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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 Operation update n° 30 26 April 2012

Period covered by this Operations Update: October to December 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: 91%

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

The IFRC is constructing a ravine soil retaining gabion wall in some ravine neighbourhoods. 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. The Federation-Wide Strategic Framework was published.

March 2011

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: The IFRC operation in Haiti is transitioning from the emergency phase into recovery as documented in the revised Plan of Action (PoA) covering June 2011 to December 2012. This is the second update of the quarterly report based on the revised PoA and it focuses mainly on the progress made during the last quarter of 2011 in the Integrated Neighbourhood Approach (INA) that is the pillar of the IFRC long-term recovery and development programming in Haiti. The report also covers planned activities in INA during the first half of 2012 especially in the six INA sites in Port-au-Prince where most of the affected persons are sheltered. The report also reflects some of the challenges faced during implementation of planned activities in INA and measures adopted by the IFRC team to solve them.

Although INA activities have commenced in some of the target neighbourhoods, the IFRC continues to carry out implementation of standalone activities in its core programmatic areas of shelter, water and sanitation. Details of achievements made during the last quarter of 2011 in non-INA areas are explained in this updated report. The Plan also reflects the role for the IFRC in the Haitian Red Cross core services (Health and Care and Disaster Risk Management) and a more focused involvement of the IFRC in integrated recovery through the integrated neighbourhood approach (INA) targeting urban neighbourhoods.

In addition, the IFRC has been providing support to the Haitian Red Cross in its core services of health and care, disaster risk management, ambulance and first aid service. The IFRC continues to provide 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 situation

On 12 January 2010, a devastating earthquake of magnitude 7.0 struck Haiti and caused huge human and material loss. The earthquake's epicentre was 15km south-west of the country's capital Port-au-Prince in proximity to the city of Léogâne. According to the Haitian government, 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 to have been injured.

Almost two years after the disaster and with humanitarian assistance still ongoing in the country, there has been a decrease in the number of individuals still sheltered in camps. From an initial 1.5 million in 2010, about half a million individuals including children are estimated to remain in IDP camps sites, mostly in and around Port au Prince as at end of December 2011, according to IOM. The government in its efforts to decongest the camps and relocate the IDPs especially those in and around the capital, Port-au-Prince has developed a project called 16/6 that aims to renovate 16 neighbourhoods and decongest six camps. This initial effort has since been significantly expanded.

The epidemiological trends concerning cholera declined towards the end of 2011, though there were major outbreaks caused by heavy rains in the South, North, North-east, North-west and Grande Anse departments in October. By mid December, an average 300 cases per day were reported against 500 cases per day recorded in the previous month. The cumulative mortality rates nationwide (except in the South East department) have dropped to 1.3 per cent compared to 2.4 per cent in October 2010. The total number of reported cholera cases was 515,699 with 6,942 deaths as of November 2011, according to the Ministry of Public Health and Population (MSPP).

Hurricane Irene and Tropical Storm Emily have passed with no serious human and material damages.

The political situation was relatively stable during this reporting period as the tension brought about by parliament's rejection of nominees for the position of prime minister on two occasions was finally resolved with the confirmation of Gary Conille as prime minister on 4 October 2011 and his eventual swearing-in along with cabinet ministers on 18 October 2011. However, the issue of dual nationality of some government and political figures is raising tension within the political arena in the country.

The UN Stabilization Force in Haiti (MINUSTAH) supports the Haitian National Police (PNH) to enforce and maintain peace in the country. Towards the end of 2011, violent crimes were on the increase in some parts of the country such as Port-au-Prince where cases of abduction and murder were reported.

Coordination and partnerships

The Federation is taking the lead role to promote a coherent and unified response in the recovery operations by facilitating coordination activities within the components of the International Red Cross and Red Crescent Movement operating in Haiti. The Federation also facilitates coordination with other key partners such as Government authorities, United Nations agencies, other international organizations as well as international and national non-governmental organizations. The secretariat team in Haiti in collaboration with the IFRC Americas zone office in Panama implemented a number of changes such as hiring of specialists to strengthen membership services and ensure efficient and effective outcomes of the recovery phase. The Federation-Wide Reporting System showed accountability of the Movement actions in Haiti based on the Federation-wide Strategic Framework for Haiti endorsed in March 2011.

The Red Cross Movement partners adhere to and work within the framework of all coordination mechanisms as stated in the Movement Cooperation Framework signed in April 2010 between the HRC, the International Committee of the Red Cross (ICRC) and the IFRC. The Movement Platform meets monthly or as required and provides strategic guidance to the membership as needed. Movement Operations Committee (MOC) meetings were held twice a month 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. Both entities report information to the Platform for follow-up as needed.

National Society Capacity Building: IFRC embedded delegates within the Haitian Red Cross (HRC) structure continue to work with the National Society to strengthen its capacity in critical management and technical functions. This ongoing exercise is based on needs as stated in the IFRC Earthquake Recovery Operation Plan of Action with emphasis on National Society capacity building and development. The capacity of HRC staff and volunteers is enhanced through trainings and workshops organized by programmatic sectors during October and December 2011. The IFRC reporting team is collaborating with the HRC in capacity building in monitoring and reporting. The capacity of HRC local branches is being strengthened by the operation's activities. The IFRC and HRC leadership actively 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 explained in detail in the progress report below.

Red Cross and Red Crescent action

Overview

From 1 October to 31 December 2011, the Haiti earthquake operation scaled up the transition from emergency activities to recovery programming. The Red Cross intensified its gradual exit from working in the spontaneous settlements to focus on building community resilience through longer-term community development interventions via an integrated neighbourhood approach (INA). In achieving the INA objectives as set in the revised Plan of Action, the IFRC scaled up its preparatory work through advocacy with national authorities, collaboration with other organizations, community mobilization and communication with beneficiaries. In addition, implementation activities have commenced in some of the target neighbourhoods through direct IFRC interventions or support to Partner National Societies who had been working in communities in Haiti either before or after the earthquake. The IFRC team is also supporting the government in its 16/6 project especially as it relates to camp decongestion. As programmes are still undertaking a gradual phasing out from emergency response activities and shifting to longer-term community development, the IFRC is scaling up INA-related activities and activities planned for the National Society development with focus on HRC core programme areas of Health & Care, DP/DRM, ambulance services and organizational development. The phasing out process of the IFRC water and sanitation programme will be completed during the first quarter of 2012. The IFRC continues to provide 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 other Red Cross partners to coordinate and focus the recovery operation to generate greater 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 techniques¹ 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 For further details please refer to the [Revised Plan of Action](#)

INA Site 1 – CARREFOUR FEUILLES

Commune: Port-au-Prince
Quartier: Carrefour Feuilles
of households (catchment area): 200
Est. # of beneficiaries: 1,000

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 has been completed, 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 as INA approach involves all stakeholders.

The number of target households in site 1 will increase from 200 to between 1,500 and 2,000 during the first quarter of 2012 as IFRC scales up activities in the target areas. The provision of safe water reservoirs and cash grants will continue to be key activities as implementation progresses.

INA Site 2 – DELMAS 30 (Creekside) - Phase 1

Commune: Delmas
Quartier: Delmas 30
of households: 400
Est. # of beneficiaries: 2,000

During the last quarter of 2011, the IFRC carried out Vulnerability and Capacity Assessment (VCA) in both the neighbourhoods of Carrefour Feuilles and Delmas 30. This assessment has provided preliminary information to help both the IFRC and the community to better understand and identify the needs and challenges in the targeted areas. It also helps the community to identify their capacity to manage and overcome these challenges. The VCA's

¹ Proven participatory techniques include Participatory Approach for Safe Shelter Awareness (PASSA) and Vulnerability Capacity Assessment (VCA).

results are being used by the IFRC and the community to help develop the initial intervention strategy for the coming months, the VCA will be complemented with additional assessments such as the multi-sectoral KAP and household surveys. The information received from these assessments and surveys will enable the IFRC to prepare a detailed work plan with specific activities well designed to work towards achieving the targets that are needed to improve the living conditions, safety and resilience of the target communities. These processes have the benefit of providing the IFRC with the opportunity to engage the community from the onset and help to ensure community ownership of the INA concept.

A detailed topographic and cadastral survey of both neighbourhoods has been completed and the map is being used for the following activities:

- Identifying and mapping risks;
- Securing formal land certificate for all plots of land;
- Identifying and designing infrastructure projects i.e. drainage, ravine stabilization, roads, street lighting;
- Negotiating with landowners when multiple entities claim ownership over disputed land.

As part of its commitment to contribute to infrastructural upgrade in its operational areas, the IFRC shelter and settlement team has also intensified its activities in the construction of retaining walls with gabion baskets cages (re-use of rubble), block walls, footpaths and street lighting in INA site 2. These activities are aimed at reducing the risk of landslides, flooding and generally providing a safer environment for living.

Infrastructure improvement in this sites and other will play a critical role in the INA programme not only because there is a clear impact on households surrounding the areas where major infrastructure projects are completed but more importantly by using these large scale projects to link with and create synergies along the entire project cycle, such as:

- Linking vocational training with employment for construction works;
- Looking at supply chain, linking training in small businesses/entrepreneurs with the supply of material for works;
- Opportunity to engage with the community and create a large amount of goodwill with the community;
- Opportunity to engage and involve HRC in neighbourhood activities especially in health and disaster risk management (DRM).

Based on the assessment carried out during this reporting period, IFRC shelter and settlement team plans to expand its operational areas in Delmas 30 and increase the target number of households from 200 to over 1,500.

With the scaling up of INA projects activities in the IFRC directly implementing sites, a formal relationship will be established with relevant ministries and municipal authorities operating in these areas. The IFRC aims to use these projects to work with and strengthen the capacity of these authorities for future engagement in activities related to infrastructure upgrades.

House repair projects in sites 1 and 2 will begin during the first quarter of 2012 along with some demolition and rubble removal. The IFRC has mapped and identified 102 houses in Carrefour Feuilles and 236 houses in Delmas 30. IFRC is looking at several implementation methods such as owner driven, contractor model and partnerships with experienced NGO's such as Emergency Architects, Pan American Development Foundation (PADF) and Build Change.

The Haitian Red Cross (HRC) will be implementing both health and disaster risk management activities in the IFRC areas of intervention of Carrefour Feuilles and Delmas 30. It is through these activities that INA programme will be contributing to supporting building of capacity of HRC branches in these areas.

French Red Cross/IFRC partnership

INA Site 3 – DELMAS 33

Commune: Delmas

Quartier: Delmas 33 – Bethanie and Place Cazeau

of households: 1,354

Est. # of beneficiaries: 6,770

The French Red Cross (FRC) and IFRC continue to explore additional funding opportunities to carry out activities in Delmas 33 area. Preliminary plans and assessments have been carried out. However, this was conducted without engaging the IFRC in any commitment in the community.

Currently there are no ongoing or planned activities in this area. However, the HRC has indicated that its health and DRM teams may be able to carry out activities in these areas.

IFRC direct Implementation

INA Site 4 – MAÏS GATÉ

Commune: Port-au-Prince
Quartier: Maïs Gaté camps and targeted neighbourhoods
of households: (to be determined following registration)
Est. # of beneficiaries: ~2,000 (to be confirmed after registration)

IFRC has carried out decongestion activities in camps around this area. These activities are reported below under the stand-alone recovery program.

