



Haiti Recovery Operation

From Camp to Community

Summary of Plan of Action — July 2011 - December 2013

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Acronyms and Abbreviations

CBHFA	Community-based Health and First Aid
DINEPA	National Directorate of Water and Sanitation
DRM	Disaster Risk Management
ECV	Epidemic Control for Volunteers
GoH	Government of Haiti
HIV/AIDS	Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
HR	Human Resources
HRCS	Haiti Red Cross Society
IDP	Internally Displaced Person
DL	Disaster Law
IFRC	International Federation of Red Cross and Red Crescent Societies
INA	Integrated Neighbourhood Approach
MSP	Ministry of Public Health and the Population
NGO	Non Governmental Organization
PHAST	Participatory Hygiene and Sanitation Transformation
PMER	Planning, Monitoring, Evaluation and Reporting department
PNS	Partner National Society/ies
PSP	Psychosocial Support Programme
RCRC	Red Cross and Red Crescent (used interchangeably with IFRC)
STI	Sexually Transmitted Infection
TMC	Technical Movement Coordination
T-Shelter	Transitional shelter
UN	United Nations
UNDP	United Nations Development Fund
VPMR	Violence Prevention, monitoring and response
Watsan	Water and sanitation

EXECUTIVE SUMMARY

As of June 2012, some 390,276 people displaced by the earthquake remained in camps in Port-au-Prince and earthquake affected areas such as Léogâne. Approximately 81% of the people remaining in camps are living in the formal, larger camps, while 19% of those who are still displaced by the earthquake are living in smaller camps (*camps housing 150 or fewer households*). For those individuals who have either returned to their former neighbourhoods and communities, or who have been able to rent new accommodation, the chronic challenge of a dearth of livelihood opportunities in urban areas with high risks of violence and crime presents a formidable barrier to both recovery and moving forward. In the long run it is only by having access to a reliable source of income that people will be able to take control over their own future. In parallel, good health, appropriate shelter and protection from and preparedness for the country's annual hurricane season and threats to life from violence are also critical components of a productive life.

As a direct consequence of the earthquake, the Haiti Red Cross Society (HRCS) lost a number of resources from its national headquarters in Port-au-Prince that weakened its normal capacity to function. This operation is an opportunity to support the development of the National Society, both in specific areas as well as the organization as a whole.

The situation in Haiti is slowly improving, but issues such as unemployment and lack of opportunities, health risks and vulnerability to annual natural disasters, urban violence, access to clean water, appropriate sanitation and health facilities remain pressing needs particularly for the impoverished majority of the population.

This revised Plan of Action covers activities for the period of July 2011 through December 2013. Beyond this date the operation will continue under a new Plan of Action which will be published by the end of 2013. The implementation period is extended until 2015 based on long term programming in support of the Haiti Red Cross Society.

The total budget for this operation is 274,347,516 Swiss francs, reflecting an adjustment from the previous revision launched on 29 December 2011 that amounted to a total of 247,279,613 Swiss francs. Please click [here](#) for the revised emergency appeal budget. Please click [here](#) for the appeal coverage.

The International Federation of Red Cross and Red Crescent Societies (IFRC) earthquake recovery programming and activities are intended to: (1) facilitate and support earthquake affected communities with responsible exit from camps and through other interventions; (2) scale-up the Integrated Neighbourhood Approach Programme (INA) activities; and (3) support Haiti Red Cross Society development. The operation will retain the two-pillar structure.

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Pillar One: Earthquake Recovery Operation - From camp to community

This pillar is composed of three community based programmes targeting existing needs in Port-au-Prince (*urban*), and water and sanitation and health programmes in Léogâne (*rural*).

The three community based programmes in Port-au-Prince are: 1.) The **Integrated Neighbourhood Approach (INA)** Programme which addresses needs identified by and benefitting people who are living in, or have recently returned to, affected disadvantaged neighbourhoods; 2) The **Return and Relocation Programme** which provides individuals in camps with shelter and settlement options to facilitate their move out of the camps; and, 3) the **Camp Mitigation Programme**, which focuses on the ongoing needs of camp communities as they wait to move to a more permanent situation.

In **Léogâne**, the IFRC is working with vulnerable communities close to the earthquake's epicentre to implement programming to provide support with Water, Sanitation and Hygiene Promotion, Health and Community Mobilization.

In 2011 and 2012 as part of the restructuring of the IFRC operation's programmes and management structure, projects and activities in Port-au-Prince that were initially outlined in prior Plans of Action as under the management of the IFRC's "Emergency Water and Sanitation Programme", "Shelter and Settlement Programme" and "Relief Programme" have been incorporated into the INA Programme, the Return and Relocation Programme and Camp Mitigation Programme.

Pillar Two: National Society Development

An integral part of strengthening communities' capacity to prepare for disasters and address chronic health issues and health in emergencies, is the reinforcement of the capacity of the Haiti Red Cross Society both at the headquarters and at local levels. **National Society Development** and support for the implementation of the **Haiti Red Cross Society's** five-year national plan and commitments made in July 2012 in Montrouis as part of the Red Cross Inter-American Framework for Action 2012 – 2016 are organized under the operation's Pillar Two.

While the primary focus of programming in the operation's Pillar Two is on improving the HRCS's overall capacity with special focus on the National Society's Disaster Risk Management (DRM) and Health Departments, it should be noted that there is overlap between the two pillars and that in practice the line between the two pillars is not clear-cut. Within the INA programme, national capacity to develop, monitor and implement programming is being developed on a daily basis. Moreover, the HRCS will be responsible for health, DRM and violence prevention activities included within the INA programme.

OPERATING CONTEXT

In a matter of seconds the 7.0 magnitude earthquake which struck Haiti on 12 January 2010 took lives, destroyed homes and businesses, and paralyzed the country's capital city Port-au-Prince, adversely impacting and permanently altering the lives of millions. The social and economic landscape of Haiti was already precarious and the country was facing difficulties that had been exacerbated by a combination of food riots, government instability and a series of hurricanes that killed hundreds and battered the economy in the previous years.

Four out of five people in Haiti live in poverty, and more than half of these in abject poverty. The population of Port-au-Prince had overwhelmed the city's capacity as some 2.2 million people were concentrated in the city resulting in severe over-crowding. In nearby Léogâne, a small rural city situated right at the earthquake's epicenter, up to 30,000 people were killed, nearly every concrete structure was destroyed, and close to 90 per cent of buildings were damaged.

In the chaos, shock and loss that followed the earthquake, efforts to find appropriate shelter for the 1.5 million people stranded in the broken streets were completely stymied due to limited access to available living and/or humanitarian space. The number of displaced people is now a fraction of the original figure, however, 390,276 people by any standard is still substantial.

The erratic water supply and the relatively high cost to purchase drinking water coupled with nearly non-existent, ineffective sanitation services led people to use the hilly port-side city's numerous ravines as both garbage dumps and a designated place to bathe, socialize and get water for drinking and cooking. In addition, there were enormous gaps in the capacity at government and community levels to address the health issues which ultimately arose as a result of a disaster of this nature. Even before the earthquake, the country suffered a severe shortage of available doctors, high rates of HIV/AIDS and vulnerability to water-borne and vector-borne diseases.

Urban violence, which defined and dominated certain neighbourhoods prior to the earthquake increased. UNICEF also estimates that more than 1.2 million children are extremely vulnerable to violence, exploitation and abuse. Moreover, after the earthquake, prospects for economic opportunities in Haiti dramatically worsened with communities seeking sustainable income generation activities for survival.

