

Emergency Plan of Action (EPoA) Haiti: Earthquake

Emergency Appeal	MDRHT018	Glide n°:	EQ-2021-000116-HTI
Date of issue:	1 September 2021	Expected timeframe:	18 months
Appeal launched:	15 August 2021	Expected end date:	28 February 2023
IFRC Category allocated to the of the disaster or crisis: Orange			
Funding requirements: 10 million Swiss francs			
DREF allocated: 750,000 Swiss francs			
Total number of people affected:	579,000 people	Number of people to be reached:	25,000 people
Provinces affected:	Sud, Nippes, Grand'Anse	Provinces/Regions targeted:	Sud, Nippes, Grand'Anse
Operating National Society presence: The Haiti Red Cross Society (HRCS) has 127 local units, which include 14 regional branches and the national headquarters. The HRCS has 188 paid staff and 10,000 volunteers throughout the country.			
Red Cross Red Crescent Movement partners actively involved in the operation: American Red Cross, Canadian Red Cross, French Red Cross, Netherlands Red Cross, Spanish Red Cross, Swiss Red Cross and International Committee of the Red Cross (ICRC).			
Other partner organizations actively involved in the operation: Office of the Prime Minister; Haitian Civil Protection General Directorate (DGPC); all the Government of Haiti's ministries (Ministry of Public Health and Population- MSPP; Ministry of Public Works, Transport and Communications- MTPTC, among others); local government authorities at the departmental and commune levels. Among the many humanitarian actors, the UN Office for the Coordination of Humanitarian Affairs (OCHA); Pan-American Health Organization (PAHO); US Southern Command (SOUTCOM); among others.			

A. Situation analysis

Description of the disaster

A 7.2 magnitude earthquake shook Haiti on 14 August 2021. The earthquake epicentre was 13 km south-southeast of Petit Trou de Nippes and 10 km deep, as reported by the National Earthquake Information Center (NEIC) of the United States Geological Survey (USGS). The US Tsunami Warning System issued a tsunami warning that was later rescinded.



As of 23 August, the earthquake has had a human toll of 2,207 deaths, 320 people missing, and 12,268 injured people (Haiti Protection Civil, SitRep #9, 24 August 2021). This agency has estimated that 579,000 people (40% of the 1.6M

Above: The HRCS and IFRC received first chartered plane with household items from Americas regional logistics unit, 19 August 2021. Source: IFRC.

population) in three affected departments require urgent humanitarian aid. The Office of the Secretary of State for the Integration of Persons with Disabilities (OSIPD) estimates that 1,475 persons with disabilities, including 720 women and girls, require urgent attention (17 August 2021, COUN Situation Report 5).

Based on the General Directorate of Civil Protection (DGPC) information, as of 23 August, there are 52,923 houses destroyed and 77,006 houses damaged (Haiti Civil Protection SitRep #9, 24 August 2021). At least 59 health centres were damaged and severely damaged by the earthquake: Sud: 37 (21 damaged and 16 severely damaged); Grand'Anse: 15 (6 damaged and 9 severely damaged); Nippes: 7 (5 damaged and 2 severely damaged). (PAHO, [Situation Report #4](#), 23 August 2021). The [PAHO interactive map](#) provides data on damaged and severely damaged health facilities.

When the earthquake occurred, Haiti was bracing for the potential impact of Tropical Storm Grace (later downgraded to tropical depression). Three days later, tropical depression Grace led to heavy winds, rains and floods. Landslides occurred West of the town of L'Asile in Nippes department and South of Beaumont in Grand'Anse department. Haiti, as the rest of the Caribbean, remains in the Atlantic hurricane season, with its peak months between August and October.

Humanitarian access is a challenge in a context of armed violence by non-State armed actors and by some groups of affected people concerned about the slow pace of aid. There were an estimated 18,100 internally displaced people in Port-au-Prince due to gang violence prior to the earthquake. This violence has curtailed socioeconomic life in some parts of the capital city, as well as seriously reducing mobility in the only southern thoroughfare (route 2) leaving Port-au-Prince.¹ As a result of this challenge for all humanitarian organizations to deliver needed goods to the affected areas, there have been cases of looting of relief goods in transit or upon arrival at their destination. The Haitian authorities are making great efforts to reinstall the ability for land travel free from roadblocks, kidnapping and looting. The Haitian National Police (PNH) on 23 August presented the "Committee to ensure the management of humanitarian aid convoys intended for the victims of the earthquake that affected the Great South".

Based on its initial assessments, the Government of Haiti has solicited support for food, health, shelter, and water, sanitation, and hygiene (WASH) needs for the affected population. Other actors, including USAID Disaster Assistance Response Team (DART) in Haiti and UN Women, also identify protection needs.²

Further assessments are being completed and shared by all actors. The IFRC [Go page for the Haiti: Earthquake](#) daily uploads new information regarding the impact of this disaster and the actions of the Red Cross to support the Haiti Red Cross Society.

Summary of the current response

Overview of Operating National Society Response Action

The Haiti Red Cross Society (HRCS) immediately began its response following the earthquake. The Haiti Red Cross Society is member of all committees of the National Disaster and Risk Management System (NGRD) and a permanent member of the National Emergency Operations Centre (COUN). The NGRD is led by the Prime Minister, his ministers and the HRCS president. The HRCS president maintains high-level contact with national authorities to coordinate the capacities of the National Society and the IFRC network. The HRCS additionally

¹ OCHA, [Displacements due to gang violence in Port-au-Prince, Situation Report no. 4](#) (as of 1 July 2021) and [Assessment Capacities Project](#), 20210820 ACAP thematic report Haiti earthquake department profiles, 23 August 2021.

² [United States Agency for International Development](#), Haiti - Earthquake Fact Sheet #5, 20 August 2021.

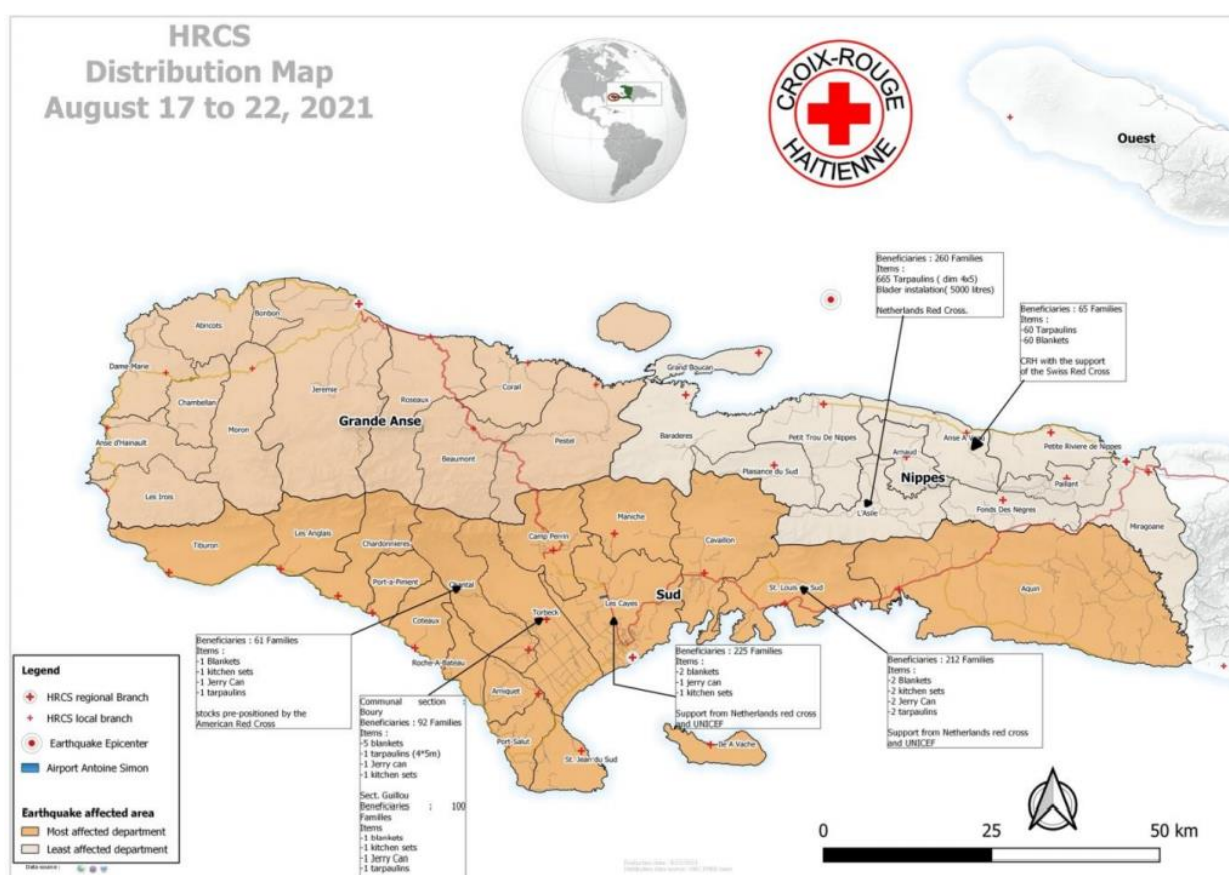
maintains a coordinated response with local, provincial, and national authorities and other humanitarian organizations. It is participating in all coordination forums with other humanitarian actors at the country level.

On the morning of 14 August, the national headquarters activated its Crisis Room, established contact with its branch network, and deployed staff and volunteers to the affected departments where regional and local (commune) branch-level volunteers when not affected themselves are mobilized. HRCS deployed personnel to support search and rescue teams in Sud, Nippes and Grand'Anse. In some cases, this support was provided with the firefighters, civil protection or spontaneous first responder groups. The HRCS has been supporting damage assessment and needs analysis in these same areas.

Its fleet of ambulances, with recently donated vehicles by the Red Cross Society of China, with the required volunteers and staff trained in pre-hospital care are deployed daily to ensure urgent care victims get to the hospitals need. There are five ambulances active in the Port-au-Prince airport and one in Sud department. As of 23 August, the HRCS has transferred a total of 132 people ([HRCS SitRep #4](#), 24 August 2021).

HRCS in coordination with its partner National Societies (pNSs) conducted distributions during the first week of the emergency (further information on each pNS provided below.) With the support of the Netherlands Red Cross (NLRC) and a pre-emergency partnership with UNICEF, HRCS volunteers distributed the household items - HHIs (hygiene kits, buckets, jerry cans, tarpaulins and wool blankets) to 255 families in Les Cayes (Sud) and 212 families in Saint-Louis du Sud (Sud). In this same commune, the HRCS distributed food packages and water to 100 families with a private sector donation. The HRCS also distributed household items to 192 families in two districts in Torbeck. The HRCS, with AmCross stock, distributed household items (wool blankets, hygiene kits, buckets, tarpaulins, jerry cans and kitchen kits) to 61 families in Chantal (Sud); in the same location, 10 tarpaulins were donated to the Hospital Bon Samaritain in Chantal. In Nippes, the HRCS distributed household items to 260 families and installed a bladder, with NLRC support, in L'Asile and with Swiss Red Cross support reached 65 families with household items in Anse a Veau. The following map, created by the HRCS, provides information on the specific household items distributed in each location³:

³ Société nationale de la Croix Rouge Haïtienne, Rapport de situation # 4, 20-23 August 2021.



Deployments from Port-au-Prince to the most affected regions had the support of the American Red Cross (AmCross). This enabled the HRCS national headquarters to assist in the strategy and planning for the distribution of prepositioned stocks in Les Cayes and in coordination with the local branches of Chantal and Saint Louis du Sud to distribute 61 and 212 hygiene kits, respectively.

The HRCS, with Swiss RC support, conducted a detailed [rapid assessment in Nippes](#). The HRCS local committees, in coordination with commune authorities, other humanitarian actors on the ground, identified people injured and deaths, as well as shelter and WASH needs. More specific WASH rapid assessments were done by the HRCS, with NLRC, in some communes.

The National Society activated its Restoring Family Links (RFL) network in four departments (Ouest, Sud, Grand'Anse and Nippes). The network has mobilized 32 volunteers (Grand'Anse: 10; Nippes: 6; Sud: 6; and Ouest: 6) for a one-week period to search hospitals and camps for people who have not been accounted for and/or their loved ones are searching for them. Volunteers have been trained to identify unaccompanied children (UAC) and ensure that protection pathway is used.

The HRCS maintains close communication for a coordinated response with local, provincial, and national authorities and other humanitarian organizations.