French Red Cross implementation/IFRC funding and support

INA Site 5, – Delmas 9, 17, 30 and Croix des Bouquets²

Commune:
Quartier:³
of households: 1,816
Est. # of beneficiaries: 9,080

The French Red Cross team has been working with the community for several months and has now established a representative community group in its operational area of intervention. The IFRC engaged consultants to carry out a detailed topographic and plot survey which includes all households involved in the programme, this map will be used to identify and map risks and more importantly help with the clarification and legalization of land tenure issues.

The American Red Cross established a partnership with PADF and Miyamoto Engineering for the repair of 5,000 houses and part of the programme is to support the French Red Cross to repair 100 houses in Delmas 9. As of end December, a total of 73 of the 100 houses have been completed.

With financial support from the IFRC, CHF International (formerly known as Cooperative Housing Foundation) was engaged to complete the demolition of 16 severely damaged structures and the associated rubble removal.

Phase 1 of the project is due for completion in June 2012 and the IFRC is currently developing a project proposal that will look at increasing the area of intervention to reach more than 1,000 households.

IFRC is also committed to the completion of all house repairs, demolition and rubble removal from the identified area in collaboration with the FRC. Road and footpaths will begin to be repaired, with street lighting supplied by the IFRC as well as continued development of livelihood activities and economic revival of the area.

IFRC Potential Support to British Red Cross (BRC)

INA Site 6 – DELMAS 19⁴

Commune:
Quartier:
of households:
Est. # of beneficiaries:

² From 2012, INA site 5 will comprise of Delmas 7, 9, 11, 17, 30 and Croix des Bouquets as part of IFRC funding and partnership agreement with the French Red Cross.

³ Commune and quartier to be further defined.

⁴ Details of locations and targets pending further definition.

The IFRC involvement in Delmas 19 is limited as the British Red Cross has developed and funded the entire project to date. IFRC has however carried out some minor drainage activities, engaged consultants to carry out the topographic and plot survey for BRC. IFRC will be installing solar powered streetlights in the coming months.

An 8-week Participatory Approach for Safe Shelter Awareness (PASSA) workshop was carried out with the community and the outcomes of the workshop are expected to be available in January 2012.

Challenges: Working with municipalities and government agencies is one of the challenges IFRC will be addressing. As part of the INA programme, it is envisaged that at the completion of the project, both the community and responsible authorities will have improved their capacity to manage, repair and upgrade community infrastructure as required. To achieve this, it will be necessary to work closely with agencies such as MTPTC and the Mayor's office of the province where INA activities are targeted. To date these authorities have proven not to have the capacity or expertise to manage and coordinate works under their jurisdiction. The lack of capacity will not only be the major challenge to overcome but also one of the most important.

Working with and engaging the communities to ensure that they take responsibility for the activities and planned outcomes is at the centre of the INA programme, and possibilities of a longer-term impact for the communities ultimately depend on this. Red Cross ensures that community groups are formed in all areas where IFRC or PNS are working as part of INA. These groups have been formed in multitude different ways such as; pre-existing committee structure, municipality-appointed committees, direct election and in some cases with local NGO with pre-existing ties with the community.

Defining an exit strategy for INA is a challenge that all Movement partners involved need to address. Defining exactly what tools to use to measure success will be one of the first topics of the new INA technical committee (TC) to be constituted in 2012. The exit strategy will not only rely on indicators but will need to look at the overall impact of all programmes being implemented in an integrated manner.

IFRC support to Spanish Red Cross

INA Site 7 – LÉOGÂNE 3

Commune:

Quartier:⁵

of households: 4,400

Est. # of beneficiaries:

IFRC team in Léogâne is working in collaboration with the Spanish Red Cross to implement INA activities in 14 communities, as defined in a draft agreement between the two parties. One of the outcomes of the VCA exercise carried out in September 2011 is the request for improved health care facilities in these communities. Lack of proper health care is a major issue in INA communities. The IFRC health team in Léogâne has conducted CBHFA training in Beausejour, Chateau, Mapou Bussoniere, Nan Bassin, Deslandes A and B, Grand Savanne and Macombre for community volunteers. The 186 community volunteers trained in CBHFA methodology have been carrying out health activities in seven INA communities targeting 2,200 households as of end of December 2011.

The IFRC Léogâne water and sanitation team conducted three PHAST training sessions for 78 volunteers to ensure the sustainability of water and sanitation hardware interventions by promoting good hygiene practices. At the end of December 2011, a total of 161 community volunteers in INA and non-INA areas have been trained in PHAST and have been active in hygiene promotion in their communities.

As of December 2011, 3 water committees have been formed based on the recommendations of the National Directorate for Water and Sanitation (DINEPA), the government agency responsible for water and sanitation management. The committees are prepared to oversee the management of water facilities in their respective communities.

IFRC has constructed 512 ventilated pit latrines in Spanish Red Cross operational areas – Deslandes, Mapou Buissoniere by the end of the last quarter of 2011. The latrines were built with the participation of beneficiaries who carried out digging work at sites. To improve good sanitation habits, the IFRC water and sanitation team in

⁵ Commune and quartier to be further defined.

Léogâne has distributed 120 metallic garbage bins and established 90 hand-washing stations equipped with 90 bucket taps in Deslandes. The IFRC's community mobilizers continued to monitor sanitation activities in Deslandes during this reporting period.

Challenges: Sporadic civil unrest often affects the overall security situation and leads to restriction of movement to Red Cross operational areas. The time-consuming process to obtain drilling permits for the identified boreholes locations and the non-respect of the coordination mechanism by other organizations have been affecting activities planned in these locations.

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

Progress: A total of 4,107 transitional shelters have been completed as of 31 December 2011. The overall target of transitional shelters to be provided by the IFRC including those built to support PNS was reduced to 4,500 from the initial target of 5,000 by end of December 2011. The reduction was needed due to a number of changes that were taking place in the country and programmatically. This include the request by the Haitian government that humanitarian agencies look at the possibilities of using remaining funds to carry out permanent solutions rather than the transitional shelters and the success of the alternative shelter programme which has enabled the IFRC to achieve all targets in relation to households provided with safe sheltering solutions.

Due to the acceptability and popularity of the alternative shelter solutions, the IFRC will be looking at substantially increasing the target number in line with availability of any new funds.

Although the T-shelter target was reduced, the overall target household number in terms of shelter solutions provided by the IFRC remains at 7,500 with the settlement and livelihoods grant programme providing the remaining in form of rental grants to households based on their preferred solution. The Norwegian Red Cross completed all the 700 T-shelters in line with its partnership agreement with the IFRC while the French Red Cross is scheduled to complete all its planned 2,500 T-shelters in February 2012 in line with IFRC/FRC partnership agreement and after IFRC granted a no-cost extension to the FRC. It is anticipated that the target 4,500 will be completed once the French Red Cross completes its planned T-shelters. Meanwhile, IFRC has commenced the development of exit strategies for its two shelter camps in Port-au-Prince and expected to complete the exit by 30 March 2012.



A Red Cross volunteer conducting a door-to-door survey at IFRC T-shelter camp in Annexe de la Mairie/IFRC

A total of 1,787 IFRC supplied hygiene kits were distributed by the French Red Cross to identified households in Delmas 7, Delmas 9, Delmas 17, Delmas 30 (2 areas), Bethanie, Commissariat, Meyer and Beudet in 2011. IFRC handed over the kits to the French Red Cross for distribution and monitoring as the shelter department was handling a heavy workload of additional activities. The FRC distributed the kits to 1,768 vulnerable households with 19 of them receiving an additional kit each because of their family size. The French Red Cross also distributed tools kits and kitchen sets with the hygiene kits to make a set of family kits.

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

Key Results	Life of project	2011 Annual Target	Result as of 30 June 2011	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of T-shelters provided	5,000	5,000	2,316	1,285	133	134	239	506	4,107
# of households receiving a hygiene kit	1,500	900	-	632	467	442	264	1,173	1,805
# of T-shelters with a sanitation solution	1,500	800	654	243	135	53	98	286	1,183
# of T-shelter HHs with access to an improved water source	1,500	800	455	243	-	-	-	243	698
# of households receiving a settlement grant	1,500	800	-	1,230	9	2	99	110	1,340

Due to the complex environment in Port-au-Prince and especially in relation to the urban context where the shelter team is working, it has proven extremely difficult to find long-term sustainable water supply solutions for all T-shelter recipients. The team has however managed to support households with several T-shelters close to each other and within the IFRC T-shelter camps. Beneficiaries of shelter constructed on their own land have had to look to the market place for viable water solutions including water trucking and water kiosks. The IFRC water and sanitation department has worked at developing water kiosk in some key areas.

Challenges: As the T-shelter programme ends, the operation has overcome many of the challenges encountered although some remained and may persist even after the phase out of the programme. These challenges include (a) the land tenure issue in the country, community discontent with the decreasing work opportunities and flooding in Annexe de la Mairie. IFRC is using participatory approach with neighbours and communities to identify owners of parcels of land. Building only transitional shelters on land with unclear land titles allows the IFRC to be a little more relaxed on protocols surrounding land tenure issues. Proper planning and communication with beneficiaries and workers under the programme is necessary in the lead up to completion of the programme. Provision of training opportunities and job placement where possible could contribute to reducing discontent among the community members. Mitigation work is ongoing as at end of December 2011. The IFRC team plans to provide a solution that will minimize flooding in the community. However due to the location of the site and the surrounding neighbourhoods, it is difficult to completely solve the flooding challenge without substantial investment in and around the entire site and surrounding communities.

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 the last quarter of 2011, more than 2,208 households were supported to relocate and resettle out of the IDP camps and into a safer and more secure environment. This activity was scaled up based on the request by the Haitian government and the desire of the HRC to be involved in the government's 16/6 programme. 16/6 refers to the government's focus on the renovation of 16 neighbourhoods and the decongestion of six camps. The programme also aims to help households return to their neighbourhoods.

In Maïs Gaté Camps 1 and 2—which are high priority camps of the government to transition into more secure settlement solutions—the IFRC registered a total of 1,936 households in the 2 camps located in what used to be a community park near the International Airport and the HRC/IFRC base camp. Through its decongestion programme, the IFRC offered all households the standard packages that include a 12-month rental grant, T-shelter, house repair or host family support including additional livelihood grants and vocational training. As of 31 December 2011, a total of 1,599 households had left the camps with all opting for rental grants over the other solutions. The livelihood grants and vocational training will not start until 2012. By the end of this reporting period, the IFRC was able to reach more than its initial target because of the Maïs Gaté project and additional funding support from the American Red Cross. This exercise is expected to be completed by the end of February 2012.

Due to the success recorded in the two camps in Maïs Gaté, the IFRC is studying the possibility of expanding its rental grant project in an effort to support and to continue the decongestion of camps in designated areas in and around Carrefour Feuilles, Croix des Prei and the Delmas area. The IFRC will continue to look at supporting PNS that are still working in camps through its decongestion programme in an effort to help provide a sustainable exit strategy from the camps.