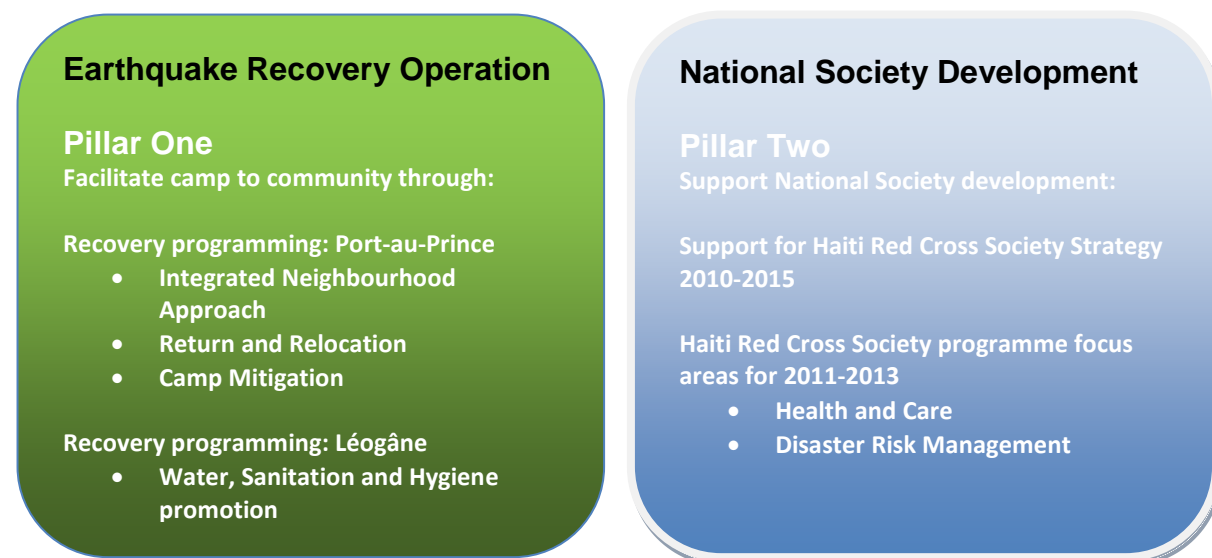
Months after the earthquake, in October 2010, the situation took a serious turn for the worse, fears with the outbreak of a severe cholera epidemic, ultimately killing more than 7,000 people and affecting more than 531,000 people or 5 per cent of the country's total population.

PROGRAMME APPROACH AND LOGIC

A flexible approach is an essential component of programme planning and implementation. The development of the humanitarian situation and the needs of affected communities since the earthquake have extended way beyond the usual progression of needs that historically follow a large scale natural disaster. This is primarily due to the pre-existing vulnerability in Port-au-Prince and Haiti, and the fact that the country's capital was the area which suffered the greatest level of damage.

Pre-existing vulnerabilities and risks in the country combined with the ordinary and extraordinary damage caused by the earthquake resulted in continued IFRC/HRCS activities and services to support the Haitian people.

This plan of action will continue the two pillar approach in support of the camp to community strategy, with the HRCS clearly leading the implementation of Pillar 2. The IFRC will continue to provide support to the HRCS for implementation of the National Society's strategic plan with an increased emphasis on institutional development interventions.



From Camp to Community

During the second quarter of 2012, circumstances within Port-au-Prince evolved sufficiently to allow for a concentrated push from Haiti's government, humanitarian agencies and NGOs to relocate camp residents.

The Red Cross Red Crescent (RCRC) recovery strategy is focusing on an integrated approach which not only looks at housing repairs but also at all other services needed for a community to thrive. Working side by side with local residents and involving them actively in the renovation of their neighbourhoods, this approach aspires to provide the neighbourhood with a comprehensive basket of services, which (in accordance with assessed needs) may include the following: shelter, water and sanitation, livelihoods support, risk reduction, and community-based health and social infrastructure, such as community centres, clinics and schools, while addressing social determinants for violence which risk undermining the life-span of these services.

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The theory of change assumes that providing families with a shelter solution and increasing their access to key services while mobilizing their internal resources will lead to stronger, safer and more resilient communities.

In Haiti, the path to recovery requires an adjustable and multi-pronged strategy to transition communities from emergency shelters in informal makeshift camps to safer housing and neighbourhoods. The reconstruction of devastated Haitian neighbourhoods must be driven by the Haitian government, local authorities and communities.

This summary of the Plan of Action describes the key sector inputs in the recovery operation with the intent of presenting a clear picture of the IFRC Haiti Recovery Operation, and the key outputs to be achieved by end December 2013. For information on the progress to date please click [here](#) to see operations update no. 32 on the Haiti earthquake appeal.

Main achievements of the earthquake operation prior to the timeframe of this reviewed Plan of Action are available in the 18 months' progress report published on the IFRC website covering the period from January 2010 until June 2011. Below is an overall summary of these achievements:

INDICATORS	TOTAL REACHED	INDICATORS	TOTAL REACHED
Households provided with at least 1 hygiene kit	190,947	People being provided with daily access to drinking water *	94,000 (219,000)
Households provided with at least one distribution on 2 tarpaulins	157,623	People reached through SMS with key messages related to health, disaster preparedness and violence prevention	1.2 Million
Shelter solutions provided to households	5,203	People provided with access to sanitation facilities	37,000
Latrines installed in 27 camps	814	Households covered by pre-positioned non-food relief stock	25,000
People reached with psychosocial support	93,484	HRC branches with improved capacity to respond to disasters	13

- Figure as of June 2011 (in brackets the figure from January 2011, showing the downscale of emergency water provision to a more sustainable situation).

PILLAR ONE: THE RECOVERY OPERATION – FROM CAMP TO COMMUNITY

The approach of IFRC programming under Pillar One has reached a stage where community participation and decision making is at the same time the centre and the engine of the project design and implementation. Community development cannot take place without the involvement of the concerned group of individuals, appropriate consultation and comprehensive understanding of the host community. For this reason, the IFRC will use and develop innovative mechanisms to assure community engagement at all stages of the projects described under the operation's Pillar One.

Recovery Programming: Port au Prince (Urban)

Integrated Neighbourhood Approach (INA) programme

Programme Goal: to build resilient urban communities which are safer, healthier and living in an improved habitat.

The Integrated Neighbourhood Approach Programme is employing a holistic approach to programming in order to follow up successfully on the “camp to community” strategic direction outlined in the Federation-wide Strategic Framework. The INA Programme is distinct from other ongoing integrated programming initiatives because: 1) the programme area is such that activities are intended to restore cohesion in specific neighbourhoods; and 2) it is community driven with community consultation as a key feature in the identification of interventions that will be undertaken.

INA project activities are led by the beneficiaries. The IFRC will follow the national project model for the establishment of community platforms to represent the communities which will interact with local authorities and/or agencies wishing to carry out activities in the area of intervention.

Planned and ongoing, INA programme activities include supporting neighbourhoods and communities in Port-au-Prince with appropriate, safe and sustainable housing solutions, and small to mid-sized infrastructure and hazard-prevention as well as violence and crime prevention projects (*i.e.* retaining walls, ravines, lighting, construction of ‘safe and inclusive’ community spaces, elevated foundations for homes and latrines etc.). There is also a livelihoods component that involves initiatives at the community level such as rubbish recycling and recycling of rubble. At the individual level vocational training for developing skills in carpentry, plumbing, electricity, masonry, culinary arts, tailoring and cosmetology with kits being provided to increase the ability to find work. Activities are also planned for micro finance support to small businesses and training of people in how to develop business plans and how to support business initiatives. These activities will mainly be worked on with local partner organizations that have a strong history of work in the local context.

To date, one of the most noteworthy construction activities is the creation of gabion walls using rubble remaining from the earthquake. The INA team is also looking at other constructive ways to use rubble in infrastructure projects. The INA programme also supports activities and projects that enable neighbourhoods to access improved water and sanitation services including recycling initiatives. Support with construction projects such as the gabion walls in ravines, and reinforcing the foundations of homes to make them more secure and flood-proof are important measures to protect neighbourhood families from annual flooding, while water and sanitation initiatives contribute to maintain and improve health conditions.

The HRCS will take the lead in the DRM and Health components of the INA Programme whereby it is envisioned that neighbourhoods will be empowered to cope with annual risks related to the hurricane and cyclone season and outbreaks of disease. Additionally, the HRCS will implement a project related to violence prevention called ‘*Kote Trankil*’ which will identify vulnerable families with a focus on the protection needs of women and youth. These groups will benefit from enterprise development activities, family and community protection

initiatives and dialogue to support community commitment to enhance social and economic protection.

As of the writing of this Plan of Action, the IFRC has commenced INA programming in Port-au-Prince in Carrefour Feuilles and Delmas 30. Apart from the INA projects managed directly by the IFRC, the IFRC INA programme is also supporting the French Red Cross INA project in Delmas 9 extended neighbourhood which helps vulnerable households to re-establish their lives by improving housing conditions and access to basic services. Additionally, the IFRC INA Programme will support the provision of Eco-san latrines (*water-free toilets*) to households who previously received T-Shelters from the French Red Cross in the neighbourhood of Croix des Bouquets.