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC response to support the HRCS aligns with IFRC commitment to act “as local as possible and as international as needed”. The Americas Regional Office (ARO) is working directly through the Country Cluster Delegation (CCD) for the Latin Caribbean that covers Haiti. Following the earthquake, the CCD and the Americas Regional Office (ARO) immediately activated coordination mechanisms to support the HRCS. Prior to the emergency, the IFRC’s small office within the National Society’s installations in Port-au-Prince had two health specialists, a finance officer and a deployed ARO Security Focal point. Each of whom who immediately offered

assistance to the HRCS and provided internal coordination until the arrival of the Head of Delegation and Operations Manager on 16 August.

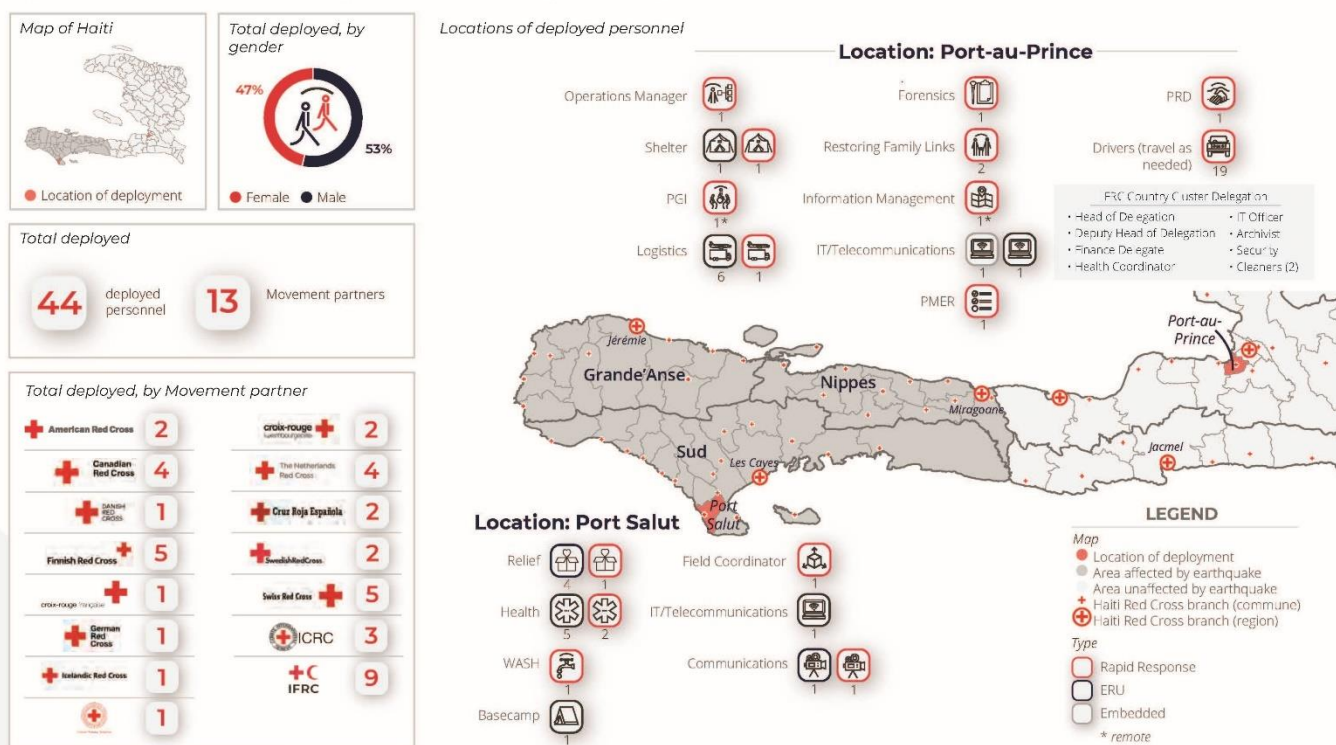
As of 30 August 2021, there are 44 rapid response members, including the ERUs, embedded staff, remote support and transferred IFRC assets working on this operation in Haiti.

Updated: 30 August 2021 (SitRep 11)

Rapid Response/ERU Personnel Deployed Haiti | Earthquake



The following **Rapid Response/ ERU personnel** have been deployed to this operation. This team is supporting the **Haiti Red Cross Society** to provide humanitarian aid to the population affected by the earthquake.



In addition to this staff, ARO regional manager for communications and regional manager for partnership and resource development (PRD) also deployed for the first week of the operation.

The American Red Cross (AmCross) is supporting the IFRC Emergency Appeal. Additionally, in country AmCross put its resources (human, financial and material) at the disposition of the HRCS following the earthquake. AmCross provided funds for the mobilization of the first HRCS mobilized for search and rescue in Sud and approved the use of pre-positioned stock. The Disaster Risk Reduction (DRR) advisor was integrated into the HRCS crisis room. The IT advisor to support the HRCS emergency team and its communication team available for comms products, media monitoring and reporting. In coordination with the IFRC and the HRCS, three AmCross personnel participated in the helicopter travel to Sud for damage assessment activities. The AmCross repurposed project equipment, such as four vehicles with their respective drivers, in Sud and Ouest (two in each department) to mobilize national headquarter staff and branch staff in the affected areas. Given the current pandemic, AmCross has sent AmCross provided funds for the mobilization of the first HRCS mobilized in Sud, approved the use of pre-positioned stock. AmCross donated 80 packages of personal protective equipment (PPE) against COVID-19 and 1,818 masks were sent to Sud for volunteers involved in the response. Prior to the earthquake, AmCross had been supporting HRCS response capacity and preparedness measures implementation.

The Canadian Red Cross Society, active in Haiti since 2007, is also another partner that has been supporting HRCS response capacity and preparedness measures. The Canadian RC is supporting the HRCS through this IFRC Emergency Appeal. Canadian RC has sent household items for 500 families; the first air charter arrived on 25 August 2021 with others expected this same week. This partner National Society has sent a health specialist and an operations manager to reinforce its team in Haiti. Additionally, the office in country has made its Toyota Land Cruiser, with a driver, available in Port-au-Prince for HRCS's needs.

Through the **French Red Cross's** Regional Intervention Platform for the Americas and the Caribbean (PIRAC), this Emergency Appeal purchased PIRAC prepositioned household items. The French RC has been essential in coordinating with the French Navy boat for the arrival of these goods, which arrived on 21 August. The French RC also mobilized private sector donations from donation from Carrefour Martinique (Groupe GBH) of 1800 kg of rice; 96 kg of beans, 3,375 litres (L) of oil; 18,144 L of water from and the unique territorial community of Martinique sent 15,120 L of water on this same ship.

With more than 23 years in country, the **Netherlands Red Cross** (NLRC) has worked with the HRCS for branch development in the three affected departments, as well as Sud-est. Prior to the earthquake, the NLRC had two decentralized based in Les Cayes and Les Anglais (Chardonnières district) in the Sud department with its main areas of action in WASH and food security. The HRCS, with NLRC support, conducted an emergency response programme in the Sud department with a focus on WASH needs. In 2019, UNICEF selected the HRCS and Netherlands RC to lead the WASH response in Sud department, including the prepositioning of WASH kits in Les Cayes for disaster operations in this department.

In this response, the WASH kits (UNICEF and NLRC-support) were used for distributions in affected areas, as described above. Additionally, the NLRC has put its two vehicles as well as one that had been Sud-Est to use in the response in Sud. Human resources support from the NLRC includes a three people who are participating in the WASH sector needs assessments: a WASH engineer, a logistician and 1 monitoring, evaluation, evaluation and learning (MEAL) officer in Les Cayes and in the Chardonnières districts.

With a permanent presence in the country, the **Spanish Red Cross** has mobilized more regional staff to support the HRCS. The Spanish RC supported the deployment of WASH technicians to Nippes, as well as transport of WASH items from the Sud-Est department to Sud. The Spanish Red Cross is supporting the HRCS bilaterally.

Swiss Red Cross has supported the HRCS since 2010, with a presence in the commune of Léogâne with emergency shelter reconstruction and then with WASH activities. In this operation, the Swiss RC supported the HRCS's rapid assessment in the Nippes department. The Swiss RC has made available to the HRCS the use of its truck, as well as the stock of 500 hygiene kits, 325 tarpaulins, 100 construction kits and 100 kitchen kits. Although not one of the most impacted departments by the earthquake, the HRCS in Leogane (Sud-Est), with Swiss RC support, has an experienced emergency team.

The **International Committee of the Red Cross (ICRC)**, following the closure of its office in 2017 kept supporting the HRCS from its Regional Delegation for Panama and the Caribbean until July 2021 when the institution decided to re-engage in Haiti to address systemic vulnerabilities related to armed violence and problems faced by the medical mission especially in the capital Port-au-Prince. For this operation, the ICRC is deploying three staff members to support the HRCS response efforts. The Restoring Family Links data management focal point, and a forensic specialist arrived on the 25 August and the Restoring Family Links team leader is expected to arrive shortly in country. All three of these ICRC members, deployed as rapid response personnel, will be under the IFRC umbrella during the response in-country.

Overview of other actors' actions in country

Government of Haiti (GoH)

Following the earthquake, the Government of Haiti at once activated its National Emergency Operations Centre (COUN), concurrently starting these same operations centres at the departmental level in Sud, Grand'Anse and

Nippes. Haiti Civil Protection with other actors leads search and rescue activities, which remain in place since survivors are still being located up to 12 days after the quake occurred. The morning of the earthquake, the Prime Minister declared a one-month state of emergency for the affected areas.

The Office of the Prime Minister presented a list of identified needs for international humanitarian support on 15 August, which was supplemented on 17 August with the detailed list from the Ministry of Health and Population (MPSS). In a move to better coordinate actions in each department, the Prime Minister appointed the Minister for the Status of Women to lead government actions in Sud, Minister of Tourism in Nippes and Minister of the Environment in Grand'Anse.⁴

Based on its experience in the 2010 earthquake, the GoH has given clear guidance on the type of aid it requires. In the case of the health, the MSSP has expressed its needs for Emergency Medical Teams type two with surgical capacities. Through the MSSP, the Medical Information and Coordination Cell (CICOM) is activated.

The Government of Haiti started negotiations for the opening of the humanitarian corridor, which is created between both governments of the Dominican Republic and Haiti and humanitarian actors.⁵

International and non-governmental humanitarian actors

DGPC, with OCHA technical support, is coordinating NGO and international humanitarian assistance. The Government of Haiti has reiterated the international support should be coordinated via the COUN. International Search and Rescue teams were deployed to support the DGPC.

A 10-person UNDAC team (3 in each department and 1 in Port-au-Prince) was deployed to reinforce coordination at the departmental level. An OSOCC was established in Port-au-Prince and sub-OSOCC in Les Cayes.

Via its Central Emergency Response Fund (CERF), the UN system had an initial 8 million USD budget.⁶ On 25 August 2021, the UN launched a Flash Appeal for 187.3M US dollars to reach 500,000 of the most vulnerable people of the 650,000 identified to be in need of assistance. shelter, WASH, health, food, education and protection services.

Sectoral coordination is taking place via the established Humanitarian Country Team working groups and mechanisms. The IFRC response team is participating in the health, WASH, shelter, protection and logs clusters, with a future presence co-leading the shelter coordination cluster. The IT team participates in an IT/Telecoms working group and the relief team in a cash working group. With the presence of many humanitarian actors who arrived in the country, security remains a challenge. The coordination in the COUN, HCT other humanitarian spaces also assist in sharing information regarding possible risks and how to mitigate these. The IFRC also participates in a security working group with other international actors and missions in Haiti.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Shelter

There is a need to provide emergency shelter and essential household items in coordination with other agencies and other sectors, particularly WASH.

⁴ [Caribbean Disaster Emergency Management Agency](#), Situation Report # 4, 19 August 2021.

⁵ [United Nations Office for the Coordination of Humanitarian Affairs, ReliefWeb](#), Latinoamérica & El Caribe Resumen de Situación Semanal, 16-22 August 2021.

⁶ OCHA, Haiti Earthquake_SitRep #1_Updated and Revised Final Version for RW, 22 August 2021.

The 7.2-magnitude earthquake toppled buildings and homes and damaged infrastructure and roads, cutting off access to some roads in the southwest⁷, left more than 680,000 families in need of shelter. The tropical depression Grace produced more damage to fragile emergency shelter. As of 21 August, 52,937 houses were reported destroyed and 77,006 damaged leaving approximately 21,508 people displaced to collective centres⁸. These collective centres are located in open areas, public spaces among others due to the lack of pre-established shelter locations.⁹

The families registered in collective centre that need support to ensure minimum comfort and to establish proper hygiene conditions to comply with protection and physical distancing measures due to COVID-19. There is also the need for basic items to meet immediate needs, such as blankets, personal hygiene items, etc.

