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Operation Update no. 1

Haiti: Earthquake

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRHT018	GLIDE n° EQ-2021-000116-HTI
Operation update n° 1: 4 September 2021	Timeframe covered by this update: 15 August – 1 September 2021
Operation start date: 15 August 2021	Operation timeframe: 18 months End date: 28 February 2023
Funding requirements: 10 million Swiss francs (CHF)	Donor Response: To date
N° of people being assisted: 25,000 people (5,000 families)	IFRC Category allocated to the of the disaster or crisis: Orange
Host 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 currently actively involved in the operation: American 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 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.	
Donors to this Operation: American Red Cross, British Red Cross, Canadian Government (bilateral), Canadian Red Cross Society, China Red Cross – Hong Kong branch, Finnish Red Cross, German Red Cross, Irish Aid, Italian Government Bilateral Emergency Fund, Italian Red Cross, Japanese Red Cross Society, The Republic of Korea National Red Cross, Korean Government, Luxembourg Red Cross (bilateral), Mexican Red Cross (bilateral), Red Cross of Monaco, The Netherlands Red Cross (from Netherlands Government), New Zealand Government, Spanish Government, Spanish Red Cross, Supreme Master Ching Hai, Swiss Red Cross (bilateral).	
In-kind donations: Airbnb.org, Airbus Foundation, Carrefour Martinique (Groupe GBH), DHL, French Navy, Martinique (unique territorial community), Royal Netherlands Navy, Spanish Agency for International Development Cooperation (AECID), UPS.	

Summary:

This first Operations Update provides information on the emergency response activities by the Haiti Red Cross Society (HRCS) in the two weeks following the 14 August 2021 earthquake. The IFRC Emergency Appeal to support the HRCS aims to enable 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. The operation focuses 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.

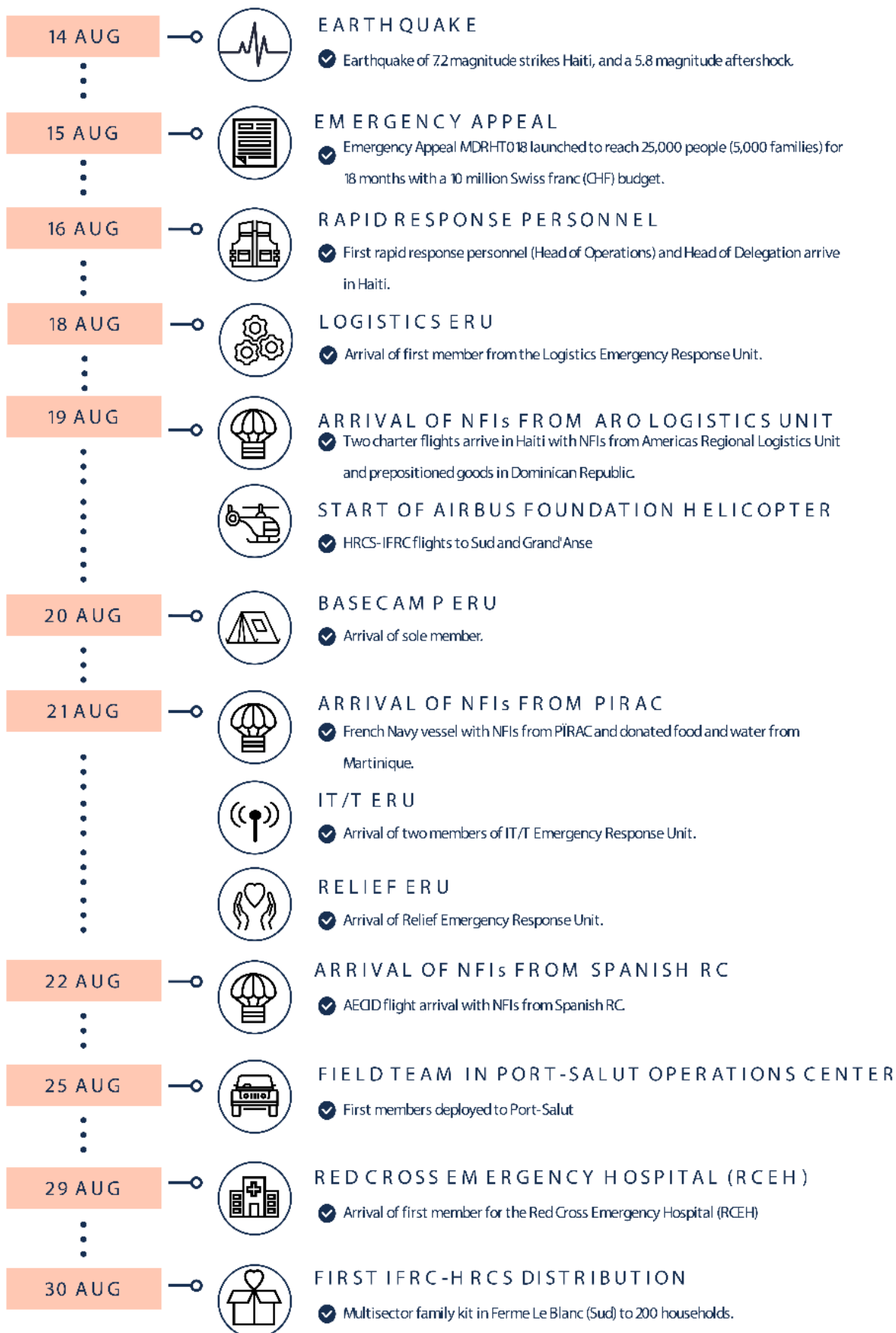
Notwithstanding the contextual challenges facing all humanitarian actors in the country, the HRCS volunteers and staff throughout its branch network have provided immediate humanitarian support to affected populations in the departments of Sud, Grand'Anse, and Nippes. The IFRC offers condolences to the family members of the HRCS who died as a result of the earthquake and its sincere gratitude to the volunteers in the affected areas who remain active despite having their own human and material losses related to this disaster.

The HRCS, IFRC, and other Movement partners in the country are currently coordinating to complement efforts. It is planned to launch a revised Emergency Appeal by the end of September 2021 that responds to the current multi-sectoral assessments and implements a Federation-wide approach to support the HRCS operation. The revised Emergency Appeal will have an increased emphasis on health that responds to this identified need. It will build upon the important capacity of the Red Cross Emergency Hospital (RCEH) professional staff and equipment now in Haiti. Water, sanitation, and hygiene (WASH) needs are increasing as recovery efforts will take time. With the planned Emergency Appeal revision, the IFRC and the HRCS will determine if the target population should also be increased to attend to people that have still not been reached with humanitarian support. All of these revised actions are underpinned by the funds to maintain the RCEH and the ERUs in relief, logistics, IT, and telecoms operational and ensure that the HRCS has a full range of support to continue its humanitarian mission in the country.

The IFRC sincerely thanks the support from all donors to the current Emergency Appeal and kindly requests additional donor support to respond to the humanitarian needs of the earthquake-affected population in Haiti.



HRCS-IFRC relief distributions provide shelter, health and WASH items to affected households. Camp Perrin, 1 September 2021. Source: IFRC.



A. SITUATION ANALYSIS

Description of the disaster

On 14 August 2021, a 7.2 magnitude earthquake shook in Haiti. With its epicentre 13 km south-southeast of Petit Trou de Nippes (Nippes department), Haiti's three Southern departments of Sud, Nippes and Grand'Anse are the most affected. The Haitian General Directorate of Civil Protection (DGPC) has reported 2,207 deaths, 320 people missing and 12,268 injured people (DGPC Situation Report #10, 26 August 2021). DGPC has estimated that 579,000 people (40% of the 1.6M population) in three affected departments require urgent humanitarian aid.

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.

According to the [IOM Displacement Tracking Matrix for Haiti](#), on 27 August, there are 39,721 people. However, the majority of these are in Port-au-Prince and predate the earthquake. The IOM DTM lists 1,256 people in 22 evacuation centres and 9 regrouping centres in Sud and 388 people in 2 evacuation centres and 3 regrouping centres in Grand'Anse. Figures are not available for Nippes.

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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. Like the rest of the Caribbean, Haiti remains in the Atlantic hurricane season, with its peak months between August and October.

The Government of Haiti has solicited support for food, health, shelter, and water, sanitation, and hygiene (WASH) needs for the affected population, estimated at over 1.5 million people in Sud, Nippes, and Grand'Anse departments. Other actors, including USAID Disaster Assistance Response Team (DART) in Haiti and UN Women and initial Red Cross assessments, also identify protection needs.¹ On 15 August, the Office of the Prime Minister provided a list of requested goods, later further detailed by the Ministry of Public Health and Population (MSSP), ordered from the international community.

However, security issues for the movement of relief items within the country were a severe challenge in the first ten days of the response. Due to reports of blocked roads by non-State armed actors, the looting of goods in transit to the most affected areas, and kidnappings, the Red Cross strategized manners to remain efficient and effective. On 21 August, the Haitian Armed Forces (FAH) began providing security on the road to Les Cayes. Within this same period, gang leaders' informal statements on social media indicated that humanitarian personnel and vehicles could pass freely to the affected areas. On 23 August, the Haitian National Police (HNP) launched a committee to ensure the management of humanitarian aid convoys intended for the earthquake victims that affected the Great South. The PNH has advised that humanitarian organizations traveling to the affected region coordinate with the committee to ensure the safety of goods and personnel.

¹ [United States Agency for International Development](#), Haiti - Earthquake Fact Sheet #5, 20 August 2021.

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 current response

Overview of Host National Society

The Haiti Red Cross Society (HRCS) has been leading a multi-sector and multi-location response effort since the morning of the earthquake on 14 August 2021. **The IFRC network expresses its profound gratitude and deep respect for the HRCS volunteers in the departments of Sud, Grand'Anse and Nippes who themselves have lost loved ones, their homes and livelihoods yet remain on the frontline engaged in search and rescue; rapid assessments; pre-hospital care; collective centre management; Restoring Family Links (RFL); and relief distributions.** National headquarters staff in Port-au-Prince and volunteers throughout the branch network are engaged in a range of response actions.

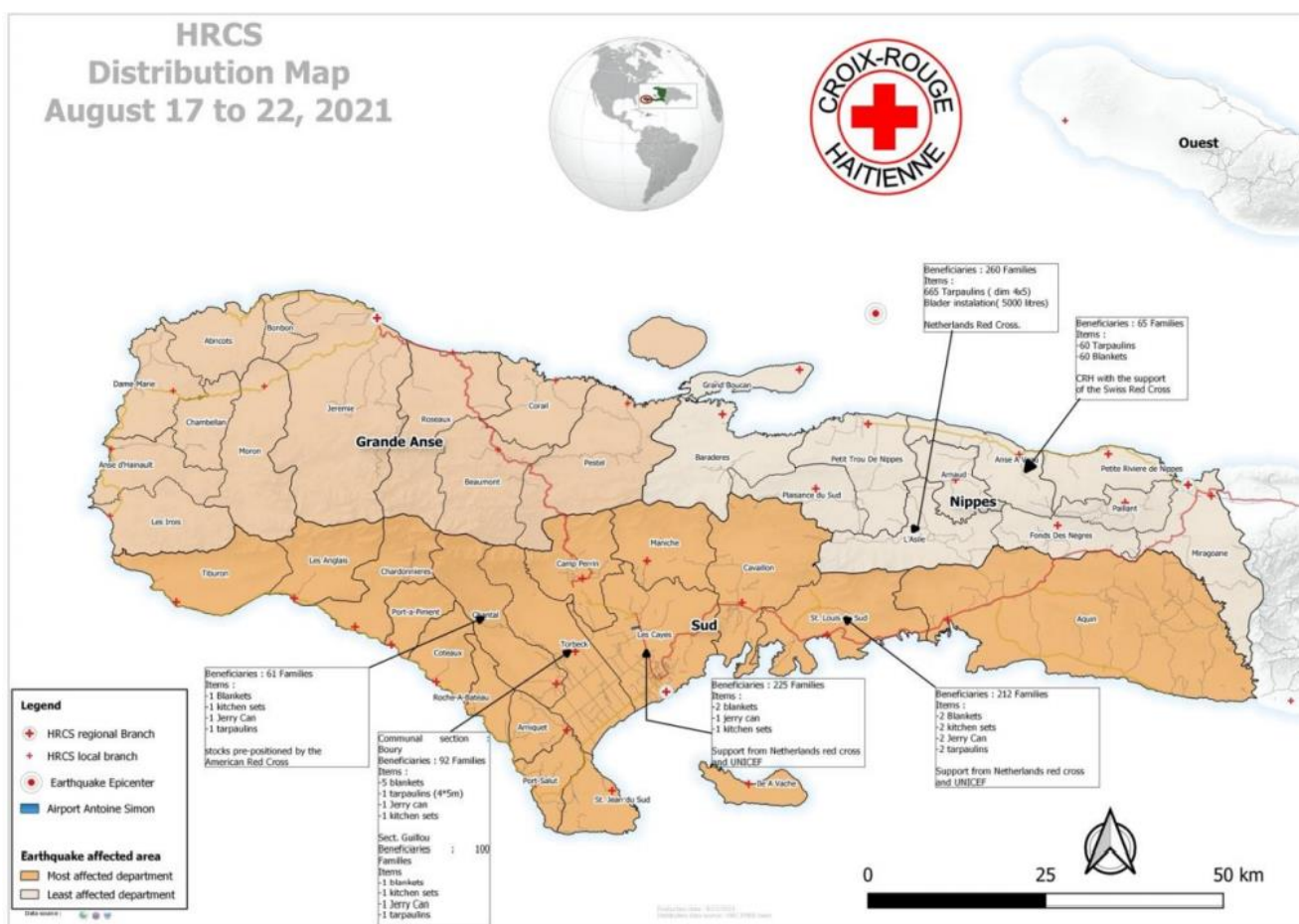
The Haiti Red Cross Society is member of all committees of the National Disaster and Risk Management System (GNGRD) and a permanent member of the National Emergency Operations Centre (COUN). The GNDRD is led by the Prime Minister, his ministers and the HRCS president. The HRCS president maintains high-level contact with national authorities to coordinate the capacities of the National Society and the IFRC network. The HRCS additionally 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 14 August, the national headquarters activated its Crisis Room, established contact with its branch network, and deployed staff and volunteers from Port-au-Prince to the affected departments where regional and local (commune) branch-level volunteers are mobilized. HRCS deployed personnel to support search and rescue teams in Sud, Nippes and Grand'Anse. The HRCS participated in saving lives in the Bishop's Palace in Les Cayes and in the town's Place d'Armes. The HRCS continues to conduct damage assessment and needs analysis in the affected areas.