The shelter team aims to overcome the challenges of providing data on beneficiaries 12 months after they left the camps through increased human and material resources including fleet to ensure that IFRC visits each household at the completion of the project. Of the 148 households that have already surpassed the 12 months period of rental, IFRC community team has visited 30. Of these 30 households, 14 remained in the same accommodation and 16 have relocated to a new house. All beneficiary households inspected remain outside of camps and in a safer sheltering solution.

Due to the acceptability and popularity of the alternative shelter solutions, the IFRC will be looking at substantially increasing the target number with availability of any new funds.

As the shelter team intensifies its monitoring and livelihood support activities during this reporting quarter, it will continue to look at ways of improving this programme with an added focus on vocational training and placement rather than only cash grant provision for livelihood activities.

Key Results	Life of project	2011 Annual Target	Result as of 30 June 2011	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of households receiving rental/relocation grants	2,500	1,500	970	863	290	492	1,799	2,581	4,414
# of households remaining in improved shelter conditions after 12 months	2,200	200	-	-	-	-	-	30	30

Challenges: In its effort to ensure that households do not relocate to another camp, the IFRC shelter team has put in place a tracking mechanism of all beneficiary households to their new residence and shall ensure a minimum of two monitoring visits every year. The IFRC shelter team is mapping out tracking and monitoring through GIS and this will help to find locations of beneficiary households.

IFRC could not reach the vocational training target because of the late signing of some of the training agreements and the lack of interest from beneficiaries during the early stage of implementation. This problem has subsequently been solved through an increased communication strategy and revising of available vocational training. The team is developing mechanism for collection of data on job placement.

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: In accordance with the MoU signed with DINEPA, IFRC has handed over 18 camps to agency for water delivery service. In order to facilitate the water trucking activities of DINEPA and ensuring effective coordination, the IFRC has supported the agency in the rehabilitation of one of the agency's office premises for use by the unit in charge of implementing the MoU. IFRC has constructed vehicle-parking yard for the water trucks as the DINEPA had challenges of suitable parking space for the trucks. The IFRC through its procurement unit is also collaborating with DINEPA to support the latter with procurement services especially with materials for network repairs and equipment to detect underground water pipe leakages. The water and sanitation team recruited a finance and administration officer to support IFRC in DINEPA related activities.

IFRC has completed the construction of 18 water kiosks to supply water to different target locations. The kiosks in turn sell the water to residents at subsidized rate. The completed facilities are mainly elevated tanks with storage capacity for 10,500 litres of water. The team also carried out other works such as painting, door installation, construction of access steps with railing and retaining walls at the water kiosk sites. The completion of the kiosks has facilitated the water trucking exit strategy of the IFRC in the camps. The IFRC also commenced the construction of three elevated concrete block tanks at Block 6 and 7 in La Piste, Aviation with 55 per cent of the works completed at the end of December 2011.

The IFRC water team supported the HRC with water trucking at Cimetière, Carrefour (for the cholera treatment centre - CTC), Bicentenaire (for the ambulance centre) and Parc Canne à Sucre at the request of the National Society during the last quarter of 2011.

To ensure ownership of the kiosks for sustainability, the water team has trained 51 community members in water management and quality control.

The IFRC has been collaborating with DINEPA and the Centre Technique d'Exploitation, Région Métropolitaine de Port-au-Prince (CTE-RMPP) on the evaluation of projects proposed by DINEPA as a priority for the water network rehabilitation and the improvement of access to water in different areas of Port-au-Prince. Based on the MoU, IFRC/DINEPA has pre-selected three projects for



DINEPA now assumes responsibility for water trucking/IFRC

implementation. The projects are the network repair and water kiosk rehabilitation in Bellevue and Route des Dallas, rehabilitation and upgrade of the water source at Metivier and extension of the network at Cite Soleil. The IFRC has requested additional information from CTE-RMPP before validation of the pre-selected project and preparation of tender documents. The connection to the IFRC T-Shelter site at La Piste had commenced during this reporting period after an agreement was signed between CTE-RMPP but was halted in order to carry out some technical modifications. When completed, the connection is expected to increase access to potable water for the residents of the IFRC T-shelter camp at La Piste.

Key Results	Life of project	2011 Annual Target	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of camps where IFRC has ended water service	66	66	33	27	6	-	33	66
# of water points serviced by IFRC	132	132	64	54	12	-	66	66
# of camps whereby DINEPA has taken-over water-trucking	15	15	15	-	18	-	18	18
# 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	-	-	332,752	332,752	332,752	332,752

The IFRC has ended its water service to the remaining 33 camps during the last quarter of 2011. The increase in the number of camps where DINEPA supplies water is due to the IFRC scaling up its camp water trucking exit strategy during the last quarter of 2011.

The IFRC water and sanitation programme reached 137,082 beneficiaries directly through its proximity communication activities through community mobilizers and the use of truck sounds, while the figures shown in the above table include beneficiaries reached by the beneficiary communications team of the IFRC operation in Haiti. The team reached the same target population during these months with different messages.

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: The IFRC sanitation team continued to support other stakeholders in desludging and disinfection of latrines during the last quarter of 2011. IFRC has also handed over three desludging trucks to DINEPA's department based on the signed MoU. DINEPA-UNOPS have continued desludging activities in some of the IFRC, British Red Cross camps and Canadian Red Cross CTC. The IFRC sanitation team met with a consultant from UNICEF to share experiences and information that would help the consultant whose mandate was to support DINEPA in developing a public/private partnership strategy for the management of desludging activities.

IFRC sanitation team have commenced construction of 46 latrines in Fort National, Delmas 83, Jaquet Toto, Carrefour and Route des Frères. The team has also commenced work on the construction of 12 additional latrines in Charbonnière where 19 others had earlier been finalized. A total of 37 latrine seats were constructed in Charbonnière during this reporting period.

As part of its cholera contingency plan, the IFRC has disinfected 1,312 latrines in 10 IFRC-supported camps and in Lycée Petit Place Cazeau in Marie of Delmas as of December 2011.

Key Results	Life of project	2011 Annual Target	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of camps where IFRC has ended sanitation service	32	32	1	0	0	0	0	66
# of emergency latrines that have been decommissioned or serviced by DINEPA	778	397	8	-	-	713	713	721
# of beneficiaries reached by the communication campaign*	10,000	5,000	-	1,751	1,751	37,295	37,295	37,295

*The figures are cumulative

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: The hygiene promotion team has distributed hygiene and cleaning kits to households in New La Piste and Annexe de la Mairie camps to enhance good hygiene practices in these communities as a follow up to the sensitization activities carried out in the communities. 18 sub-groups to oversee the community cleaning activities have been constituted in collaboration with the camps residents in Charbonnière, Bas Puits Blain, Montre Ville, Catalpah, Ancien Ministère des Femmes, Linz Harry 3, Parc Maguana, Renoncule, Bureau des Mines, Maïs Gaté 12, Henfrasa, Lindor 1, Lindor 2, Parc St Clair, Delmas 28b, Pouplard, République Argentine and Discrète Aumone. The IFRC also supported the sub-groups with a set of sanitation/cleaning kits comprising wheelbarrows, sweeping brooms, shovels, hoes, scissors, ropes, hammers and waste bags among others to enhance their activities in the camps especially in cleaning of latrines and waste removal/disposal as part of the IFRC's camp exit strategy. Based on its community participatory approach in its intervention, IFRC carried out focus group discussions on latrine design in Charbonnière. This approach allowed the community's voice to be heard on how

they could be supported and created a sense of ownership of the ongoing latrine project in the community. IFRC is expected to build on this as it scales up its INA activities.

The hygiene promotion team used the Global Hand Washing Day celebration to intensify its hand washing sensitization with focus on good hand washing habit and reach more persons in October. The team also disseminated messages on safe water chain, solid waste disposal, proper latrine usage and the risk in open defecation to prevent outbreak of water borne diseases especially cholera in the camps. The operation also used radio stations to intensify its hygiene promotion campaign during this period.

In its efforts to contribute to staff capacity in community work, the IFRC and HRC health team carried out CBHFA training for 25 field staffs of the HRC, ICRC and IFRC during the month of December in Port-au-Prince. The knowledge acquired during the training is expected to improve their method of working in communities as related to community health and hygiene. The IFRC hygiene promotion team conducted PHAST training for 102 selected staff and volunteers of the HRC and IFRC during the last quarter of 2011. The training aimed to increase the capacity of participants in the use of participatory methods to prepare them for the INA programme where they will be expected to participate in beneficiaries' need analysis and planning. The team has planned to conduct more hygiene promotion sessions (PHAST ToT, CBHFA and ECV) in January 2012.

Key Results	Life of project	2011 Annual Target	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of watsan and hygiene promotion management committees formed during emergency operations	66	66	2	1	-	2	3	3
# of beneficiaries reached by more than one HP activity	250,000	250,000	49,450	81,413	2,931	2,408	86,752	136,202

The increase in the number of people reached in October was due to the World Hand Washing Day celebration during which IFRC awareness activities in adequate hand washing other hygiene practices were scaled up. This figure excludes the over 100,000 people reached through the electronic media (Radio).

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

Key Programme Activities

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

Progress: Selected staff and volunteers of the HRC participated in the PHAST and CBHFA trainings sessions organized by the IFRC during this reporting period. The sessions aimed to increase the capacity of the HRC in community-based water, sanitation and health related activities.

Challenges: Demonstrations in Port-au-Prince and its suburbs often affect implementation of activities with movement restricted or impossible during such demonstrations. Accessing communities to work is often impossible and movement of Red Cross personnel are restricted for security reasons. This is also affecting support in latrine construction for the shelter programme. Thus, the water and sanitation team of the IFRC could not meet its set target of 117 completed latrines by end of December 2011. IFRC has planned to complete the remaining latrines during the month of January 2012. Land tenure issue continued to cause delay in achieving the water and sanitation objectives during the last quarter of 2011.

2.c Water, Sanitation and Health in Léogâne

Goal: Contribute to improvement of the health status of 20,000 people in three 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



The IFRC mobilizes community members for sanitation activities in its operational areas/IFRC

Progress: The IFRC team in Léogâne scaled up implementation of its planned activities with the completion of six new water distribution networks when artesian source with sufficient flow was available. IFRC team has rehabilitated 24 water points as of end of 2011 of which 10 are artesian sources and 14 sources are equipped with hand pumps. The rehabilitated water facilities are now providing potable water in beneficiary communities.

The operation will continue to construct new water points and boreholes in target communities during the last quarter of 2011 to improve communities' access to safe water. By the end of December, community mobilization teams have identified 21 new potential water points for rehabilitation in the future.

Key Results	Life of project	2011 Annual Target	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of water points/bore holes Constructed	20	11	8	4	3	6	13	21
# existing water points rehabilitated	20	5	3	4	8	9	21	24
# of distribution network constructed	6	-	1	1	2	2	5	6

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: Most of the sanitation activities implemented in 2011 focused mainly in INA areas thus the low level of implementation in non-INA area as shown in the table below. The water and sanitation team in Léogâne has constructed one model Ecosan (ecologically friendly) latrine among the latrines completed in these areas as of December 2011. The operation planned to construct more Ecosan latrines in areas with high water level and good potential for livelihoods activities.