Overview of Damage Assessments Haiti | Earthquake

Date: 30-August-2021

Data sources: OCHA, Direction Generale de la Protection Civile (DGPC)

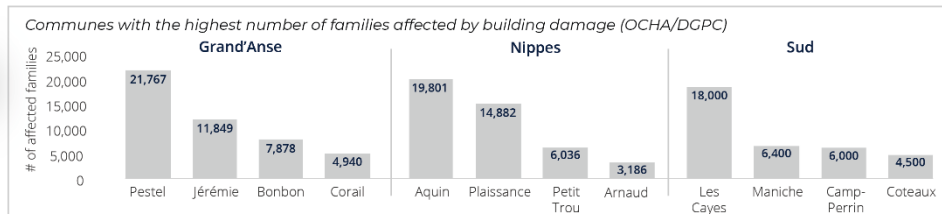
Key Figures

77,006

Damaged buildings
(OCHA/DGPC)

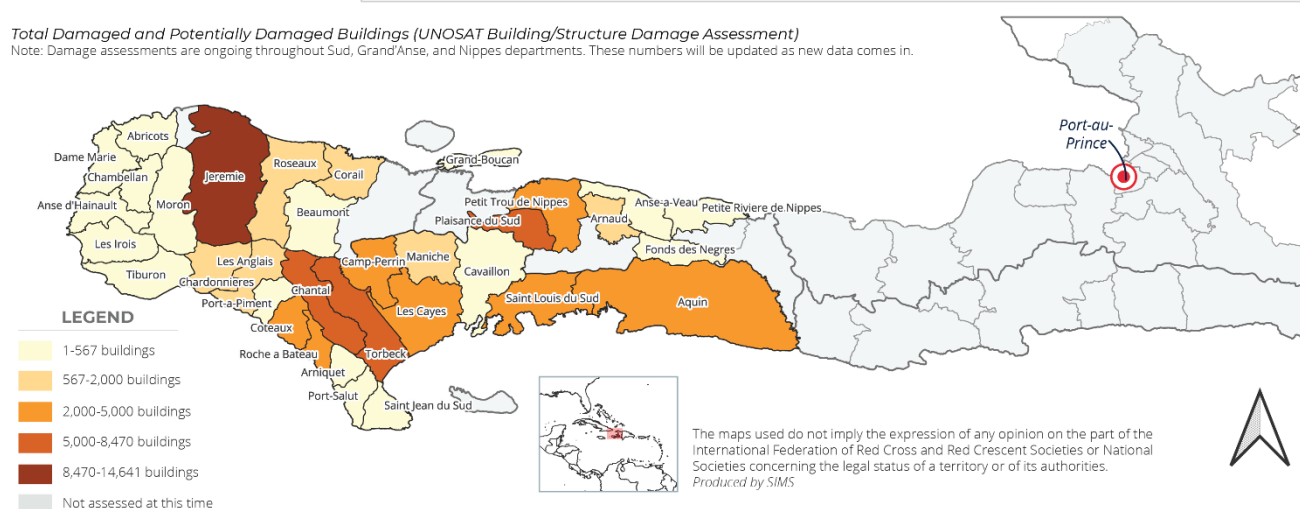
136,028

Affected Families
(OCHA/DGPC)



Total Damaged and Potentially Damaged Buildings (UNOSAT Building/Structure Damage Assessment)

Note: Damage assessments are ongoing throughout Sud, Grand'Anse, and Nippes departments. These numbers will be updated as new data comes in.



The IFRC and Haiti Red Cross Society are working closely with partners in the field to coordinate needs assessments through their rapid response mechanism to determine the areas of intervention and the appropriate type of support that will be provided.

Further shelter actions will require continuous coordination with State and non-State actors involved in the response. The Government of Haiti is requesting 60,000 tarpaulins for emergency shelter needs.¹⁰ (Family tents are not requested¹¹). The IOM, as co-lead in Haiti Shelter/HHI Working Group, aims to support demolition and clearing of rubble, some of which will be done with a cash-for-work modality.¹²

⁷ [OCHA Haiti: Earthquake flash update No.1](#), 15 August 2021.

⁸ [Causalities and damage report from Haiti Civil Protection](#)

⁹ Caribbean Disaster Emergency Management Agency, Situation Report #4, 19 August 2021

¹⁰ [OCHA Situation Report 1](#)

¹¹ [OCHA](#), Haiti Earthquake_SitRep #1_Updated and Revised Final Version for RW, 22 August 2021.

¹² [International Organization for Migration, ReliefWeb](#), Funding Appeal, 23 August 2021

Beyond emergency shelter solutions, rehabilitation of damaged housing and the support for durable solutions is required. As OCHA indicates, the South of the country is at risk for tropical cyclones.¹³ Concern also exists regarding rehabilitation of structures without specialist guidance. One media source mentioned that people were rapidly covering cracks so they could return home quicker, avoiding an engineer's assessment.¹⁴

Based on the rapid assessments, which are in the early stages at the time of writing, many affected households are staying outside both during the day and during the night out of fear of further earthquakes or structural damages to their homes. Open spaces such as football fields and streets are being used as locations for overnight stay. Families have gathered the remaining belongings they could still find between the rubble or the damaged structure. But there is a need for the provision of the basic shelter items including tarpaulins, blankets, shelter tool kits and kitchen sets. With further assessment findings, detailed and geographic-specific situations will be clearer, as well as the provision of actions for the early recovery stage.

Livelihoods and Basic Needs

The food security situation in Haiti prior to the earthquake was critical and has been further deepened by the recent disaster. Haiti ranks 23 with the most severe food security situation globally with 40% of its population food insecure. According to the Food and Agriculture Organization (FAO) and the World Food Programme (WFP), the expected decline in agricultural production, due to irregular and below-average rainfall, political instability, worsening food inflation and the effects of COVID-19 related restrictions, will aggravate the alarming levels of acute food insecurity in Haiti, where an estimated 4.4 million people are acutely food insecure, corresponding to 38.29% of the country's population.¹⁵ In the first OCHA SitRep for this disaster, the UN warned of the impact of the earthquake compounding the pre-disaster food insecurity situation due to cyclical droughts and soil erosion, among others.¹⁶

According to the National Food Security Coordination (CNSA), the average food basket prices experience inflationary increases related to the Haitian gourdes depreciation and the poor performing agricultural campaigns. The May 2021 CNSA newsletter indicated that the average food basket increased by 3 per cent compared to March 2021 and was 13% higher than in February 2021 with year-on-year increase of 2 per cent.¹⁷ The price of the basic food basket for a family of five is 125,000 Haitian gourdes (approximately 125 US dollars). Based on the Haiti Price Bulletin (March 2021) from the Famine Early Warning Systems Network (FEWS Net), the staple food goods (rice, black beans, maize, and cooking oil) showed some fluctuations, based on location in the country, prior to the earthquake. Prices of black beans appeared the most unstable. FEWS also indicates that all cooking oil and 80 per cent of rice is imported to Haiti.¹⁸

¹³ [United Nations Office for the Coordination of Humanitarian Affairs](#), Latin America & The Caribbean Weekly Situation Update (16-22 August 2021).

¹⁴ [Assessment Capacities Project](#), 20210820 ACAPS thematic report Haiti earthquake department profiles, 23 August 2021.

¹⁵ [FAO-WFP. Hunger Hotspots - Early warnings on acute food insecurity. July 2021.](#)

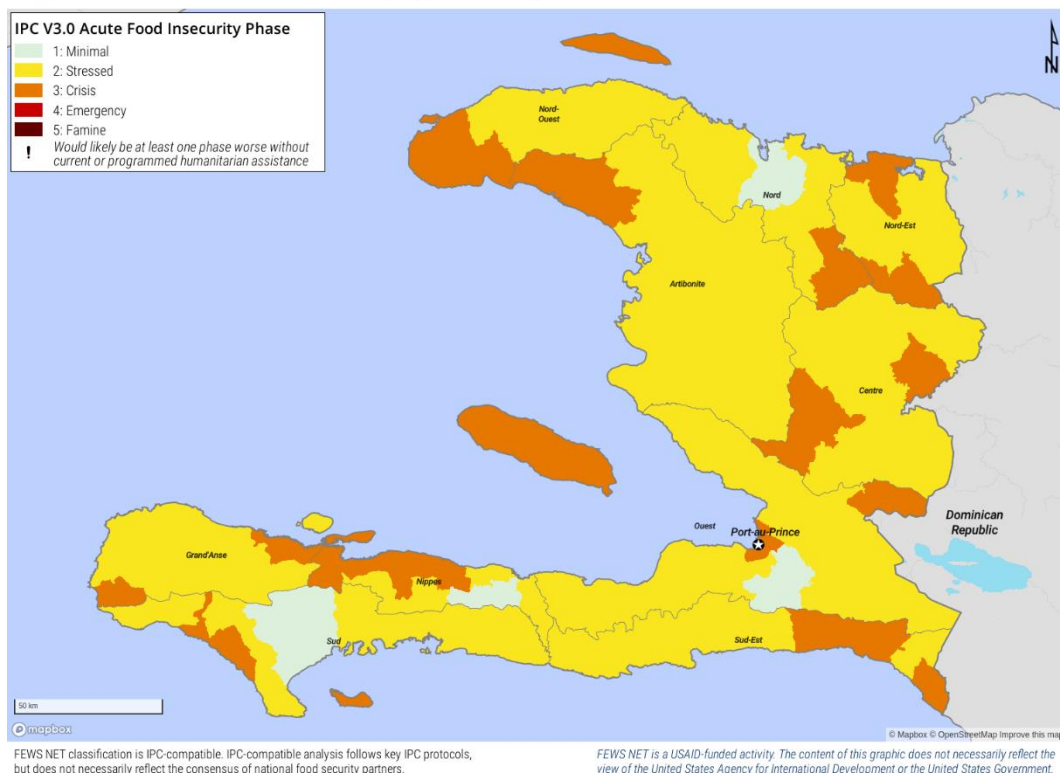
¹⁶ [OCHA, Haiti Earthquake_SitRep#1_Updated and Revised Final Version for RW](#), 22 August 2021.

¹⁷ CNSA, [Bulletin du panier alimentaire](#) (May 2021).

¹⁸ FEWS News, [Haiti Price Bulletin \(March 2021\)](#)



Haiti Projected Food Security Outcomes July 2021 - September 2021



Source: Famine Early Warning Systems Network (FEWS), [Haiti](#) (July 2021).

In coordination with other humanitarian actors, under the leadership of the departmental level emergency operations centres and in coordination with the HRCS (headquarters and branch network), the Red Cross expects to have more precise findings on basic needs to respond in a timely manner with support for the populations in situations of high vulnerability. Cash and Voucher Assistance (CVA) for livelihoods and basic needs, (through multi-purpose CVA) will require a rapid market assessment that include factors such as availability of commodities and price monitoring. Moreover, according to the Flash Update #3¹⁹ launched 18 August published by OCHA, the narrative highlights the need for Accountability to Affected Populations (AAP) and a well-coordinated community engagement and accountability approach from the onset of the response.

Health

Prior to the earthquake, the Haitian health system was already very limited in terms of services and faced many challenges. The Haiti Humanitarian Needs Overview Report released in early 2021²⁰ indicated that more than two million people required assistance to meet their basic health needs. Health needs have increased due to the succession of socio-political crises with far-ranging consequences, the COVID-19 pandemic, and various climatic hazards (including hurricanes and floods).

The earthquake further aggravates the pre-existing difficulties of the health system, especially the scarce access to basic health services - including the provision of maternal, neonatal and child health care as well as the implementation of epidemiological surveillance, with an increased risk of infectious diseases, such as diarrheal

¹⁹ [OCHA, Flash Update #3](#)

²⁰ [Humanitarian Response Needs 2021](#).

diseases including cholera, acute respiratory infections, and malaria. In addition, low immunization coverage has increased the risk of outbreaks of vaccine-preventable diseases and other communicable diseases, including diphtheria.

The health system has been and is still overwhelmed with the number of injured patients requiring treatment after the earthquake. According to the PAHO, there are 59 health facilities damaged (27 severely damaged and 32 slightly damaged).²¹ This has further reduced the capacity of the health system with resulting overcrowding; or in the remaining facilities and areas still deemed structurally sound, the provision of care is provided without privacy and lacking biosecurity protocols necessary in the midst of the COVID-19 pandemic. After adequately assessing damages to health facilities and potential disruption of essential health services, a thorough health needs evaluation will be done.

Lifesaving interventions by providing first aid and prehospital trauma care are the most immediate needs as well as trauma care to treat fractures and other injuries. Because lack of access, inability or reluctance to seek care, patients are still arriving at health facilities with injuries more than a week after the disaster. Health care providers in the field are reporting wound infections, as well as sepsis that need to be urgently addressed. Once immediate care is provided, it is expected that post-op care and rehabilitation services will also be needed for those who have sustained injuries.

With the high number of deaths due to this disaster, authorities and communities are likely in need for support on the management of the dead.

