au-Prince	13,000
Total	25,000

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

- HRC actively participates in national DRM platforms and commissions

Key Activities:

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

Progress: The disaster management unit of the HRC continued to collaborate with government agencies at the local and national level in its preparedness activities. The National Society worked in collaboration with the National Meteorological Centre during Hurricane Irene. The HRC emergency cell received and exchanged information with the Centre and the information assisted the National Society in strengthening its preparedness activities in all its branches. At the branch level, the HRC is working with the commune administration council (CASEC) and the commune assembly (ASEC). Local authorities like the Civil Protection Agency participated in the contingency planning meetings carried out in some regional HRC branches.

3. Ambulance Services

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

Progress: The ambulance service is a core activity of the Haitian Red Cross, and the National Society is consulting with stakeholders on an approach to scale up its ambulance services in the country. A more comprehensive report of progress will be available in subsequent operations updates.

An Enabling Environment: Support to Programmes

a. Movement Coordination

Technical Movement Coordination was strengthened in this period with the appointment of sector-specific Movement coordinators. Joining the Head of Technical Movement Coordination and the Shelter Movement Coordinator were coordinators for disaster risk management; water, sanitation and hygiene promotion; and information management. Technical committee meetings were held monthly in health, disaster risk management, shelter and water, sanitation and hygiene promotion, and attended by technical officers from the Red Cross and Red Crescent active in those sectors in Haiti.

The coordinator for information management commenced in August 2011 and was tasked with developing a web-based information management system to support Federation planning, coordination, and to connect into a Federation evaluation framework to support outcome analysis and quality assurance. Work also began on the rationalization of Federation-wide data that will serve as the foundation for the on-line system. When the system comes online, Red Cross and Red Crescent members will be able to enter the Federation-wide data on-line from any internet connection.

The Performance and Accountability working group (one of the seven Movement Coordination bodies endorsed in the April 2010 Memorandum of Understanding) was activated in September 2011. Its stated purpose is *“to promote accountability for performance, foster knowledge sharing and oversee the development of a harmonized approach to performance and accountability for the Haiti operation”*. The priorities of the working group are to: 1) develop minimum standards for accountability to beneficiaries; 2) develop a Federation learning strategy; and 3) develop and support a Federation evaluation framework that allows us to collectively identify our impact. Under the learning strategy, the group identified a few initial products for development – guidance on exit strategies; guidance and lessons learned in integrated programming, and guidance and best practices on meeting accountability to beneficiary standards. Four PNS currently participate in this group and others are encouraged to attend and contribute to the above priorities.

In the final quarter of 2011, Movement Coordinators will be appointed to the sectors of livelihoods and violence prevention.

b. Beneficiary Communications

The IFRC beneficiary communications continued to strengthen its relationship with electronic media especially Radio 1 through weekly shows and with stations throughout the country. An additional weekly programme commenced in July on Radio Caraïbes. IFRC also continued to scale up its talk-show with Haitian Red Cross increasingly taking the lead; 71 programmes were broadcast on both Radio 1 and Radio Caraïbes as at end August 2011. Radio equipment has been installed at the new radio studio at the IFRC/HRC Base Camp, and now the weekly *Radyo Kwa Wouj* programme on Radio 1 is being aired from Base Camp. Negotiations are ongoing with Radio Caraïbes to also move broadcasting from their studios to Base Camp. During this reporting period, the programme received listeners' questions and provided expert advice on Tropical Storm Emily, breastfeeding, tuberculosis, HIV and AIDS, and natural disaster information including floods preparedness and recovery, first aid, cholera and health during pregnancy. The newly installed equipment also allows for easy recording of radio spots, sound truck recordings and information for the new Interactive Voice Recognition (IVR) phone line.

A new Red Cross sound truck was introduced in August 2011. The truck is equipped with a sound system that can play recorded and live messages and music on a range of topics, such as disaster preparedness. The sound truck reached 57 sites with Red Cross messages like cholera prevention and treatment during its first month of operation.