The HRCS maintains fleet of new ambulances, with recently donated vehicles by the Red Cross Society of China. HRCS staff and volunteers trained in pre-hospital care use five ambulances for hospital transfers from the Port-au-Prince airports (Toussaint Louverture and the Ayiti Air Ambulance base) to hospitals and another for transfers in Sud department. Between 14 and 26 August, the HRCS has transferred 146 people (82 females, including 13 girls 0-10 years of age and 64 males, including 4 boys aged 0 to 10 years of age).

Using prepositioned stock and goods that were in country, in the first week following the earthquake, HRCS in coordination with its partner National Societies (PNSs) conducted distributions in Sud and Nippes. With the support of the Netherlands Red Cross (NLRC) and a pre-emergency partnership with UNICEF, HRCS volunteers distributed the household items (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 NFIs 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 NFIs to 260 families and installed a bladder, with NLRC support, in L'Asile and with Swiss Red Cross support reached 65

families with NFIS in Anse a Veau. The following map, created by the HRCS, provides information on the specific NFIs distributed in each location:



All Movement partners in country have been supporting the HRCS with material goods for distribution, transportation (institutional vehicles to mobilize HRCS staff and volunteers, as well as for the transport of goods). Deployments from PaP to the most affected regions had the initial support of the American Red Cross. 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 activated 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 ICRC has deployed two RFL staff and a forensic specialist to further HRCS response to the separated, missing and dead.

Additionally, prior to the arrival of tropical depression Grace, the HRCS activated a group of volunteers in the various communes of the Sud department to raise awareness among the population of the risks to which communities are exposed during the hurricane season.

Overview of Red Cross Red Crescent Movement in country

The IFRC operation to support the HRCS continues to maintain the IFRC commitment as local as possible and as international, as needed. The IFRC Country Cluster Delegation for the Latin Caribbean (Cuba, Dominican Republic, and Haiti), led from Santo Domingo (Dominican Republic), has a sub-delegation in Haiti. The in-country team in Haiti consists of regular ten-person staff (including a deputy head of delegation, health coordinator, IT officer, finance officer, an archivist, three drivers, and two cleaners). In response to the emergency, the team has been reinforced with the presence in the country of the Head of Delegation and the Financial Analyst Delegate. A security focal point from the Americas Regional Office (ARO), with multiple operational experiences in Haiti, was on the ground before the earthquake to support the HRCS by hiring local security staff and monitoring issues related to civil unrest.

The Americas Regional Office is providing technical guidance and support in all areas of this operation. Six Joint Task Force (JTF) meetings for this emergency have been held since 14 August 2021.

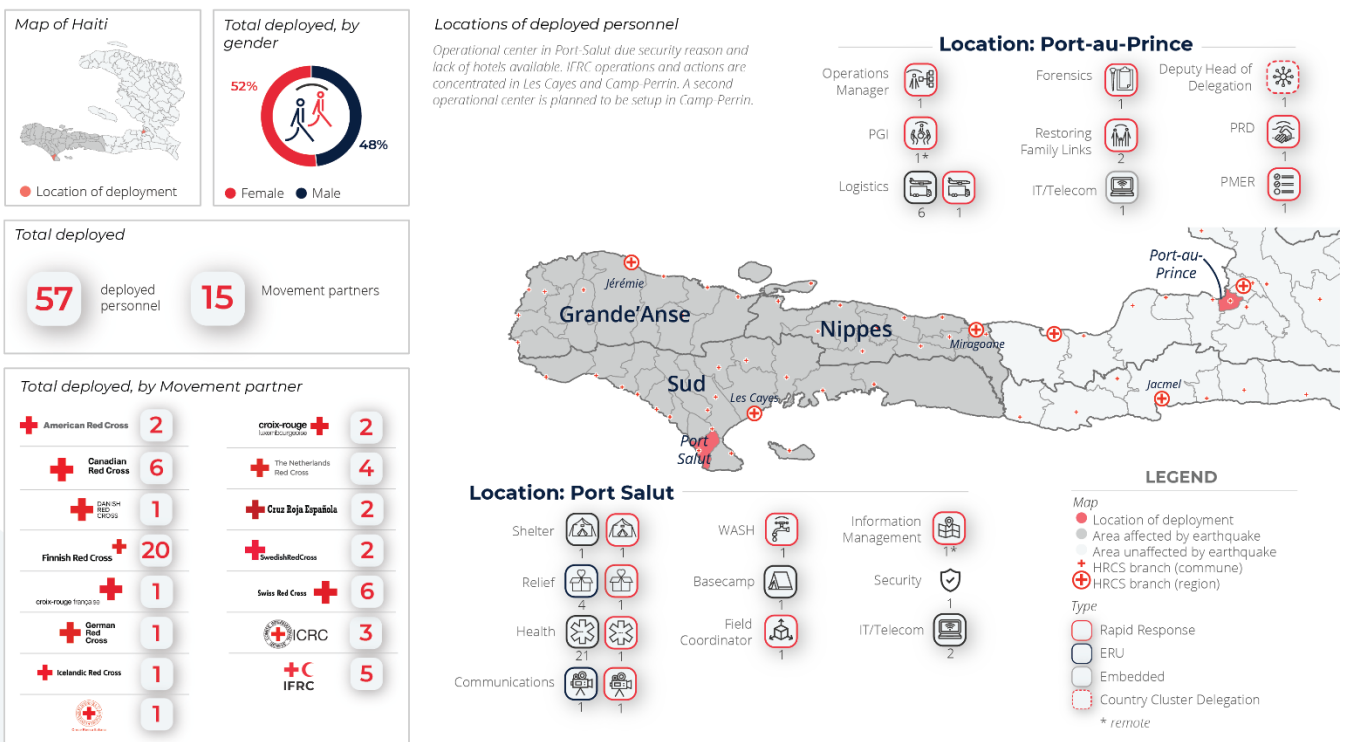
The DCPRR unit deployed its Continental Coordinator as Head of Operations in Haiti, arriving on day three post-earthquake. Using rapid response mechanisms and the support of four Emergency Response Units (logistics; relief; ITT; and basecamp), as of 1 September, there is 57 rapid response staff for this operation in Haiti, four embedded assets (AmCross: 1 and ICRC: 3) and two rapid responses working remotely.

Updated: 2 September 2021

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 (HRCS) to provide humanitarian aid to the population affected by the earthquake.



The logistics team in Panama, Haiti, and the Dominican Republic are central to the progress of this operation. With the launch of the Emergency Appeal, the Regional Logistics Unit (operational procurement, logistics, and supply chain- OLPSCM Americas) created and distributed a mobilization table for 5,000 families. After achieving full coverage, the mob table was updated on 20 August and relaunched.

On 19 August, the first NFI cargo arrived in Port-au-Prince. Sincere gratitude to UPS, as part of its global agreement with the IFRC, that provided these flights on the same day; the first leg was Panama to PaP where NFIs were

unloaded and then to the Dominican Republic to pick up more NFIs and return to PaP for the second delivery of the day. The goods in the Dominican Republic, stored in the Dominican Red Cross (DRC) warehouse, are part of the humanitarian corridor established between the HRCS and the DRC, with IFRC support. The logistics support for the disembarkation and transfer of the goods from both flights to a warehouse in Port-au-Prince was thanks to the generous support of DHL in Haiti.

With the support of the French Red Cross's Regional Intervention Platform for the Americas and the Caribbean (PIRAC), this Emergency Appeal purchased NFI stock from PIRAC. The French Navy, through PIRAC, provided the shipping from Guadeloupe, including food and water donations (27 tonnes of bottled water and 14 tonnes of food) from bilateral donors in Martinique. The French Navy ship arrived in Port-au-Prince on 21 August.

The Spanish Red Cross contributed household items (kitchen kits, hygiene kits, jerry cans, and tarpaulins) to this Emergency Appeal, which is arranged to have sent in the Spanish Agency for International Development Cooperation (AECID) flight to Port-au-Prince on 22 August.

Updated: 1 September 2021

Stock of Non-Food Items (NFIs) Haiti | Earthquake



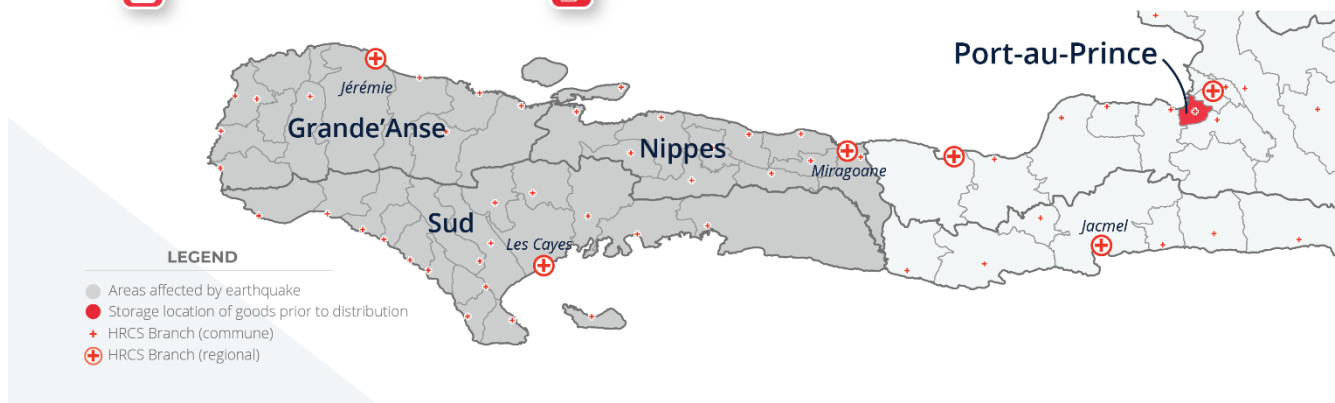
Thanks to the donors to the Emergency Appeal Haiti Earthquake (MDRHT018), the following **non-food items (NFIs)** have arrived in Haiti to support the operation led by the **Haiti Red Cross Society (HRCS)**. As Red Cross distributions to earthquake-affected people are underway, dispatches from Port-au-Prince to the targeted communities are done daily.

ARRIVED IN PORT-AU-PRINCE FOR DISTRIBUTION

Blankets	5,780	Kitchen sets	2,695
Body/corpse bags	551	LLINs	10,000
Buckets	3,848	PPE kits	2,500
Hygiene kits	2,500	Shelter tool kits	2,430
Jerry cans	8,525	Tarpaulins	6,490

ARRIVED FOR OPERATIONAL USE

Warehouse tent	1
RFL equipment kits	1,468
IT/Telecom equipment	



The Airbus Foundation, based on its global agreement with IFRC, provided 42 hours of helicopter airtime for aerial assessments and transport of humanitarian personnel to the affected area. Starting on 19 August until 31 August, there have been flights to Sud with one to Grand'Anse and an aerial assessment and flyover of Nippes department. This enabled the HRCS, IFRC, and other Movement partners to conduct rapid assessments, establish operations in Sud department and coordinate with the local HRCS branches. These flights have been particularly useful for the transportation of the technical teams to the Sud department.