Key Results	Life of project	2011 Annual Target	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of household latrines constructed	1,160	260	39	-	-	-	12	51
# of communal latrines in schools and public spaces*	100	25	-	-	-	-	-	-
# of hand-washing facilities constructed*	1,260	285	-	-	-	-	-	-
# of maintenance tools distributed*	100	25	-	-	-	-	-	-
# of metallic garbage bins distributed*	1,260	285	-	-	-	-	-	-

* Results are reported under INA Léogâne

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: Based on DINEPA regulations, the community mobilization team has formed 28 water committees and five water sub-committees in some of the communities that are beneficiaries of IFRC water facilities. The criteria used to set up these committees were based on DINEPA regulations.

Key Results	Life of project	2011 Annual Target	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of relationships established with water point/sanitation communities and identify hardware needs	46	17	-	2	17	-	19	19
Facilitate communication between water points/sanitation stakeholders (beneficiaries, CASEC, DINEPA)	47	17	-	-	-	-	-	-
# of water committees formed as per DINEPA regulations.	46	17	9	3	7	9	19	28

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

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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 has carried out a total of 20 baseline surveys and outcomes analysis within Haiti context. The exercise will start again when focus is shifted to non-INA areas. The team continued to carry out hygiene promotion using the PHAST methodology, with support from the 53 volunteers trained during the 3rd quarter of 2011 in non-INA areas. The hygiene promotion team in Léogâne intensified its sensitization activities with focus on hand-washing practice, malaria and cholera prevention including the distribution of aqua tablets in cholera affected communities and printing of posters and banners for hand-washing Day campaign held in October. IFRC distributed cleaning kits and supervised regular cleaning activities in the communities until the end of 2011.

IFRC team continued to carry out hygiene promotion activities targeting water interventions and emphasising on the cleanliness of the water point, the water storage at household level and hand washing in communities that are beneficiaries of the new and rehabilitated water points.



A borehole under rehabilitation in Léogâne. IFRC



The borehole after rehabilitation/IFRC

As the IFRC water and sanitation activities progress in target communities, the team in Léogâne plans to revise its activities to reflect current reality and needs of the target communities. The expected revision in water and sanitation activities will reflect in the 2012 first quarter update report of the operation.

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: The Léogâne IFRC/HRC health team intensified its health promotion activities in target communities by organizing CBHFA training for more community volunteers in INA and non-INA areas during the last quarter of 2011. The trained volunteers in turn continued to carry out health sensitization focusing on family planning, HIV and AIDS, maternal, newborn and child health, nutrition and malaria prevention in their respective communities.

The health team organized training of trainers' session on epidemic control for volunteers (ECV) for 35 persons selected among community volunteers (29 persons) and six field staff of the Red Cross.

The team also carried out home visits and organized awareness sessions to sensitize the target population on good health practices and assisted in referral of cholera cases to health facilities during this period.

In addition, IFRC distributed 15,319 condoms, 314 bars of soap, 3,360 aqua tab and 5,159 mosquito bed nets as of end of 2011.

Key Results	Life of project	2011 Annual Target	2011 Result Q3	2011 Result Oct	2011 Result Nov	2011 Result Dec	2011 Result Q4 Total	Total as of end 2011
# of communities mobilized by health programme*	3	1	3	2	2	3	3	6
# of people reached with tailored health interventions*	10,000		1,125	1,123	4,990	6,321	6,321	7,446
# of community health volunteers trained	70	70	55	55	55	55	55	55

* Figures are cumulative from quarter 4

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

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

Progress: Relief activities ended during the 3rd quarter of 2011.

Key Results	Life of project	2011 Annual Target	Result as of June 2011	2011 Result Q3 Total	Total as of end 2011
# of families receiving		103,000	214,544	41,534	256,078

 tarpaulins

 # of tarpaulins
distributed

240,000 429,528 83,068 512,596

2. e Violence Prevention

The violence prevention activities of the IFRC cut across all programmes with priority focus on INA and the goal is to improve community resilience to violence by identifying vulnerable groups and strengthening their protection within programmes.

The IFRC, in collaboration with the HRC and PNS, has developed a concept note with recommendations for preventing, mitigating and responding to violence across the Secretariat programme sites in urban areas. This concept note harmonizes the different strategies of the Haiti Recovery Operation Plan of Action 2011—2012, including the Humanitarian Diplomacy Plan of Action for Haiti 2011—2012, with the Federation's Integrated Neighbourhood Approach and IFRC Global Strategy on Violence Prevention Mitigation and Response (VPMR). Recognizing the profound need of violence prevention in camp communities, it calls for an 'area-based approach' to protection and VPMR in urban sites. The concept note concretely outlines approaches in environmental design (i.e. urban upgrading, community infrastructure development, and water and sanitation works) and social protection (i.e. livelihoods and protection programming) which, if integrated into the programmes of the different sectors, would maximize protection of lives and livelihoods of urban communities.

In October 2011, the IFRC organized its first workshop on the importance of creating safe environments among its staff and teams. Supported by the Canadian Red Cross and its 'Ten Steps' approach to violence prevention, mitigation and response, IFRC staff shared their experiences during implementation of activities in Haiti. Together, the IFRC team identified common challenges that affected all departments including livelihoods and shelter, water and sanitation, health, relief and the wider supporting services of the mission. Participants developed an action plan for the coming 12 months. Integration of violence prevention, mitigation and response initiatives across all programmes was a key priority, along with a far-reaching communications campaign and common trainings, policies and practice to inform staff and volunteers of their rights and responsibilities. IFRC has formed a violence prevention team and integrated it into the operations to meet the centre-point of its programmes.

In celebration of the International Day for the Elimination of Violence against Women on 25 November, the Federation mobilized to support communities in their efforts to bring a stop to violence. The IFRC team of beneficiary communications and violence prevention, jointly with the Haitian Red Cross organized a communication campaign to raise awareness of violence and the rights of survivors to medical, psychosocial and legal support. The violence prevention team organized Radio shows on the national radio channel, '*Radio Caraïbe*' and the Red Cross dedicated show '*Radyo Kwa Wouj*'. Guests from the Spanish Red Cross, the French Red Cross and its partner women's organization MOUFED (Mouvement des Femmes Haïtiennes pour l'Éducation et le Développement), answered questions live on the impact of violence and where survivors could go for support.

A sound truck playing a 15-minute spot discussion on violence prevention reached 16 camps in Port-au-Prince over a week, including some of the more remote camps such as Jerusalem and Canaan. As the spot played, people would gather around the car to collect cards created by the Ministry of Gender on where they could find their nearest hospital and legal clinic. A total 7,791 cards were distributed and assuming three people will have access to a card, directly or through their neighbours, sharing of this often life-saving information will benefit 23,373 camp residents who are among the most vulnerable to violence. The team also shared, through *Voila* mobile phone network, 2 million SMS containing stay safe messaging and medical referral information reaching approximately 500,000 people countrywide.

The communities of La Piste and Annexe de la Mairie camps came together to take part in a football match organized by the IFRC livelihoods and violence prevention teams. Entertained by dancers and football 'tricks', posters and information materials on bringing a stop to violence were shared to an audience of roughly 200 cheering supporters.

The IFRC has began piloting a 'Safe Spaces' assessment tool as a means of better understanding perceived and real violence against communities. The tool was piloted in the IFRC programme site of La Piste, where the community continues to be vulnerable to violence. After a 3-hour training of 11 community mobilizers and one shelter delegate, five sessions were piloted in La Piste with 56 residents in focus groups of elderly, youth, women, men and the disabled. The camp residents mapped and discussed their safety, as well as protective mechanisms and how these can be reinforced. The findings were then presented in a community group session with all

members and a local Haitian organization, *Kofaviv* came to speak about the possibility of organizing protection activities in the community. Over the next quarter, the violence prevention team plans to apply this tool and approach in other IFRC sites.

Challenges: The protection needs of the camp communities remain immense. However, the Government's ability to ensure these communities are secure from acute harm is undermined by a weak security and legal climate that fosters impunity for perpetrators of violence. Furthermore, the substantial size of camp communities means developing projects that target the most vulnerable is challenging given the precarious living conditions of residents that leave them equally vulnerable. Lack of assessment tools for violence prevention, mitigation and response worsened the situation and made it difficult to identify priority groups within these camps or neighbourhoods surrounding them.

The banality of violence in more vulnerable communities, compounded by potential societal stigmatization of survivors, is thought to be leading to significant under-reporting of cases, and certain forms of violence particularly against women and girls. NGO consortiums or research studies provide available data that are often small and of biased sample sizes. As such, it remains difficult to come up with a sound picture of the prevalent types and forms of violence in Haiti. To address this, the IFRC is developing new assessment tools to better understand community protection needs and responses.

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
- Human Resources reinforcement (integrated delegates)
- 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 HRC has finalized work on its strategic development plan for 2012–2015 and presented the document to its donors and partners in December 2011.

The IFRC is supporting the National Society's development with the setting up of a Steering Group comprising of the HRC leadership, heads of delegation of ICRC and PNS in Haiti. The Group focuses on strategic issues around the National Society development. IFRC is also planning to reorganize the current sub-working groups into ad-hoc groups with well-defined objectives and responsibilities including support in the HRC Volunteering Policy documents.

The IFRC has integrated five delegates into the Haitian Red Cross structure to support 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. Recruitment process for an ambulance service support delegate commenced during the last quarter of 2011.

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

Key Activities:

- Establish and manage a trust fund or capacity building fund for 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: The IFRC is working with the Haitian Red Cross in the development of the base camp. IFRC has contracted a consultant who has commenced a feasibility study of the compound to determine its potential physical development for HRC offices, and for income generating purposes.

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.

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

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

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

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

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

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

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

Key Activities:

Based on needs analysis undertaken, health and care activities will focus on the following four recommended components of the health programme:

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

Progress**Capacity Building**

The IFRC/HRC health team continued to strengthen its community-based capacity with continuous training of volunteers and supervisors in Epidemic Control for Volunteers (ECV) in HRC branches. More HRC volunteers, staff and PNS also had their capacity strengthened in CBHFA and PSP related activities during the last quarter of

2011. The PSP team has planned to recruit two new national staff to support the new volunteering strategy in administration and supervision. In strengthening the capacity of the HRC and other stakeholders in the CBHFA PMER toolkit, the community health team facilitated 2-day training on the use of the toolkit with participants from the HRC, PNS, MSPP and the Haitian School of Community Health.

Tool Development

The IFRC/HRC health department contracted a consultant for the translation and adaption of the ECV manuals into Creole with funding support from the Swedish Red Cross. The translation has been completed and re-submitted to the MSPP for validation by end of December. Other tools planned for translation into Creole include the community health and PSP manuals.

The community health team supported the Canadian Red Cross to develop the first draft of the terms of reference for its planned nationwide CBHFA baseline survey. The team supported the Norwegian Red Cross in the revision of its CBHFA plan of action for Petit Goave.