The SMS project to manage beneficiaries shelter related issues in collaboration with Noulia, a service call centre continued to progress. The project has received 1,274 calls since the start of the partnership project in October 2010. The questions and complaints service has now been expanded to cover the shelter site in Caradeux. The service is supporting IFRC's water trucking transition strategy in Port-au-Prince. During this reporting period, beneficiary communications supported the closure of 8 water trucking points using SMS, sound truck and posters. 176,670 and 155,054 SMS were sent out respectively in August and September 2011 in the relevant communities throughout the handover process to let people know water sales points and cost.

In its disaster preparedness activities, IFRC beneficiary communications sent warning SMS and carried out radio shows sensitizing the population on Tropical Storm Emily and Hurricane Irene. From 2-4 August 2011, a total of 1.5 million SMS were sent out across the country to help people prepare for Tropical Storm Emily. Between 22 and 23 August 2011, a total of 225,000 SMS were sent to the north and centre of the country with Hurricane Irene warnings. In each case, the messages advised about the storm, its potential impact and precautionary measures to take, such as securing doors and windows and stocking up on water and medicines. The beneficiary communication team also sent SMS immediately following the passing of Hurricane Irene as a reminder of the symptoms of cholera, and the steps to take in case of infection; this message directly reached 123,449 persons.

Partnerships and networking in beneficiary communications continued to be prioritized by the IFRC. While the Communicating with Disasters Affected Communities (CDAC) discontinued activities in Haiti, the IFRC/HRC has continued to feed into CDAC global discussions. The IFRC/HRC joined the Accountability Learning and Working Group which focuses on sharing best practices on beneficiary accountability. IFRC continued to work with IOM and UNOPS in hurricane planning and communications.

The IFRC beneficiary communications team is strengthening its capacity for increased output with the employment of two national staff. The team now has two national staff members working on radio, two national staff members working on SMS, Noula questions and complaints line and camp communications, and one working on the set up of the new Interactive Voice Response (IVR) phone line. An international staff member is mid-way through a 3-month contract to help set up the IVR.

Overview of beneficiary communications facts and figures:

FACT BOX – BENEFICIARY COMMUNICATIONS – FROM JANUARY 2010 TO 31 August 2011

SMS DELIVERED:	57.6 MILLION
PEOPLE REACHED:	1.3 MILLION
RADIO HOURS:	80 HOURS
CALLS ANSWERED ON RADIO SHOW (from 01 Jan 2011)	405
CAMPS REACHED BY SOUNDTRUCK:	318
CALLS TO RED CROSS INFO LINE:	1,103,063
CALLS TO NOULA QUESTIONS & COMPLAINTS LINE	1313

c. Support Services

i. Communications

During the hurricane season, interviews with international media were facilitated around preparations for Tropical Storm Emily and Hurricane Irene.

Communications activities focused on livelihoods support and a case study profile of Giovanni, a carpenter in the La Piste camp, was featured on ifrc.org in August. The story was linked to a film that profiled Giovanni, a member of the deaf community residing at the camp, who works with the IFRC shelter team and has recently been able to open his own carpentry shop. The second episode of Recovering Hope, focusing on 3 women who are being supported by livelihoods grants, was also distributed.

IFRC news stories and press releases can be found at <http://www.ifrc.org/en/news-and-media/>. A photo gallery is accessible at <http://av.ifrc.org/standard/>

ii. Finance and Supplementary Services

The Haiti Recovery Operation's finance team revised the budget for 2011 to adjust and incorporate budgets for new activities included in the revised plan of action. The team prepared project agreement and negotiation documents for cholera, health, water and sanitation, and support and reconstruction of HRC. The draft documents were shared with stakeholders for input before finalization and validation by the IFRC and the HRC. In contributing to the accountability policy of the IFRC, the finance team produced a total of ten financial pledge reports for submission to donors.

A finance delegate was deployed to focus on supplementary services. This is part of the restructuring activities towards effective and efficient supplementary service delivery. The new service price list was finalized and discussions held with PNS on the list and service agreement. A new procedure on issuance of invoice and payment collection has been put in place.