OUTCOME 1.1: 5,000 Individuals in 3 communities are healthier through increased knowledge on health and the practice of safer health behaviours

Key Indicators	Target
# of households with access to improved sanitation facilities newly built or rehabilitated, individual or communal.	200
# of households with access to a safe water supply.	1,000
# of people trained in water treatment at the household level.	1,000
# of household gardens established.	100

OUTCOME 1.2: 5,000 Individuals and communities are safer through protected lives and livelihoods.

Key Indicators for Livelihoods in INA	Target
# of people trained and/or provided with equipment to provide relevant services in their communities.	200
# of small and medium enterprises provided with training, equipment or financial support.	10
# of households in targeted areas which have participated in educational activities on violence prevention with the theme of protection.	250
Volume of rubble recycled or reused in construction activities (housing, gabion, backfill, mortar sand, plastering sand, pavers) (cubic metres).	25,000

Key Indicators for Disaster Risk Management in INA	Target
# of communities with a community disaster response plan in place.	3
# of community members trained in vulnerability and capacity assessment, or community-based disaster risk management.	20

OUTCOME 1.3: 1,000 individuals see their living environment as their home, and look after (and/or improve) their living environment.

Key Indicators	Target
# of households living in repaired / retrofitted or new permanent houses.	200
# of homeowners participating in and receiving basic safe housing training.	200
# of construction workers participating and receiving construction training.	50
# of households that received a transitional shelter in the INA areas.	102
# of block makers trained in improved block making techniques.	10
# of cubic meters of wall of ravines rehabilitated	3,000

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OUTCOME 1.4: Urban communities are more resilient through direct collaboration with selected Partner National Societies

Key Indicators	Target
# of Community platforms recognized as an official organization, trained on project implementation and having implemented small scale community projects.	1
% of the neighbourhood population of Delmas 9 benefiting from a safer housing solution (5,000 target population).	56%
# of community infrastructures repaired.	1

Return and Relocation Programme

Programme Goal: Affected households living in Camps have relocated to safer and more secure housing and are supported with economic recovery activities.

The Return and Relocation Programme is intended to ensure that earthquake affected households living in the camps are supported by satisfying their humanitarian needs, and are able to take steps towards recovering their livelihoods within a safe context. Households residing in the camps will receive improved shelter conditions in a community. Secondly, household economic security for the camp residents will be improved, with a focus on supporting women and especially vulnerable households through re-establishing productive assets and access to markets with cash transfer mechanisms. The programme aims to restore and improve capacity; seek to build independence and self-sufficiency; and restart economic activities.

Programme activities are organised into three (3) phases: **Phase one** is focused on the registration of the households, working with them as they decide on the options that best suit their families' needs, resources, and abilities; supporting households to find and resettle in safe and more secure housing; and engaging interested householders in livelihoods options. This process will be supported by a comprehensive information campaign that clearly articulates the project aim, processes, and the options available to registered camp householders. **Phase two** involves continuing livelihoods support mechanisms for interested householders, and clean-up and landscaping of the former camp sites for return to the community as public or private spaces. **Phase three** is focused on continued livelihoods support to the candidates and monitoring beneficiary progress.

The options available for supporting beneficiaries with safe and more secure housing are:

- *Families who have houses that require simple work to make them habitable*
- *Families who wish return to their neighbourhood through rental in Port-au-Prince*
- *Families who can move to a host family back in their provinces of origin*

To ensure the success of this project, close coordination with the government of Haiti and municipal authorities is considered essential. The IFRC will also request municipal support to ensure that tents/shelters are taken down when a family finds a shelter solution and to ensure that more families do not move into the vacated spaces.

A self-sheltering solutions programme evaluation is currently scheduled for the fourth quarter of 2012.

OUTCOME 2.1: 13,000 households registered at camp sites relocate to and continue to live in improved housing over the life of the programme.

Key Indicators	Target
# of households provided with a settlement /relocation grant.	13,000
% of beneficiary households who continue to live in improved housing in Port-au-Prince at least 12 months after receiving the relocation grant.	75%

OUTCOME 2.2: 13,000 households registered in camp sites become more financially resilient over the life of the programme.

Key Indicators	Target
% of households that have varied sources of income.	75%
% of female headed households who report investments in saving programmes.	50%

Camp Mitigation Programme

Programme goal: People living in camps which have yet to be targeted by decongestion initiatives have continued access to basic services and safer living conditions (Mitigation strategy).

The Camp Mitigation Programme addresses the needs of people who are still living in camps. The Programme will employ four sectoral approaches (Watsan, Shelter, DRM and Health) and is intended to preserve and maintain the overall level of public health and human dignity for those people who remain in the camps until an appropriate housing alternative is identified for them. Programme activities will focus on making the camps a safer environment and vesting camp communities with a better understanding of disaster mitigation strategies. At present it is envisioned that the activities will focus on the Delmas commune in Port-au-Prince.

The programme aims to provide assistance to beneficiaries in 16 camps where there are currently no return and resettlement plans. These 16 camps are currently hosting 9,009 families. The population to be supported make up almost 10% of the total number of remaining displaced persons in Haiti.

Support to camps through maintenance of the quality of basic water and sanitation services will be provided through active community participation based on projects that will develop the necessary skills and knowledge for community members to participate in and negotiate the management of their own water and sanitation needs, both independently and as a community.

It is envisioned that members of the community will be tasked with helping to repair/rebuild latrines, clean drainage systems or contribute to general clean up initiatives. The programme will also include activities such as the distribution of Emergency Shelter items as well as a plastic sleeve for important documents, training in DRM, Rapid Assessment, CBHFA, violence prevention and Emergency Shelter Improvement. Finally, protection activities such as ensuring safe sanitation and washing facilities and HIV/AIDS awareness activities will

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facilitate improvement of the safety of communities and the ability of communities to help themselves.

OUTCOME 3.1: Improvements have been made to 1,500 “Emergency Shelters” to make them safer.

Key Indicators	Target
# of occupied shelters that have had mitigation activities carried out.	1,500

OUTCOME 3.2: 50,000 Individuals in camps where the Red Cross is working have access to basic sustainable and appropriate sanitation solutions.

Key Indicators	Target
# of water and sanitation committees set up and trained.	8
# of latrines which are repaired and properly used and maintained.	300
% of showers which can be locked from the inside, and are used.	80 %
% of drainage points which are mostly free from garbage, and there is negligible amount/no stagnant water.	80 %

OUTCOME 3.3: 10,000 IDP households have improved capacity to identify and mitigate risks, and increase their resilience.

Key Indicators	Target
# of vigilance committees trained and established.	16
# of camps/ communities reached with awareness-raising activities on disaster risks.	16
# of people trained and had a First Aid kit distributed to them.	100
# of people trained in Disaster Risk Reduction.	100
# of waterproof DRR tagged plastic sleeves distributed.	10,000

OUTCOME 3.4: HIV/AIDS: The risk of HIV transmission among 30,000 IDPs is reduced.

Key Indicators	Target
# of IDPs reached through peer education and community outreach activities.	30,000
# of IDPs referred, who effectively use VCT services.	30,000
# of pregnant women referred for prevention of mother to child transmission (PMTCT) services.	680

Recovery Programming: Léogâne (Rural)

Léogâne, because of its proximity to the earthquake’s epicenter, suffered the greatest level of damage from the earthquake. The Léogâne operational context is primarily rural. The focus of IFRC programming in Léogâne is “strengthening community resilience” and the programmes are managed from the IFRC’s sub-delegation office.

Through their combined efforts, the Spanish Red Cross and the IFRC are providing affected households in Léogâne with a full set of integrated services. Both Spanish Red Cross and IFRC projects, however, share the emphasis on community participation during all phases of planning and implementing of activities as a fundamental element of all programming. The IFRC, in addition to work with the Spanish Red Cross, is working in other vulnerable areas of Léogâne providing support in the areas of health and water and sanitation.

Activities in Léogâne described below commenced in July 2010. These activities will continue through 2013, with Health activities already planned to end in December 2014; however, Water, Sanitation and Hygiene Promotion activities are expected to close in June 2013. It should be noted, however, that in the smaller operating context of the IFRC's Léogâne sub-delegation the traditional department based organizational structure has proven to be effective thus far in implementing activities.

Léogâne – Water, Sanitation and Hygiene Promotion

Programme Goal: Contribute to improving the health status among identified communities in Léogâne.