Health Coordination

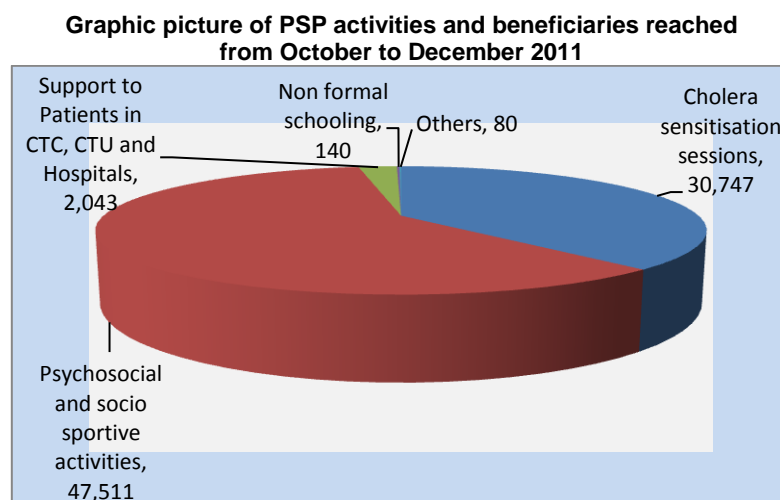
For better and effective coordination of CBHFA activities, the IFRC/HRC health department held the second and third CBHFA Working Group meetings in November and December respectively. During these meetings, participants discussed agreed on issues related to the selection criteria of implementation area including volunteers and supervisors. The meeting also identified CBHFA materials to be adapted and translated into Creole for easy use by volunteers. Other issues discussed include the integration of CBHFA with other methodologies within the framework of the Integrated Neighbourhood Approach (INA) and the ongoing design of violence prevention modules for CBHFA which would be ready by 2012. Regular participants at the meetings include PNS, MSPP, the Haitian School of Community Health and the IFRC/HRC.

The IFRC/HRC participated in the Caribbean HIV Conference in The Bahamas. The conference provided a great opportunity to coordinate with other stakeholders in HIV including the MSPP and participate in useful discussions and deliberations. Within the framework of the Global Alliance on HIV, the IFRC/HRC team participated in the IFRC Americas zone HIV workshop held in Panama in December 2011.

Implementation

The **Psychosocial Support Programme (PSP)** team scaled up its activities targeting more than 20,000 beneficiaries monthly in 33 camps, 133 schools and 5 CTC in 7 geographical areas in the West department during the last quarter of 2011. Between October and December 2011, PSP has reached 80,521 beneficiaries with psychosocial and/or socio-sporting activities, cholera awareness messages, support group and non-formal education in its target areas. The programme has also supported cholera patients on admission in CTC, CTU or hospitals.

The HRC led consortium of the Italian, Icelandic and Norwegian Red Cross Societies, as well as the IFRC and the International Committee of the Red Cross (ICRC) is supporting the implementation of these activities. The Danish Red Cross is also supporting PSP through multilateral funding.



For effective management of volunteers in PSP, the IFRC/HRC PSP team is reviewing its volunteer incentive strategy through the gradual replacement of monetary incentives with increased technical supervision, training and certification recognized by professional bodies. This step aimed at empowering the volunteers has commenced with discussions on real volunteerism and motivation with the PSP volunteers in Carrefour, Petion-ville, Léogâne, Petit Goave, and La Piste. Feedback from the discussions has been positive with the hope that majority of the volunteers will remain and work for the programme during their free time. The PSP team is planning to phase out the per diem for volunteers from the 1 January 2012. This decision might affect negatively the programme activities in the first month of 2012. Yet, it seems as a necessary step in order to reactivate volunteerism spirit within the HRC and ensure sustainability of the program in the long term.

IFRC/HRC PSP team has trained and equipped 200 volunteers on PSP related interventions with support of UNICEF during this reporting quarter. The trained volunteers were grouped into 18 teams (7 in Port-au-Prince and 11 in the other HRC regional branches) as part of the nationwide psychosocial emergency response network.

Table of PSP training sessions during the period October-December 2011

Training title	# of sessions	# of beneficiaries
Training of UNICEF Partners for World mental health day	2	90
Training of HRC PS teams for World mental health day	1	36
Additional training for HRC Ps teams on Play/game and resilience	2	24
Additional training for HRC Ps teams on Play/game and resilience	2	16
Sensitization of ECV volunteers on Psychosocial needs and support	4	265

In commemoration of the World Mental Health Day, the IFRC/HRC PSP team collaborated with the Haitian Ministry of Public Health and Population (MSPP) and other partners including UNICEF to organize awareness sessions on mental health in all the HRC branches across the country.

The PSP team continued to intensify its collaboration with Red Cross external partners such as UNICEF, which has requested the team to support in the training of UNICEF local partners in psychosocial issues. To facilitate this training and with the agreement of the IFRC PSP Reference Centre in Copenhagen, the community-based psychosocial support manual will now be translated into Creole and endorsed by the MSPP. UNICEF also donated kits comprising of tents and psychosocial support materials to all the 18 existing psychosocial teams.

In addition, the IFRC Psychosocial Support Reference Centre of Copenhagen and Save the Children have been working on a new guided activities manual for children. This manual has already been translated into Creole and will be tested by the HRC in 2012. The Haitian Red Cross and Save the Children already carried out joined training for the respective staff in Haiti. The National Society is also working on the development of a guided curriculum of activities for adolescents and young adults adapted from the IFRC's Youth as Agent of Behavioural Change (YABC) toolbox. This curriculum will be finalized and tested in 2012.

A member of the PSP team participated in a regional meeting on psychosocial support in Colombia where HRC had a half-day dedicated to its PSP programme in 2011. Other participating national societies appreciated the achievements of the HRC as presented at the meeting.

As part of its contribution to the disaster preparedness programme of the HRC, the PSP team collaborated with the DRM department in the design and distribution of emergency kits to all the 13 HRC branches in the country.

The IFRC/HRC **emergency health** programme that commenced in July 2011 has trained 407 volunteers in ECV methodology from its target 1,000 as of end of December 2011. A total of 80 master trainers (average of 5 master facilitators per branch) have received training instruction on the methodology. The ECV training aims to provide HRC branches with well-trained and equipped teams of trainers and volunteerism for them to be able to contribute to fighting epidemics and contribute to disaster risk reduction in the country. The emergency health team collaborated with the PSP team to train 265 volunteers in PSP related topics during the last quarter of 2011. The table below shows statistics of ECV training conducted during this reporting period:

Month in 2011	Place	# of HRC volunteers trained	# Communities
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October	West Branch	84	18
	South Branch	86	18
November	-	-	-
December	Artibonite	60	8
	Léogâne	35*	10
Total # of training beneficiaries		265	

*All are CBHFA supervisors and trained as ECV master facilitators

The emergency health team carried out field mission to conduct a rapid assessment on cholera situation in Ile-a-Vache (South department). The cholera treatment centre (CTC) in this island of 10,000 inhabitants was facing many challenges such as insufficient bed space, lack of disinfectants, potable water and good latrines. The HRC with the support of the IFRC decided to support the centre until end of December 2011. In addition, an agreement on the handover between the British Red Cross and the HRC for the management of the CTC in Port-à-Piment was reached during this reporting period.

The **community health** team intensified its CBHFA training activities and reached more volunteers who have also been carrying out community-based health promotion activities in target communities. Other beneficiaries of the training include government health agencies, hygiene promoters/community mobilizers from the Red Cross Movement and community members. The community health team continued to be an active participant in the Community Health Working Group meetings and scaled up its technical support to PNS in the development and revision of plans of action. In collaboration with the IFRC water and sanitation team, the health team organized CBHFA training for hygiene promoters and community mobilizers during December. The IFRC/HRC procured 40,000 long lasting insecticide treated bed nets (LLINs) with funding from the Korean Red Cross. During this reporting quarter, the community health programme commenced work in two new communities in Léogâne with the distribution of 657 mosquito bed nets in Beausejour while the distribution in Mapou Bussonniere is planned for January 2012. The health team in collaboration with the shelter team has also distributed 850 bed nets in Annexe de la Marie. A total of 22,000 bed nets were prepared and reserved for the Canadian Red Cross for its CBHFA project in the South East province.

The table below shows CBHFA trainings conducted during the last quarter of 2011

Month in 2011	Place	# of participants	Topic	support
October	Port-au-Prince	25	CBHFA PMER toolkit	Haitian RC
November	Jacmel	50	CBHFA health committees	Canadian RC
	Petit Goave & Grand Goave	20	CBHFA community members	Norwegian RC
December	Petit Goave	29	CBHFA volunteers	Norwegian RC
	Saut d'Eau	24	CBHFA volunteers	Finnish RC
	Port-au-Prince	26	CBHFA hygiene promoters & Community mobilizers	IFRC
Total # of beneficiaries		174		

On **HIV and AIDS** awareness activities, the HRC with support of the IFRC worked with the voodoo fraternity to reach over 300 persons in Gonaives with HIV and AIDS messages. The HIV and AIDS team participated in the celebration of the World AIDS Day in collaboration with the MSPP at the national level and with the IFRC health clinic in Base Camp. The IFRC Health Coordinator had an interview with Reuters News Agency to outline the Movement approach on HIV and AIDS to Reuters News Agency.

A team from the HIV/AIDS unit participated in a zonal meeting on Global Alliance on HIV and other topics in Panama in December. One of the lessons learnt from the meeting was the need for the IFRC/HRC to take up the challenge of developing a clear evidence-based Global Alliance document and work closely with national and international agencies with focus on prevention, anti-stigma and anti-discrimination programming.

Challenges: Transforming the HRC volunteering system to ensure that ongoing programmes are sustainable was a key challenge. Approximately 70 per cent of the existing volunteers will be retained when HRC adopt the new volunteer system.

Merging the cholera programme with health programs at the end of the cholera operation in February 2012 will be another key challenge as the rainy season is approaching coupled with the reduction in staff and other resources. It is imperative that the IFRC/HRC health team in collaboration with partners develop a clear and consistent strategy to address the cholera situation in the country.

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 community-based 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 creation amongst 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 DRM department organized community brigade trainings for youth in Port-au-Paix in the Nord-east region, Cayes in the South region and Grande Anse. The training focused on the *Kouri di Vwazen W'* (KDV), a community sensitization project focusing on disaster preparedness. Some of the topics discussed during the training include dissemination, risk management, humanitarian concept, role of the brigade, psychosocial support and community-based health and care. The outcome of the various training showed participants' interest in using the knowledge acquired to start voluntarily sensitization work in their various communities based on the objectives of the project. With the completion of training in Haut-Artibonite (Gonaives) in November 2011, all the 13 regional HRC branches now have teams of trained community brigades to support the DRM team community sensitization. DRM department has 26 HRC volunteers who are expected to train 218 community members.

Furthermore, The DRM team continued its community sensitization activities focusing on measures to take during floods, hurricanes and storms on *Radyo Kwa Wouj* and *Radio Caraïbe*.

During this reporting period, the HRC DRM team carried out assessment visits in some parts of the country following the heavy rainfall of October 2011. The assessment team visited flood affected communities in Nippes, South and Grande Anse departments. During the visits, DRM team recorded 20 deaths caused by the cholera epidemic. The Red Cross team was involved in referral of suspected cases to the nearest CTC and carried out sensitization activities through its trained volunteers and the radio stations.