Support from Airbus Foundation Haiti | Earthquake

AIRBUS FOUNDATION

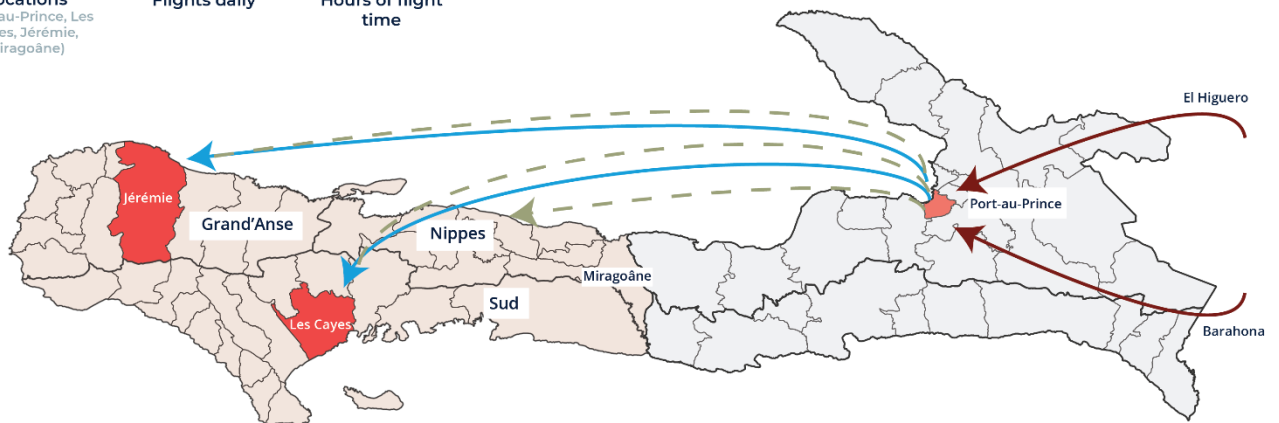
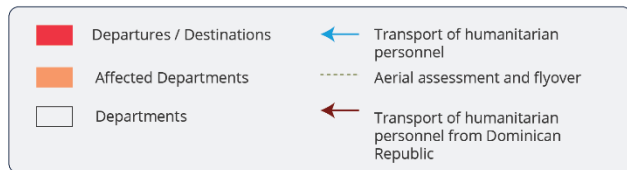
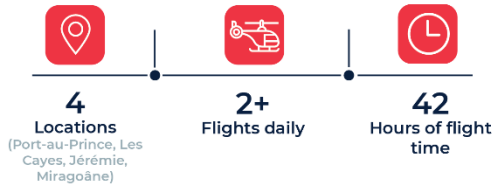


IFRC

Airbus Foundation is donating helicopter airtime to the Haiti Red Cross Society and the IFRC for the movement of Red Cross personnel to the areas most affected by the earthquake in Haiti.

Period covered: 19-August to 31-August 2021

Key Figures



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Produced by SIMS

The HRCS-IFRC relief distributions of the received NFIs required a thorough analysis of security issues, particularly related to the transport of NFIs received in Port-au-Prince to the affected regions. In addition to transport by land, which has recently started, the Red Cross will use sea and possible air routes. The Royal Netherlands Navy (MS Hollande) has offered maritime transport to Grand'Anse, similar to the support provided during Hurricane Matthew in 2016.

The HRCS president approved the IFRC relief proposal for a distribution plan, which considers the HRCS's branch network and security elements. The HRCS identified Port Salut, 30 km from Les Cayes, for the establishment of the first field site for the Red Cross response. Relief, Logistics, Basecamp, Security, and IT&T have worked together to establish a field time in this area and thus launch the distribution plans in the Sud department. In coordination with the HRCS, the IFRC will later start deploying people in other places.

A multi-sector assessment with questions to identify health, WASH, PGI and RFL needs is underway. As of 30 August, assessments have been done in Les Anglais, Torbeck and Camp Perrin. While Red Cross teams assessed Les Cayes, populations outside Les Cayes are being prioritized to ensure reaching people in more remote locations. The HRCS branch in Anse-a-Veau has received eight tonnes of water for distribution and coordination is underway so family kits can also be distributed in the commune.

To ensure the safety and health of the community, HRCS volunteers and staff and the IFRC team, distributions are planned based on assessments conducted with HRCS local branch volunteers and coordination with the HRCS operational manager. The distributions are scheduled in close cooperation with the regional branch offices of the HRCS that are represented in the local emergency operations centre (COU), as well as the HRCS transmitting this information in the COUN in Port-au-Prince. The Relief team is collecting information on interventions of other partners to get a better understanding of their regional focus areas to strengthen collaboration and prevent overlap. With support of the strong HRCS network of volunteers the relief team aims to target the hardest-hit rural areas that are not reached by other humanitarian actors outside the Red Cross.

The relief ERU will be conducting post-distribution monitoring assessments. In addition, the Relief team, together with its counterparts of the HRCS Branch, will ensure strong CEA mechanisms throughout all phases of the programme. This will ensure lessons learned are collected structurally, and the programme can be further strengthened. A daily debriefing is conducted with all volunteers to gather their experiences, challenges, and best practices.

As further detailed below, this earthquake response has been supported by the partner National Societies to the HRCS, who have a regular presence in Haiti. As part of the HRCS-IFRC relief plan, the relief team aims to contribute to distributions organized and conducted with bilateral partners, particularly in regions where they have extensive actions supporting the HRCS (e.g. Swiss Red Cross in the Nippes department or Spanish Red Cross WASH initiatives). Furthermore, all assessment information has begun to be shared with the national headquarters to foster complementary actions and more efficiency.

Three coordination meetings were held with Movement partners present in Haiti: 15 August for the immediate response actions, 17 August as part of the crisis room's daily meeting, and 23 August to share information on planned future support to the HRCS. Representatives from the HRCS, American RC, Canadian RC, Netherlands RC, Spanish RC, ICRC and IFRC participated in the latter meeting where the HRCS explained that a team was creating the HRCS response plan and the IFRC representatives detailed the Emergency Appeal operation planning underway.

The **American Red Cross** is supporting the IFRC Emergency Appeal. Additionally in Haiti, AmCross put its resources (human, financial and material) at the disposition of the HRCS following the earthquake, including a two-year disaster preparedness programme with the HRCS, implemented in conjunction with the IFRC that USAID/BHA funds. AmCross provided funds to mobilize the first HRCS mobilized for search and rescue in Sud and approved the use of pre-positioned stock. The 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 funds to mobilize 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.

The Canadian Red Cross Society, active in Haiti since 2007, is supporting the HRCS through this IFRC Emergency Appeal. Canadian RC has sent NFIs for 500 families; the first air charter arrived on 25 August 2021 with others expected this week. This partner National Society has sent a health specialist and operations manager to reinforce its team in Haiti. Additionally, the office in country has made its Toyota Land Cruiser, with a driver, available in PaP 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 NFIs. The French RC has been essential in coordinating with the French Navy boat to arrive these goods, which arrived on 21 August. The French RC also mobilized private sector donations of food items and water from Carrefour Martinique (Groupe GBH) and the unique territorial of Martinique. The French RC is designing a PIRAC disaster manager in Haiti who will have a coordination and facilitation role. The DM will support the HRCS to enhance its disaster preparedness capacities, promoting IFRC tools and approaches to ensure coherence of preparedness capacity building process; facilitate HRCS and RC Movement emergency response in Haiti in close coordination with IFRC.

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. Before the earthquake, the NLRC had two decentralized bases 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 two vehicles and one that had been Sud-Est to use in the response in Sud. Human resources support from the NLRC includes three people participating in the WASH sector needs assessments: a WASH engineer, a logistician, and one monitoring, evaluation, evaluation and learning (MEAL) officer in Les Cayes and the Chardonnières districts. The NLRC has been essential in the humanitarian diplomacy with the Royal Netherlands Navy that is providing shipping support to this operation, as well as a protocolar visit to the HRCS by the Honourable Ambassador of the Embassy of the Kingdom of the Netherlands to the Dominican Republic and Haiti, which are detailed below.

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 and Grand' Anse, where three water treatment units have been installed and 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 and 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.

After many years of in-country presence, the **International Committee of the Red Cross (ICRC)** now supports the HRCS from its regional office in Panama. For this operation, it has deployed a Cooperation delegate from Geneva. The ICRC has deployed three other 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 arrived in country on 1 September. All three of these ICRC members will be under the IFRC umbrella.

Overview of non-RCRC actors' actions in country

Government of Haiti

Following the earthquake, the Government of Haiti activated its National Emergency Operations Centre (COUN), concurrently starting these same operations centres at the departmental level in Sud, Grand'Anse and Nippes. The General Directorate for Civil Protection with other actors leads search and rescue activities, which remain in place since survivors were 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 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.²

Based on its experience in the 2010 earthquake, the Government of Haiti has given clear guidance on the type of aid it requires. 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. 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.

² [United Nations Office for the Coordination of Humanitarian Affairs, ReliefWeb](#), Latinoamérica & El Caribe Resumen de Situación Semanal, 16-22 August 2021.

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.³

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.

OCHA leads the assessment cell. A 10-person UNDAC team (3 in each department and 1 in PaP) was deployed to reinforce coordination at the departmental level. An On-Site Operations Coordination Centre (OSOCC) was established in Port-au-Prince to coordinate international relief. A sub-OSOCC was established in Les Cayes. Contact has been made with the UNDAC team leader and the UNDAC data manager based in Les Cayes to share results of the assessments in this department.

Via its Central Emergency Response Fund (CERF), the UN system had an initial 8M US dollar- budget.⁴ 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 and scenario planning

Needs analysis

Shelter

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

The 7.2-magnitude earthquake toppled buildings and homes and damaged infrastructure and roads, cutting off access to some roads in the southwest⁵, 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 centers⁶. These collective centres are located in open areas, public spaces among others due to the lack of pre-established shelter locations.⁷

The families registered in collective centers 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.

³ [Caribbean Disaster Emergency Management Agency](#), Situation Report #4, 19 August 2021

⁴ OCHA, Haiti Earthquake_SitRep#1_Updated and Revised Final Version for RW, 22 August 2021.

⁵ [OCHA Haiti: Earthquake flash update #1](#), 15 August.2021.

⁶ [Causalities and damage report from Haiti Civil Protection](#)

⁷ Caribbean Disaster Emergency Management Agency, Situation Report, # 4, 19 August 2021.

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.



Overview of Damage Assessments Haiti | Earthquake

Date: 30-August-2021

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

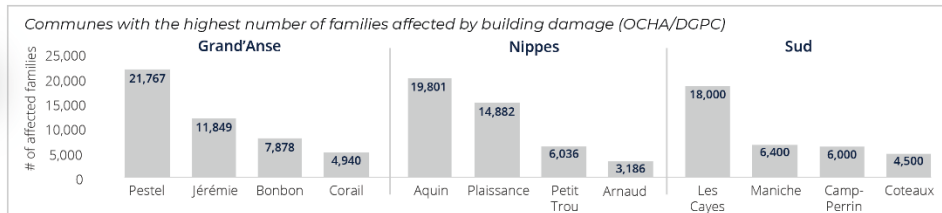
Key Figures

77,006

Damaged buildings
(OCHA/DGPC)

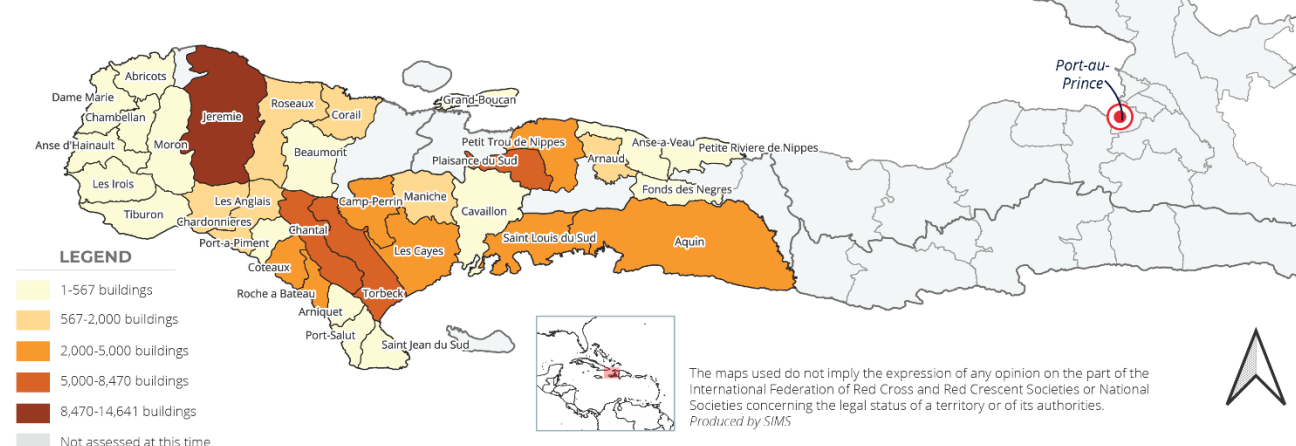
136,028

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.