The limited ability to maintain essential health services includes care for Non-Communicable Diseases (NCDs), which are highly prevalent in Haiti, as well as sexual and reproductive care. Sexual and Reproductive Health is reported to be a priority need of affected communities with emphasis on antenatal care as pregnant women are considered to be amongst the most vulnerable people in the three departments. UNFPA estimates that 22,000 women are expected to give birth in the next three months.²² Ensuring continuity of care for HIV and TB will also be key.

Many studies highlight the increase of sexual and gender-based violence (SGBV) in the aftermath of a disaster, specifically in Haiti there is an important amount of evidence²³ of the increase of this protection risk demanding that survivors to be identified and supported with medical (including the Emergency contraception, treatment of STIs, Post-exposure prophylaxis (PEP) to prevent HIV transmission) and psychological and social support.

The risk of outbreaks of infectious diseases is a serious concern. Although confirmed cases of COVID-19 have decreased in recent days according to the latest bulletin from the Ministry of Public Health and the Population, the risk of contagion could increase as displaced persons gather in collective centres and gathering points where prevention measures are not fully implemented, as physical distancing is not possible. Mask wearing and hand washing remain extremely limited. Prior to the onset of the COVID-19 health crisis, the Haitian health system was already very limited in terms of services, logistics, and human resources, which meant that a reduced number of health facilities have the capacity to manage COVID-19 cases. As mentioned above, vaccination rates are low (0.22% of the population as of 23 August 2021 had received at least one dose of vaccine), in part due vaccination hesitancy fuelled by rumours and misinformation. This makes a community-driven approach more vital than ever as HRCS must adjust their programmes and activities not only to the local context but to rapid changes in local plans for vaccine rollouts. Engaging community members in localised plans, mapping those who are at higher risk to ensure trust, buy-in and confidence in vaccine allocation approaches will be essential. The COVID-19 context makes the response more complex as volunteers and staff are more exposed and in need of a wide range of protection, not only PPE which is also necessary.

²¹ PAHO, [Situation Report #4 Haiti Earthquake](#).

²² UNFPA, [Scaling Humanitarian Assistance](#).

²³ Haiti Ministry of Women's Affairs and UNFPA, [Gender-based Violence Rapid Assessment Report](#) (2016).

The disruption of the water distribution system may also result in increased outbreaks of water-borne disease and diarrheal diseases. With 80% of malaria cases in the affected areas and recurrent dengue, Chikungunya and Zika outbreaks, vector-borne diseases are also a significant risk in the short- to mid-term.

With the high proportion of food insecure persons compounded by the impact of the disaster on the crops, risk of increasing rates of malnutrition is high. The compounded effects of an ongoing political crisis, socio-economic challenges, food insecurity and gang violence continue to greatly worsen an already precarious humanitarian situation. Some 4.4 million people, or nearly 46 per cent of the population, face acute food insecurity, including 1.2 million who are in emergency levels (IPC 4) and 3.2 million people at crisis levels (IPC Phase 3). An estimated 217,000 children suffer from moderate- to-severe acute malnutrition^{24,25,26}.

Mental Health and Psychosocial Support (MHPSS) are critical aspects of the intervention as populations are highly affected by sudden potentially traumatic events, especially in a context of a protracted pandemic and a nationwide crisis. Providing psychological first aid and psychosocial support is urgent, as many affected people have previously experienced trauma because of the 2010 earthquake, and this earthquake can be expected to trigger new and existing MHPSS needs. Restoring normalcy and ensuring persons find their loved ones will support the mental health of those affected. Children, especially unaccompanied and separated children, are amongst the most at risk of suffering from distress following the earthquake and need to receive appropriate psychosocial support in the first weeks following the disaster to ensure proper and timely recovery. The mental health and psychosocial services and capacities of the country are under the WHO standard with a ratio of less than 1 psychiatrist per 100,000 people and the lack of child psychologist and psychiatric or community-based mental health facilities.²⁷

Water Sanitation and Hygiene (WASH)

Prior to the disaster, WASH needs in country were extremely acute. The earthquake led to significant damage to WASH infrastructure and thus impacts access. According to preliminary assessments carried out by the National Directorate for Drinking Water and Sanitation (DINEPA), in close coordination with UNICEF, it is estimated that more than 119,000 people are in urgent need of safe drinking water in the areas affected by the earthquake.

Like DINEPA, the HRCS has identified water treatment and distribution as a priority action area. Several humanitarian actors are already supporting with the distribution of clean drinking water through water trucking, bladders and bottled/sachet water distribution, all of which have significant environmental and sustainability implications. Based on the most recent information, most WASH actions are currently focused on the Sud department, with fewer actors working in Nippes and Grand'Anse departments. Rapid assessments demonstrate that most WASH actors are not prioritizing the areas of sanitation and hygiene promotion.

UNICEF figures from 2020 indicate that in Haiti only 37 per cent of the population has access to at least a basic toilet; this figure drops to 25 per cent in the rural areas.²⁸ Particularly with the threat of a renewed cholera outbreak, the last of which only ended in 2019 after 9 years and nearly 10,000 deaths, the importance of safe sanitation that protects water sources from faecal contamination cannot be overstated.

The implementation of household sanitation in Haiti is a challenge due to regulations that prohibit NGOs from incentivizing or constructing household latrines. However, such regulations do not appear to be in place for institutions such as schools, community centres and health centres.

With the added threat of COVID-19, hand hygiene has never been more important in places where many individuals are gathering, such as collective centres, informal points of refuge, health centres and schools programmed to open in early September. IFRC first-hand observations of a hospital in Les Cayes indicate that hand hygiene is a weak point and taps in toilets not functioning.

²⁴ [IPC Acute Food Security Analysis](#) (2020).

²⁵ UNICEF, [Haiti Funding Gap threatens the Lives of nearly 86,000 children](#) (May 2021).

²⁶ [UN Flash Appeal Haiti Earthquake](#) (August 2021).

²⁷ WHO, [Mental Health Atlas](#) (2017).

²⁸ UNICEF, Drinking water, sanitation and hygiene by country [dataset](#), 2000-2020.

During emergencies that lead to displacement, the use of collective centres and sharing of homes less damaged, it is also important to remember the needs of women and girls who may face challenges accessing safe sanitation, may have to travel farther to collect water and may face increased difficulties in managing menstruation with dignity and in a culturally appropriate manner. Menstrual hygiene management (MHM) in the aftermath of a disaster of this scale is particularly challenging for women and girls due to their living conditions, economic scarcity and household prioritization of other goods. Access to essential menstrual hygiene items and safe and protected spaces for MHM can decrease negative impacts on women and girl's health, education and participation, as well as contribute to reduce their exposure to sexual and gender-based violence (SGBV) risks.

The WASH Cluster in Haiti identifies solid waste management and vector control as areas of need; response actors have yet to propose activities in this area.

Protection, Gender and Inclusion (PGI)

This earthquake increases pre-existing vulnerabilities in the country. According to the Humanitarian Needs Overview for the country, conducted prior to the disaster, population groups in situations of vulnerability in Haiti include women and girls, children, the elderly, people with disabilities, displaced people, people living in remote and rural areas.²⁹ These groups are most at risk of sexual and gender-based violence.

According to the UN Population Fund (UNFPA), the earthquake has elevated protection risks, exacerbating vulnerabilities to sexual exploitation and abuse while disrupting local protection referral systems and services. UNFPA reported increased gender-based violence (GBV) incidents prior to the disaster, particularly in the last two months due to gang violence and related displacement. With the increased number of displaced people, living in collective centres and makeshift shelters, concerns for increased incidence of SGBV are high. Initial assessments carried out by UNFPA and the Ministry of Women Affairs (MCFDF) indicate that access to GBV services and case management have been significantly reduced. Additionally, the assessment carried out at ten assembly points revealed several protection issues, including a lack of lighting, security force or police presence, and a lack of separate showers and toilets.³⁰ UNFPA is working with the Government of Haiti to activate and scale up activities of departmental GBV coordination systems, as well as existing case management and Psychosocial services, in southwestern Haiti.³¹

UNICEF³² estimates that 540,000 children are in some way affected by the earthquake and 260,000 children are in need of humanitarian assistance.³³ Analysis following the 2010 earthquake has shown that children are especially at risk of dying from earthquake-related injuries, with the death rates due to injuries 11 times higher than adults. There are reports of many unaccompanied and separated children, with the exact figures pending and some of the main protection risks identified that affects children the most are child trafficking, early unions, forced recruitment and sexual abuse.³⁴ Child protection is identified as an essential need to address as part of the response including psychosocial support and case management for children.

The IOM has informed that its psychologists are trained in Prevention of Sexual Exploitation and Abuse (PSEA) and complaint handling.³⁵ Its regular 840 hotline number was created to receive psychosocial support, obtain information and register complaints for protection issues is open.³⁶ Specific actions to raise and to refresh awareness on PSEA issues with the Red Cross team (HRCS, IFRC and partner National Societies) in Haiti are also needed.

²⁹ OCHA, [Humanitarian Needs Overview 2021](#).

³⁰ OCHA, [Flash Update #2](#) (16 August 2021).

³¹ [United States Agency for International Development](#), Haiti - Earthquake Fact Sheet #6, 23 August 2021.

³² UNICEF, Haiti Earthquake Situation Report #3 23.08.2021

³³ COUN Situation Report #8, 21 August 2021

³⁴ [UN Flash Appeal Haiti Earthquake](#).

³⁵ [International Organization for Migration, Funding Appeal](#), 23 August 2021

³⁶ IOM, [L'OIM aide à lutter contre la traite des personnes en Haïti](#)

The security risks could heighten protection needs for at risk populations, requiring an initial mapping of existing referral mechanisms and that all sectors take minimum measures of protection, gender, and inclusion standards within their services. The IFRC has contact with other humanitarian actors through the protection cluster and other working groups, which will be used to complement existing work and integrate pathways.

Pertinent State institutions and humanitarian partners in protection are implementing coordinated gender, education and protection-related assessments and/or sharing data to identify protection risks and concerns and assess the differentiated impact of the crisis on people at risk and/or in situations of vulnerability more clearly.

Migration

According to the Global Report on Internal Displacement 2021, Haiti figures as one of the countries with the highest number of Internally Displaced People (IDPs) due to disasters in the Americas; one source registered this figure the end of 2020 at 34,000 people.³⁷ However, the upswing in gang violence in late 2020 and 2021 has provoked to a threefold increase of IDPs. Within the context of the earthquake, figures will continue this upswing. The IM is using its Displacement Tracking Matrix (DTM) to identify IDPs, data which supports actions in camp coordination camp management.

Mobile phone patterns provide interesting information regarding population movement in the country following the earthquake. One source noted a redistribution of Digicel Haiti subscribers with movement from the centre of Les Cayes and Camp Perrin to their periphery areas. A similar phenomenon occurred in Jérémie with mobile phone users' return to the centre of the city on 17 August, particularly in the city's southern area. Furthermore, due to difficult land travel due to damaged infrastructure, movement between Les Cayes and Jérémie was interrupted from 15 August and did not resume until two days later on 17 August.

The IFRC is supporting National Societies throughout the Americas who are engaged in actions to respond to migrants' humanitarian needs. The situation of migrants from Haiti is particularly acute, as they are often more at risk of human trafficking and face barriers to accessing information. Based on Red Cross figures for migrants passing through the Darien Gap (Colombia- Panama border), there was already a 51 per cent increase of Haitian nationals passing through this region in July, which is a substantial figure considering 19,142 people used this migratory route in July, which was a 42 per cent of the total between January and June 2021 of 45,150 people.³⁸ The IFRC considers migration a serious issue related to this earthquake response operation since the 2010 earthquake case showed that migration from Haiti increased, as well as the pre-earthquake rising trend directly attended to in the Darien in Panama.

Restoring Family Links (RFL) is required with a national and international component. The HRCS has an active RFL system activated, as mentioned above. Further RFL actions are needed to expand services for people who remain separated from their loved ones, missing or unaccounted for, but also to support connectivity between separated family members (nationally and internationally). As of 23 August, the DGPC reports 344 people who remain unaccounted for. The ICRC is deploying a RFL specialist with a related data management specialist.

Disaster Risk Reduction (DRR)

The three most affected departments are in the southwest region of Haiti are in an area prone to hurricanes and tropical storms, flooding, as well as earthquakes.³⁹ The recent heavy rains and landslides of tropical depression Grace demonstrated the risk of recurring compound disasters. The wet season in the country usually reaches its peak in November. High levels of socioeconomic issues and political instability leave Haitians extremely vulnerable to natural phenomena.

³⁷ [Global Report on Internal Displacement 2021](#).

³⁸ IFRC, [Panama: Population Movement Go Report](#) (17 August 2021).