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

- To train 275 volunteers on DRM 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: The HRC DRM department developed and validated the contingency plan for Ouest Metropolitaine regional branch. The HRC with technical and financial support from IFRC organized a workshop on the contingency plan. The National Society also used the workshop to identify the needs of the regional branch such as lack of material resources to intervene during complex disasters like floods, cholera, hurricane and earthquake. The workshop identified the need to train more volunteers from the branch in maritime first aid and contributed to improved collaboration and coordination between the regional branch and PNS operating in the region.

The HRC DRM department has finalized its plan of action for 2012-2015 based on the National Society's strategy development plan and inputs from Movement partners. In addition, the DRM has shared its contingency plans for the 13 regional branches with the health department to ensure integrated programme planning between health and disaster risk reduction for 2012-2015. In another development, the HRC DRM team worked in collaboration with the IFRC/HRC beneficiary communications team to develop interactive vocal response (IVR) script in Creole. The script focuses on disaster preparedness messages and measures to take during disasters.

Prior to the development and finalization of its plan of action for 2012-2015, the DRM department organized a 3-day programme/project planning (PPP) workshop to strengthen participants' capacities in results-based planning. Twenty-four participants from all level of the HRC structures attended the workshop that also emphasised on reporting techniques.

In its efforts to strengthen the capacity of the HRC DRM department in monitoring and reporting, the IFRC PMER team in Haiti is working with the management of the DRM programme on the second ECHO-funded project under the framework of the operation, focusing on the development of monitoring and reporting tools for DRM activities. The meeting also served as entry point in the National Society capacity building in reporting as the IFRC reporting team had since been working with the DRM focal point in reporting to develop monitoring and reporting tools for the branches.

The HRC training centre also known as *Centre De Formation (CDF)* continued to conduct trainings based on the request of Movement and external partners. Between January and December 2011, the CDF has trained 1,713 persons. Twenty-seven per cent of this number was trained between October and December 2011. The training focused on different modules like first aid, ambulance rescue service, community disaster preparedness, KDV training of trainers, VCA, evacuation and early warning system.

The HRC with funding support from ECHO has completed construction of a new training centre comprising of office space and training rooms during November 2011. The National Society has planned to start work on another building in the centre during July 2012. In addition, the CDF organized a planning meeting with PNS working in collaboration with the HRC in its branches to develop a plan of action for various training programmes of the PNS. At the October meeting, participants developed a training plan covering the period November 2011 to October 2012.

During this period, a delegation from ECHO visited the DRM department to evaluate achievement of the first ECHO-funded project and further discussion on the second ECHO-supported project. The delegation visited the newly constructed training centre and met with the CDF and DRM team management on the success and challenges of their collaboration. The CDF team continued to enjoy the technical support of the Centre of Reference for Community-based Disaster Preparedness based in Costa Rica.

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 risk management (DRM) department participated in various coordination meetings with stakeholders in disaster management in Haiti. These meetings focused on community-based disaster risk reduction, community response teams, mapping of disasters prone areas in the country as well as meetings with traditional and potential donors on disaster management activities of the HRC. The meetings served as forum for the HRC with support of the IFRC to present its disaster preparedness, risk reduction activities to stakeholders, and explore opportunities for collaboration with other national and international agencies working on DRM. The DRM department met with a delegation of the American Red Cross on the possibility of supporting the livelihood programme expected to be included in the contingency plans of all the regional branches. The DRM team also met with ECHO and presented its draft plan of action for 2012-2015 to ECHO.

The HRC DRM department in collaboration with the American Red Cross carried out a monitoring visits to Cabaret, Corail, Luly, Williamsson and Monstrouis to assess progress made in ongoing projects like a multi-purpose centre under construction, rehabilitation of an emergency centre, rehabilitation of water points and mitigation activities to protect the Nan Mango community in Monstrouis.

The HRC DRM department produced and donated some *Kour Di Vwazen'w* sensitization materials and basic equipment (leaflets, calendars, brochures and manual radio sets for community use) to PNS to scale up activities in disaster risk reduction in the country.

The HRC DRM team participated in an international meeting of focal persons on community education in Costa Rica in October 2011. At the meeting, the nine participating National Societies discussed issues related to community work, lessons learned, good practices and challenges. The HRC used the forum to make presentations on its community response team pilot project, *Kour Di Vwazen'w*, training tools used in community work and the early warning system (EWS). Participants had group working session on Earthquake. The session focused on what to do before, during and after an earthquake disaster. One of the lessons learned by the HRC at the meeting was the need to include other modules from the Better Be Ready series such as the “*Safe School*” and “*Protected Family*” modules in the volunteer training as good tools to sensitize school population and families on the thematic of community-based disaster risk preparedness.

Challenges: One of the main challenges that eventually turned positive was the production of the DRM plan of action 2012—2015. Another challenge was the integration and coordination with the National DRM System and the International DRM Platform.



A session on community sensitization against disasters/HRC



Ambulance/first aid service is one of the key activities of the Haitian Red Cross/HRC

3. Ambulance Services

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

Objective 1: Capacity building: The Haitian Red Cross ambulance service is well staffed with trained personnel, volunteers, equipment and tools.

Key Programme Activities

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

Objective 2: Tool development: The Haitian Red Cross ambulance service has the necessary tools and equipment for emergency response.

Key Programme Activities:

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

Objective 3: Coordination: The HRC ambulance service is well integrated in coordination mechanisms of the Red Cross and Red Crescent and external partners such as the Haitian state, particularly the Ministry of Public Health and the Civil Protection.

Key Programme Activities

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

Progress: The IFRC team in Haiti is supporting the HRC in its ambulance services as included in the new Federation Wide Strategic Framework for Haiti 2011-2014. The National Society is being supported with the recruitment of an ambulance service embedded delegate who under the supervision of the management of the HRC will support and assist the National Society to develop standard operating procedures for ambulance service, implementation and capacity training and enhancement from the first quarter of 2012.

An Enabling Environment: Support to Programmes

a. Movement Coordination

During the reporting period (October through December 2011), Movement Coordination was further strengthened at the programme level to help meet the responsibilities of the Movement Coordination Framework put in place in April 2010. Technical Movement Coordinators for violence prevention and livelihoods joined the team. There was also a turnover of the DRM Movement Coordinator who ended his mission in December. The IFRC Haiti team anticipates the arrival of his replacement in the first week of January 2012.

In addition to the usual monthly technical committee meetings (Shelter, WASH, Health and DRM), Movement Coordination also facilitated several meetings related to the Integrated Neighbourhood Approach (INA). The meetings focussed on the implementation of the camp decongestion programme in Maïs Gaté as part of the Red Cross response to the Government of Haiti's 16/6 programme. In addition to several meetings on that topic, including with the UN Residential Representative, the Head of IOM, the Head of the Government 16/6 programme and key personnel from UNOPS and targeted PNS, Technical Movement Coordination also led a 2-day workshop entitled, "*Voice of the Community*". The workshop brought together more than 90 participants from the Red Cross, local authorities, NGOs, UN system, volunteers and community members in targeted INA neighbourhoods.

Many solid recommendations and lessons that still need to be comprehensively applied came from the participants; these included:

1: Defining the community: Increase the use of assessments that help us to identify the community, understand its composition and the needs of its different sections. Learn to recognize the sociology of the neighbourhoods.

2: Community leaders: Better understand community leaders/representatives. Who are they? Who do they say they represent versus who they actually represent? What was the process used to identify them and what are the associated risks?

3: Volunteers: Have a clear definition of a volunteer; better recognize their needs and the risks they face, and find more ways to support them.

4: Government: Engage Government and municipality actors in a meaningful way (i.e. in planning, implementation and evaluation of projects to ensure these complement wider municipality development plans).

5: Sustainability and viability: Emphasise the importance of making processes and results viable and sustainable.

6: Transfer/Handover: Develop clear exit or handover strategies from communities within the project design phase.

b. Beneficiary Communications

The core programmes of the IFRC operation in Haiti continued to receive support from beneficiary communications department which has become strategic link between programmes and beneficiaries. The team supported the water trucking exit strategy of the water and sanitation team with over 280,000 SMS sent to target areas in Port-au-Prince to announce the phase out and inform the people on DINEPA taking over the management of water trucking. The team through its *Noula* hotline responded to callers' concerns over the IFRC exit from water trucking thereby helping them understand the exit strategy process.

Beneficiary communications produced new set of tools to support the self-sheltering project of the IFRC. The communications toolkit include shelter solution leaflets and posters, livelihoods leaflets and posters, t-shelter maintenance and repair leaflets and posters as well as sound truck recordings on these topics. The team also actively supported the shelter team in its *Mais Gaté* camps decongestion/resettlement project with the production of leaflets on alternative shelter solutions and the *Noula* questions and complaints platform to help with registration.

The IFRC beneficiary communications team participated in the various health, hygiene and disaster management campaigns organized during the last quarter of 2011. IFRC used SMS, sound truck and *Radyo Kwa Wouj* to support in delivering campaign messages to the target population during the World Hand Washing Day and the World Mental Health Day celebration on 10 October. The team participated in other campaigns like the disaster preparedness advice and promotion and the World AIDS Day during which the team delivered SMS on safe sex, treatment and anti-stigma countrywide. The team was also involved in other activities related to first aid, cholera, and disaster risk reduction. The IFRC beneficiary communications supported the British Red Cross shelter and livelihoods programmes by delivering SMS messages to beneficiaries for registration exercise and information event.

With the installation of a radio studio at base camp, *Radyo Kwa Wouj* radio show continued to broadcast live chat show on Radio Caraibes 1 & 2 on Wednesdays and Fridays with radio 1 broadcasting live from the base camp studio. The programme received listeners' questions and provided expert advice on issues ranging from health, disaster, shelter as well as water and sanitation.

All the scripts and recordings in Creole for the interactive voice recognition (IVR) line have been finalized and approved. The recordings which cover many topics from disease prevention to information on Red Cross ambulance service were been built into the system with the expected launch in 2012.

The beneficiary communications team hosted a team from Euronews television channel. The visit aimed at making a short documentary about the impact of beneficiary communications and the situation in Haiti two years after the earthquake. The show is part of the visiting team's Silent Disaster programme and can be viewed at <http://www.euronews.net/2012/01/10/haiti-coping-with-catastrophe/>

IFRC continued prioritizing partnerships and networking in beneficiary communications. While CDAC Haiti⁶ (Communicating with Disasters Affected Communities discontinued activities in Haiti, IFRC continued to feed into CDAC global discussions. The evaluation of the Haiti Beneficiary Communications programme was printed and launched in October 2011 with an organized event in collaboration with CDAC and participation of NGOs, UN agencies and Haitian organizations. Findings from the evaluation were also promoted with a story on the homepage of IFRC web site. The IFRC/HRC joined the Accountability Learning and Working Group that focuses on sharing best practices on beneficiary accountability. The team also worked with IOM and UNOPS in planning and communications during this period.

Overview of beneficiary communications data:

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

SMS DELIVERED:	75 MILLION
PEOPLE REACHED:	1.3 MILLION
RADIO HOURS:	106 HOURS
CALLS ANSWERED ON RADIO SHOW (from 01 Jan 2011)	790
CAMPS REACHED BY SOUNDTRUCK:	629
CALLS TO RED CROSS INFO LINE:	1.1 million
CALLS TO NOULA QUESTIONS & COMPLAINTS LINE	2,485

c. Support Services

Communications

A journalist from the Financial Times visited the IFRC shelter and livelihoods projects in October to get information on a write-up being prepared on the economic rebuilding of Haiti. The communications team facilitated a visit by the Norwegian Red Cross communications team to Haiti to gather communications materials and visit beneficiary communications projects ahead of the two-year anniversary. IFRC communications team shared a set of key messages, Q&A and beneficiary communications guidelines with Red Cross communications colleagues to help answer questions on the ending or transitioning of key IFRC services.