The Léogâne Water, Sanitation and Hygiene team delivers water, sanitation and hygiene promotion services to the local population through the construction of new water points, rehabilitation of existing water points affected by the earthquake, construction of sanitary facilities at household level and roll-out of hygiene promotion activities in communities.

The programme employs a community based approach involving communities from the beginning in the planning and implementation process aiming to ensure community ownership and the sustainability of interventions. To support maintenance and ensure the functioning and safety of the water points, the Léogâne Community Mobilization team is in charge of conducting preliminary water assessments to verify whether interventions, such as the rehabilitation of water points or construction of new water points are appropriate. The Community Mobilization team is involved in establishing water committees to manage the water points as per DINEPA requirements after which the team provides management and technical trainings to the newly-formed water committees. The Community Mobilization team also works with the sanitation team to prepare communities which are receiving support with ventilated pit latrines or Eco-San toilets.

The Hygiene Promotion team takes the lead in activities such as sensitizing the population on how to maintain the water point and the importance of keeping the surrounding areas clean. It also promotes the appropriate and safe storage of water at household level, the importance of hand washing and supports sanitation activities with community education initiatives to ensure that they are ultimately sustainable. Moreover, it works with school age children increasing awareness and understanding about hand washing, waste management and vector control.

OUTCOME 4.1: Provide up to 50,000 people in three (3) target sections of Léogâne with access to safe water, sanitation and hygiene knowledge.

Key Indicators Water and Sanitation	Target
# of newly constructed water points/boreholes.	60
# of rehabilitated existing water points/boreholes.	44
# of latrines constructed.	2,900
# of water committees formed.	104
# of water committees trained in water point management.	104

Key Indicators Hygiene Promotion	Target
# of selected and trained HP community facilitators.	260

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# of hygiene promotion community activities.	2,000
# of school students reached through HP activities.	3

Léogâne – Health and Care

Programme Goal: Contribute to improving the health status among identified communities in Léogâne.

The five key areas of focus for health programmes are:

- Mother and child health (MCH)
- Vector/Water-borne diseases
- Sexually Transmitted Diseases; HIV/AIDS
- Community Based Health and First Aid (CBHFA)
- Psychosocial issues (*including Gender Based Violence*)

Community facilitators are the backbone of programme implementation and once trained take the lead role in activities such as CBHFA (which has a team of over 300 facilitators) and PHAST (with over 260 trained facilitators) as they are responsible for transferring the skills and knowledge they obtain through various training initiatives to the community from which they come.

Each community facilitator is in charge of raising awareness amongst between 10 and 20 households in his/her neighbourhood of intervention. Such interventions include home visits whereby volunteers have helped ill people with seeking out the correct diagnosis and treatment which otherwise would not have been available to them. Group meetings are also held to cover topics such as mother and child health whereby community members are sensitized on topics such as the importance of breast feeding, safe motherhood and options for family planning. HIV/AIDS group meetings focus on prevention methods (condom use), treatment and symptoms. HIV intervention teams in Léogâne have observed high levels of discrimination against People Living With HIV and AIDS because of ignorance about the facts surrounding HIV/AIDS and other cultural issues. To this end the IFRC Health and Care team decided to place an increased emphasis on organizing community meetings which address HIV/AIDS. Finally in Vector-borne disease group sessions, participants are sensitized on prevention methods including the use of mosquito nets and recognizing the symptoms of diarrhoea, malaria and dengue fever.

OUTCOME 5.1: To significantly strengthen the capacity of 6,500 families in two (2) sections of Léogâne to prevent common health problems/risks in emergency and non-emergency situations by using the CBHFA approach.

Key Indicators CBHFA	Target
Total # (cumulative) of people reached by community-based health and first-aid services.	300,000
Total # of group awareness sessions organized by CBHFA facilitators on key health issues (vector-borne diseases, HIV/AIDS, First Aid, mother and child health and PSP).	7,200
Total # of home visits conducted by IFRC/HRCS staff and community facilitators equipped with the CBHFA standard checklist.	27,000

Key Indicators Child and Maternal Health	Target
# of group awareness sessions about MCH organized by CBHFA community facilitators.	2,000

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# of home visits about MCH conducted by IFRC/HRC staff and community facilitators equipped with the CBHFA standard checklist.	10,000
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Key Indicators Vector / Water Borne Diseases	Target
# of Mosquito nets distributed in households.	20,000
% of households who received a net and who are using the mosquito nets.	90%
# of group awareness sessions about vector/water borne diseases organized by Haiti Red Cross Society volunteers.	3,000

Key Indicators STI and HIV/AIDS	Target
# of group awareness sessions about STI and HIV/AIDS organized by CBHFA community facilitators.	4,000
# of home visits about STI and HIV/AIDS conducted by IFRC/HRCS staff and community facilitators equipped with the CBHFA standard checklist.	16,000
# of condoms distributed.	600,000

Key Indicators CHBFA Community Facilitators	Target
# of home visits about vector/water-borne diseases by IFRC/HRCS staff and community facilitators equipped with the CBHFA standard checklist.	15,000

Key Indicators Fist Aid	Target
# of community members in a basic First Aid training.	2,500
# of community facilitators which have been trained in First Aid.	520
# of community members referred to the PSP team in Léogâne.	12

PILLAR TWO: NATIONAL SOCIETY DEVELOPMENT**Support to Haiti Red Cross Society Strategy 2010 – 2015**

“Do more, to do better and reach further” – IFRC Strategy 2020

“Red Cross Societies must also work differently. Red Cross Societies in the Americas recognize this and accept that responding to the aims and enabling actions of Strategy 2020 requires a progressive transformation in the way that work is conceived and conducted.”

“Integral to this is how well Red Cross Societies are able to manage two key changes: i) to move away from isolated programme approaches to more integrated ways of working; and ii) to modernize their organizations, addressing important issues such as strengthening leadership capacity in advocacy and management, promoting and consolidating voluntary service, improving efficiency and accountability, and developing reliable core funding that guarantees greater financial independence from donor pressures and interests.” – Red Cross Inter-American Framework for Action (XIX Inter-American Conference, Montrouis, Haiti 2012)

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Goal: To assist the Haiti Red Cross Society (HRCS) to be a strong and reliable civil sector partner to the government and 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 Haiti Red Cross Society.

The HRCS is mandated to provide a wide range of services to the Haitian population. At present the National Society seeks to meet the objectives it has set for itself within the HRC's "Strategic Plan 2010-2015." Additionally in March 2012, 35 national societies from the Americas convened in Montrouis, Haiti for the XIX Inter American Conference to agree on a Red Cross Inter-American Framework for Action 2012-2016.

There are three pillars to the HRCS National Strategic Plan: Disaster Preparedness and Response, Community and Emergency Health and Blood Services, and Organizational Development as a cross-cutting theme including governance development in a decentralized National Society and improvement of performance in support systems and structures.

The IFRC is committed to supporting the Haiti Red Cross Society in a more comprehensive National Society development context and in this regard is providing or facilitating financial, technical and human resource support to the entire Strategy both at the headquarters and programme levels.

This support is provided by strengthening key sectors directly but also by testing new ways of capacity building. These include pooling funds towards a common capacity building strategy so that a fragmented approach which is too project-oriented is avoided; it also includes embedding delegates in key functions at Haiti Red Cross Society middle management level and allowing for the National Society to build capital assets crucial to its long term sustainability. For this to happen, it is crucial that HRCS goes through a self assessment process of its capacity in order to analyze how it should direct future efforts in organizational changes and improvements.

The establishment of the HRCS National Society Development Working Group and several smaller, issue-specific working groups are all ways of working together to share knowledge and develop systems which ensure best practice, integrity and transparency in the administration of and management of programming.

The HRCS is providing a wide range of services related to blood services in the country as per the national strategy 2010-2015, as the national institution for blood transfusion; the National Society seeks to improve the security of such transfusions. The IFRC will continue its support through resource mobilization for achieving the objectives of such strategy.

The current site which was purchased in 2011 to become the new HRCS headquarters after this building was lost in the earthquake will be developed as of 2013 with the assistance of the IFRC. Plans include the construction of a national training centre, a logistics base with a vehicle repair facility and the ambulance centre for the urban area of Port-au-Prince.