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.⁸ (Family tents are not requested.⁹) The OIM, as co-lead in Haiti Shelter/NFI Working Group, aims to support demolition and clearing of rubble, some of which will be done with a cash-for-work modality.¹⁰

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.¹¹ 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.¹²

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

⁸ [OCHA Situation Report 1](#)

⁹ [OCHA, Haiti Earthquake_SitRep#1_Updated and Revised Final Version for RW, 22 August 2021.](#)

¹⁰ [International Organization for Migration, Funding Appeal, 23/08/2021](#)

¹¹ [United Nations Office for the Coordination of Humanitarian Affairs, Latin America & The Caribbean Weekly Situation Update \(16-22 August 2021\).](#)

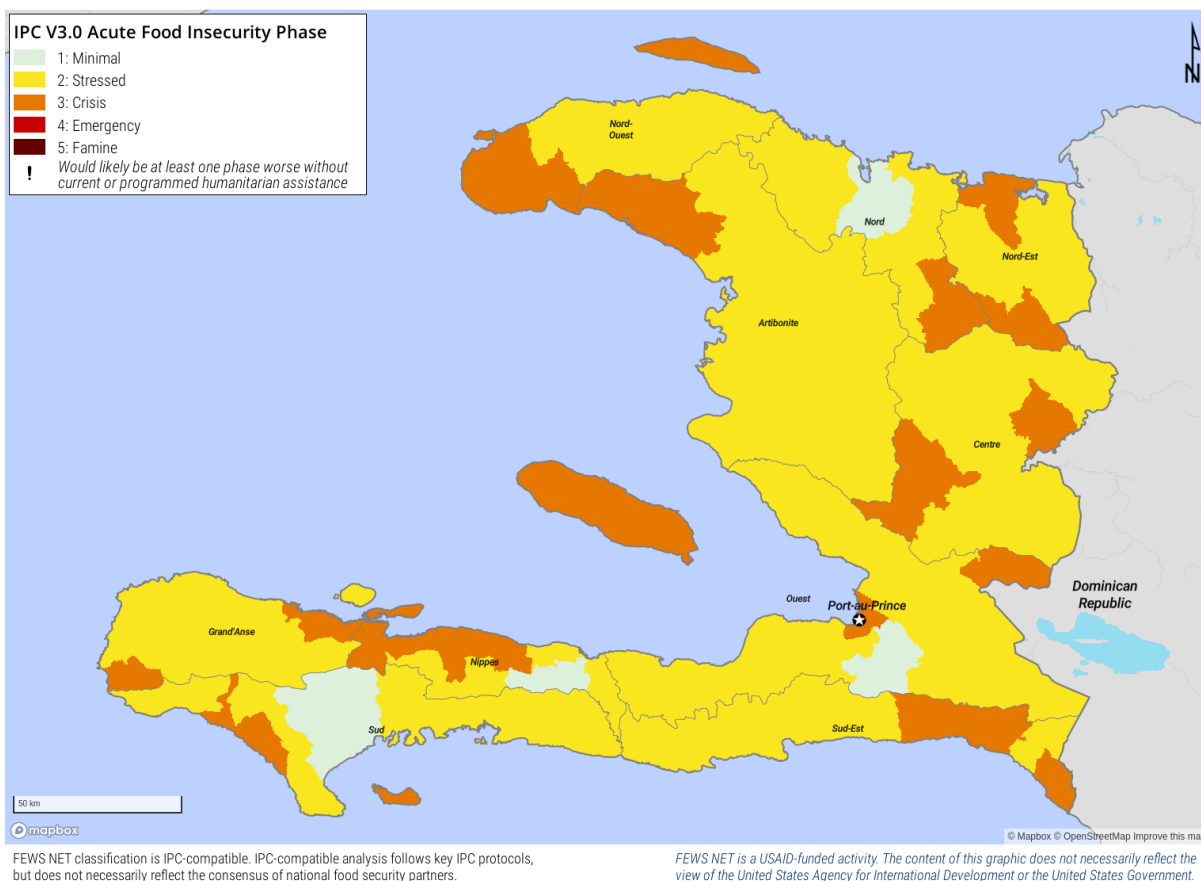
¹² [Assessment Capacities Project, 20210820 ACAPS thematic report Haiti earthquake department profiles, 23 August 2021.](#)

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.¹³ 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.¹⁴

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.¹⁵ The price of the basic food basket for a family of five is 125,000 Haitian gourdes (approximately 125 US dollars).



Haiti Projected Food Security Outcomes July 2021 - September 2021



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

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.¹⁶

¹³ [FAO-WFP. Hunger Hotspots - Early warnings on acute food insecurity. July 2021.](#)
¹⁴ [OCHA, Haiti Earthquake_SitRep#1_Updated and Revised Final Version for RW, 22/08/2021.](#)
¹⁵ CNSA, [Bulletin du panier alimentaire](#) (May 2021).
¹⁶ FEWS News, [Haiti Price Bulletin \(March 2021\)](#)

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, or in a multi-purpose CVA will require a rapid market assessment that include factors such as price monitoring.

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 2021 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 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 was and remains 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).¹⁷ 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. ICRC has deployed a forensics specialist to support the HRCS and authorities.

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. 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, survivors will need to be identified and supported with medical and psychosocial care.

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

¹⁷ PAHO, [Situation Report #4 Haiti Earthquake](#).

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. 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.

The disruption of the water distribution system may also result in increased outbreaks of water-borne disease and diarrheal diseases. However, despite a long-standing cholera outbreak, the risk is estimated by WHO to be very low. With 80 per cent 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.

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 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 and/or clarify their fate 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.

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. Sources indicate that more than 1,800 water cisterns in the Pestel commune (Grand'Anse) were damaged or destroyed, which is significant in a department where 65.2 per cent of households lacked safe and regular WASH access.

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 in 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.¹⁸ 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.

¹⁸ 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.¹⁹ 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. 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.²⁰

UNICEF²¹ estimates that 540,000 children are in some way affected by the earthquake and 260,000 children are in need of humanitarian assistance.²² 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. HRCS protection coordinator will be following up on the issue of unaccompanied and separated children (UASC) through the Coordination sub-group on Child Protection. 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.²³ Its regular 840 hotline number was created to receive psychosocial support, obtain information and register complaints for protection issues is open.²⁴ 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.

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 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.

¹⁹ OCHA, [Humanitarian Needs Overview 2021](#).

²⁰ [United States Agency for International Development, ReliefWeb](#), Haiti - Earthquake Fact Sheet #6, Fiscal Year (FY) 2021, 23/08/2021)

²¹ UNICEF, Haiti earthquake situation report #3 23.08.2021

²² COUN Situation Report #8, Saturday, 21 August 2021

²³ [International Organization for Migration, ReliefWeb](#), Funding Appeal, 23/08/2021

²⁴ IOM, [L'OIM aide à lutter contre la traite des personnes en Haïti](#)

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.²⁵ 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. A redistribution of Digicel Haiti subscribers was noted with movement from the centre of Les Cayes and Camp Perrin to their periphery areas. A similar phenomena 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.²⁶ 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 network activated, as mentioned above. Rapid RFL needs assessment is being conducted in hospitals in Port-au-Prince where injured have been transferred to from the affected areas. With the support of the IFRC Relief team, RFL needs are also being assessed at distribution sites. Further RFL actions are expected for people who remain separated from their loved ones, missing or unaccounted for, but also to support maintaining family links between separated family members (nationally and internationally). The HRCS has produced an RFL Update to inform the RCRC Family Links Network (192 NS and ICRC) of the current RFL response and provide guidance on acceptance of tracing cases. As of 23 August, the DGPC reports 344 people who remain unaccounted for. The HRCS will liaise with authorities to consolidate data from the missing and the dead. The ICRC has deployed a RFL specialist with the support of a data management specialist.

Disaster Risk Reduction (DRR)

The three most affected departments in the southwest region of Haiti are in an area prone to hurricanes and tropical storms, flooding, as well as earthquakes.²⁷ 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.

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.²⁸

Targeting

With the findings from the multi-sectoral rapid assessment underway 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. The emergency phase focus is on the people whose house is destroyed or damaged to

²⁵ [Global Report on Internal Displacement 2021](#).

²⁶ IFRC, [Panama: Population Movement Go Report](#) (17 August 2021).

²⁷ [Assessment Capacities Project](#), 20210820 ACAPS thematic report Haiti earthquake department profiles, 23/08/2021

²⁸ [Famine Early Warning System Network](#), Haiti Staple Food Market Fundamentals, 26/03/2018

become inhabitable. A second criteria considers levels of vulnerability, particularly households with pregnant women, children below 5 years of age, single parent household, persons with a handicap or severe health problems and elderly persons (more than 65). 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

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 - 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	- 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	- 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 - 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

<ul style="list-style-type: none"> - Increased cases of COVID-19 due to overcrowded collective centres 	<ul style="list-style-type: none"> - 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 NFIs - Logistics challenges - Increase in displaced persons and/or migration - Increase in protection concerns (particularly for women, girls and young men) 	<ul style="list-style-type: none"> - 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
<p>Civil unrest or coup d'état combined with hurricane and a second large earthquake (6.0 magnitude and above)</p> <ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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 NFIs and food items - Logistics challenges - Increase in displaced persons and/or migration - Increase in protection concerns (particularly for women, girls and young men) 	<ul style="list-style-type: none"> - Launch revised Emergency Appeal from outside the country - 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
<p>A1. Access to quality and timely field information.</p> <p>A2. The turnover of hired and volunteer staff is low.</p>	<p>MA1. The IFRC supports the management of HRCS information and reporting processes including planning, analysis and reporting of operational information.</p> <p>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.</p> <p>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.</p>

<p>A3. The security situation allows access to the affected areas.</p>	<p>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.</p> <p>MA3.2 Security plans and risk register have been updated and the situation is constantly assessed to allow for additional security mitigation actions to be implemented</p>	
Risks	Potential Risk Impact	Mitigation Measures
<p>R1. Volatile security situation deteriorates targeting transport of humanitarian aid</p> <p>R2. High crime rates and the potential for violent unrest</p> <p>R3. Hurricane season - new events with increased rain and flooding</p> <p>R4. Emergency by Dengue / cholera/ COVID-19 and other diseases with medical capacity to the-limit or exceeded. Wear and tear of health personnel.</p> <p>R5. Contagion of field personnel in the country with limited capacity to mobilize external aid, personnel and equipment.</p> <p>R6. Institutional problems of internal coordination of members of the Movement with low ratio of funds received vs implemented.</p>	<p>RI.1.1 Limited access to the areas with affected populations for assessments and distributions</p> <p>RI.1.2 NFIs currently in Port-au-Prince are unable to reach the affected areas.</p> <p>RI.2.1 RCRC staff and volunteers could be target of kidnappings and extortion are registered problems that face Haitians and foreigners.</p> <p>RI.2.2 Limited access to safe and secure accommodation facilities in the response areas</p> <p>RI.3 Affected areas have an increase of affected populations, limited access for days/weeks and higher risk of water-borne diseases</p> <p>RI.4 A substantial outbreak will provoke deaths and illnesses, in addition to the serious impact on the already overburdened Haitian health system</p> <p>RI.5 Stigmatization of foreign personnel as carriers of virus to the affected populations</p> <p>RI.6 Reputational impact and loss of credibility in front of partners, authorities and Civil society</p>	<p>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.</p> <p>MM1.2. The HRCS with the support of IFRC will develop a plan to continue operations – Business Continuity Plan.</p> <p>MM1.3. The HRCS with the support of the IFRC will make operational cost planning identifying geographical and intervention areas and their access.</p> <p>MM1.4. Cash and voucher assistance are being considered if feasible as a mid-term alternative.</p> <p>MM1.5 Alternative ways of transport such as the use of helicopters and CIVMIL assets are being considered.</p> <p>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.</p> <p>MM2.2. Movement tracking of field personnel and reduced timeframe for road movements.</p> <p>MM2.3. IFRC and HRCS establish safe and secure locations for RC teams.</p> <p>MM3.1. The HRC with the support of the IFRC Disaster Management focal point in the region will monitor weather events.</p> <p>MM3.2. The HRC with the support of the IFRC will pre-position food, materials and protective equipment.</p> <p>MM4.1. Maximize the synergies with the existing Dengue/ cholera/ and COVID-19 programmes supported by IFRC and other actors.</p> <p>MM4.2. Coordination with external actors in critical areas of the operation.</p> <p>MM4.3. Provision of PPE, psychosocial support and mental health services for staff and volunteers.</p> <p>MM5.1. IFRC developed a Continuity Plan based on security measures and protocols tailored to the country context to ensure the response can continue.</p> <p>MM5.2. Strengthening of biosecurity measures within the operations to prevent the spread of disease (dengue, cholera, COVID-19).</p> <p>MM6.1. Establishment of coordination agreements and protocols within the RCRCM.</p> <p>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.</p> <p>MM6.3. HRCS in the lead with support of an IFRC Membership Coordination Officer to reinforce the auxiliary role of the NS.</p>

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 administered²⁹, resulting in only 0.2% of the population being partially immunized.³⁰

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 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

Proposed 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**.

Proposed strategy

This operation has planned a multi-sector strategy that encompasses Shelter; Livelihoods and Basic Needs; Health; Water Sanitation and Hygiene; Protection, Gender and Inclusion; Migration; and Disaster Risk Reduction.

The emergency phase strategy centres on safe and efficient distributions to respond to the basic needs in shelter, health and WASH of targeted affected communities. At the same time, health actions, including the initial steps for the establishment of the health ERU, and a protection, gender and inclusion approach and fortifying restoring family links activities are underway.

Based on the multi-sectoral needs identified by the Red Cross, and in coordination with the local Emergency Operations Centres, the HRCS-IFRC relief team is distributing family kits in the target areas where the Government of Haiti requests Red Cross assistance. Based on HRCS policy, the HRCS-IFRC team will not participate in multi-organizational joint distributions. There is a risk due to their size and the possible use of armed guards. IFRC relief distributions are small (200 to 300 households in one distribution) and rapidly conducted to ensure the health and security for all involved.

The emergency phase distributions reach targeted household with a family kits, composed of multi-sector NFIs. These kits contain: 2 tarpaulins (4x6 m); a shelter tool kit; a kitchen set (for 5 people, type A); 2 blankets; a hygiene kit (5 people for 1 month); 2 jerry cans; 1 bucket, 2 long-lasting insecticidal nets (LLINs). Additionally, the HRCS is

²⁹ [World Health Organization. Haiti – COVID-19.](#)

³⁰ <https://ourworldindata.org/covid-vaccinations>

also distributing donated food items (2 k beans, 1 L cooking oil, 3 k rice and 3 k wheat flour) until these bilateral donations are depleted.

The HRCS-IFRC relief team conducts several steps prior to distributions and the post-monitoring following these. In the first moment, the HRCS regional branch and IFRC have contact with the community prior to arrival and the assessment, which is conducted the following day. This coordination facilitates needed adjustments, as well as promotes the identification of a temporary local committee that has shared responsibility in the distribution. This combined community – Red Cross effort decreases the space for unexpected events and fosters transparency. Following the assessment findings, the registration and distribution of cards (“ticketing”) to be used in the distribution are provided to the targeted households. With the distribution of cards, IFRC makes the requisition to logistics for the goods, which are transported to the targeted area. Based on this schedule, and allowing for buffer time for the transport, distributions occur on day six from when the process began. The post-distribution monitoring enables the assessment of the effectiveness and efficiency of the action.