The 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/>

Logistics

The IFRC Logistics team continued to support the IFRC/HRC operations and other Movement partners operating in Haiti. The IFRC/HRC and Movement partners' programmes received support from fleet, procurement and warehouse units of the logistics department. The human resources capacity of the department was strengthened with the recruitment process of warehouse delegates expected to be completed early 2012. The procurement unit supported the operation in procurement and contract negotiation and signing. The unit continued to procure construction and operational materials for shelter and water and sanitation programmes, and ensure delivery of cleaning materials for base camp. Pipeline and customs clearance activities were occupied with clearing of vehicles and vehicle's spare parts, training

⁶ CDAC Haiti is a communications sub-group within the UN cluster system that brought together humanitarian actors, media development organizations, local media and representatives of the Government of Haiti in a collective effort to improve two-way communication between aid providers and the affected Haitian population.

materials, water equipment, medical/hospital equipment and IT/Communication equipment for Movement partners including the IFRC.

The fleet management team continued to support programs in transportation, vehicle registration and maintenance including fuel dispatch and drivers training. The logistics department carried out a thorough restructuring of its warehouse management for effectiveness during this reporting period.

Finance and Supplementary Services

The Haiti Recovery Operation's finance team collaborated and supported the internal audit team from the IFRC's secretariat during the internal audit exercise of the operation during the last quarter of 2011. The 2012 budget was prepared and finalized in collaboration with programme managers. The finance team ensured timely submission of financial pledge reports to donors and continued to offer supplementary services to the Movement. The IFRC finance department facilitated the signing of MoU on National Society support, water and sanitation, health and cholera projects with the HRC.

Base Camp

The IFRC operation in Haiti scaled up activities to improve working conditions in the Base Camp. IFRC with funding from ECHO supported the Haitian Red Cross in the construction of the national training centre located at base camp in November 2011. IFRC completed work on the new office domes for the water and sanitation department during the last quarter of 2011. To enhance security at base camp, the management has concluded a plan to install CCTV system in the camp.

Risk Management

To promote accountability and to continuously look for ways to improve efficiency and effectiveness of activities, IFRC carried out internal audit of its processes, controls and activities in October 2011 as part of the normal audit plan determined by the audit and risk committee in Geneva. The final report was expected to be issued in February 2012.

Security

The IFRC team works to ensure security of Red Cross personnel and property in Haiti. The IFRC security team shared weekly security updates with IFRC personnel in-country, Red Cross Red Crescent partners, the Zone office in Panama and the Secretariat office in Geneva. The team continued to send security alerts to delegates and other IFRC personnel through SMS during this reporting period. New delegates to Haiti receive security briefings from the department upon arrival. The security team continued to conduct briefing and training sessions for newly recruited international and national staff.

Contact information

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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	2010/01-2011/12
Budget Timeframe	2010/01-2014/12
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

<i>Albanian Red Cross</i>	15,828					15,828
<i>American Red Cross</i>	22,188,503	15,253,432	1,308,224		48,800	38,798,959
<i>Andorran Red Cross</i>	71,872					71,872
<i>Antigua and Barbuda Red Cross</i>	108,684					108,684
<i>Arcos Dorados B.V.</i>					1,215,429	1,215,429
<i>Argentine Red Cross</i>	-105,986				378,902	272,916
<i>Armenian Red Cross Society</i>	2,098					2,098
<i>Australian Red Cross</i>	2,393,200	516,150			305,334	3,214,684
<i>Australian Red Cross (from Australian Government)</i>	926,900					926,900
<i>Australia - Private Donors</i>	439					439
<i>Austrian Red Cross</i>	36,629					36,629
<i>Austrian Red Cross (from Austrian Government)</i>		272,480			411,795	684,275
<i>Austrian Red Cross (from Austria - Private Donors)</i>		46,677				46,677
<i>Bain & Co. Inc.</i>	46,921					46,921
<i>Bangladesh Red Crescent Society</i>	1,099					1,099
<i>Baphalali Swaziland Red Cross Society</i>	6,889					6,889
<i>Belarus Red Cross</i>	14,935					14,935
<i>Belgian Red Cross</i>	16,562					16,562
<i>Belgian Red Cross (Flanders)</i>	61,454					61,454
<i>Belgium - Private Donors</i>	14,682					14,682
<i>Belize Red Cross Society</i>	82,107				259,556	341,663
<i>Bolivia Private Donors</i>	830					830
<i>Botswana Red Cross Society</i>	28,788	0				28,788
<i>British Red Cross</i>	147,386	822,375			22,659	992,420
<i>British Red Cross (from DEC (Disasters Emergency Committee))</i>	1,699,020					1,699,020
<i>British Red Cross (from DFID - British Government)</i>	1,086,366					1,086,366
<i>Bulgarian Red Cross</i>	143,520				148,680	292,200
<i>Cambodian Red Cross Society</i>	10,415					10,415
<i>Cambodia - Private Donors</i>					724	724
<i>Canada - Private Donors</i>	264					264
<i>Canadian Government</i>	41,158					41,158
<i>CARE International</i>	68,280					68,280
<i>Caribbean Airlines</i>					2,289	2,289
<i>CERN Staff Association</i>	17,000					17,000
<i>Chilean Red Cross</i>	353,392				193,652	547,044
<i>China Red Cross, Hong Kong branch</i>	965,451	1,660,187				2,625,638
<i>China Red Cross, Macau branch</i>					103,000	103,000
<i>Colombian Red Cross Society</i>	431,143					431,143
<i>Consolidated Contractors Co. (CCC)</i>	72,020					72,020
<i>Costa Rican Red Cross</i>	735,352	15,015			633,428	1,383,795
<i>Credit Suisse</i>	16,162					16,162
<i>Croatian Red Cross</i>	94,480				207,195	301,675
<i>CWT Beheermaatschappij BV</i>	0	66,409			37,736	104,145

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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	1,826,274			1,826,274
European Economic & Social Committee (EESC)	19,887			19,887
Finnish Red Cross	9,290			9,290
Fixed Mobile Convergence Alliance (FMCA)	11,581			11,581
France - Private Donors	464			464
French Red Cross	44,342			44,342
GDF Suez			10,613	10,613
German Red Cross	147,264	610,533		757,798
Germany - Private Donors	621		7,168	7,790
Ghana Red Cross Society			13,151	13,151
Great Britain - Private Donors	16,412			16,412
Guatemalan Red Cross	66,500	-18		66,482
Hellenic Red Cross	73,790			73,790
Hilton Worldwide	778,977			778,977
Hungarian Red Cross	41,560			41,560
Icelandic Red Cross	53,413	92,700		146,113
IFRC at the UN Inc	-5,387			-5,387
IFRC at the UN Inc (from Alcatel Lucent)	25,839			25,839
IFRC at the UN Inc (from Alcatel-Lucent Foundation)			49,665	49,665
IFRC at the UN Inc (from Analog Devices Incorporated)	53,530			53,530
IFRC at the UN Inc (from BlackRock)	18,738			18,738
IFRC at the UN Inc (from BP Foundation)	315,459			315,459
IFRC at the UN Inc (from Brazilian Government)	105,858	899,740		1,005,598
IFRC at the UN Inc (from CoreLogic)	22,531			22,531
IFRC at the UN Inc (from DELL Direct Giving Campaign)	250,053			250,053
IFRC at the UN Inc (from Electronic Theatre Controls, Inc.)	63,406			63,406
IFRC at the UN Inc (from Fibrogen)	10,052			10,052
IFRC at the UN Inc (from Gallagher Arthur J. & Co.)	116,361			116,361
IFRC at the UN Inc (from Gilson Inc.)	8,081			8,081
IFRC at the UN Inc (from Health Partners of Philadelphia)	2,158			2,158
IFRC at the UN Inc (from Islamic Heritage)	3,001			3,001
IFRC at the UN Inc (from Jones Apparel Group)	130,603			130,603
IFRC at the UN Inc (from Kraft Foods Foundation)			951	951
IFRC at the UN Inc (from Mellon Bank)	163,675			163,675
IFRC at the UN Inc (from The Mosaic Company)	125,027			125,027

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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
Irish Red Cross Society (from Irish Government)		158,572			63,416	221,988
Italian Government	267					267
Italian Government Bilateral Emergency Fund					737,681	737,681
Italian Red Cross		487,567	1,224,447			1,712,014
Italy - Private Donors	691					691
Jamaica Red Cross	213,206					213,206
Jamaica Red Cross (from Jamaica - Private Donors)	265,281					265,281
Japanese Government	2,450,285					2,450,285
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

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New Zealand Red Cross	10,000			865,285	875,285
New Zealand Red Cross (from New Zealand Government)	135,678	162,702			298,380
Nicaraguan Red Cross	167,971				167,971
Nigeria private donors	220				220
Norway - Private Donors	10,830				10,830
Norwegian Red Cross	1,460,789	804,398	1,260,847	181,422	3,707,457
Office of the Representative of the Dalai Lama				100,000	100,000
Oman - Private Donors	8,556				8,556
On Line donations	894,656				894,656
OPEC Fund For International Development	538,097				538,097
Other	5,058,698	-1,420	0		5,057,278
Pakistan Private Donors	5,332				5,332
Palau Red Cross Society	6,371				6,371
Peruvian Red Cross	75,674	-2,958			72,717
Polish Red Cross	128,947	0			128,947
Portuguese - Private Donors	147				147
Portuguese Red Cross				737,078	737,078
Procter & Gamble	5,000				5,000
Qatar Red Crescent Society	156,342				156,342
Red Crescent Society of the United Arab Emirates	84,972			80,000	164,972
Red Cross of Cape Verde	396				396
Red Cross of Monaco				73,649	73,649
Red Cross of Montenegro				5,556	5,556
Red Cross of Montenegro (from Montenegro Government)				87,038	87,038
Red Cross of Viet Nam				21,395	21,395
Red Cross Society of China	2,315,042			875,447	3,190,489
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)				210,164	210,164
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