Haiti Red Cross Society Programme Focus Areas for 2011 – 2013

Health and Care

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

The HRCS approach in the area of health is to expand their national presence and capabilities in community mobilization in order to have a lasting impact on the health of men, women and children both in health emergencies and in ongoing health programmes. The HRCS has significant capacity to mobilize volunteers and community members to strengthen their health capacity in the next five years and will ensure the placement of competent persons at regional and headquarters levels that will be responsible for assisting local branches in the work they perform. The support of the IFRC in this effort is articulated in five main programmatic components:

- Community health, including maternal, newborn and child health
- Emergency Health
- Psychosocial Support
- Preventive Health and Hygiene Promotion
- HIV and AIDS and Violence Prevention, Mitigation and Response

Following the outbreak in October 2010, prevention, case management and eradication of cholera have become the top priorities for all stakeholders related to health in Haiti. The HRCS, within the framework of regional cooperation, will continue promoting and supporting strategic alliances and coalitions with national and international partners.

Community Health, including maternal, newborn and child health

The IFRC will focus on community health interventions working with targeted communities (in camp settings and in settled communities) where activities will be aligned with those carried out by the Ministry of Health (MSPP). Maternal, Newborn and Child Health will be promoted as a component of the Community Based Health and First Aid approach. This will be used as the preferred means of addressing community health needs in a holistic manner.

The integrated community based health approach seeks to produce increased impact that reduces community and individual vulnerabilities and increases community capacity. Community volunteers and households will be empowered to develop and implement their own solutions to health challenges so as to be better prepared and able to respond to their own needs.

Emergency Health

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

- Training in and use of the Epidemic Control for Volunteers (ECV) toolkit, with a focus in cholera
- Creating epidemic response teams in all the HRCS branches
- Equipping epidemic response teams with tools and material to use during epidemics
- Assessing cholera prevention stocks in HRCS branches
- Replenishing and replacing expired cholera prevention stocks in all HRCS branches
- Supporting RCRC partners in their cholera prevention efforts.

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During the cholera epidemic Haitian Red Cross volunteers trained in the ECV methodology were able to reach significant numbers of people with key messages. Emphasis will be placed on hurricane season preparedness with the disaster risk management programme.

The HRCS with the support of the IFRC will expand emergency health response preparedness from strengthening the capacity of volunteers to reinforcing community structures. Community platforms (schools, markets, churches etc.) will be trained in epidemic control and response, including cholera. Additionally they will be equipped with material and tools to allow them respond effectively to disease outbreaks in their areas. In the medium to long term the HRCS must have a well functioning disease surveillance and outbreak response system that will effectively support the MSPP.

Psychosocial Support Programmes (PSP)

The Haiti Red Cross Society, considering this a priority sector, seeks to build its capacities in this area relying on local expertise and resources such as the Centre for Psycho Trauma, the Faculty of Human Sciences and the Faculty of Ethnology that train students in the field of psychology, sociology, anthropology, ethnology, social work and social communication. The HRCS is willing to engage in the creation of new tools when and if necessary. Emphasis thus far has been placed on the launching of the partnership / consortium process whereby all RCRC partners will contribute to a single, coherent, harmonized approach to the psychosocial support programme including harmonized basic training.

To-date the PSP teams have focused on transitional activities (from emergency to developmental activities) and on setting up the PS department. PSP teams were active in the emergency cholera response and have been working on needs assessments and data analysis.

Preventive Health and Hygiene Promotion

The main purpose of this sector is to contribute to the reduction of morbidity and mortality in Haiti as a result of cholera and other water borne diseases while strengthening the capacity of HRCS staff and the community.

Through the staff and community volunteers trained by the hygiene promotion team, the promotion of water chlorination at household level, the monitoring of existing water and sanitation facilities, awareness-raising to prevent all diseases related to poor hygiene practices, household disinfection (if cholera cases are reported), epidemic control, mass sanitation and awareness-raising campaigns are ongoing in camps and areas with particular vulnerability in terms of cholera.

The team is also focused on all preventive aspects of health by supporting the distribution of hygiene promotion/health items (such as mosquito nets, soap, aqua tabs etc) and all activities related to immunization campaigns in camps. In addition with a specific group of children (5-15 years), the team is conducting waste management (recycling) sessions through Child Hygiene and Sanitation Training to enhance awareness and understanding of hygiene promotion activities as an efficient tool to fight against water borne diseases and all illnesses related to poor hygiene.

HIV and AIDS and Violence Prevention, Mitigation and Response

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

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The Haiti Red Cross Society with IFRC and PNS support will strive to increase impact in its HIV/AIDS programme through three programmatic outputs:

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

bolstered by a fourth enabling output:

- Strengthening HRCS national and regional capacities to deliver scaled-up programmes.

A component of the HIV prevention programme will address gender-based violence. Since the earthquake, gender based violence has been cited as an increasingly critical issue for women, especially those living in camps for displaced persons. In response to identified needs, the Haiti Red Cross Society's Health department, with the support of the IFRC, began developing a violence prevention project targeting those living with daily threats of violence in camps and disadvantaged neighbourhoods of metropolitan Port-au-Prince. This project originally evolved from the emergent link between sexual violence and HIV/AIDS as identified through the pre-existing HIV/AIDS programme.

The programme targets those found in camp and community assessments to be most vulnerable to violence: women and youth. There are four principal groups of outputs:

- The HRC has developed a rapid response capacity to better protect those at risk of being affected by violence in camps or communities
- State institutions of the police, judiciary and health services as well as the media are supported in creating cultures of non-violence and peace as well as addressing the protection concerns of communities.
- Stigma and discrimination linked to violence are reduced through the efforts of discussions on protection, community support groups, life skills, conflict mediation and a focus on inequalities particularly in the home, in the formal economy and the community, stressing the value of the family, women and youth.
- The HRCS has strengthened capacity to deliver violence prevention, mitigation and response trainings amongst its staff and volunteers.

OUTCOME 6.1: Enable safe and healthy living of 175,000 people in the targeted communities implementing the COMMUNITY BASED HEALTH AND FIRST AID (CBHFA) approach by reducing vulnerabilities related to injuries and diseases and building resilient communities.

Key Indicators	Target
% of HRCS volunteers trained in the CBHFA approach.	80%
# of HRCS branches implementing the CBHFA approach.	13
# of community volunteers trained in the CBHFA approach.	600

OUTCOME 6.2: The HRCS has improved capacity to implement Emergency Health programmes and activities for 60,000 people.

Key Indicators	Target
# of Haiti Red Cross Society volunteers trained in epidemic control for volunteers.	3,000
# of community epidemic response teams active in regions.	13
# of beneficiaries who receive messages about preventing malaria and diarrhoea using the ECV approach.	60,000

Haiti Recovery Operation Plan of Action: 2011-2013**OUTCOME 6.3: The psychosocial well-being and resilience of 24,000 members of the Haitian community has improved.**

Key Indicators	Target
# of guided workshops for children that have been facilitated by HRCS PS volunteers.	736
# of guided workshops for adolescents that have been facilitated by HRCS PS volunteers.	736
# of summer camps organized in cooperation with DPDR, and HRCS health sectors.	20
# of victims of violence referred to appropriate medical, legal, and/or psychological services providers by HRCS PS volunteers.	92
# of beneficiaries with special psychological needs referred to professional practitioners (psychotherapy, therapy) by HRCS PS volunteers.	35

OUTCOME 6.4: The HRCS has improved capacity to implement HIV/AIDS programmes and activities for over 750,000 people.

Key Indicators	Target
# of Training of Trainers for 13 HRCS branches and HIV programme coordinators organized every year.	2
% of HRCS volunteers trained in HIV prevention, care and support in each regional branch.	25%
% of annual activities of PLHIV networks to address stigma and discrimination supported by HRCS.	50%
# of sessions to promote and provide information to target groups on available PMTCT services.	2

OUTCOME 6.5: The HRCS Health Department is well equipped to manage and implement standard RC/RC programming.

Key Indicators	Target
% of HRCS health volunteers trained in key health topics.	100%
# of active HRCS health volunteers.	3,500

OUTCOME 6.6: Hygiene Promotion: the HRCS plays an active role in contributing to the reduction of cholera related mortality and morbidity amongst 62,275 individuals in Haiti.

Key Indicators	Target
% of households that have access to a safe water supply.	100 %
% of households that have access to an appropriate sanitation solution and know how to maintain this.	95 %
% of community members that recognize the five key moments for hand washing, (i.e. <i>before cooking, before eating, after manipulating garbage, after manipulating children's feces, and after using the toilet</i>).	100 %

OUTCOME 6.7: The HRCS has improved capacity to prevent, mitigate and respond to violence in the community and across its teams.