The finance team facilitated budget holder training for all programme managers during this reporting period. The aim of the training was to refresh their knowledge on the duties and responsibilities of budget holders. The training forum was also used to emphasize how effective collaboration between programmes and finance can enhance IFRC service delivery and increase accountability and transparency. The 3-day training was attended by 16 programme managers and budget holders.

iii. Base Camp

The IFRC operation in Haiti continued improvements to the working conditions in Base Camp. Installation of accommodation containers was completed in July 2011 for IFRC delegates residing at Base Camp in Port-au-Prince. The containers will also accommodate IFRC guests to Base Camp. Base Camp was connected to the DINEPA waterline and now receives adequate water supply, eliminating the need for water trucking. Work commenced on the construction of the Haitian Red Cross national training centre to be located at Base Camp, and new office domes for the water and sanitation office were erected. To enhance security at Base Camp and reduce costs of power generating sets, the operation has installed solar-powered lanterns and also installed lights along the perimeter fence.

iv. Risk Management

IFRC's risk management adviser is supporting the operation with risk assessment and advice, and review of legal documents; agreements, contracts, memoranda of understanding, and project proposals. The risk management advisor also supported Haitian Red Cross during its annual financial external audit.

v. Logistics

Logistics continued to be a core service support unit to all Red Cross Movement operations in Haiti. IFRC and Movement partners' activities received support from fleet, procurement and warehouse departments during this period.

Logistics progressed its transition plan with the Haitian Red Cross with further development of plans to construct a workshop and warehouse at Base Camp. On-the-job training for national staff is an ongoing activity and continued during this period.

Pipeline and customs clearance activities were occupied with clearing the Base Camp containers, construction materials, water facilities, medical equipment, non-food relief items, tents, vehicles, vehicle spare parts and IT/Communication equipment. These services are provided to IFRC secretariat and Red Cross Red Crescent partners.

The logistics department supported staff welfare by installing exhaust fans and procuring gas masks for the workers in Barban court warehouse to protect them against any hazards emanating from stored warehouse items, such as High Test Hypochlorite (HTH) - a high purity chlorine used to disinfect water.

vi. Security

The IFRC team works to ensure security of Red Cross personnel and property in Haiti. Weekly security updates are shared with IFRC personnel in-country, Red Cross Red Crescent partners, the Zone office and the Secretariat in Geneva. Security alerts are sent to delegates and other IFRC personnel through SMS if any incident is reported around the country. New delegates to Haiti receive security briefings from the unit upon arrival. The security team conducted training for newly recruited national staff and continued to enhance overall security of the operation.

vii. Human resources (HR)

The restructuring of the human resources department in August 2011 resulted in recruitment of higher level positions for national staff, thus strengthening local staff capacity.

The human resources department has completed and translated into French and Creole disciplinary forms, processes and an investigation tool kit for national staff.

A well attended human resources coordination meeting was convened on 26 August and 23 September. Key issues discussed were the compensation review tool and payroll software for all Red Cross national staff, learning and development activities, exit strategies and networking with human resources units in other organizations.

Two IMPACT (French and English) courses were conducted in August 2011 and were attended by participants from the Red Cross Movement. The HR unit facilitated the participation of staff health in Base Camp Cholera Team's waterborne training, and developed cholera treatment guidelines. The human resources team also commenced induction and Code of Conduct training for IFRC and some PNS national staff.

Contact information

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Click here

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



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

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

MDRHT008 - Haiti - Earthquake

Appeal Launch Date: 13 jan 10

Appeal Timeframe: 13 jan 10 to 31 dec 14

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2011/09
Budget Timeframe	2010/1-2014/12
Appeal	MDRHT008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	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	247,279,612
B. Opening Balance	0	0	0	0	0	0

Income
Cash contributions

Albanian Red Cross	15,828					15,828
American Red Cross	22,257,397	15,188,591	1,308,224		48,800	38,803,012
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	-20				272,937	272,916
Armenian Red Cross Society	2,098					2,098
Australian Red Cross	2,672,534	516,150			26,000	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	67,788					67,788
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

International Federation of Red Cross and Red Crescent Societies

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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	1,127,558			1,127,558
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	220			220
French Red Cross	44,342			44,342
GDF Suez			10,613	10,613
German Red Cross	147,264	610,890		758,155
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	778,954			778,954
Hungarian Red Cross	41,560			41,560
Icelandic Red Cross	53,413	50,000		103,413
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

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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
Italian Government	267					267
Italian Government Bilateral Emergency Fund					737,681	737,681
Italian Red Cross		488,043	1,220,107			1,708,150
Italy - Private Donors	691					691
Jamaica Red Cross	213,206					213,206
Japanese Government	2,393,222					2,393,222
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