³⁹ [Assessment Capacities Project](#), 20210820 ACAPS thematic report Haiti earthquake department profiles, 23/08/2021

Haiti has a high level of environmental degradation due mainly to population pressures, with 98 per cent of forests cleared for fuel. The climate crisis also has an impact on primarily rain-fed agricultural production in the country.⁴⁰

Community Engagement and Accountability

According to the network of “Communicating with disaster affected communities (CDAC)”, current context along with documented experience from previous disasters in the country have demonstrated that a lack of early, clear, and inclusive messaging delivered through community-preferred channels can lead to complicated situations - such as protection risks and the proliferation of rumors - especially during and after distributions. In addition, the COVID-19 context, and the amount of misinformation and rumours that have circulated, coupled with the lack of clarity about vaccines and access to them, can hinder response actions.

As mentioned in the [Real Time Evaluation: Response to Hurricane Matthew in Haiti \(Groupe URD/HERE Geneva – Dec 2016\)](#), “better community engagement was a key factor for improving security for aid convoys and distributions, and, even more importantly, for better protection for affected communities.”

The immediate focus is on urgent and life-saving information through radio and social media, building upon the existing and trusted networks for high audience engagement and transparent and clear communications about how to access humanitarian assistance and the challenges and limitations to the delivery.

In this regard, a more detailed analysis of information needs and channels preferred by the community is required to establish clear strategies for providing information and establish two-way communication channels that allow ongoing dialogue with communities and identify possible protection needs.

The CEA approach will be integrated into the needs analyses implemented by the other sectors to ensure that the approach is an integral part of the response.

[In its Flash Appeal CwC/AAP approach](#), OCHA has focused on inter-agency coordination, feedback mechanisms, and ensuring a cross-cutting integration of participatory approaches and alignment with PGI and PSEA actions.

Targeting

With the findings from the multi-sectoral rapid assessment underway, currently in Sud department, and shared information from humanitarian partners, this operation will aim to reach people in the highest levels of vulnerability in Sud, Grand’Anse and Nippes departments. Preliminary information suggests that actions will be centred in rural and/or more remote areas of these departments.

Estimated disaggregated data for population targeted

It is estimated that the central components of this operation will mirror the make-up of the Haitian population. The figures below represent these ratios.

Category	% female of population	% male of population	% of population	Estimate # of targeted people
0-14 years	50.6	49.4	32	8,000
15-24 years	50.6	49.4	21	5,250
25-54 years	50.6	49.4	38	9,500
55-64 years	50.6	49.4	5	1,250
65 years and above	50.6	49.4	4	1,000
TOTAL	50.6	49.4	100	25,000

⁴⁰ [Famine Early Warning System Network](#), Haiti Staple Food Market Fundamentals, 26/03/2018

Scenario planning

Scenario	Humanitarian consequence	Potential Response
No other large-scale disaster (earthquake, tropical storm, civil unrest) during this operation	- No change	- No change required
An earthquake over 6.0 magnitude in Haiti with heavy rains (not hurricane) and the re-start of civil unrest - Over 1,000 deaths due to earthquake, impact of rains (landslides, flooding) and/or civil unrest - State capacities to respond severely diminished due to increased demands for health care and WASH - State institutions not accepted by the majority of the population - Increased damage to health facilities, including emergency field hospitals - Response actors also affected (unable to move from current location)	- Delayed humanitarian response capacity on the ground - Affected population of national and internationals - Increased health and water needs - Population rises up in frustration and does not permit movement to the most affected areas - Potential for political instability that could be taken advantage of by non-democratic forces - Food insecurity due to blocked roads	- With HRCS, Government of Haiti and other humanitarian actors, prioritize possible actions - HRCS capacities will be activated to address this emergency and any future scenarios that make the response more complex. - International community sends in emergency response forces from neighbouring countries - Substantial increase in the funding ask for the Emergency Appeal - IFRC deploys specialists in disaster response law and civil-military relations to support the incoming emergency response teams from other countries/ institutions - Need for full new rotation of emergency response staff (specialists in compound disasters)- <i>Second roster for contingencies should be prepared in advance</i> - Deployment of additional health ERU RCEH - Use of sea vessels and air drops of food and other basic goods
Hurricane hits Haiti with minor seismic activity and civil unrest - Over 2,000 additional people without homes - 1,000 deaths due to the flooding, landslides and heavy winds - IDPs from the earthquake unable to shelter - Humanitarian actors unable to mobilize outside of current location - Increased cases of COVID-19 due to overcrowded collective centres	- Delayed humanitarian response capacity on the ground - Affected population of national and internationals - Increased health and water needs - Population rises up in frustration and does not permit movement to the most affected areas - Potential for political instability that could be taken advantage of by non-democratic forces - Food insecurity due to blocked roads - Increased population demanding emergency health services that not exist - Urgent requirement for household shelter solutions - Forced displacement of affected population - Insufficient household items - Logistics challenges - Increase in displaced persons and/or migration - Increase in protection concerns (particularly for women, girls and young men)	- Launch of revised Emergency Appeal (larger ask and extended time period) - With HRCS, Government of Haiti, allied governments and humanitarian actors in country, prioritize possible actions - HRCS capacities will be activated to address this emergency and any future scenarios that make the response more complex. - Immediate mobilization of emergency response teams from the global level - Incorporation of food items into response - Incorporation of more technical engineering/ shelter profiles for emergency shelter solutions - Deployment of additional ERUs (WASH, health) - Increased importation of PPE - Importation of PEP kits and other emergency sexual and reproductive health items - Incorporation of larger protection team embedded in all sectors - Solidarity fund for volunteers funded and put in use

		- Increased per diem for volunteers engaged in response
Civil unrest or coup d'état combined with hurricane and a second large earthquake (6.0 magnitude and above) - Closed humanitarian space by feuding actors - Government forces no longer recognized - Non-state armed actors control certain areas of country - Deaths over 1,000 and/or not even registered - Hibernation or departure (by land/ sea) of most international staff	- Delayed humanitarian response capacity on the ground - Affected population of national and internationals - Need for dead body management - Increased health and water needs - No movement to the most affected areas - Food insecurity due to blocked roads and fear of going to markets - Looting of health facilities and humanitarian goods (warehouses, convoys) - Collective distributions impossible for security reasons - Xenophobia and closure of communities to humanitarian actors - Forced displacement of affected population - Insufficient household items and food items - Logistics challenges - Increase in displaced persons and/or migration - Increase in protection concerns (particularly for women, girls and young men)	- Launch revised Emergency Appeal from outside the country - HRCS capacities will be activated to address this emergency and any future scenarios that make the response more complex. - Coordination with ICRC for shared leadership of the response - Immediate mobilization of emergency response teams from the global level - Incorporation of food items into response - Security contingency plan implemented - Humanitarian diplomacy with feuding actors for opening of humanitarian space - Solidarity fund for volunteers funded and put in use - Supplementary insurance for volunteers

Assumptions	Support Measures	
A1. Access to quality and timely field information. A2. The turnover of hired and volunteer staff is low. A3. The security situation allows access to the affected areas.	MA1. The IFRC supports the management of HRCS information and reporting processes including planning, analysis and reporting of operational information. MA2.1. The HRCS will recruit new volunteers on a regular basis and incentivize active volunteers with specialized trainings with the support of the IFRC and other Movement partners. MA2.2 Prioritized the immediate recruitment of local staff to support the emergency activities and Rapid Response personnel profiles to minimize multiple short rotations of regional and international staff. MA3.1 The HRCS with the support of the IFRC will advocate for safer access and engage with community leaders on a regular basis to monitor and secure access. MA3.2 IFRC and HRCS security plans, business continuity plan and risk register have been updated and the situation is constantly assessed to allow for additional security mitigation actions to be implemented. Based on evolving situation, these plans and registry will be updated.	
Risks	Potential Risk Impact	Mitigation Measures
R1. Volatile security situation deteriorates targeting transport of humanitarian aid	RI.1.1 Limited access to the areas with affected populations for assessments and distributions RI.1.2 household items currently in Port-au-Prince are unable to reach the affected areas.	MM1.1. Security plans and risk register have been updated and the situation is constantly assessed to allow for additional security mitigation action to be implemented. MM1.2. The HRCS with the support of IFRC will develop a holistic plan to continue operations based in the different risk identify – Business Continuity Plan. MM1.3. The HRCS with the support of the IFRC will make operational cost planning identifying geographical and intervention areas and their access. MM1.4. Cash and voucher assistance are being considered if feasible as a mid-term alternative. MM1.5 Alternative ways of transport such as the use of helicopters and CIVMIL assets are being considered.

R2. High crime rates and the potential for violent unrest	RI.2.1 RCRC staff and volunteers could be target of kidnappings and extortion are registered problems that face Haitians and foreigners. RI.2.2 Limited access to safe and secure accommodation facilities in the response areas	MM2.1. The HRCS local branches and their direct coordination with local authorities are in constant coordination to ensure safety for all volunteers, staff and most of all communities themselves. This level of coordination has been in place since before the response and is being expanded to support rapid response field staff. MM2.2. Movement tracking of field personnel and reduced timeframe for road movements. MM2.3. IFRC and HRCS establish safe and secure locations for RC teams.
R3. Hurricane season - new events with increased rain and flooding	RI.3 Affected areas have an increase of affected populations, limited access for days/weeks and higher risk of water-borne diseases	MM3.1. The HRC with the support of the IFRC Disaster Management focal point in the region will monitor weather events. MM3.2. The HRC with the support of the IFRC will pre-position food, materials and protective equipment. MM3. The HRCS with the support of the IFRC Disaster Management/ National Society Preparedness focal points will revised and update the National Society response and contingency planning considering multiple scenarios and jointly with other sectoral teams identify/update the current needs and capacities of the NS that need to be scaled up.
R4. Emergency by Dengue / cholera/ COVID-19 and other diseases with medical capacity to the-limit or exceeded. Wear and tear of health personnel.	RI.4 A substantial outbreak will provoke deaths and illnesses, in addition to the serious impact on the already overburdened Haitian health system	MM4.1. Maximize the synergies with the existing Dengue/ cholera/ and COVID-19 programmes supported by IFRC and other actors. MM4.2. Coordination with external actors in critical areas of the operation. MM4.3. Provision of PPE, psychosocial support and mental health services for staff and volunteers. MM4.4 Establish a biosecurity protocol to ensure duty of care for the staff involved in the operation MM4.5 Build on previous lessons of emergency responses in Haiti.
R5. Contagion of field personnel in the country with limited capacity to mobilize external aid, personnel and equipment.	RI.5.1 Stigmatization of foreign personnel as carriers of virus to the affected populations RI 5.2 COVID-19 cases in the rapid response team	MM5.1. HRC and IFRC developed a Business Continuity Plan based on security measures and protocols tailored to the country context to ensure the response can continue. MM5.2. Strengthening of biosecurity measures within the operations to prevent the spread of disease (dengue, cholera, COVID-19). MM5.3 IFRC constantly updating the MEDVAC plan based in the ongoing conversation with our MEDEVAC external provider. MM5.4 The IFRC will ensure that all rapid response staff deployed in the field will have the necessary insurance coverage.
R6. Institutional problems of internal coordination of members of the Movement with low ratio of funds received vs implemented.	RI.6 Reputational impact and loss of credibility in front of partners, authorities and Civil society	MM6.1. Establishment of coordination agreements and protocols within the RCRCM. MM6.2. The Haiti Red Cross Society, with the support of the IFRC, makes strategic planning with an operational action plan covering all contributions and the purpose of the funds. Development and adherence to the Federation-Wide Approach proposed. MM6.3. HRCS in the lead with support of an IFRC Membership Coordination Officer to reinforce the auxiliary role of the NS.

COVID-19 Pandemic

As of 25 August 2021, a total of 20,833 COVID-19 confirmed cases have been reported in Haiti, with 584 deaths; limited testing and treatment capacity means this number likely dramatically underestimates the true impact of COVID-19 in Haiti. As of 20 August 2021, a total of 25,238 vaccine doses have been administered⁴¹, resulting in only 0.2% of the population being partially immunized.⁴²

The HRCS response to COVID-19 is supported through the [IFRC Global Appeal](#), facilitating and helping it maintain critical service provision while adapting to COVID-19. This operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas

⁴¹ [World Health Organization. Haiti – COVID-19.](#)

⁴² Our World in Data, [Vaccinations.](#)

Regional Office in coordination with global and regional partners. The Haiti Red Cross Society ensures that COVID-19 prevention measures are followed in all its actions, including with its Red Cross partners on the ground, and to ensure the “do no harm” principle with the community members with whom it works. The National Society and the IFRC regularly monitor the situation to consider the evolving COVID-19 situation at the national level and in specific locations where it works. This includes close analysis of the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and the National Society volunteers and staff movement. For more information on the IFRC-network’s COVID-19 response operations, please consult the [COVID-19 operation page on the IFRC Go platform](#).