Key Indicators	Target
# of individuals participating in protection activities reporting possible behavioural change.	2,430

# of police, members of the judiciary, medical services and members of the media participating in an educational activity on violence prevention, mitigation and response (VPMR).	675
# of employees of the HRCS trained in VPMR.	40
# of volunteers of the HRCS trained in VPMR.	1,000
# of partnership agreements developed with local associations working in protection.	2

Disaster Risk Management

Goal: Reduce community-level risks and disaster impacts through enhanced disaster and risk management capacity of the Haiti Red Cross Society at local, regional and national levels. The HRCS'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.

Programme activities are implemented at the national, branch and community levels to strengthen all facets of disaster risk reduction, preparedness, and response as well as coordination with DRM actors at national, regional and local levels. Initially, the programme was designed based on the 2010 – 2015 Strategic Plan of the Haiti Red Cross Society, the Federation-wide Strategic Framework and its disaster and risk management annex. DRM programme activities were further adjusted to incorporate the HRCS's DRM operational plan 2012-2015 which was created in December 2011.

The most recent plan was developed based on the 13 regional action plans identifying priority needs of the HRCS's 13 regional branches. Activities identified as priorities include; establishing community intervention teams (with a focus on creating "safer schools" and with an innovative interest in promoting "safer hospitals"), community based micro-projects which mitigate the risks posed by disasters, Run and Tell Your Neighbour (Kouri Di Vwazen'w) programmes in all 13 regions for the establishment of community early warning mechanisms based on a "door-to-door" approach, strengthening of both the regional branches and national DRM policies, systems, standard operating procedures and protocols.

Regarding the activities in First Response, the Haiti Red Cross Society is integrating regional intervention teams (RITs) made up of first assessment, relief, emergency health, PSP and logistics volunteers ready to be deployed in case of a disaster. The HRCS is also planning the strengthening of the volunteers in the branches to improve the warehouse logistics management. It is envisioned that regional branch capacity to respond to disasters will be reinforced by establishing four emergency stock warehouses and ten community multi-risk centres.

Tools and methodologies to ensure a better organized community in the event of a disaster have been put in place both in urban and rural areas: community intervention teams, community early warning mechanisms, community equipment, awareness-raising campaigns on disaster risk reduction and health. Areas of interest for DRM in the communities are also: climate change adaptation, adaptation of tools and methodologies to the urban context, livelihoods and protection.

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In addition, the Haiti Red Cross Society is engaged in the strengthening of the National Training Centre for community knowledge management. In order to reinforce the capacity of the entire National Society in terms of generation and sharing of knowledge that enhances work in the reduction of vulnerability, a National Training Centre is being established and staffed in order to provide internal learning and also to offer training services to volunteers, the Red Cross Red Crescent, as well as external partners. This includes the creation and adaptation of learning methodologies, training modules, tools, materials and curricula.

OUTCOME 7.1: Vulnerable communities have increased knowledge, skills and resources to conduct disaster mitigation, preparedness and response activities.

Key Indicators	Target
# of community intervention teams trained and equipped between 2012 and 2015 in 13 regions.	33
# of early warning systems installed and working in 13 regions between 2012 and 2015.	33
# of schools where the "Protected School" Methodology is applied in 13 regions from 2012 to 2015.	29

OUTCOME 7.2: Enhanced institutional Haiti Red Cross Society capacity for risk and disaster management at national and community levels.

Key Indicators	Target
# of HRCS volunteers annually trained and equipped until 2015 at national level in fields such as aquatic rescue, basic and advanced first aid, Disaster Management, Sphere standards.	70
# of regional branches equipped to respond in emergencies such as floods.	5
% of regional branches with annually revised action and contingency plans.	100 %
# of people trained by the HRCS training centre on disaster risk management topics	6,000

OUTCOME 7.3: Coordination mechanisms are ensured and Red Cross advocacy within institutional frameworks and national policies for integrated risk reduction under the "safer and more resilient community" approach is intensified.

Key Indicators	Target
% of national DRM platforms and working groups in which the HRCS is an active participant.	80%
# of workshops organized by 2015 by the HRCS on the most relevant issues in the Haitian DRM environment, improving the National Society's position as a leader on such issues.	12

AN ENABLING ENVIRONMENT: SUPPORT TO PROGRAMMES

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

Movement Coordination

Movement Coordination is a key responsibility of the IFRC secretariat to help ensure efficient and effective outcomes of the relief and recovery portfolio at a RCRC Movement level and for this purpose a full team of six sectoral Technical Movement Coordinators was

established. In addition, the Planning, Monitoring, Evaluation and Reporting department is included into this division.

Technical Movement Coordinators (TMC) for the various programme sectors and cross-cutting functions support the IFRC secretariat, HRCS and membership (PNS) through coordination, representation, technical support and documentation in the following areas: Water and Sanitation; Livelihoods; Settlement; Disaster Risk Management; Violence Prevention, Mitigation and Response; and Evaluation, Accountability and Learning.

- **Technical Movement Coordination in Water and Sanitation**

Haiti had the lowest sanitation and water coverage rate in the Latin American and Caribbean region in 2008 prior to the earthquake. The emergency water and sanitation response of the RCRC has been implemented with the main objectives of limiting loss of life and ensuring provision of transitional basic access to water, sanitation and services for the most vulnerable population, maintaining a focus on the sustainability of the intervention. Over the last 12 months, the IFRC has focused on exiting from emergency interventions and moving forward towards more durable solutions.

In order to assist the RCRC in recovery and the development of the water and sanitation sector in Haiti, the TMC plan gives priority to the following actions:

- Coordination with RCRC Movement and watsan stakeholders
- Support to national watsan authorities
- Promotion and research of innovative technical solutions and approaches
- Development of Haiti Red Cross Society capacity in the watsan sector.

Coordination within the Red Cross Red Crescent but also between the watsan stakeholders in Haiti aims at creating synergies and filling the eventual gaps in water and sanitation in the most deprived areas.

The signature in July 2011 of a Memorandum of Understanding between the IFRC/HRCS and the Haitian National Water and Sanitation Authority (DINEPA) enabled the reinforcement of the emergency operational capacity of DINEPA as well as its capacity to rehabilitate and extend urban water networks.

- **Technical Movement Coordination in Livelihoods**

The 10 January 2010 earthquake impacted the lives of much of the population and increased vulnerability. The IFRC's immediate intervention such as support with school fees and cash-for-work and cash transfer programmes has provided basic assistance in order for vulnerable people to survive. The IFRC's main recovery programme started in 2011 with more emphasis on developing livelihoods through skill acquisition and other income generation activities.

Since 2010, TMC has developed a common understanding among the RCRC partners on livelihoods and its interventions through the development and implementation of a harmonized training programme, coordination meetings, field visits and technical advice, as well as developing a business plan and identification of livelihoods activities within working sites. The activities of the IFRC in livelihoods have been presented in different forums such as the UNDP recovery cluster, the livelihoods working group and to the national authorities. Developing business models is helping to promote micro finance opportunities and to create an entrepreneurial environment in different areas.

In order to consolidate the progress being made in the livelihoods programme, TMC will continue to prioritize its support to the RCRC partners through:

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- Developing a cohesive working approach through coordination meetings with the HRCS, PNSs and different stakeholders within the sector
- Building of capacity and common understanding on livelihood programmes amongst the RCRC partners
- Supporting the implementation of the INA protected lives and livelihoods programme
- Coordinating the implementation of innovative livelihood programmes in an integrated way with the RCRC external partners
- Providing technical information and implementing programmes for micro-finance and cooperative models in livelihood programmes.

- **Technical Movement Coordination in Settlement**

The settlement nomenclature acknowledges the increasingly recognized value of comprehensive inputs and approaches alongside shelter solutions to help disaster-affected populations to recover. Settlement seeks to provide appropriate inputs to help people resettle in appropriate and more permanent settings while minimizing the risk and their vulnerability to future hazards. This entails not only looking into the best sheltering option for the vulnerable population but also ensuring that these people have access to health, water, sanitation and hygiene services and schools, as well as livelihood opportunities.