International Federation of Red Cross and Red Crescent Societies

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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	16,375			948,891	965,267
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)				206,229	206,229
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

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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	297,464	1,477,170	72,932	6,709,494
Swedish Red Cross (from Swedish Government)	2,725,442			200,000	2,925,442
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	8,402,512	4,978,111		4,356,271	17,736,894
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				31,235	31,235
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	250,000			344,134
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

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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	108,714,593	42,065,952	17,361,592	59,725	18,792,865	186,994,727
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	996,432					996,432
The Netherlands Red Cross	4,669,405					4,669,405
C2. Inkind Goods & Transport	26,505,057					26,505,057
Inkind Personnel						
American Red Cross	155,820	33,063			204,440	393,323
Australian Red Cross	60,667	39,750			92,390	192,807
British Red Cross	47,000	7,500			69,300	123,800
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				46,000
Japanese Red Cross Society		429,794				429,794
New Zealand Red Cross	55,807				45,873	101,680
Norwegian Red Cross		13,787			26,400	40,187
Other	20,387	144,410			49,770	214,567
Spanish Red Cross	37,250					37,250
Swedish Red Cross					92,660	92,660
Swiss Red Cross	34,250					34,250
The Canadian Red Cross Society	32,267	172,643			360,066	564,976
C3. Inkind Personnel	579,958	1,012,820			1,091,932	2,684,710
Other Income						
Balance Reallocation	72,560			-920	0	71,640
Fundraising Fees	-296,611	-1			-15,513	-312,125
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	302,313	33,470			163,675	499,458
Sundry Income	98	16,224			941	17,264
C4. Other Income	162,003	49,693		-920	978,103	1,188,878
C. Total Income = SUM(C1..C4)	135,961,611	43,128,465	17,361,592	58,805	20,862,899	217,373,372
D. Total Funding = B + C	135,961,611	43,128,465	17,361,592	58,805	20,862,899	217,373,372

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Appeal Coverage	113%	93%	77%	100%	36%	88%
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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	135,961,611	43,128,465	17,361,592	58,805	20,862,899	217,373,372
E. Expenditure	-94,369,017	-18,201,420	-14,263,632	-58,805	-17,090,111	-143,982,986
F. Closing Balance = (B + C + E)	41,592,594	24,927,045	3,097,960	0	3,772,788	73,390,386