Employing this methodology, the HRCS-IFRC relief team plans to work simultaneously with three affected communities; teams will be divided for registration, assessment/ monitoring and distribution. In this manner, three distributions can be conducted in the same week.

Additionally, this operation aims to implement actions that build upon strengths of partner National Societies in with the HRCS in country. The first week of September, the IFRC will provide 500 family kits to the Swiss Red Cross in Nippes to be distributed in Asile and Plaisance.

The following section further provides details on the sector-specific strategy. While the early recovery phase is not yet launched, sector information details future medium-term actions when possible.



HRCS volunteers in Ferme le Blanc, Torbeck distributed multi-sector family kits, 30 August 2021. Source: IFRC

Shelter

During this emergency phase, concurrently actions in distributions of household NFIs and damage assessments in the affected areas are underway.

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

Shelter interventions in the recovery phase consider repairs, construction and/or rental assistance based on intersectoral coordination. 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.

Livelihoods and Basic Needs

The HRCS has received bilateral food donations to assist the basic food needs of the affected population. In the emergency distributions with the IFRC and other partners, the HRCS will distribute different sectoral NFIs and a minimal amount of dry food items and cooking oil to the targeted households. The food stock will be used until depleted in this phase.

A cash feasibility study will be conducted to determine the use of multi-purpose cash or voucher assistance in the early recovery phase and beyond. For the transition of the cash and voucher operation, the IFRC envisions supporting the HRCS by cooperating with a bilateral partner that would be willing and able to continue building CVA capacity within the National Society.

Health

Lifesaving interventions by providing first aid and prehospital trauma care remain the most immediate needs as well as trauma care to treat fractures and other injuries. The HRCS is providing pre-hospital care and transfer of patients to a higher level of care.

The deployment of a Red Cross Emergency Hospital (RCEH) will 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. The RCEH is deployed by the Finnish Red Cross with support from the Canadian Red Cross Society. The HRCS has solicited Ministry of Health approval for the installation of this health ERU (type 2) with capacities for surgery, x-rays, laboratory as well as a 50-bed facility. The Sudanese Ministry of Health has requested that the RCEH be installed in this department.

The communities will also be supported by a community health strategy to promote healthy behaviours to prevent infectious diseases and NCDs as well as detecting and providing appropriate initial management and referral for COVID-19, water-borne and vector-borne diseases in the short- to mid-term. It is critical to strengthen public health and social measures to control spread. Volunteers and staff require support to avoid being at risk of contagion, which will be done with the rolling out and updating of protocols, providing training and sufficient PPE and advocating for their inclusion in the priority population to be vaccinated.

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.

Throughout this operation, Mental Health and Psychosocial Support to the affected communities and HRCS volunteers and staff are essential. Differential actions will be rolled out for the population at risk (children, youth, women, among others). 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 survivors and referral to appropriate pathways. Further actions in MHPSS will be implemented based on further assessment findings and aligned with cultural practices.

A Knowledge, Attitudes and Practices (KAP) survey will be used to obtain more complete and current information in terms of knowledge, experiences and practices related to broad health issues. Some of the include COVID-19, epidemic control, community-based surveillance, mental health and psychosocial support, first aid, nutrition, as well as access and management of potable water and hygiene and sanitation practices. The KAP survey results will enable comparisons between locations and permit the health team to identify data gaps to adjust community-based health interventions as needed.

Water Sanitation and Hygiene (WASH)

Sanitation and hygiene have received the least attention from WASH actors participating in the response to date, and are the most acute needs identified in the Red Cross rapid WASH assessments. HRCS actions to contain the spread of COVID-19 will continue to be supported. Furthermore, with the heightened risk of a cholera outbreak and a reduced number of actors working on sanitation and hygiene, the Red Cross is well placed to launch sanitation and hygiene actions.

In the emergency phase, actions have started with the distribution of WASH NFIs: hygiene kits, buckets and jerry cans as part of the family kit being provided to targeted households.

This operation aims to support the construction of rapid latrines 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. Household sanitation rehabilitation is as a further possibility where IFRC-network partners are also engaged in shelter rehabilitation.

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.

HRCS – Swiss RC rapid assessments indicated a need for urgent household water treatment. As many household goods were destroyed, domestic water treatment activities will be supported with buckets and other NFIs, which would supplement the WASH NFIs distributed in the early emergency phase.

Piped supply of water to households and community collection points have been disrupted by the earthquake. NLRC has deployed 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 is in the process of setting up six 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.

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)

Aligned with the “do no harm” commitment, in this operation PGI will focus on preventing further harm and on mitigating protection risks. This will include the implementation of international protection mechanisms – including Protection from Sexual Exploitation and Abuse (PSEA); 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 response and awareness raising activities.

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.

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.

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 is currently participating in the protection cluster and will participate in the 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 emigration 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.

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.

Volunteers and personnel will be supported 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, response efforts aim to cause minimum damage to the already fragile environment. Response and recovery efforts will consider environmental considerations and carry ecological assessments.

Security and Civil Military Relations

The safety of Red Cross volunteers, staff and activities is primordial in this operation. The active security footprint entails monitoring humanitarian response work, using and updating safety protocols, and ensuring that all social media, news, and communication networks are monitored. This approach contributes to the commitment to ensure the safety, security and duty of care of all Red Cross personnel in the country.

After a comprehensive security analysis involving the HRCS and the IFRC security focal point and HRCS approval, the IFRC established an operation center in Port Salut in the district of the same name. This area provides access to the areas in the Sud department that have been identified for distributions. At the start of September, action are underway to establish a second smaller operational base in Camp Perrin, Les Cayes district.

Civil-Military Relations support has been fundamental for the coordination of civil-military actions from partnering countries and with the Haitian 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. In this period, the IFRC has coordinated with diverse civil-military actors. Close coordination and support to this Emergency Appeal operation has been received from the French Navy and the Royal Netherlands Navy for the transport of relief items to and within Haiti. The IFRC also maintains contact with the civil-military partners from the Dominican Republic and the United States of America. Additional coordination on civil-military issues is done via DGPC and OCHA.

Logistics and Supply Chain

Some routes have access problems, so alternative routes by sea and air (helicopters and small planes) 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 using the Dominican Republic as a port of entry.

A Logistics ERU and a supply chain delegate are mobilized during the early emergency to address the highly complex logistics needs. 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 continue throughout this operation.

Community Engagement and Accountability (CEA)

The HRCS has an established area in Community Engagement and Accountability that will be supported for the integration of a CEA approach 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.

The CEA approach is cross-sectoral starting with the communication with communities to identify target populations, implement actions and to follow-up with post-distribution monitoring. CEA tools and products (in Haitian Creole), with technical support from the regional level, are being shared with the HRCS and the IFRC team in the field.

CEA 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.

Communications and advocacy

The Communications specialists in Haiti, with ARO support, produce written, photo and video content of various Red Cross activities, such as distributions and preparedness projects. These are regularly posted across IFRC (social media) channels, as well as those of the HRCS and partner National Societies. These products are made available to the media, as well as internal and external reporting needs.

The Comms team will continue to practice a proactive media approach. Newsworthy developments in the operation will be shared with media via press releases. Any requests from journalists for interviews, photos or videos will continue to be facilitated. Regularly updated key messages are shared with the entire Red Cross Red Crescent Movement to accommodate the media in their markets. Red Cross communications staff will accompany any media visits by journalist for this event or any of new or large-scale Red Cross operations, future disasters or specific media requests.

Aligned with support already provided from other Red Cross partners, this Emergency Appeal operation will enable the HRCS to hire more specialist human resources to increase its outreach and advocacy. HRCS branches will be supported with basic communications equipment and training to ensure production of good quality communications materials immediately following an emergency.

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, humanitarian actors, including the Red Cross Movement, require 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 will provide technical guidance 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.

A Real-Time Evaluation (RTE) is planned. At the end of this operation, an external evaluation will be conducted to determine to what extent the IFRC and HRCS met their operational objectives.

Information Management (IM)

The Information Management team has created a GO page dedicated to the Haiti earthquake that can be accessed [here](#). At the regional level, the DCCPRR 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 continues to be used estimate the severity of impacts and ensure targeting and development of visual information products to support decision-making and reporting purposes.


Information technology and Telecomms (IT&T)

Communications in the affected areas are being restored. This operation will initially be supported by the deployment of the IT&T 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.

Joint IFRC and HRCS missions to VHF sites are planned to install VHF repeaters that the National Society had in this area of the country to reenable 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

	<h3 style="color: red;">Shelter and essential household items</h3> <p>People reached: 2,000 people (400 families) Male and Female: not reported at this time</p>	
<p>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</p>		
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>
<p>25,000 people provided with safe, adequate, and durable recovery shelter and settlement assistance</p>	<p>25,000</p>	<p>2,000</p>
<p>Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.</p>		
<p>Indicators</p>	<p>Target</p>	<p>Actual</p>
<p># of families are provided with emergency shelter and settlement assistance</p>	<p>5,000</p>	<p>400</p>

# of families provided with early recovery shelter & settlements assistance	2,000	Planned
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		
Indicators	Target	Actual
# of families reached with technical support, guidance, and awareness	2,000	Planned
# of families reached with early recovery shelter and settlements assistance	2,000	Planned
Progress towards outcomes		

Output 1.1

Assessment of shelter needs, capacities and gaps

The HRCS and IFRC are conducting multi-sectoral rapid assessments that include shelter. Additionally, the HRCS has received support from the Swiss RC for a shelter assessment in Nippes department. The information gathered has served to indicate the needs for emergency shelter support, which are being responded to with shelter items.



Home destroyed by the earthquake in Torbeck, Sud department. Source: IFRC Relief ERU.

Coordination with government and other stakeholders

The HRCS as an active member of the COUN is monitoring Government of Haiti guidance for shelter support. Additionally, the IFRC participates in the shelter cluster to share and gather information to avoid duplication and complement other actors. On 18 August, the Civil Protection General Directorate established recommendations regarding the use of tents, tarpaulins and other provisional shelter devices. Shelter actions in this operation are aligned with these.

Provide shelter tool kit to 5,000 families/ Provide 10,000 tarpaulins to 5,000 families (2 per family)

The family multi-sector distributions include a shelter tool kit and 2 tarpaulins per family. The standard shelter tool kit contains:

Item	Quantity
Polyethylene bag	1
Nails for roofing	0.5 kg
Nails for wood (40 mm)	0.5 kg
Nails for word (7.5cm)	0.5 kg
Galvanized wire	25 m
Measuring tape	1
Shears (for metal)	1
Hammer	1
Needle (curved for stitching)	2
Handsaw	1
Polypropylene rope	30 m
Hoe	1
Machete	1
Shovel	1

Provide 15,000 blankets to 5,000 families (3 per family)

The family kit provides two cotton-blend blankets per family.

Output 1.2

Rapid Response Personnel specialized in shelter to support assessments, coordination and planning

The IFRC launched a call for a rapid response specialist in shelter. She will arrive in Haiti on 31 August and be incorporated into field operations. Prior to her deployment, the IFRC regional shelter advisor provided technical guidance for planning to the team in the field, as well as engaged in coordination through the shelter cluster in Haiti.

IFRC regional technical support in shelter

With the arrival of the rapid response specialist, the regional technical support, provided remotely, will continue. This support aims to assist the team to learn from previous experiences in Haiti, as well as best practices in the region. As possible, this technical support will continue with inter-institutional coordination and monitoring of Government of Haiti guidance on emergency and recovery shelter.

Collaboration with WASH, Livelihoods/CVA and CEA and other sectors

As mentioned above, the HRCS-IFRC relief team has launched a multi-sector assessment while it concurrently rolls out multi-sector distributions. Coordination between shelter and other sectors will remain central to this response.



Livelihoods and basic needs

People reached: 2,000 people (400 families)

Male and Female: not reported at this time

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
# of targeted households have enough food, cash or income to meet their survival threshold	2,000	Planned

Livelihoods and basic needs Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators	Target	Actual
# of targeted household received a combined sectoral kit	2,500	400

Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs

Indicators	Target	Actual
# of households reached with multi-purpose cash grant	5,000	Planned

Progress towards outcomes

Conducting a multisectoral needs assessment in the affected areas

IFRC deployed a rapid response relief coordinator who arrived in Haiti on 19 August with the five-person Relief ERU from Benelux RC arriving on 21 August. Following approval of a preliminary relief plan by the HRCS, the relief team with HRCS local volunteers started a multi-sectoral needs assessment in Sud department on 27 August. Built on questions from all sectors, this rapid assessment is being used to identify humanitarian needs, as well as specific populations more at risk and/or not yet reached.

Support HRCS's bilateral food donation distribution

The HRCS received food donations to support the food needs of the affected population. Private sector food donations enabled the HRCS to distribute 100 food kits to Saint-Louis du Sud on 23 August.

Bilateral food donations to the National Society were sent with the PIRAC stock that arrived on a French Navy vessel in Port-au-Prince on 21 August. Carrefour Martinique (Groupe GBH) donated 1800 k of rice; 96 k of beans, 3375 L of oil; 18144 L of water and the unique territorial community of Martinique donated 15120 L of water.

The Mexican Red Cross also sent 432 food kits, as well 400,000 masks; 400 tents; and 9,900 facial protectors in a bilateral donation to the HRCS.