B. Operational strategy

Overall Operational objective

This Emergency Appeal operation has the overall operational objective to provide immediate lifesaving activities, effective disaster response and recovery support to **25,000 people (5,000 households)** in the departments of **Sud, Grand’Anse and Nippes** for a period of **18 months**. The operation has a focus on **Shelter; Livelihoods and Basic Needs; Health; Water Sanitation and Hygiene; Protection, Gender and Inclusion; Migration; and Disaster Risk Reduction** with enabling actions in **Strengthening National Societies; Influencing others as strategic partners; and Strengthening Coordination and Accountability**.

Sector Intervention Strategy

Shelter

During the emergency phase, distributions of household items, damage and market assessments in the affected areas will be conducted. Other modalities of assistance will be explored to respond to the shelter needs.

The IFRC with the HRCS, the relevant government institutions, other humanitarian partners and affected populations, will create, and implement a humanitarian shelter strategy. This will consider the knowledge of the housing culture in Haiti to create an efficient impact that learns from past lessons in 2010.

Shelter interventions in the recovery phase will consider repairs, construction and/or rental assistance based on intersectoral coordination and needs. During the 2010 earthquake response, rental assistance proved important as the urban market remained active and people returned to this option once the State indicated safe zones. In this new scenario, most of the impact was in rural areas. Additional, with the larger number of rural homes with structural fissures or other damage will make technical evaluations necessary for the determination of the suitable actions in each location.



The HRCS-IFRC relief team continues to assess humanitarian needs. Les Anglais, Sud department. Source: IFRC.

Livelihoods and Basic Needs

Distribution of food (bilateral donations to the HRCS not procured through this Emergency Appeal operation) is set up to cover the basic needs of the affected population. To ensure the security and health of all people involved in the distributions, particularly the target population, the HRCS has requested that the IFRC and partner National Societies conduct small scale distributions to limit the number of people at the distribution sites. In this manner, the risk of losing large amounts of goods due to possible looting is diminished.

As the needs are still rather broad at this stage of the response, items will be distributed as family kits with different sectoral household items and a minimal amount of dry food items and cooking oil to the targeted households. The communities need to be appropriately consulted and regularly informed on selection criteria of target population through inception meetings, linkage with community committees and clear communication and community engagement and accountability strategy.

A cash feasibility study will be conducted to determine the use of Cash and Voucher Assistance (CVA) in the early recovery phase and beyond. Initial estimations are for a CVA to support food needs; however, further assessment findings are required prior to the roll-out of a CVA programme.

Health

The Movement will support with first aid and transfer of patients to a higher level of care.

There will be a deployment of a health ERU in a Red Cross Emergency Hospital (RCEH) configuration to provide immediate post-earthquake care in orthopaedic, wound care and rehabilitation as well as to enable maintenance of access to care to the affected population. Under the guidance of the Red Channel agreement, the RCEH will also collaborate with the WHO's Emergency Medical Teams (EMT) strategy aiming at better coordination mechanisms to optimize the provision of clinical care services during the response.

With the high number of deaths due to this disaster, there are likely to be needs for support on the management of the dead. Such support can include training and assistance to first responders, advise local and national authorities on technical procedures, and helping the communities and bereaved on their specific needs related to the deceased.

The communities will also be supported by a community health strategy to promote healthy behaviours to prevent infectious diseases and NCDs as well as implement community-based interventions to strengthen preparedness, detection and appropriate initial response and management for COVID-19, water-borne and vector-borne diseases in the short- to mid-term.

A further assessment of needs in terms of primary health care and access to essential health services at primary level will be conducted and updated on regular basis to monitor the actual availability and accessibility of these services, aiming to address the potential emerging needs from the disruption of the provision of health services due to the damages to the health facilities and constrains in the physical access. Based on needs assessment, it will be key to involve communities from the beginning, ensuring communities have access to information in local language and through available, accessible and trusted channels.

Mental Health and Psychosocial Support will be integrated in the response. Based on the multi-sectoral analysis and the HRCS's capacities, this will include training and refresher courses for volunteers and staff, as well as coordination with PGI for the identification of SGBV and referral to appropriate pathways. Further actions in MHPSS will be rolled out upon further assessment and aligned with cultural practices.

HRCS will be supported by rapid response personnel in the field on emergency health and public health as well as specific technical support to implement MHPSS activities.

Water Sanitation and Hygiene (WASH)

Sanitation and hygiene are the most acute needs identified in the rapid assessment due to the heightened risk of a cholera outbreak and the spread of COVID-19, as well as a reduced number of actors working in this space.

In the emergency phase, actions will start with rapid latrines to be constructed at collective centres, health centres and schools. The next step will be to engage structural and WASH engineers to rehabilitate sanitation infrastructure as well as expand infrastructure to meet Sphere and WHO standards. While more complex, household sanitation rehabilitation could be considered as a further possibility once the multi-purpose assessment findings are available.

Complementing the provision of sanitation infrastructure there is also a need to support with hygiene promotion and handwashing stations. Netherlands Red Cross has developed a design for handwashing stations that can be easily produced locally and can be replicated for this purpose, as it has done with the HRCS in markets for COVID-19 prevention. Additionally, HRCS has extremely well trained and knowledgeable hygiene promotion volunteers who could be mobilized. This activity should also be expanded to support water supply activities mentioned below as well as supporting improved hygiene practices within the community and specifically at health centres. It will be crucial to enable consistent community-based communication and information in coordination with local stakeholders and interagency partners on the ground.

HRCS – Swiss RC rapid assessments indicated a need for urgent household water treatment. Any activity for water treatment in the home should be supported with buckets as many household goods were destroyed.

Piped supply of water to households has been disrupted by the earthquake. NLRC is deploying a WASH engineer to rehabilitate these services in Les Anglais, Maniche, Camperrin, Cavaillon and Chardonnieres using locally procured materials. This activity can be replicated in other localities. It would concurrently support the exit strategy of Spanish RC that has set up 5-6 SETA units for water treatment and distribution; these have no additional capacity. These activities would be supported with the distribution of hygiene kits and hygiene promotion.

Solid waste management is of significant concern within the affected areas, with many reports of waste management (including medical waste) services having stopped since the earthquake. Funding and technical expertise and personnel should be provided to support the engagement of municipal waste management actors to understand and address barriers to waste collection and processing.

As mentioned above, based on the findings and the implementation of other actions, the refurbishment of damaged household latrines with locally-sourced materials could be implemented.

Protection, Gender and Inclusion (PGI)

The focus of the intervention will be on preventing further harm aligned with the “do no harm” approach and on mitigating protection risks. This will include the implementation of internal safeguarding mechanisms – including Protection from Sexual Exploitation and Abuse; the continued assessment and monitoring of specific risks, needs and capacities of the identified most vulnerable groups including people of different gender identities, ages, disabilities, backgrounds; the mainstreaming of protection, gender and inclusion minimum standards commitments into other sectoral activities; and basic PGI response and community-based awareness raising activities.

In a cross-sector approach, PGI in liaison with RFL will provide services to respond to the needs of specific vulnerable groups such as unaccompanied and separated children. The IFRC and ICRC will collaborate with the HRCS to implement this intervention, liaising with relevant authorities and protection stakeholders.

PGI will provide support to other sectoral services to ensure that the needs, capacities and risks of the most vulnerable groups are considered across all activities.

IFRC and HRCS staff and volunteers will be trained and briefed on PSEA, PGI in emergencies, the Minimum Standard Commitments in coordination with other sectoral training activities. The PGI coordinator will work with the HRCS to contribute to having a representative make-up of volunteers in terms of gender and background will be considered across all deployment and recruitment processes.

The intervention will be conducted in close coordination with relevant State authorities and humanitarian actors to ensure alignment of approaches. IFRC and HRCS will get involved in the various assessments led by UN agencies on protection, and gender. The IFRC and HRCS will work together to actively coordinate in cluster meetings. Referral pathways for SGBV and child protection will be developed in coordination with partners.

Migration

The impacts of a disaster with infrastructure damaging and the evacuation and relocation measures will increase the risk of internal displacement. Although there are not initial indications of the affected population's movement to urban areas, migration to other rural communities and to outside the country countries are plausible.

The Haiti Red Cross Society RFL volunteers' network has been activated to respond to the RFL needs in the country. Together with the IFRC and the ICRC RFL team deployed, the Haiti Red Cross Society will continue to assess the needs and develop the RFL response. Response will include ICRC-led training and refresher courses with HRCS, as well as technological equipment, to conduct RFL. Tracing Requests will be collected by the Family Links Network around the world (192 National Societies and 100 ICRC delegations) to respond to Haitian migrants' needs for information on their loved ones in Haiti.

The HRCS with IFRC will monitor migration trends to determine if more people are emigrating from Haiti, identify humanitarian needs and share information and coordinate with sister National Societies in the region, as needed. Also from the Regional Office, coordination mechanisms led by the IFRC are maintained between National Societies and ICRC on the flow of migrant populations in the Americas.

Disaster Risk Reduction

Constant monitoring of upcoming hydrometeorological events, and pre-emptive multi-hazard preparedness measures are necessary as increased rainfalls are expected that could worsen flash flooding conditions due to the accumulation of debris, as well as trigger other hazards such as the spread of the COVID-19 pandemic, water-borne diseases as well as hinder the supply of critical aid to the affected communities.

It remains essential for volunteers and personnel to strengthen and expand their multi-hazard preparedness capacities in case of potential scale-ups of the crises. Capacity-building activities with the communities and new volunteers on multi-hazard preparedness, Early Warning/ Early Action, community/ family preparedness are essential to increase National Society capacity to articulate within the communities. The HRCS has installed capacity in DRR, which has received support from several partner National Societies, that can be leveraged to integrate preparedness actions moving forward.

It is essential to ensure continuous alignment with key stakeholders and enable coordination to establish the Humanitarian Corridor.

Due to the environmental degradation present in Haiti, it is essential that Response efforts must be undertaken with minimum damage to the already fragile environment. Response and recovery efforts must consider environmental considerations and carry ecological assessments.

Security and Business Continuity management

Emphasis must be placed on the safety of Red Cross activities, staff, and volunteers. There is a strong need for an active security footprint that can activate mitigation protocols, monitor humanitarian response work, and ensure all social media, news, and communication networks are monitored.

Civil-Military Relations support will also be needed to help coordinate civil-military actions from partnering countries and with the national security forces. This is especially important for the transport of goods and people since access to the area where the earthquake had the largest impact is difficult to reach by land alone.

The IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses (i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training).

Business continuity planning is currently a priority for the IFRC's and HRCS in country. The main objective related to business continuity management is to ensure critical functions of IFRC, and that the support provided to the National Society is on time and tailored to the preventive measure in place. Identification of the risks to business continuity and mitigation measures for the identified risks are put in place to ensure continuity of operation. New working modalities have been established in the country of the operations, tailored to the measures required by the various governments. In Haiti, a specific business continuity plans are in place where the ERUs are operating, and strict protocol are in place for all the activities. Also, effective Business Continuity risk management, anticipating next phase/possible scenarios and using lessons learnt during the first phase of the operation to improve Business Continuity management for possible new COVID-19 wave and/or other scenarios is important part of the ongoing work.

In addition, the following threat/risk has been already identifying for the Rapid Response Personnel/ERUs members:

- Rapid Response (RR) personnel considered as super spreader
- Lack of availability of Rapid Response/ERU personnel due to their vaccination status
- RR Personnel coming from a country with high level of number of COVID-19 cases faces stigma or security threat
- Some RR Personnel from particularly countries are not allowed to enter in Haiti or will not be able to return to country of origin.

To address the above risk and following the duty of care principles, a constantly monitoring of the situation are carry out and information sharing meeting has been held with all the National Societies who have deployed personnel in the ground.

Logistics and Supply Chain

Some routes have access problems, so alternative routes by sea and air will continue to be used. The primary supply chain strategy for the first response is to mobilize the necessary stock of household items from the IFRC's Panama Hub and prepositioned stock in the Dominican Republic.

A Logistics ERU and a supply chain delegate are mobilized during the early emergency to address the highly complex logistics need. The coordination of sea and air shipments from abroad, with the support of the IFRC in country and in Panama, will remain necessary. Based on the results of the multi-purpose assessment and further international deployments, logistics needs (including fleet management) will remain necessary throughout the operation.

Community Engagement and Accountability (CEA)

The HRCS has an established area in Community engagement and Accountability that will support the integration of a CEA approach and the CEA Minimum Commitments to promote effective participation and feedback from affected communities and especially the identified vulnerable groups and support the efforts of each sector. This will be structured based on an analysis and diagnosis of the communities' needs and information channels to support the strengthening and enhancement of their response capacities to the earthquake.