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		120,046,734	46,399,890	22,482,445	58,806	58,291,738	247,279,612	
Relief items, Construction, Supplies								
Shelter - Relief	40,185,717	18,537,458	37,087				18,574,545	21,611,171
Shelter - Transitional	4,883,476	11,408,788	11,912			84,311	11,505,011	-6,621,535
Construction - Housing	11,575	11,575				62,550	74,125	-62,550
Construction - Facilities	17,257	24,338					24,338	-7,081
Construction Materials	2,771,094	2,876,335	422,721	8,736		1,470,261	4,778,052	-2,006,958
Clothing & Textiles	4,307,739	3,762,080	289,836			1,657	4,053,572	254,167
Food	319,009	327				311,782	312,110	6,900
Seeds & Plants		158					158	-158
Water, Sanitation & Hygiene	20,956,936	13,818,165	4,626,473			52,466	18,497,104	2,459,832
Medical & First Aid	1,079,729	550,525	58,739			99,616	708,880	370,849
Teaching Materials	1,058,555	43,312	92,798			-1,965	134,145	924,410
Utensils & Tools	4,548,769	4,463,389	1,154			9,350	4,473,893	74,876
Other Supplies & Services	4,695,430	494,503	190			6,731	501,424	4,194,006
Total Relief items, Construction, Supplies	84,835,286	55,990,951	5,540,910	8,736		2,096,759	63,637,356	21,197,930
Land, vehicles & equipment								
Land & Buildings	2,974,067	39,652	1,843	1,132,224			1,173,719	1,800,347
Vehicles	1,844,249	273,313	50,290				323,602	1,520,647
Computers & Telecom	1,098,248	443,966	50,649	23,280		375,900	893,795	204,454
Office & Household Equipment	647,580	325,854	61,994	24,523		174,079	586,451	61,130
Medical Equipment	12,775		12,775				12,775	0
Others Machinery & Equipment	45,972	42,979	46,529			67,139	156,647	-110,675
Total Land, vehicles & equipment	6,622,891	1,125,764	224,080	1,180,027		617,118	3,146,989	3,475,902
Logistics, Transport & Storage								
Storage	4,292,904	2,028,684	327,757	10,004		43,637	2,410,082	1,882,822
Distribution & Monitoring	7,457,163	5,164,564	788,658	121,637		310,406	6,385,265	1,071,898
Transport & Vehicles Costs	11,807,070	4,207,654	1,157,279	131,224		652,989	6,149,146	5,657,924
Logistics Services	765,039	1,268,810	119,169	1,350		74,634	1,463,963	-698,924
Total Logistics, Transport & Storage	24,322,175	12,669,712	2,392,863	264,215		1,081,665	16,408,456	7,913,720
Personnel								
International Staff	38,455,422	6,715,604	3,336,604	85,080	46,283	10,449,636	20,633,207	17,822,215
National Staff	20,133,499	3,217,224	1,678,708	64,888	49	2,856,856	7,817,725	12,315,774
National Society Staff	5,546,955	592,177	232,204	1,049,292		372,831	2,246,504	3,300,451
Volunteers	1,070,948	337,549	163,711			130,580	631,841	439,108
Total Personnel	65,206,824	10,862,554	5,411,227	1,199,261	46,332	13,809,903	31,329,277	33,877,547
Consultants & Professional Fees								
Consultants	3,788,461	1,666,963	6,544			618,854	2,292,360	1,496,101
Professional Fees	1,505,021	219,284	37,679	260,646		409,107	926,715	578,305
Total Consultants & Professional Fees	5,293,482	1,886,247	44,222	260,646		1,027,961	3,219,076	2,074,406
Workshops & Training								
Workshops & Training	2,745,469	634,118	172,639	49,506	1,625	263,171	1,121,059	1,624,410
Total Workshops & Training	2,745,469	634,118	172,639	49,506	1,625	263,171	1,121,059	1,624,410
General Expenditure								
Travel	2,750,228	1,024,626	197,517	18,014	4,552	772,325	2,017,033	733,194
Information & Public Relations	1,485,374	295,821	43,254	13,662		382,165	734,903	750,471
Office Costs	1,642,893	478,335	222,330	161,641	2,199	854,085	1,718,589	-75,697
Communications	1,571,489	161,681	40,519	27,998		467,062	697,260	874,230
Financial Charges	-1,149,978	-789,452	85,688	18,552	-6	-347,590	-1,032,808	-117,170
Other General Expenses	272,098	159,973	30,405	584		32,523	223,486	48,612

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		120,046,734	46,399,890	22,482,445	58,806	58,291,738	247,279,612	
Shared Office and Services Costs	-0	2,854,924	1,909,016	133,414		-5,049,496	-152,142	152,142
Total General Expenditure	6,572,104	4,185,909	2,528,729	373,864	6,745	-2,888,925	4,206,322	2,365,782
Depreciation								
Assets Depreciation	3,048,454	602,207	617,129			55,483	1,274,819	1,773,636
Total Depreciation	3,048,454	602,207	617,129			55,483	1,274,819	1,773,636
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	243,136	80,219	8,287		43,881	375,523	24,322,132
Total Operational Provisions	24,697,655	243,136	80,219	8,287		43,881	375,523	24,322,132
Indirect Costs								
Programme & Services Support Recov	13,409,434	5,437,169	1,044,225	869,475	3,556	979,393	8,333,817	5,075,617
Total Indirect Costs	13,409,434	5,437,169	1,044,225	869,475	3,556	979,393	8,333,817	5,075,617
Pledge Specific Costs								
Pledge Earmarking Fee	325,450	502,901	134,961	16,949	547	3,186	658,545	-333,095
Pledge Reporting Fees	11,500	18,894	10,217	680		517	30,308	-18,808
Total Pledge Specific Costs	336,950	521,796	145,178	17,629	547	3,703	688,853	-351,903
TOTAL EXPENDITURE (D)	247,279,612	94,369,017	18,201,420	14,263,632	58,805	17,090,111	143,982,986	103,296,626
VARIANCE (C - D)		25,677,717	28,198,470	8,218,812	2	41,201,626	103,296,626	