As will be mentioned in the WASH section, bilateral donations of water will continue to be distributed until the depletion of stock. Culligan donated 250 gallons water, which the HRCS distributed to the Saint-Louis du Sud Hospital on 24 August. The water that arrived on the French Navy vessel was later delivered to Anse-a-Veau (Nippes) at the request of the HRCS president. The branch in Anse-a-Veau is conducting distributions.

As part of the family multi-sector kit distributions underway, the HRCS-IFRC relief team distributes 2 k beans, 1 L cooking oil, 3 k rice and 3 k wheat flour with the non-food items. The food items will be distributed until these stocks are depleted.

Additionally, the MHPSS and health in emergencies regional officer has been participating in a regional working group on nutrition in the aftermath of the earthquake. This regional-level coordination contributes to future actions on how to best respond to basic needs in the country.

Output 1.5

Conduct a CVA feasibility study including the experiences from previous cash operations in the country

Cash transfer is being considered for this operation. Combined with the uncertain security context, this option will enable the HRCS to strengthen local markets. Conversations are underway with the HRCS to define the best assistance modality (in kind, cash or vouchers or a combination), based on HRCS' appetite for a CVA intervention, risk assessment, availability of Financial Service Providers and population preference.

The relief plan contemplates that CVA could be conducted by the HRCS with a partner National Society that has worked with the National Society on similar programmes in the past. The relief ERU team is working closely with the Cash Working Group, which has been active in Haiti since 2018. The ARO CVA focal point is providing technical guidance to the team in Haiti.

The Red Cross team will build on the results of the market assessment done by REACH in 19 communes in the earthquake affected areas, which should be complete by mid-September. This will help determine if markets are able to support cash and voucher interventions.



Health

People reached: 2,000 people (400 families)

Male and Female: not reported at this time

Outcome 1: The immediate risks to the health of affected populations are reduced		
Indicators:	Target	Actual
<i># of emergency primary health care services provided</i>	100	To be reported in next Ops Update
Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
Indicators	Target	Actual
<i># of communities assessed for health needs</i>	TBD	Planned
Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment		
<i># of people reached with emergency health care</i>	1,000	To be reported in next Ops Update
Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.		
Indicators	Target	Actual
<i># of people reached by the Red Cross Emergency Hospital</i>	TBD	Planned
<i># of people transferred via ambulance service</i>	100	146
Health Output 2.3: Target population is reached with Search and Rescue activities		
Indicators	Target	Actual
<i># of volunteers and staff mobilized to support search and rescue</i>	50	To be reported in next Ops Update
Health Outcome 3: Dead bodies are recovered and buried appropriately		
Indicators:	Target	Actual
<i># of dignified burials</i>	TBD	Planned
Health Output 3.1: Dead bodies are managed according to DBM protocols (not for epidemics)		
Indicators	Target	Actual
<i># of people trained in dead body management</i>	TBD	Planned
Health Outcome 4: Transmission of diseases of epidemic potential is reduced		
Indicators:	Target	Actual
<i># of people reached with epidemic control activities</i>	25,000	Planned
Health Output 4.1: Community-based disease control and health promotion is provided to the target population		
Indicators	Target	Actual
<i># of households reached with LLINs (2 per household)</i>	5,000	400
Health Output 4.6: Improved knowledge about public health issues among affected communities and HRCS volunteers.		
Indicators	Target	Actual
<i># of people reached with CBHFA training</i>	100	Planned
Health Outcome 6: The psychosocial impacts of the emergency are lessened		

Indicators:	Target	Actual
# of people reached with MHPSS services	TBD	Planned
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators	Target	Actual
# of HRCS personnel (volunteers and staff) trained in MHPSS services	100	Planned
Progress towards outcomes		

Output 1.1

Rapid health assessment (as part of multi-sectoral assessment)

The rapid response health coordinator arrived in Haiti on 19 August. The following day, she travelled by helicopter to Jeremie (Grand'Anse) to conduct a rapid health assessment. In the St-Antoine hospital in Jeremie, the hospital director shared data on the health needs and permitted a review of the hospital conditions. The health assessment report indicated that the hospital is providing health services free of cost to injured people, needs extra material for emergency health care and is running low on equipment. Due to some parts of the hospital having earthquake damage, other wards are overcrowded and other areas (interior partially-roofed courts, makeshift tents and balconies) are used. Neonatal care is a challenge since incubators are not connected to electricity. MSF provides supports for the operating theatre.

In the St-Antoine hospital, HRCS volunteers provide psychosocial support for injured patients and their families as well as first aid and transport of patients. Other volunteers are engaged in conducting needs assessments.

On 24 August, the HRCS health coordinator and the IFRC health coordinator assessed two hospitals (OFATMA hospital and Camp Perrin health centre) in Les Cayes at the request of the HRCS and the Ministry of Health. With significant damage to both structures, which led to partial evacuation, care is being provided in the remaining areas. Teams in the hospital reported immediate orthopaedic and wound care as well as need for definite treatment of fractures that have been stabilised with a temporal treatment. There are also significant needs for dignified and safe outpatient, inpatient and maternity care.

Output 2.1

First Aid and Ambulance service provision

The HRCS maintains fleet of new ambulances, with recently donated vehicles by the Red Cross Society of China. HRCS staff and volunteers trained in pre-hospital care use five ambulances for hospital transfers from the Port-au-Prince airports (Toussaint Louverture and the Ayiti Air Ambulance base) to hospitals and another for transfers in Sud department. As of 26 August, the HRCS has transferred a total 146 people (82 females of which 13 were between 0 and 10 years of age, and 64 males of which 4 were between 0 and 10 years of age).

Rapid deployment of Red Cross Emergency Hospital (RCEH)

Following the rapid health assessments and aligned with the Government of Haiti's request for the deployment of only type 2 emergency response units, the Red Cross evaluated the possibility to deploy a health ERU. The HRCS president sent an official letter to the Minister of Health offering the support of the ERU and requesting coordination to identify needs. During the rapid health assessment in Les Cayes, the departmental authorities in Sud formally requested support via a field hospital. On 22 August, the Red Cross met with the Ministry of Health coordinator for emergency medical teams where the availability of the RCEH deployment was offered.

The health coordinator with HCRS counterpart visited Les Cayes and met with the Director of health and his team to discuss location of the field hospital. While a suitable location was identified near one of the facilities that was previously assessed, the Ministry of Health will determine the location for the RCEH.

The Finnish Red Cross started deploying its RCEH with its team leader arriving on 29 August, equipment the following day and the remaining staff of 24 people arriving on 31 August. HRCS staff will also work on this RCEH team.

Health professionals

The HRCS has previous experience with a health ERU and has a pool of professionals who could be reactivated and a minimum of equipment available. Once the RCEH is operational, more information will be provided on the hiring of local health professionals.

CEA material for RCEH

The RCEH will build upon risk communication and community engagement (RCCE) material that the IFRC CEA area in the Americas has prepared in Haitian Creole. These materials with key messages in the areas of risk reduction, health, WASH and psychosocial support are available online for immediate use or modification.

Output 2.3

Coordination and support with national search and rescue efforts (HRCS)

As first responders in the affected areas, HRCS local branches began search and rescue activities following the earthquake. With support from HRCS national headquarters, other staff and volunteers were deployed to the affected areas to support these efforts. The HRCS also supported the search and rescue efforts led by DGPC.

Output 3.1

ICRC Forensic specialist deployment

As part of a coordinated Movement response, the International Committee of the Red Cross deployed a forensic specialist from its Central Tracing Agency in Geneva to work under the IFRC umbrella in this operation. The two planned rotations in this position will support the assessment, coordination and implementation of the Movement's response on the management of the dead.

The forensic specialists have the objective to work so communities affected by the earthquake are supported by Haitian authorities and RCRC Movement actors through an optimal management of the dead in line with their needs. Additionally, this role will enable the coordination of management of the dead issues with other sectors, particularly mental health and psychosocial support.

Training for volunteers in dead body management

While the HRCS does not have a specific area to address dead body management, training will be provided to strengthen the capacities that were created in the years following the 2010 earthquake. Plans are underway to organize a two-day training for HRCS and Haitian authorities on management of the dead, with an emphasis on coordination, information management (collection and sharing), burial and access to rites.

Part of this training also entails community engagement actions to reach the affected communities regarding the management of the dead. Initial ideas include radio spots or printed material with key messages.

Furthermore, the ICRC forensic specialist will work with the HRCS to determine other capacity strengthening actions in mass fatality planning.

Coordination with authorities to support identification of unidentified human remains

As part of the coordination with authorities, the ICRC is supporting HRCS's access to 550 body bags that can be donated to Haitian authorities. While the need might be less two weeks following the earthquake, there is interest in having the aforementioned training complement this donation.

Output 4.1

Distribution of PPE for volunteers (goggles, latex gloves and surgical mask) and masks for target communities.

As PPE will be an ongoing demand for all people involved in this response, this operation is providing surgical masks to volunteers involved in distributions and will do so for their voluntary service in other sectors.

Distribution of 10,000 LLINs

As part of the family kit distributions, each target household receives two long-lasting insecticidal net. As of 1 September, 800 LLINs have been distribute to 400 households.

Output 6.1

Deployment of MHPSS specialist

The call for a rapid response specialist in MHPSS was launched globally. At the time of publication, profiles continue to be reviewed to identify a suitable candidate for deployment.

HRCS MHPSS staff

Preparations are underway for the mobilization of two HRCS staff members who have received MHPSS training in the affected areas to provide the emergency psychosocial support needed during this period.

Participation in coordination mechanisms working groups in MHPSS

Prior to the arrival of the future MHPSS delegate in Haiti, the regional MHPSS and health in emergencies officer has been participating in coordination spaces with the Ministry of Health and PAHO, as well as contact with the Haitian Association of Psychologists and the Caribbean Alliance of National Psychological Associations (CANPA) to complement efforts to map resources, identify MHPSS needs and review secondary data on MHPSS needs in the country.



Water, sanitation and hygiene

People reached: 2,000 people (400 families)

Male and Female: not reported at this time

WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
# of households reached with WASH support during the emergency phase	5,000	400

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Indicators	Target	Actual
# of WASH assessments conducted	TBD	To be reported in next Ops Update

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

Indicators	Target	Actual
# of families reached with household water treatment	5,000	0

# of wells, pipelines and water points rehabilitated	TBD	0
WASH Output 1.4: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicators	Target	Actual
# of households reached with hygiene kits	5,000	400
WASH Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase		
Indicators:	Target	Actual
# of institutions supported with safe sanitation	TBD	0
WASH Output 2.1: Safely managed institutional sanitation facilities are available to reduce the risk of contamination of water sources and water related diseases		
Indicators	Target	Actual
# of institutions supported with safe sanitation	TBD	0
WASH Output 2.2: Hygiene promotion activities are provided to the entire affected population.		
Indicators	Target	Actual
# of menstrual health management kits distributed	2,500	0

Progress towards outcomes

Output 1.1

Conduct training for RC volunteers on carrying out water, sanitation and hygiene assessments

The IFRC will build on installed WASH capacities in the HRCS for planned activities in this sector.

The IFRC WASH coordinator conducted a rapid assessment of WASH facilities and hygiene practices in OFATMA Hospital in Les Cayes on 24 August. Based on the rapid assessment report, access to potable water was not apparent for any patients, other than dialysis patients. However, there is access to a reliable ground water supply available for washing and laundry. Handwashing facilities were scarce with the handwashing station in operation area doubling as spaces for the sterilization of equipment.

While in Les Cayes, local HRCS authorities and the WASH coordinator met with the National Directorate of Potable Water and Sanitation (DINEPA) to discuss needs and potential areas for Red Cross support.

Output 1.2

Deployment of WASH specialist

The WASH coordinator arrived in Haiti on 23 August. She is currently based in Les Cayes conducting rapid assessments and coordinating with other WASH actors in the field. With an increased number of vehicles in the field, an increased number of assessments will be undertaken. However, the relief team has identified clear WASH needs in the mountainous areas that surround Camp Perrin. Combined WASH and Relief visits to the area it appears that the damage to the drinking water systems is intermittent with access to treated source water varying by location. Additional assessment needs to be completed to ensure that all needs are covered. It is particularly important to address these areas as they are difficult to reach with water trucks and water treatment units. Household water treatment will most likely be required until the pipelines can be fixed.

The areas of sanitation and hygiene have largely been overlooked by WASH actors currently engaged in the earthquake response. The IFRC is currently working to support a team from the Dominican Red Cross to begin the rehabilitation of institutional sanitation and hygiene.

The HRCS, with the support of the Spanish RC, has deployed three water treatment units to Léogâne and L'Asile. While these units are operational and supplying water to the affected community, hygiene promotion

activities have yet to be launched. It is anticipated that the deployment of tools and sensitization for safe transport and storage of water will occur in early September.

NLRC has completed a number of assessments of disrupted drinking water pipelines. A WASH engineer has been deployed and plans to begin repairs in the coming days.

Output 1.4

Distribute 5,000 hygiene kits, sufficient for 1 month to 25,000 people. Distribute 5,000 buckets for household water treatment. Distribute 10,000 jerry cans (2 per family).

As of 1 September, 400 family hygiene kits, 400 buckets and 800 jerry cans were distributed to 400 targeted households. Based on five members per household, this means 2,000 people have been reached. As mentioned, this distribution is part of the multi-sectoral family kit distribution led by the HRCS-IFRC relief team.

Output 2.1

Rehabilitation (or installation) of sanitation equipment in collective centres, health centres and schools

Through strong coordination with DINEPA schools affected in the Les Cayes area are beginning to be identified. Assessments and community engagement activities are planned for by mid-September.