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Slovenian Red Cross	106,663			1,783	108,446
Soft Choice Corporation				23,069	23,069
Sonesta Maho BC				26,582	26,582
South Africa - Private Donors	105				105
Spain - Private Donors	15,228				15,228
Spanish Red Cross	729,311	219,587		405,734	1,354,632
Sphene International Ltd	1,570,081				1,570,081
Sri Lanka - Private Donors	1,036	1			1,037
SSI (Survey Sampling International)	20,638				20,638
Suriname Red Cross	267,126		187,731	146,064	600,921
Swedish Red Cross	4,711,928	734,308	1,477,170	222,932	7,146,338
Swedish Red Cross (from Swedish Government)	2,734,208			200,000	2,934,208
Swiss Red Cross	66,135				66,135
Switzerland - Private Donors	41,042			400	41,442
Synovate Inc.	30,203				30,203
Syrian Arab Red Crescent	10,027				10,027
Tajikistan - Private Donors	103				103
Thailand - Private Donors	52,443				52,443
Thasia International Development Ltd	53,637				53,637
The Bahamas Red Cross Society	52,868			622,924	675,792
The Barbados Red Cross Society	413,594				413,594
The Canadian Red Cross Society	7,788,399	4,978,111		8,338,490	21,105,000
The Canadian Red Cross Society (from Canadian Government)	23,082,936		10,570,905	200,000	33,853,840
The Gambia Red Cross Society	1,591				1,591
The Guyana Red Cross Society		48,655		20,852	69,507
The Netherlands Red Cross	5,980,036	2,995,720			8,975,757
The Netherlands Red Cross (from Netherlands Government)	735,943				735,943
The Red Cross of Serbia & Montenegro	-700				-700
The Red Cross of Serbia & Montenegro (from Government of Serbia & Montenegro)	172,162				172,162
The Red Cross of Serbia & Montenegro (from Serbia & Montenegro - Private Donors)	1,739				1,739
The Red Cross of The Former Yugoslav Rep. Macedonia	47,581			47,581	95,161
The Red Cross Society of Bosnia and Herzegovina				31,403	31,403
The Red Cross Society of Bosnia and Herzegovina (from Government of Bosnia & Herzegovina)	71,953			99,365	171,317
The Republic of Korea National Red Cross	94,134	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

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WIPO /OMPI staff	1,570					1,570
Xstrata AG	472,534				36,371	508,906
Zambia Red Cross Society Zambia - Private Donors) (from	234					234
Zurich Insurance Company					239,923	239,923
Z Zurich Foundation	250,000					250,000
C1. Cash contributions	111,333,208	42,561,451	17,365,575	59,725	23,504,459	194,824,417

Inkind Goods & Transport

American Red Cross	11,994,165					11,994,165
Austrian Red Cross	570,822					570,822
Belgian Red Cross	254,806					254,806
Belgian Red Cross (Flanders)	1,054,080					1,054,080
British Red Cross	1,255,290					1,255,290
Canadian Government	909,447					909,447
China Red Cross, Hong Kong branch	814,268					814,268
Croatian Red Cross	140,097					140,097
Danish Red Cross	113,195					113,195
Finnish Red Cross	161,242					161,242
French Red Cross	721,874					721,874
Icelandic Red Cross	52,514					52,514
Kuwait Red Crescent Society	362,340					362,340
Luxembourg Red Cross	348,512					348,512
Norwegian Red Cross	214,548					214,548
Red Crescent Society of the United Arab Emirates	236,100					236,100
Spanish Red Cross	464,194					464,194
Swiss Red Cross	1,017,467					1,017,467
Syrian Arab Red Crescent	154,257					154,257
The Canadian Red Cross Society	1,008,789					1,008,789
The Netherlands Red Cross	4,669,405					4,669,405
C2. Inkind Goods & Transport	26,517,414					26,517,414

Inkind Personnel

American Red Cross	169,470	18,503			231,740	419,713
Australian Red Cross	87,967	39,750			161,550	289,267
British Red Cross	47,000	7,500			92,400	146,900
Danish Red Cross	99,550	45,250				144,800
Finnish Red Cross		80,623			151,033	231,656
French Red Cross	36,960					36,960
Icelandic Red Cross		46,000			31,570	77,570
Japanese Red Cross Society		534,794				534,794
New Zealand Red Cross	55,807				45,873	101,680
Norwegian Red Cross		13,787			26,400	40,187
Other	20,387	144,410				164,797
Spanish Red Cross	114,250					114,250
Swedish Red Cross					92,660	92,660
Swiss Red Cross	34,250					34,250
The Canadian Red Cross Society	32,267	214,503			405,566	652,336
C3. Inkind Personnel	697,908	1,145,120			1,238,792	3,081,820

Other Income

Balance Reallocation	72,560			-920	0	71,640
Fundraising Fees	-297,314	-1			-15,513	-312,828
IFRC at the UN Inc allocations	31,487					31,487
Interest Allocation to Programmes	52,155					52,155
Programme & Services Support Recover	21,151				829,000	850,151
Sales		-1,509,257				-1,509,257
Services Fees	361,758	36,894			324,618	723,270
Sundry Income	98	16,224			941	17,264
C4. Other Income	241,895	-1,456,140		-920	1,139,046	-76,119

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C. Total Income = SUM(C1..C4)	138,790,424	42,250,431	17,365,575	58,805	25,882,297	224,347,532
D. Total Funding = B + C	138,790,424	42,250,431	17,365,575	58,805	25,882,297	224,347,532
Appeal Coverage	116%	91%	77%	100%	44%	91%

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	138,790,424	42,250,431	17,365,575	58,805	25,882,297	224,347,532
E. Expenditure	-100,804,007	-22,142,796	-14,970,498	-58,805	-18,030,570	-156,006,676
F. Closing Balance = (B + C + E)	37,986,417	20,107,635	2,395,077	0	7,851,727	68,340,856

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	120,046,734	46,399,890	22,482,445	58,806	58,291,738	247,279,612		
Relief items, Construction, Supplies								
Shelter - Relief	40,185,717	18,192,106	38,796		301	18,231,204	21,954,513	
Shelter - Transitional	4,883,476	14,064,893	155,950		122,661	14,343,504	-9,460,028	
Construction - Housing	11,575	11,575			62,564	74,139	-62,564	
Construction - Facilities	17,257	24,431			123,492	147,923	-130,666	
Construction Materials	2,771,094	3,284,876	454,847	18,769	103,810	3,862,301	-1,091,207	
Clothing & Textiles	4,307,739	3,762,080	395,499		1,780	4,159,358	148,381	
Food	319,009	327			311,782	312,110	6,900	
Seeds & Plants		158				158	-158	
Water, Sanitation & Hygiene	20,956,936	13,860,060	5,693,932		53,403	19,607,395	1,349,541	
Medical & First Aid	1,079,729	550,525	56,096	14,125	100,118	720,865	358,865	
Teaching Materials	1,058,555	44,928	148,634		181	193,744	864,811	
Utensils & Tools	4,548,769	4,463,389	1,154		9,350	4,473,893	74,876	
Other Supplies & Services	4,695,430	495,092	190		6,920	502,202	4,193,228	
Total Relief items, Construction, Supl	84,835,286	58,754,439	6,945,100	32,894	896,361	66,628,794	18,206,492	
Land, vehicles & equipment								
Land & Buildings	2,974,067	43,709		1,136,941		1,180,649	1,793,417	
Vehicles	1,844,249	273,153	61,306			334,459	1,509,790	
Computers & Telecom	1,098,248	447,149	48,566	23,280	373,988	892,983	205,265	
Office & Household Equipment	647,580	235,992	72,357	45,275	176,281	529,905	117,675	
Medical Equipment	12,775		12,775			12,775	0	
Others Machinery & Equipment	45,972	23,008	6,955		27,197	57,159	-11,187	
Total Land, vehicles & equipment	6,622,891	1,023,011	201,959	1,205,496	577,465	3,007,931	3,614,960	
Logistics, Transport & Storage								
Storage	4,292,904	2,075,828	380,359	16,738		43,854	2,516,779	1,776,125
Distribution & Monitoring	7,457,163	5,178,524	803,087	121,637		311,914	6,415,163	1,042,000
Transport & Vehicles Costs	11,807,070	4,663,810	1,365,930	162,316		841,203	7,033,259	4,773,811
Logistics Services	765,039	1,333,818	140,009	1,800		81,119	1,556,746	-791,707
Total Logistics, Transport & Storage	24,322,175	13,251,980	2,689,385	302,491		1,278,090	17,521,946	6,800,229
Personnel								
International Staff	38,455,422	7,486,284	3,955,212	124,216	46,283	12,027,768	23,639,763	14,815,659
National Staff	20,133,499	4,004,769	2,318,732	73,110	49	3,630,223	10,026,883	10,106,615
National Society Staff	5,546,955	698,818	349,007	1,347,784		422,681	2,818,291	2,728,664
Volunteers	1,070,948	372,628	220,025			130,707	723,360	347,588
Total Personnel	65,206,824	12,562,499	6,842,976	1,545,110	46,332	16,211,380	37,208,297	27,998,527
Consultants & Professional Fees								
Consultants	3,788,461	1,827,168	11,150			669,777	2,508,095	1,280,367
Professional Fees	1,505,021	224,894	75,815	260,646		509,403	1,070,757	434,264
Total Consultants & Professional Fe	5,293,482	2,052,061	86,964	260,646		1,179,180	3,578,852	1,714,630
Workshops & Training								
Workshops & Training	2,745,469	709,738	256,207	52,264	1,625	299,472	1,319,305	1,426,164
Total Workshops & Training	2,745,469	709,738	256,207	52,264	1,625	299,472	1,319,305	1,426,164
General Expenditure								
Travel	2,750,228	1,064,992	206,180	18,014	4,552	840,093	2,133,831	616,397
Information & Public Relations	1,485,374	311,102	64,224	13,743		417,281	806,350	679,024
Office Costs	1,642,893	517,849	262,278	283,060	2,199	982,350	2,047,736	-404,843
Communications	1,571,489	177,297	45,619	36,188		529,627	788,731	782,758
Financial Charges	-1,149,978	-796,077	43,866	2,495	-6	-381,119	-1,130,841	-19,137
Other General Expenses	272,098	241,811	46,147	585		38,218	326,760	-54,662

International Federation of Red Cross and Red Crescent Societies

MDRHT008 - Haiti - Earthquake

Appeal Launch Date: 13 jan 10

Appeal Timeframe: 13 jan 10 to 31 dec 14

Interim Report

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

All figures are in Swiss Francs (CHF)

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	3,421,634	2,135,034	222,223		-6,319,132	-540,240	540,240
Total General Expenditure	6,572,104	4,938,608	2,803,348	576,308	6,745	-3,892,682	4,432,326	2,139,777
Depreciation								
Depreciation and impairment	3,048,454	724,390	789,750			352,954	1,867,093	1,181,361
Total Depreciation	3,048,454	724,390	789,750			352,954	1,867,093	1,181,361
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	211,724	83,841	26,895		96,672	419,133	24,278,522
Total Operational Provisions	24,697,655	211,724	83,841	26,895		96,672	419,133	24,278,522
Indirect Costs								
Programme & Services Support Recov	13,409,434	5,812,480	1,271,057	912,216	3,556	1,024,471	9,023,779	4,385,655
Total Indirect Costs	13,409,434	5,812,480	1,271,057	912,216	3,556	1,024,471	9,023,779	4,385,655
Pledge Specific Costs								
Pledge Earmarking Fee	325,450	533,528	160,894	23,112	547	5,991	724,071	-398,621
Pledge Reporting Fees	11,500	20,094	11,317	1,080		1,217	33,708	-22,208
Total Pledge Specific Costs	336,950	553,622	172,210	24,192	547	7,208	757,779	-420,829
TOTAL EXPENDITURE (D)	247,279,612	100,804,007	22,142,796	14,970,498	58,805	18,030,570	156,006,676	91,272,937
VARIANCE (C - D)		19,242,727	24,257,095	7,511,946	2	40,261,168	91,272,937	