This area of TMC works to support RCRC involvement in the implementation of the issues related to settlement as per the Federation-wide strategic framework. It also provides internal coordination support between the IFRC, HRCS and PNSs, aimed at developing and implementing INA as well as return and relocation and camp mitigation programmes. A strategy is also being finalized for RCRC partners to adopt a common position for displaced persons' camp interventions. In addition to these, an exit strategy for INA programmes will be developed to ensure that communities, the HRCS and local and national authorities have adequate capacities and take ownership of the project.

TMC also ensures external coordination with the government, line ministries, local authorities and international agencies as well as working with the beneficiaries. Such coordination includes different tasks like the provision of technical advisory services in the development of the GoH housing policy document in collaboration with other external partners; the formulation of the strategy for the GoH on leading camp decongestion. The IFRC is also taking part (represented by the Settlement Movement Coordination) in a national scale evaluation study of the return and relocation programmes implemented by the GoH, the RCRC and other international agencies.

- **Technical Movement Coordination in Disaster Risk Management**

As Haiti continues to recover from the impact of the earthquake that struck in January 2010, it remains critically vulnerable to other natural hazards. Events such as hurricanes can lead to extensive damage and loss of human lives and assets.

Bearing in mind this complex background, efforts have been made to enhance coordination amongst the RCRC and with other stakeholders. The DRM technical committee is being relaunched, and more coordination between PNSs, the HRCS and the IFRC Secretariat in the mobilization of resources from main donors is sought. Capacity-building is another major area of intervention to make sure that capabilities are in place in the event of a disaster affecting the most vulnerable in Haiti. Contingency-planning is also intended to be in line with the latter. Learning from past experiences and innovation is also critical in DRM, to make sure that the IFRC, along with the HRCS and the PNSs in-country have access to new and more effective tools to fulfil the Red Cross Red Crescent mandate.

The following activities are planned for the period covered by this plan of action and may extend beyond this timeframe:

- Re-launching of DRM coordination fora between the HRCS, PNSs and the IFRC. The technical committee is also being re-launched and working groups with specific tasks are being put into place to make sure that all the RCRC actors in Haiti coordinate, share and support each other
- Strengthening of the structure of the Emergency Response Teams
- Training in relief and other areas related to DRM to increase the capabilities available in-country
- Capitalizing on learning from past experiences in order to identify best practices to be replicated and enhance the capabilities in-country. PNSs and the HRCS are also being encouraged to identify innovative approaches and methodologies to better serve the populations in need.

- **Technical Movement Coordination in Violence Prevention, Mitigation and Response (VPRM)**

Factors contributing to pre-existing high levels of violence in urban communities such as extreme poverty, youth unemployment, marginalization and social exclusion, as well as weak rule of law, were exacerbated by mass displacements into congested urban areas as a consequence of the earthquake. Among the vulnerable groups most affected by this violence were women and children, youth, the elderly and the disabled.

VPMR activities cut across all programmes. Priority areas are:

- Haiti Red Cross Society capacity building and tools development
- INA protected lives and livelihoods and creation of safe and inclusive community spaces as well as mobilization of communities to promote cultures of non-violence and peace
- Health capacity to identify and respond to protection of life needs and prevent violence in affected communities
- Coordination of the implementation of violence prevention across the wider sectors.

The IFRC has developed tools for use particularly in areas with high violence and crime rates. It will continue to consolidate this work through further development and testing of these tools, in particular, through its support to the Haiti Red Cross Society in building dedicated capacity by means of the programme 'Kote Trankil', an 'area-based' approach to protection.

A VPMR technical committee was established in September 2012 to progress policy and programming efforts and support resource mobilisation around VPMR. The establishment of this forum has considerably raised the prominence of VPMR and will create a regular forum for learning and tool development.

- **Technical Movement Coordination in Evaluation, Accountability and Learning**

This TMC aims to promote effective partnerships, develop programme synergies and promote collective action to support learning and enhance community resilience. Moreover, an Information Management platform is being set up to facilitate sharing of documents and information.

One of the coordinator's tasks is to ensure the identification of Federation-wide outcomes and impact and to ensure measures are taken to implement lessons and recommendations as part of an overall collective learning strategy. The coordinator also contributes to gathering information and knowledge, identifying needs with regard to evaluation and determining lessons learned. A learning strategy will be developed and managed, ensuring that key 'leave behind' products are captured that can inform future recovery strategy and

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operation in similarly complex environments. This process of capitalizing on learning is being fed by many initiatives as mentioned above through the different sectors but also as a result of the Evaluation Framework.

The coordinator is also leading the Performance and Accountability Working Group as the RCRC seeks to identify and operationalize minimum standards and align them to the Haitian context, ensuring accountability to beneficiaries across programmes.

Planning, Monitoring, Evaluation and Reporting Department (PMER)

This department rests within the Movement Coordination division. In Haiti, PMER includes one coordinator supported by two Reporting Delegates. The PMER department is responsible for the translation and coordination of the IFRC Secretariat's planning, monitoring, evaluation and reporting processes for the Haiti Recovery Operation. PMER provides technical assistance and support to IFRC management, programme coordinators and their teams to ensure excellence in the management of results in a manner that meets international standards and contributes to accountability for the significant resources mobilized for the Haiti Recovery Operation. This department supervises the reporting to ensure close and appropriate linkages between M&E systems and reporting. PMER supports and oversees efforts to build the capacity of the Haiti Red Cross Society in planning, monitoring, evaluation and reporting.

Communications and Beneficiary Communications

The central thread of communications is focused on '*from camp to community*', providing communications materials on the key programmes to RCRC communications colleagues, beneficiaries, donors and the wider world.

Reputation management, through production of reactive statements, key messages and robust Questions & Answers also continue to be a priority area. Moreover, the opportunity exists to plan and execute communications linked to public advocacy priorities such as key advocacy messages or reports, issues briefs and opinion pieces. These products should put Haitian voices and priorities at the centre of external communications and position the RCRC as an inspiring leading organization. Supporting the HRCS communications objectives is also a priority, through targeted support to specific initiatives and also by providing resources for capacity building activities.

Beneficiary Communications

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

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

Beneficiary communications will focus on four key outcomes in this plan. Firstly, the

programme will continue to provide Haitians with useful, practical information they can use in their everyday lives. This information will focus on providing preventive health and disaster preparedness advice.

Secondly, beneficiary communications will support operational teams to make sure people know about the IFRC/HRCS services and projects that affect them.

Thirdly, beneficiary communications will seek to increase the number of ways in which women, girls, boys and men can communicate with the IFRC/HRCS, and so improve 2-way communication and accountability. One of the key means of achieving this will be the launch of the new Interactive Voice Response (IVR) phone line, which will not only provide a valuable source of information but also a means of getting beneficiary feedback through surveys.

Fourthly, beneficiary communications is working closely with the Haiti Red Cross Society's communications team to develop sustainable plans for key beneficiary communications approaches and tools. These plans include identifying which areas of beneficiary communications should be carried forward by the HRCS, which will be carried forward by the IFRC, and the training, funding and human resource requirements to achieve this.

Humanitarian diplomacy

The Federation will continue developing and strengthening its cooperation with the Haitian State, intergovernmental organizations (including the international development banks and other funding inter-state organizations), overseas government representations, non-governmental organizations, civil society (including the Haitian diaspora) and the public opinion makers. These activities can transcend borders to reach decision makers and other audiences in the countries most involved in the reconstruction and development of Haiti.

To this end, the IFRC secretariat will enhance its coordinating role regarding the viewpoints and interests of the RCRC for the better representation of common stances before the above-mentioned institutions. In its relationship with those institutions and in particular the State authorities, the IFRC secretariat will continue advocating as a priority for the solutions of issues selected in the Humanitarian diplomacy Plan of Action (Montreal, 2011-2012) and other documents, as follows:

1. Development of additional financial resources.
2. Land / house property and tenure, house repair-or-construction and rental support, and adoption of official regulations on models and quality of construction.
3. Violence prevention for emergency camps and neighbourhoods.
4. Disaster preparedness and response readiness capacity.
5. Poverty reduction through access to integrated basic services in the neighbourhoods.
6. Advocacy for the adoption of Haitian norms facilitating international response to the 2010 disaster and also to future emergencies and disasters by humanitarian organizations (disaster law).
7. Negotiation with the Haitian authorities for granting the IFRC the privileges and immunities granted by the Haitian State to the United Nations Organization and its specialized agencies.
8. Negotiation with the Haitian authorities for the granting of a seat to the IFRC and the HRCS in the recently created "Comité pour l'efficacité de l'aide –CEA–" / Aid-effectiveness committee –AEC–.