Output 2.2

Develop, training and roll-out of hygiene communication plan, including menstrual health management

While specific actions on this output were not conducted in this time, initial rapid WASH assessments point to the demand for actions in menstrual health management. For example, the rapid assessment in the OFATMA Hospital in Les Cayes indicated that MHM materials were out of stock.

Further actions are underway to ensure MHM in the emergency phase response.



Protection, Gender and Inclusion

People reached: To be reported

Male: N/A

Female: N/A

PGI Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

Indicators:	Target	Actual
1 PGI strategy developed for the operation	1	0

PGI Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators	Target	Actual
Local PGI officer recruited	1	0
# of staff briefed on PSEA, child safeguarding policy	100	8
Assessment conducted using the PGI MSC	100	0
# of operational sectors collecting sex and age disaggregated data	8	0

PGI Output 1.2 Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.

Indicators	Target	Actual
<i>% staff and volunteers involved in the operation equipped with basic knowledge in PGI MSC, SGBV, child protection</i>	100	0
<i># of referral pathways developed and disseminated</i>	TBD	0
<i>% of IFRC/NS Staff involved in the operation who have signed the Code of Conduct</i>	100	0
<i># of girls, boys, women, men who have received awareness raising on SGBV prevention and response</i>	TBD	0

PGI Output 1.3 National Society educational and advocacy programmes raise awareness on humanitarian challenges, cultivate humanitarian values and develop relevant interpersonal skills

Indicators	Target	Actual
<i># of National Society personnel reached through capacity building activities on issues of discrimination, violence and exclusion</i>	TBD	0

Progress towards outcomes

Output 1.1

Briefings on PSEA and child safeguarding policy and anti-harassment with all staff, volunteers, contractors, among others

Eight PGI briefings implemented to date, as mandatory for all personnel to be deployed. Coordination has been made with the Finnish Red Cross and the Canadian Red Cross in order to provide briefings on health and PGI for the soon to be deployed personnel of the ERU.

Deployment of PGI specialist

The PGI coordinator started on 23 August, currently working remotely with the support of the Americas regional PGI senior officer until arrival in Haiti the second week of September.

Recruitment and hiring of HRCS PGI officer

The Job Description of the PGI Officer is already developed and the selection process will start in September.

Contribute to gender needs assessment conducted by partners

IFRC has reached out to UN Women to express interest in complementing the gender assessment underway in country.

Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data

Coordination is ongoing with sectoral teams and health ERU to ensure mainstreaming of PGI across activities and systematic collection of sex-age and disability disaggregated data.

Output 1.2

Develop SGBV and child protection mapping/referral pathways in coordination with other humanitarian actors and disseminate amongst staff/volunteers

IFRC has been participating in the regional protection cluster with future coordination around referral pathways and the current PSEA referral pathway in Haiti. Contacts have been established with partners involved in SGBV prevention work and LGBTQI+ local organisations to gather information and initiate collaboration.

Support sectoral teams to include measures to enable protection of safety in and access to education for affected population

Americas Regional Office staff in contact with REDLAC Education in Emergencies Group to support field level coordination, an integrated approach to Education in Emergencies and the development of joint key messages on the needs of this sector and for information exchange on available resources developed for previous emergencies.



Migration

People reached: 0

Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Indicators:	Target	Actual
# of people reached with RFL activities	300	0
1 RFL strategy developed for the operation	1	0

Migration Output 1.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations.

Indicators	Target	Actual
# of contingency and response plan	1	0

Migration Output 1.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster

Indicators	Target	Actual
# of services delivered to re-establish and maintain contact with family members.	TBD	0

Progress towards outcomes

Output 1.1

National and regional monitoring of Haitian migratory flows

The situation has been constantly monitored through the National Societies in the region and the IFRC delegations, different materials have been translated into Creole, and RFL services have been provided in different Humanitarian Service Points (HSPs) outside of Haiti.

Development of contingency and response plans for migratory flows (including internally displaced people)

A meeting between National Societies in the Americas is pending for the planning of this activity as soon as the operation stabilizes.

Coordination mechanisms (cross borders and regional)

At the Americas regional level, coordination Movement meetings are being maintained with National Societies and ICRC regarding the people in the move (mainly Haitians) from Chile to Guatemala. Key messages (to be translated into Haitian Creole) about the general situation post-earthquake in Haiti and Red Cross actions in Haiti developed for migration teams responding to the concerns of Haitian migrants in Colombia, Panama, Bolivia, Peru, and Chile.

Output 1.3

Deployment of ICRC specialists in RFL

The ICRC has deployed three specialists from its headquarters to support issues related to separated, Missing and the Dead resulting from the earthquake. This three-person team, working under the IFRC operational umbrella, has a Restoring Family Links specialists, RFL Data Manager and Forensic Specialist. The ICRC will rotate in new staff, as needed. This team will work closely with HRCS (particularly the RFL focal point with whom they already met) and authorities as relevant to assess the needs related to the separated, missing and dead, and propose strategies and plans of actions.

HRCS RFL staff

The HRCS has a RFL staff person in its national headquarters. Based on HRCS analysis, this operation could support other RFL staff.



Disaster Risk Reduction
People reached: 0

DRR Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster

Indicators:	Target	Actual
# of people reached through DRR activities	TBD	0

DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

Indicators	Target	Actual
# of community emergency committees organized	5	0
# of people trained in DRM, including Green Response	50	0
# of people reached through multi-hazard preparedness messaging	1,000	0

Progress towards outcomes

HRCS DRR Officer

Americas Regional Office DRR focal point and CCD DRR focal point to create detailed plans to support HRCS's work in community multi-hazard preparedness in the face of upcoming events due to Hurricane Season.

Training on Disaster Risk Management, including Green Response, for branches

Coordination is ongoing to identify the best way to support HRCS in this regard, as local capacity is strained due to the emergency response.

National Society Strengthening

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

Indicators	Target	Actual
# of volunteers insured	10,000	This will be reported in

		the next Ops Update
# of volunteers involved in the operation	1,000	500+
Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place		
Indicators	Target	Actual
OCAC second phase completed	1	0
Output S1.1.7 NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators	Target	Actual
One PER process conducted	1	0
Progress towards outcomes		
<p><i>Visibility for volunteers; Volunteer insurance; Recognition for volunteers</i></p> <p>As a central component of National Society strengthening, the IFRC and HRCS are committed to ensuring safe and healthy volunteers who have the capacities to volunteer their skills and time as part of this response operation. This emergency response considers the HRCS volunteers who also have been affected by the earthquake as target population, based on identified needs and aligned with established priorities. Initial communication with local branches indicates the death of at least three volunteers (two in Sud and one in Nippes departments), as well as the loss and injury of other family members in the earthquake. Based on strategic guidance from the HRCS president, all efforts will be made to recognize the humanitarian needs of volunteers and their families, including support that can be provided to surviving family members. The HRCS continues to identify other volunteers who has been affected by the earthquake in order to be able to offer them assistance.</p> <p>This comprehensive approach entails visibility, protection (IFRC insurance policy, as well as PPE detailed in the health section), access to psychosocial support services (detailed in the health section) and other support based on needs. The Americas Regional Volunteering Coordination has recently created a Quick Guideline on Volunteering in Emergency. This is a practical tool aimed to support IFRC staff on how to manage volunteers' teams while deployed, and it summarizes information on several issues, such as insurance coverage, MHPSS, spontaneous volunteers, among others.</p> <p>During the first two weeks of this operation, more than 500 volunteers in the Sud (285), Grand'Anse (156) and Nippes (35), as well as 25 in Ouest departments, as well as in the capital Port-au-Prince and other locations around the country, have demonstrated their commitment and used their capacities to respond to this emergency.</p> <p><i>HRCS volunteer coordinator</i></p> <p>This operation will support the HRCS volunteer coordinator who will implement and coordinate efforts for volunteering with the HRCS. The ARO volunteering coordination team is in touch with the Volunteering and Youth focal points who have shared images and information from the field.</p> <p>In coordination with the HRCS volunteer coordinator, the IFRC Americas regional volunteering and youth coordination area aims to disseminate to all IFRC response team members to guarantee the Duty of Care to volunteers involved in this operation. Support to HRCS volunteers must include, among other issues: addressing MHPSS needs (a high number of volunteers has lived the 2010 earthquake and might be experiencing stress related to this new episode); ensuring an effective rotation that allows volunteers to properly rest (lack of sleep, working for too long without pauses, etc., affects both judgement and performance); and personal protection equipment and knowledge against COVID-19.</p> <p><i>OCAC follow-up to first phase</i></p>		

The most recent OCAC process was launched in 2019 in the HRCS. This operation will support the follow-up to the first phase with support from the IFRC country cluster delegation and Americas Regional Office.

Hiring of HRCS personnel to support the operation

HRCS staff to plan, roll-out, implement, monitor and report on this operation are essential to reaching the projected goals at all levels. This Emergency Appeal supports the HRCS with staff costs for current and future personnel related to this operation. Further information on the staff positions will be provided in the next Operations Update.

National Society Development (NSD) activities

Under a broad area of National Society Development, this operation will work with the HRCS to identify and prioritize areas that require specific support and clear actions that can be taken during this 18-month operation. The above mentioned OCAC process with inputs already established in the first phase will feed into the planned NSD actions.

Initial findings from the field indicate that the local branches have motivated and trained volunteers. Several board members are new and still learning about the scope of activities and mandate of the Red Cross. The HRCS national headquarters is supporting them, as well as the support from partner National Society programmes in NSD in recent years (i.e. American Red Cross and Netherlands Red Cross).

Furthermore, it is clear that the implementing powers of the branches depends on their available resources and capacities. Based on HRCS guidance, the NSD actions encompass its branch network.

HRC Preparedness for Effective Response (PER) process continue to be implemented and response capacities enhanced to deal with current operation need and be ready to respond to additional events.

Deploy CEA delegate

Prior to the deployment of the CEA delegate, the ARO regional CEA manager has supported CEA-related activities from Panama. The CEA delegate will arrive in Haiti in early September. With previous experience with the HRCS, the CEA activities will be rolled out with the HRCS accountability area that is responsible for CEA and PMER. AmCross is a partner in these activities and with its support to this operation, it will continue to be the further development of HRCS accountability actions.

The CEA regional unit has been participating in several meetings with the network of “Communicating with disaster affected communities (CDAC)”, this group has initiated a repository of tools and materials on accountability tools, information as aid, participatory methodologies, and feedback mechanisms. Further coordination will continue with CwC / AAP inter-agency working group at local and regional level.

International Disaster Response

Outcome 2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective and respected surge capacity mechanism is maintained.

Indicators	Target	Actual
# of rapid response personnel deployed	50	57

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators	Target	Actual
# of disaster law briefs disseminated to IFRC-network partners	3	1

Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced

Indicators	Target	Actual
# of institutions and organizations participating in the shelter cluster	10	0

Outcome S2.2: The complementarity and strengths of the Movement are enhanced

Output S2.2.1: In the context of large-scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.

Indicators	Target	Actual
# of Movement-wide statements issued	1	0
# of Movement operational meetings held	9	1

Output S2.2.5: Shared services in areas such as IT, logistics and information management are provided

Indicators	Target	Actual
# of RC installations provided with ITT services	4	3

Progress towards outcomes

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

Rapid Response Personnel/ Operations Manager/ Welcome Service/ CVA coordinator/ Drivers
 The same day of the earthquake, at the HRCS request, the IFRC activated its rapid response management system to issue surge alerts. The Americas continental coordinator for operations was deployed as Operations Manager. A call has been launched to hire an operations manager for the duration of this operation. In the interim between the current operations manager and the permanent position, the IFRC rapid response system has called upon its Head of Emergency Operations (HeOps) pool to have one HeOps leading the operation for a short period.

The DCPRR unit deployed its Continental Coordinator as Head of Operations in Haiti, arriving on day three post-earthquake. Using rapid response mechanisms and the support of four Emergency Response Units (logistics; relief; ITT; and basecamp), as of 1 September, there are 57 rapid response staff for this operation in Haiti, four embedded assets (AmCross: 1 and ICRC: 3) and two rapid response working remotely.

Responding to the potential needs to establish one or several base camps in Haiti, the IFRC deployed one person from the Danish Red Cross Basecamp ERU. This staff person, deployed from 19 August to 2 September, was fundamental in identifying base camp needs. Upon determination with the HRCS in the field and supported by IFRC security that it would be less expensive to house staff in hotels and other accommodations, it was not necessary to deploy a basecamp for this operation. The basecamp coordinator provided key recommendations for moving forward with operating needs for accommodation, transport and security in the field.

Based on the growing operational staff, a staff health specialist arrived in Haiti on 31 August. This role is fundamental to respond to all health needs in the country, including COVID-19.

Additionally, the CCD provided emergency reinforcement of its office in Haiti with the deployment of the Head of Delegation, the financial analyst delegate and the hiring of a person responsible for welcome service. The regular Haiti team, composed of a deputy head of delegation, CCD health coordinator, finance officer, archivist, three drivers and two cleaners, will be strengthened with two finance officers, a PMER officer and a PRD officer.

As community engagement and accountability is a cross-sectoral approach, the emergency phase deployment is also considered. As mentioned above, this specialist will arrive in Haiti in the first week of September.

Despite the kind offer by the Colombian Red Cross Society, contextual issues did not allow its WASH and health emergency response teams to be deployed.

Relief ERU

The five-person Relief ERU from Benelux RC arriving on 21 August. Their deployment has been fundamental in the rapid multi-sector assessments and distributions with the HRCS.