CEA reporting and feedback mechanisms will be coordinated with PGI at the community level to identify protection issues, including PSEA, and use referral paths identified with the State and other humanitarian actors. These feedback mechanisms will also support the operation's accountability efforts and will feed the technical interventions with community feedbacks to improve the actions. Reliable mechanisms of communication with communities using the channels preferred by community members will be implemented to reduce misinformation and combat rumours. Those efforts to capture feedback to improve operations and accountability will be actively connected to inter-agency joint efforts to elevate community feedback to collective response level and inform and influence decision making, planning and evaluation. As expressed in the lessons learned from the Hurricane Matthew Operation, the coordination of CEA actions among the different actors of

the response will guarantee greater impact, transparency and ensure compliance with the standards defined within the humanitarian norm. The Red Cross has led such coordination in the past, and through this operation will seek to support and lead inter-agency coordination efforts. The coordination efforts in CEA are also being scaled up within the inter-agency coordination mechanisms. The Red Cross will therefore coordinate closely with OCHA and other UN agencies and national and international NGOs to ensure greater institutionalisation of CEA mechanisms, systems and capacity in the medium and longer term.

Communications and advocacy

The Communications specialists in Haiti, with ARO support, will cover and disseminate the main actions of the operation, managing media inquiries, addressing reputational risks, gathering stories and audiovisual material, as well as developing digital content for dissemination in media and social media. As the media reduce their presence in Haiti, a proactive communication approach will continue to support journalists asking the Red Cross for pictures, videos, testimonials, and for accountability. IFRC communications staff will guide the Red Cross' spokespersons, accompany any media visits by journalists covering the response to earthquake or large-scale Red Cross operations or future disasters. Their work will be particularly relevant during the hurricane seasons 2021 and 2022.

Aligned with support already provided from other Red Cross partners, support will be provided to the HRCS to increase its outreach and advocacy. Branches will be supported with basic communications equipment and training to ensure production of good quality communications materials immediately following an emergency. The Comms team will coordinate closely with the CEA, Disaster Law, health, and DCC's teams.

Disaster Law

While the country continues to be exposed to multiple hazards (ongoing COVID-19 pandemic and other outbreaks, earthquake, forecasted catastrophic weather-related events) in a sensitive political and social context, there is a need for humanitarian actors, including the Red Cross Movement, to get a clearer understanding of the Haitian regulatory and institutional framework in which they operate. At the same time, there is a need to operational use the humanitarian and Red Cross corridor and raise awareness with the authorities about the unique facilities that need to be adopted to expedite humanitarian aid and assistance while ensuring it complies with international quality standards.

Planning, Monitoring, Evaluation, and Reporting (PMER)

HRCS, with IFRC support, will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the current operation. IFRC, through CCD in the Dominican Republic, and ARO will provide technical support in operational and program management to ensure the operation's overall objective is met. The IFRC will support the National Society in establishing optimal monitoring and evaluation plans to ensure appropriate accountability, transparency, and financial management of the operation.

Information Management (IM)

The Information Management team has created a GO page dedicated to the emergency that can be accessed [here](#). At the regional level, the DCC Information Management team manages internal requests related to data collection, management, visualization, mapping, and analysis capacity. The initial strategy will cover the Information Management role with Surge support and activation of Surge Information Management Support (SIMS) global network in the Red Cross Movement to ensure proper Information Management support to HRCS. IM support to HRCS will focus on collecting, managing, and analyzing secondary data, data management support to delegates in-country, and survey design to understand affected population aid preferences and intentions. Spatial data and satellite imagery analysis to estimate the severity of impacts and ensure targeting and development of visual information products to support decision-making and reporting purposes.

Information technology support (IT)

Communications in the affected areas are being restored. However, an assessment is required to determine IT/Telecom requirements in those areas. This operation will initially be supported by the deployment of the IT/

Telecommunications ERU, from the Finnish Red Cross. The ERU ITT will be deployed for assessment, setup IT services and infrastructure and provide necessary support, training and guidance to users to users.

Joint IFRC and HRCS missions to VHF sites also are needed to install the three VHF repeaters that the National Society had in this area of the country to reenale the VHF coverage on the affected area.

Further actions include the provision of necessary support (materials and technical expertise) to the affected branches. Coordination is also needed with other actors' IT specialists.

C. Detailed Operational Plan



Shelter

People targeted: 25,000 people (5,000 families)

Male: 12,500

Female: 12,500

Requirements (CHF): 3,005,696

Needs analysis:

Haiti is highly vulnerable due to exposure to seismic and hydro-meteorological hazards, environmental degradation, poverty, insecurity and poor urban planning. This has led to a high level of impact at all levels after this earthquake. The population who suffered the damage or destruction of their home requires emergency shelter support, with a strong emphasis on build back better. There is limited shelter assessment information at the moment.

Through this operation, the IFRC will assist the HRCS to reach 5,000 families affected by the effects of the earthquake. The response will also include emergency shelter assistance through the distributing of Shelter kits that could also be used to support certain level of repairs of the affected houses.

Once field assessments (of damages, markets availability and Financial Service Providers) have been carried out, the areas of the Shelter strategy intervention will be determined to support the affected population with repairs or reconstruction program by using a Cash and Voucher Assistance. The provision of technical support for a safe return to homes and to build back better will be considered for recovery efforts.

Inter-agency coordination will be key to move forward at a strategic level and join efforts and decision making to support the affected community in a timely manner.

Risk analysis: The 2010 Haiti earthquake shelter response and housing recovery experience identified several challenges and risks to develop a proper response that will seek to address to ensure a risk informed response:

- The cost of construction materials is high due to the scarcity of these materials (such as wood).
- Population growth and unplanned urbanization in the fragile cities of developing economies, combined with the impacts of climate change, are causing a concentration of urban risk, therefore recovery efforts will require new approaches and skills.⁴³
- Land generational issues should be addressed.

⁴³ [Haiti: What did we learn? The Shelter Response and Housing Recovery in the First Two Years after the 2010 Haiti Earthquake](#)

- Protection concerns will be identified (SGBV and child protection) and inclusion concerns (accessibility for people with disability) in order to adjust design of damage homes.

Programme standards/benchmarks: Sphere Standards - Section 7, Shelter and Settlements, Shelter Cluster and Government standards. Minimum Standard Commitments for Protection, Gender, and Inclusion in Emergencies.

P&B Output Code	Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions	# of people provided with safe, adequate, and durable recovery shelter and settlement assistance. Target: 25,000 people																	
	Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.	# of families are provided with emergency shelter and settlement assistance Target: 5,000 families # of families provided with early recovery shelter & settlements assistance Target: 2,000 families																	
Activities planned Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP005	Assessment of shelter needs, capacities and gaps																		
AP005	Coordination with government and other stakeholders																		
AP005	Provide shelter tool kit to 5,000 families																		
AP005	Provide 10,000 tarpaulins to 5,000 families (2 per family)																		
AP005	Provide household items to 5,000 families (kitchen sets, blankets 3 per family)																		
AP005	Installation of 4 warehouse tents																		
AP005	Conduct a Cash and Voucher Assistance (CVA) feasibility study																		
AP005	Delivery of cash transfers to 2,000 households to support for medium-level repairs																		
P&B Output Code	Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households	# of families reached with technical support, guidance, and awareness Target: 2,000 families # of families reached with early recovery shelter and settlements assistance Target: 2,000 families																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

AP006	Rapid Response Personnel specialized in shelter to support assessments, coordination and planning																	
AP006	HRCS shelter officer																	
AP006	IFRC local Infrastructures Coordinator																	
AP006	IFRC regional technical support in shelter																	
AP006	Shelter guidance to volunteers (Awareness raising/training of shelter/CVA volunteers with BBS and PGI)																	
AP006	Shelter guidance to targeted households (evaluation and repair of affected homes)																	
AP006	Translation and provision of technical guidance and support to Haitian Creole.																	
AP006	Monitoring the provision of shelter assistance and household items																	
AP006	Roll-out of PASSA approach (workshop, training of trainers)																	
AP006	Collaboration with WASH, Livelihoods/CVA and CEA and other sectors																	



Livelihoods and basic needs

People targeted: 10,000 people (2,000 families)

Male: 5,000

Female: 5,000

Requirements (CHF): 1,445, 205

Needs analysis: In the impoverished rural areas of the three affected departments, basic needs are an urgent necessity. Based on the needs established above, initial emergency response will focus on the distribution of household items and some donated food items bilaterally to the HRCS. The price of the basic food basket for a family of five is 125,000 Haitian gourdes (approximately 125 US dollars). The relief team will update any substantial changes in the food basket prices.

Risk analysis: Insecurity in Port-au-Prince is hindering the normal flow of goods affecting the transportation of goods from the capital to the three departments in the Grand Sud region (Sud, Grand'Anse and Nippes). Financial Service Providers are absent from the area of intervention or do not have the capacity to meet the operational demands of the programme.

Population to be assisted: Field assessments will be carried out to identify the most vulnerable groups and those requiring immediate assistance with greater precision. However, a PGI approach should be considered to incorporate marginalised groups, invisible or at greater risk of violence.

Programme standards/benchmarks: Sphere minimum standards, including caloric needs per person. Minimum Standard Commitments for Protection, Gender, and Inclusion in Emergencies.

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods	# of targeted households have enough food, cash or incomes to meet their survival threshold Target: 2,000																	
	Livelihoods and basic needs Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities	# of targeted households received a combined sectoral kit Target: 2,500 families																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP008	Conducting a multisectoral needs assessment in the affected areas.																		
AP008	Support HRCS’s bilateral food donation distribution ⁴⁴																		
P&B Output Code	Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs	# of households reached with multi-purpose cash grants Target: 5,000 households																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP081	Conduct a CVA feasibility study including the experiences from previous cash operations in the country																		
AP081	Selection of Financial Service Provider based on the results of the feasibility study																		
AP081	HRCS cash and voucher assistance staff																		
AP081	Training and sensitization of staff and volunteers on the use of the selected CVA mechanism and tools																		
AP081	Distribution of multi-purpose cash grant (USD 125/ monthly) to 5,000 households for 2 months.																		
AP081	Post-distribution monitoring																		

⁴⁴ These are bilateral donations of food to the HRCS. This operation will not procure food.

Risk analysis: Significant risks include security and access that can be limiting factors to reach the most vulnerable population. Ensuring safety of volunteers and staff providing services to persons in the COVID-19 pandemic context could prove to be challenging as will be ensuring sustainability in activities and developing and retaining the capacities in the NS after the emergency period.

Programme standards/benchmarks: *EMT standards, Sphere standards.*

[illegible]

	Activities Planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP023	Deployment of MHPSS specialist																		
AP023	MHPSS rapid assessment																		
AP023	Hiring of HRCS MHPSS staff																		
AP023	Psychological First Aid (PFA) Volunteer training and mobilized for emergency response																		
AP023	Provide PFA and PSS to people affected by the disaster (differential by target groups)																		
AP023	Procurement and distribution of 5,000 PSS kits for children																		
AP023	Provision of PSS for volunteers and staff																		
AP023	MHPSS and protection mapping (in collaboration with PGI) - develop referral pathways for SGBV, child protection and acute mental health emergencies and disseminate amongst staff and volunteers																		
AP023	Dissemination of key messages including on coping with critical events, violence prevention, child protection																		
AP023	Participation in coordination mechanisms and working groups in MHPSS																		
AP021	Technical coordination and collaboration with national humanitarian organizations																		



Water, sanitation and hygiene

People targeted: 25,000 people (5,000 families)

Male: 12,500

Female: 12,500

Requirements (CHF): 603,589

Risk analysis: A lack of actors focussing on sanitation and hygiene promotion, puts the population at risk of water source contamination and spread of COVID-19. Additionally, there is currently no exit strategy for household water treatment. The rehabilitation of pipes and wells will remain the source of raw water sources, which require household water treatment. A significant change in behaviour from receiving treated water may cause confusion or frustration within community. Current recommendations do not include the monitoring of groundwater sources, which could be over exploited without proper management.

Population to be assisted: 25,000 people (12,500 women; 12,500 men). Preferred focus for water supply and treatment activities is on less serviced communities in Nippes and Grand'Anse, as Sud appears to have good support from other actors.