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Disaster Law (DL)

Since 2010 the Haitian Red Cross and the IFRC have advocated for the improvement of the country's legal framework for international disaster response, particularly in the light of the response to the earthquake.

The first phase of this project was completed in May 2012 with the production and dissemination of a comprehensive report about the current status of the legal and regulatory systems of the country affecting the international component of the response to emergencies and disasters, and the evaluation of their use following the January 2010 earthquake.

The second phase of the project is aimed at obtaining from the Haitian authorities, mainly the Executive power, the adoption of regulations (focusing on procedural matters) drafted by a special IFRC consultant and the Haiti Red Cross Society, in coordination with different governmental and international partners, both inter-governmental and non-governmental, for performing of humanitarian and development action.

Advice might be provided in other disaster-law areas such as disaster-risk reduction, legal barriers to shelter projects (particularly land property and tenure issues) etc.

SUPPORT SERVICES

Information Technology and Telecommunications

The department prioritizes provision of uninterrupted, updated, effective and economically viable services, solutions and applications. It continues to contribute to and enhance the way the IFRC works by enabling the best possible interface for the programme implementing teams, RCRC partners and the host National Society. Furthermore, the department works towards the standardization of IFRC Information Technology and Telecommunication services in Haiti similar to Zone/secretariat headquarters counterparts.

Logistics

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

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

Finance

The finance department is responsible for the necessary management, control and accountability of all financial related issues of the operation, including overall budgeting, accounting, treasury, assets, financial reporting and financial services of the IFRC operation in Haiti.

Its main functions include managing internal controls to mitigate risk; creating and presenting financial reports to internal and external stakeholders; ensuring that the official accounting records of the IFRC are up-to-date and accurate; safeguarding financial resources through an appropriate internal control environment with an emphasis on:

- ensuring that the finance and accounting policies and procedures are followed by all the IFRC staff
- effective budgetary control
- effective asset and liability management.

Human Resources

The IFRC Human Resources (HR) unit oversees human resource management related to the IFRC operations in Haiti and also provides HR support to a number of PNSs working in Haiti; all activities are undertaken in close collaboration with the HRCS. This support to the Haiti operation is in line with the Federation's global HR approach and the Haiti HR Strategy. This unit currently has two sub-units: learning and development, and national and international staff.

The HR unit will continue to deliver services in the areas of workforce planning, payroll system, compensation and benefits for international staff and for national staff, learning and staff development, and end of mission surveying. Significant planned outcomes for the period to end 2012 includes full implementation of computerized payroll and compensation review tool systems for the HRCS, PNSs and IFRC national staff, continual review and revision of human resource structures and systems along with the terms and conditions for national and international staff, ongoing provision of skills, learning and capacity development opportunities for employees and volunteers that also support operational requirements. In 2013, the HR unit will continue with the above mentioned activities with more focus on career development and capacity building of national staff.

In 2012 and 2013, the embedded HR delegate will continue to support the Haiti Red Cross Society in improving their HR structure and systems, branches and volunteer management issues. In particular, HR will focus attention on leadership, management and organizational development.

Security

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

Risk Management

In alignment with Enabling Action no. 3 “Function effectively as the International Federation” under the IFRC’s Strategy 2020, the secretariat created a full time risk management advisory position in the Haiti operation, which has been staffed since May 2010; since March 2012 the position has developed to deal with risk management and legal advice focusing more on legal support to the operation.

The major responsibilities of these advisory services which are extended to the membership to a large extent, includes risk management oversight and legal counselling to encourage more effective use of resources by concentrating as much as possible on prevention rather than reaction; legal advisory services to ensure that the interests of the Federation and the funds that have been entrusted to it are protected; and the coordination of regular internal control audits and external financial audits. The advisor acts as an agent for change by making recommendations for continuous improvement, including advocating for the implementation of lessons learned.

EMERGENCY APPEAL BUDGET

MDRHT008 HAITI EARTHQUAKE

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	18,483,720	0		18,483,720
Shelter - Transitional	14,540,754	0		14,540,754
Construction - Housing	666,838	270		667,108
Construction - Facilities	9,516,427	0		9,516,427
Construction - Materials	5,447,015	0		5,447,015
Clothing & Textiles	4,129,196	0		4,129,196
Food	312,110	0		312,110
Seeds & Plants	158	0		158
Water, Sanitation & Hygiene	23,823,072	0		23,823,072
Medical & First Aid	956,134	0		956,134
Teaching Materials	1,474,916	23		1,474,939
Utensils & Tools	4,510,766	0		4,510,766
Other Supplies & Services	840,776	0		840,776
Emergency Response Units		0	34,822,490	34,822,490
Cash Disbursements	0	0		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	84,701,881	293	34,822,490	119,524,663
Land & Buildings	7,405,693	0		7,405,693
Vehicles	3,191,039	0		3,191,039
Computer & Telecom Equipment	1,052,191	5,810		1,058,002
Office/Household Furniture & Equipment	762,184	0		762,184
Medical Equipment	12,775	0		12,775
Other Machinery & Equipment	60,069	0		60,069
Total LAND, VEHICLES AND EQUIPMENT	12,483,952	5,810	0	12,489,763
Storage, Warehousing	5,639,429	6,032		5,645,460
Distribution & Monitoring	6,455,041	3,818		6,458,859
Transport & Vehicle Costs	13,853,395	126,195		13,979,590
Logistics Services	2,679,643	0		2,679,643
Total LOGISTICS, TRANSPORT AND STORAGE	28,627,508	136,045	0	28,763,553
International Staff	49,001,414	293,224		49,294,639
National Staff	25,415,152	25,988		25,441,139
National Society Staff	8,527,681	2,438		8,530,118
Volunteers	999,342	0		999,342
Total PERSONNEL	83,943,589	321,650	0	84,265,238
Consultants	2,670,400	1,262,107		3,932,507
Professional Fees	1,502,514	7,936		1,510,450
Total CONSULTANTS & PROFESSIONAL FEES	4,172,915	1,270,043	0	5,442,958
Workshops & Training	3,836,491	17,050		3,853,541
Total WORKSHOP & TRAINING	3,836,491	17,050	0	3,853,541
Travel	3,147,362	55,942		3,203,304
Information & Public Relations	1,873,420	29,727		1,903,147
Office Costs	7,269,062	35,105		7,304,168
Communications	1,811,454	22,344		1,833,799
Financial Charges	-818,643	723		-817,921
Other General Expenses	5,246,555	30,592		5,277,147
Shared Office and Services Costs	5,182,406	8,655		5,191,061
Total GENERAL EXPENDITURES	23,711,616	183,088	0	23,894,704
Partner National Societies	13,519,366	15,475		13,534,841
Other Partners (NGOs, UN, other)	0	193,979		193,979
Total TRANSFER TO PARTNERS	13,519,366	209,454	0	13,728,820
Programme and Services Support Recovery	16,574,826	139,323		16,714,149
Total INDIRECT COSTS	16,574,826	139,323	0	16,714,149
Pledge Earmarking & Reporting Fees	1,083,222	9,396		1,092,618
Total PLEDGE SPECIFIC COSTS	1,083,222	9,396	0	1,092,618
TOTAL BUDGET	272,655,364	2,292,152	34,822,490	309,770,006
Available Resources				
Multilateral Contributions	243,904,160	2,292,152		246,196,312
Bilateral Contributions			34,822,490	34,822,490
TOTAL AVAILABLE RESOURCES	243,904,160	2,292,152	34,822,490	281,018,802
NET EMERGENCY APPEAL NEEDS	28,751,204	0	0	28,751,204

For further information please contact:

Croix-Rouge Haitienne

Avenue Maïs Gate
Port-au-Prince, Haïti
Tel.: +509 2519-0702
Fax: +509 2942-6471
Web site: www.croixrouge.ht

Haiti Country Office

International Federation of Red Cross
and Red Crescent Societies
Avenue Maïs Gate
Port-au-Prince, Haïti
Tel. : +509 2940-4619
haiti.info@ifrc.org
Web site: www.ifrc.org/haiti/

Americas Zone Office

International Federation of Red Cross
and Red Crescent Societies
Ave. Jacinto Palacios Cobos, Edificio
221
Clayton, Panama City, Panama
Tel: +507-317-3050
Fax: +507-317-1304
haiti.info@ifrc.org
Web site: www.ifrc.org/haiti/