Programme standards/benchmarks: Sphere and WHO minimum standards for WASH.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities							# of households reached with WASH support during the emergency phase Target: 5,000											
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities							# of WASH assessments conducted Target: TBD											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP026	Conduct training for RC volunteers on carrying out water, sanitation and hygiene assessments																		
AP026	Conduct detailed assessment of the water, sanitation and hygiene situation in targeted communities																		
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities																		
AP026	Coordinate with other WASH actors on target group needs and appropriate response.																		
P&B Output Code	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity, quality and time/distance is provided to target population							# of households provided with reached with household water treatment Target: 5,000											
								# of wells, pipelines and water points rehabilitated Target: TBD											

Code	WASH Output 2.1: Safely managed institutional sanitation facilities are available to reduce the risk of contamination of water sources and water related diseases																		
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP028	Rehabilitation (or installation) of sanitation equipment in collective centres, health centres and schools																		
P&B Output Code	WASH Output 2.2: Hygiene promotion activities are provided to the entire affected population.	# of menstrual health management kits distributed Target 5,000																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP030	Develop, training and roll-out of hygiene communication plan, including menstrual health management.																		
AP030	Collective design and distribution of 2,500 Menstrual Hygiene Management (MHM) kits for women and girls of reproductive age.																		
AP030	Carry out training on MHM																		



Protection, Gender and Inclusion

People targeted: 25,000 people (5,000 families)

Male: 12,500

Female: 12,500

Requirements (CHF): 69,758

Needs analysis: Women, girls, people with disability, the elderly are the groups in the highest level of vulnerability in Haiti. These groups are the most at risk of sexual and gender-based violence. Reports have been mentioning the increase in SGBV over the past few months due to gang violence and a fragile general context, which could become more serious following the earthquake. Mitigating the risks of SGBV and child protection in the Red Cross intervention is a priority. In order to do so, all IFRC and HRCS staff and volunteers should receive appropriate briefings and trainings.

Program standards/benchmarks:

- [illegible]

P&B Output Code	Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.	% of staff and volunteers involved in the operation equipped with basic knowledge in PGI MSC, SGBV, child protection Target: 100% # of referral pathways developed and disseminated Target: TBD % of IFRC/NS Staff involved in the operation who have signed the Code of Conduct Target: TBD # of girls, boys, women, men who have received awareness raising on SGBV prevention and response Target: TBD																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP033	Develop SGBV and child protection mapping/referral pathways in coordination with other humanitarian actors and disseminate amongst staff/volunteers																		
AP033	Training of IFRC and NS staff and volunteers on PGI in emergencies including on addressing child protection and preventing/responding to SGBV (or integrate a session in standard/sectorial trainings)																		
AP033	Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard																		
AP033	Training for volunteers, staff and contractors in PSEA																		
AP033	Volunteers, staff and contractors sign, are screened for, and are briefed on child protection policy/guideline																		
AP033	Develop and include messages on preventing and responding to SGBV in all community outreach activities																		
P&B Output Code	Protection, Gender & Inclusion and Output 1.3: National Society educational and advocacy programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills	# of National Society personnel reached through capacity building activities on issues of discrimination, violence and exclusion Target: TBD																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

AP035	Offer capacity-building activities with National Society on the provision of skills- and values-based education addressing issues of discrimination, violence and exclusion																		
AP035	Support sectoral teams to include measures to enable protection of safety in and access to education for affected population																		



Migration

People targeted: 5,000

Male: 2,500

Female: 2,500

Requirements (CHF): 130,356

Needs analysis:

According to the Global Report on Internal Displacement 2021, Haiti figures as one of the countries with the highest number of Internally Displaced People (IDPs) due to disasters in the Americas; one source registered this figure the end of 2020 at 34,000 people.⁴⁵ The impacts of a disaster with infrastructure damaging and the evacuation and relocation measures will increase the risk to displaced and migrate other communities and countries. The identification of the specific needs of people on the move will be required.

Risk analysis: The 2010 earthquake, Hurricane Sandy 2012, Hurricane Matthew 2016, the socio-political situation and other factors in Haiti have enabled the identification of population movements such as internally displaced persons and emigration from Haiti to different countries in the Americas. In this sense, risk monitoring can be linked to the different programs and operations of the National Societies in the region.

Population to be assisted: 5,000 people

Program standards/benchmarks: Sphere standard, IFRC Migration Policy, IFRC Global Migration Strategy, Migration Action Plan of the Red Cross Movement in the Americas, Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster (MICIC, OIM).

⁴⁵ [Global Report on Internal Displacement 2021](#).



Disaster Risk Reduction

People targeted: 3,000

Male: 1,500

Female: 1,500

Requirements (CHF): 183,180

Needs analysis: Haiti has a high level of environmental degradation due mainly to population pressures, with 98 percent of forests cleared for fuel. High levels of socioeconomic issues and political instability have left Haitians extremely vulnerable to natural phenomena. Hurricanes and tropical storms regularly hit Haiti, causing massive floods and deadly landslides. The compounding effects of these natural events overlap with the ongoing COVID-19 pandemic and the possible impact of upcoming hydrometeorological events. Due to the environmental degradation present in Haiti, it is essential that Response efforts must be undertaken with minimum damage to the already fragile environment. Response and recovery efforts must consider environmental considerations and carry ecological assessments.

Although the National Society has developed its overall disaster management capacity, the local committees still require additional support due to the compounding effects of multiple natural and socioeconomic events occurring in a short framework of time, including the current COVID-19 pandemic, socioeconomic instability, earthquakes and the threat of the 2021 Hurricane Season. Furthermore, many of the local staff and volunteers involved in the current response were directly affected by the earthquake and are increasingly vulnerable to the effects of new events. Thus, it is necessary to continue supporting the National Society and increase its capacity to engage and support community resilience by developing a more climate-smart approach to preparedness, while implementing the current response to ensure a more sustainable, long-term recovery.

Furthermore, due to the environmental instability in the country, mainstreaming of environmental safeguards in emergency relief and stabilization activities are crucial to ensure that the impact of the crises is not worsened by the ongoing humanitarian operations, while ensuring that the institutional capacity for enhanced, sustainable disaster management remains.

Risk analysis: As there is an ongoing threat of new hydrometeorological events occurring in the upcoming months, it is essential to continue undertaking disaster risk reduction activities within the communities and strengthening National Societies their capacity to respond and recover in the face of new events.

Population to be assisted: This is based on the assessment findings with a focus on select target communities to reach at least 3,000 people.

Program standards/benchmarks: Climate Smart Disaster Risk Management Programming during the COVID-19 Pandemic⁴⁶, Public awareness and education for disaster risk reduction⁴⁷, Climate and Environment Charter⁴⁸, Mainstreaming Disaster Risk Reduction in Emergency Response⁴⁹

⁴⁶ https://media.ifrc.org/ifrc/wp-content/uploads/2021/02/210211_Climate-smart-DRM-Programming-during-COVID-19_Final.pdf

⁴⁷ <https://www.ifrc.org/Global/Photos/Secretariat/201610/English.pdf>

⁴⁸ <https://media.ifrc.org/ifrc/climate-and-environment-charter/>

⁴⁹ <https://spherestandards.org/wp-content/uploads/Sphere-ThematicSheet-DRR-EN.pdf>

Enabling Actions

Requirements (CHF): 2,762,551

The Emergency Appeal operation will support HRCS to address some of the National Society response capacities assessed gaps and operational learnings from other DREF supported operations with the view of further leveraging their mandates and capabilities as a partner of choice for emergency response and disaster preparedness. The National Societies will be supported in enhancing their media and public communication reach (international media reach, and key messages and advocacy/communication material to raise awareness of the auxiliary role of the Red Cross), logistics and transportation, sustainability of activities (with the hiring of local staff for the implementation of the operation's actions), analysis and Planning (staff and volunteer capacity to analyse hazard, context and risks, scenario planning and revision/update of contingency plans) Operational capacities (National Society capacity mapping, emergency needs assessment and emergency operations centre management to enhance internal operational, technical coordination and external coordination and collaboration mechanisms and information management) organizational development (equipment, through coaching, training, support for planning activities), volunteering development and duty of care (for all personnel and volunteers involved in the operation, including insurance, psychosocial support, and personal protective equipment), and support to the National Society Development Plan.

The IFRC's Latin Caribbean Country Cluster Delegation (CCD) is supporting resource mobilization efforts and coordination with the Partnerships and Resource Development (PRD) unit of the Americas Regional Office. IFRC is engaging with several diplomatic missions and key donor agencies to promote a shared understanding of the earthquake response. This engagement will continue throughout the operation. Coordination meetings are being held with the regional working groups. Clusters have not been officially activated so far, but all agencies are coordinating with HRCS and government authorities.

The existing Humanitarian Country Team (HCT) provides a coordination platform for humanitarian actors, which also coordinate sectoral needs and response through various Working Groups involved in the implementation of the Humanitarian Response Plan 2021-2022. IFRC, in its role as Global Shelter Cluster lead agency for natural disasters and REDLAC Shelter Working Group lead, is coordinating with OCHA and key shelter and settlements humanitarian actors to ensure there is adequate capacity for the coordination of the shelter and settlements response. IOM leads the Shelter/CCCM Working Group and has requested support from IFRC to provide additional information management capacity to support the coordination of the shelter and settlements response.

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform																	
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected									# of volunteers insured Target: 10,000								
Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

[illegible]

P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured																			
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.										# of rapid response personnel deployed Target: 50									
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
AP046	Initial operational start up support implemented by IFRC for the host National Society and participating national societies and other common services such as ops centre and basecamp costs																			
AP046	Rapid Response Personnel																			
AP046	Relief ERU																			
AP046	Logistic ERU																			
AP046	IT & Telecom ERU																			
AP046	Welcome Service																			
AP046	Staff Health																			
AP046	IFRC Financial Analyst Delegate																			

								# of new donors to the IFRC Target: 5											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP059	Work on resource mobilisation/generation																		
P&B Output Code	Output S3.2.3 National Societies are supported in resource and partnership development (from both domestic markets and foreign sources).							HRCS resource mobilization plan											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP061	Work to support HRCS to build on their resource mobilization																		
&B Output Code	Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders							# of financial reports issued Final Audit carried out											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP064	Finance work																		
AP065	Administration work																		
AP068	Audit																		
P&B Output Code	Output S4.1.4: Staff security is prioritised in all IFRC activities							Security protocol for operation											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP066	Security																		

Budget

See Annex.

Reference documents

- Click [here](#) for reference documents

Contact information

For further information, specifically related to this operation please contact:

In the Haitian Red Cross Society (HRCS)

- President of Haitian Red Cross Society: Guiteau Jean-Pierre, president@croixrouge.ht
- Deputy Executive Director: Guetson Lamour, g.lamour@croixrouge.ht

In the IFRC Americas Regional Office

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For IFRC Latin Caribbean Cluster Delegation (CCD):

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- Deputy Head of Delegation: Chantal-Sylvie Imbeault, chantale.imbeault@ifrc.org
- Regional Security Officer: Peter Finlay, peter.finlay@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Head of Partnerships and Resource Mobilisation (PRD) Americas Region: Sandra Romero, sandra.romero@ifrc.org

For In-Kind donations and Mobilization table support:

- Head of Regional Logistics Unit Americas Region: Mauricio Bustamante, mauricio.bustamante@ifrc.org

In the IFRC Geneva Headquarters:

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- Operations Coordination Senior Officer: Antoine Belair, antoine.belair@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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

DREF OPERATION

MDRHT018 - Haiti - Earthquake

1/9/2021

Budget by Resource

Budget Group	Budget
Shelter - Relief	495,000
Clothing & Textiles	60,750
Water, Sanitation & Hygiene	460,000
Medical & First Aid	187,300
Teaching Materials	234,700
Utensils & Tools	38,250
Other Supplies & Services	12,000
Emergency Response Units	2,225,000
Cash Disbursement	3,260,000
Relief items, Construction, Supplies	6,973,000
Vehicles	160,000
Computers & Telecom	40,000
Office & Household Equipment	20,000
Land, vehicles & equipment	220,000
Storage	40,000
Distribution & Monitoring	115,000
Transport & Vehicles Costs	170,000
Logistics Services	10,000
Logistics, Transport & Storage	335,000
International Staff	766,000
National Staff	993,444
National Society Staff	400,400
Volunteers	60,500
Personnel	2,220,344
Consultants	124,000
Consultants & Professional Fees	124,000
Workshops & Training	197,500
Workshops & Training	197,500
Travel	55,000
Information & Public Relations	17,000
Office Costs	54,000
Communications	33,000
Financial Charges	18,000
Shared Office and Services Costs	72,000
General Expenditure	249,000
DIRECT COSTS	10,318,844
INDIRECT COSTS	670,725
TOTAL BUDGET	10,989,569

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	183,180
AOF2	Shelter	3,005,696
AOF3	Livelihoods and Basic Needs	1,445,205
AOF4	Health	2,789,235
AOF5	Water, Sanitation and Hygiene	603,589
AOF6	Protection, Gender and Inclusion	69,758
AOF7	Migration	130,356
SFI1	Strengthen National Societies	723,135
SFI2	Effective International Disaster Management	1,760,386
SFI3	Influence others as leading strategic partners	101,175
SFI4	Ensure a strong IFRC	177,855
TOTAL		10,989,569