Logistics

The logistics team in Panama, Haiti and Dominican Republic have been central to the progress of this operation. The Regional Logistics Unit - operational procurement, logistics and supply chain (OLPSCM) Americas- created and distributed a mobilization for 5,000 families on 16 August, which was updated on 20 August and relaunched.

Logistic ERU

The advance member of the Swiss RC Logs ERU arrived in Haiti on 18 August, which was fundamental for the arrival of the first two charter flights with NFIs. The remaining four team members were soon in country with extremely rapid upswing to respond to the heavy logistics demands of the operation.

As of 1 September, the Logs teams, including the logs coordinator, have received all cargo by air and sea, as well as unloading, storing and dispatching to the field locations on a daily basis. This has included twelve flights with NFIs, two flights with the Red Cross Emergency Hospital from Finland and Canada, as well as Mexican Red Cross donated bilateral goods. Logs also received one vessel from PIRAC.

The quantity of food and NFIs that have arrived in country are included in the infographic under the section Overview of Red Cross Red Crescent Movement in country, which is on page 9. all the transport (air, sea and land) from Port-au-Prince to the affected departments.

With the supply chain coordinator deployed for this operation, the logs team has established a strategy that is lean and organizes kits (“kitting”) on demand to reduce warehouse costs. This means that there is only a need to have 500 prepacked kits and 500 kits in bulk at one time. Delivery is requested on a pull principle, based on what is needed for the next batch of kitting. Due to the relatively close location to the Panama hub (seven days by sea) and Santo Domingo (one day by land), it is not foreseen to have a large warehouse in Haiti.

The logs ERU continues to coordinate with other logs partners in the country. An agreement was made with the WFP to have buffer stock in Port-au-Prince. The Logs cluster will have a mobile Storage Unit for sole use of the HRCS/IFRC sole use. Via the Logs cluster, the IFRC will make use of a UNHAS helicopter and barge that will be available in early September for the use of humanitarian actors free of charge.

IT/ Telecom ERU; IFRC IT personnel



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

In support of the CCD IT officer regularly located in Haiti who began immediate IT support with the launch of this operation, the Finnish Red Cross deployed its IT/ Telecom ERU on 20 August. This two-person team was supplemented by the embedded staff that the American Red Cross deployed on 18 August to Haiti.

As of 21 September, the combined four-person IT&T team has reinforced network capacities (increased bandwidth and installed new network devices) in the IFRC offices located in the HRCS facilities in Port-au-Prince, the Port Salut accommodations and the Camp Perrin operation centre and accommodations. Additionally, this team has provided communication equipment and support for rapid response personnel (including activation of sat phones and SIM cards) and is continually evaluating IT needs. Reinforcement of the HRCS VHF network is being planned. The team has done coverage calculations for repeater sites in the affected areas. There has been a delay in the incoming IT equipment, with the equipment recently arriving, but installations will commence as soon as the full shipments are received.



The team has coordinated with other IT actors in Haiti via the Emergency Telecom Sector teleconference meetings, and IT/T team leader attended one in-person sector meeting in Les Cayes, at the sub-O SOCC.

IFRC RO staff deployments

This activity responds to the need for technical support and guidance, as well as the actual implementation with the HRCS in the field from the Americas Regional Office staff. During the first ten days of the operation, the ARO communications manager and

Thanks to the Airbus Foundation support, the IT&T ERU could conduct a fly-over over a possible repeater site in Morne Brieux, Sud. Source: IFRC, IT/T ERU.

the ARO PRD manager deployed to Haiti. The ARO comms manager produce communications products and organized interviews with international media. The ARO PRD manager met with HRCS authorities to plan for resource mobilization needs during the operation, as well as meeting with European Union representatives in Port-au-Prince for the arrival of the AECID charter flight on 22 August.

IT & Telecom equipment RO and CCD

Due to the increased IT and telecom demands, the CCD and regional office will procure additional equipment to respond to operational demands. This includes, but is not limited to, laptops, sat phones and airtime, mobile phones and airtime, VHF equipment, among others.

D&C IM coordinator/ D&C surge capacity senior officer/ D&C PMER senior officer

As direct support to this operation, which will continue to require ongoing actions to support the team in Haiti, Emergency Appeal funds contribute to the positions of IM coordinator, surge capacity senior officer and PMER senior officer located in the Americas Regional Office. The IM coordinator maintains the Go page for this emergency and coordinates IM products.

On 20 August, the first coordination meeting and communication channels established between HRCS IM focal points, including AmCross staff embedded in the HRCS, and the IFRC IM team (remote SIMS support) and the PMER coordinator. Further coordination is underway with the relief ERU that also has an IM specialist. This has been essential for the coordination of data collections and the creation of IM products for the response operation.

Additionally, the IM coordinator led training on the analysis of secondary data via DEEP to provide information that was used in the needs assessment and contextual components of the Emergency Plan of Action. This secondary data review (SDR) contained 494 pieces of secondary data done with the volunteer work of 9 “taggers” from IFRC PMER/IM, Livelihoods and SIMS. It is available in the reports section of the GO page for this emergency.

The surge capacity officer has worked to support the deployment of all rapid response staff, which includes scheduling briefings and conducting the liaison work necessary for their arrival in Haiti.

The PMER senior officer in the ARO disasters and crisis unit was fundamental in the drafting of the Emergency Appeal, as well as providing continued support with the revision of public and internal narrative documents related to this operation.

Advocate for engagement with partner and operating National Society on the promotion and use of the Principles and Rules

The ARO Disaster Law Programme (DLP) produced a fact sheet on regulatory and policy environment applying to the entry of incoming disaster relief in Haiti. This fact sheet was disseminated to RCRC and other humanitarian actors. This fact sheet considered the Preliminary List of Urgent Needs (for a three-month period) issued by the Office of the Prime Minister of Haiti on 15 August.

The DLP team also created a document reminding against Unsolicited Bilateral Donations (UBDs) and the need to coordinate the provision of the aid with the COUN.

Vehicle rental/ Vehicle procurement

To support the operational needs, particularly in the field, this operation coordinated the arrival of 13 cars from the Dominican Republic. These arrived at the border between the two countries on 31 August and 1 September. The IFRC drivers hired for this operation then drove them to Port-au-Prince from where they are being sent to the field. As of 1 September, this operation has hired 19 drivers, many of whom have worked with the IFRC in past operations and others are being trained in IFRC standards. As of 1 September, this operation has 18 cars in Haiti, which includes those that were in the country prior to the earthquake

IFRC Fleet manager

Prior to the hiring of an IFRC fleet manager, the security staff in country and then the supply chain coordinator have been coordinating fleet issues. A fleet manager is identified and will be trained and assume full functions for the duration of the operation.

Warehousing, goods reception, forwarding, fleet, fuel costs

Given the detailed nature of this activity, significant components are included in the related sectors and in the logistics information provided above. Future financial reports will have a break-down of these costs, which could be provided upon request.

Regional support provided to the Shelter/CCCM/NFI sector in Haiti.

IFRC, in its capacity as the global shelter coordination lead for natural disasters, supports the existing coordination mechanisms, without duplicating them. As there is a Shelter/CCCM/NFI sector led by the DGPC, IFRC at the regional level has been directing shelter partners to the appropriate coordination mechanisms and conducting regular updates to ensure the dissemination of information. At an ad-hoc regional shelter coordination meeting, partners met the country coordinator and were informed about coordination mechanisms in Port-au-Prince.

Information Management for the shelter/CCCM/NFI sector

A website has been created at: <https://www.sheltercluster.org/response/2021-haiti-earthquake> to support the existing Shelter/CCCM/NFI sector. At the request of this sector, IFRC will support with the Information Manager.

She been recruited and will start in Haiti on 1 September. This person has the independent role of providing information management to the sector. She will be part of the coordination team, while reporting to the IFRC management in-country.

Global Shelter Cluster
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Coordinating Humanitarian Shelter

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[17.45M] PDF

HRP - PLAN DE RÉPONSE HUMANITAIRE 2021-2022

OVERVIEW -

A magnitude 7.2 earthquake struck Haiti on the 14th of August, 2021, causing damage, devastation, and destruction in the southwestern parts of the country. The epicentre was located about 125km west of the capital city of Port-au-Prince at a depth of about 10 kilometres (USGS). Severe humanitarian access constraints and fragile security situation greatly complicate the humanitarian response in the context of the COVID-19 pandemic.

The Haitian Civil Protection General Directorate (DGPC) has stated that 137,000 families have been affected in the South, GrandeAnse, and Nippes departments. About 500,000 people – 40% of the total population in the affected departments – need emergency humanitarian assistance. In addition, more than 52,900 homes were destroyed and 77,000 damaged.

Prime Minister Ariel Henry declared a one month national state of emergency. Ongoing emergency support includes the distribution of Shelter and Non-Food Items, debris removal, WASH programming, displacement tracking, and detailed damage assessments.

Screen capture of the dedicated shelter cluster website as of 2 September 2021.

Influence others as leading strategic partner

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicators	Target	Actual
<i>Communications support</i>	1	1

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators	Target	Actual
<i>Real-Time Evaluation</i>	1	0
<i>Final evaluation</i>	1	0

Outcome S3.2: The programmatic reach of National Societies and the IFRC is expanded.

Output S3.2.1: Resource generation and related accountability models are developed and improved

Indicators	Target	Actual
<i># of pledges registered</i>	20	20
<i># of new donors to the IFRC</i>	5	0

Output S3.2.3 National Societies are supported in resource and partnership development (from both domestic markets and foreign sources).

Indicators	Target	Actual
<i>HRCS resource mobilization plan</i>	1	0

Progress towards outcomes

Communications support

The communication team, initially supported by the ARO comms manager and then by the rapid response coordinator (arrival on 18 August) and AV officer (on 20 August), have organized interviews with international media. The substantial media coverage of this event included RC commentaries on the earthquake and humanitarian needs, as well as the relief goods that the HRCS-IFRC has received in the country. Strong media coverage in several languages (French, Spanish, Italian, German and English), including many radio and TV broadcast mentions such as AP, Euronews, BBC News, ABC Radio, CNN Español, EFE, RTE, France Info, Newsweek, USA Today, Europa Press, LCI, La Republicca, among others.

Two press releases were issued [on 14](#) and [16 August](#). [2 video bulletins](#) have been published [in English](#) and Spanish. [Updated assets, lives](#) and [media interviews](#) have been posted on social media daily. On social media, the IFRC has maintained the needs of the earthquake-affected population and humanitarian response present. There have been over 20 Twitter posts from @ifrc_es and @IFRC including Twitter spaces and podcasts from the field organized by the region. Over 100k people reached with all the different Facebook posts published on Haiti. On LinkedIn, there are over 30k impressions, including a live organized by the region with IFRC's Disaster Manager for the Caribbean. Over 60k people reached with Instagram posts linked to the earthquake.

Real-time evaluation (RTE)

Aligned with IFRC standards, a RTE will be conducted for this operation. Coordination is underway with the PMER unit in Geneva and the ARO PMER manager.

Work on resource mobilisation/generation

The ARO Partnerships and Resource Development (PRD) department has held three RCRC partners calls to date (14 August, 16 August, and 19 August), and the next Movement Partners Call will take place in the second week of September. Two External Partners Calls have been held to date (14 and 19 August), with participants from governmental agencies, UN agencies, and the private sector in attendance. A National Society Advisory Group Call, organized by IFRC secretariat in Geneva, took place on 15 August.

Regular information and fundraising resources related to this emergency have been shared with partners and potential donors since the first day of the emergency. The Partnerships and Resource Development unit has kept a regular dialogue with partners and donors and developed several funding proposals with the aim of securing funding for this emergency appeal.

The Head of PRD for the Americas was deployed to Haiti during the first week of the operation to meet with partners, organize donor visits, discuss the ongoing operation, and potential contribution to EA. A PRD officer has been deployed to Haiti for one month to support the fundraising of the IFRC Emergency Appeal as well as the Haitian Red Cross Society in their Resource Mobilization activities.

Work to support HRCS to build on their resource mobilization

The Virtual Fundraising Hub, a joint initiative of National Societies, the ICRC and IFRC, has offered Haiti Red

Cross Society the opportunity to use the iRaiser online donation platform, which is tool that can be used by HRCS to create their own fundraising campaign. The donations would be made directly to HRCS and transferred to the respective bank account.

On 25 August, the Honourable Ambassador Annemieke Verrijp of the Embassy of the Kingdom of the Netherlands to the Dominican Republic and Haiti conducted a protocolar visit to the Haiti Red Cross Society where she met with the HRCS Director General, Mr. Guëtson Lamour, the IFRC Head of Delegation, Mr. Elias Ghanem. Sincere appreciation was given for the Kingdom of the Netherlands' support for this emergency response operation.



The Honourable Ambassador of the Embassy of the Kingdom of the Netherlands to the Dominican Republic and Haiti conducted a visit to HRCS Director General. Source: IFRC.

Effective, credible and accountable IFRC

Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability

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

Indicators	Target	Actual
# of financial reports issued	TBD	0
Final Audit carried out	1	0

Output S4.1.4: Staff security is prioritised in all IFRC activities

Indicators	Target	Actual
Security protocol for operation implemented	1	1

Progress towards outcomes

Security

An ARO regional security officer was deployed prior to the earthquake to support the HRCS and the CCD with security plans, including Business Continuity Plans.

With the HRCS, he supported in the identification and training of the recently hired local security staff who is providing constant follow up on the security context and situation in the country. Risk Assessments on the affected areas and access conducted for all operational locations and accommodations. Security briefings are provided to 100 per cent of incoming operational staff.

Additionally, the IFRC and HRCS security staff has constant engagement with national-level security working group with representatives for international missions in country.

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; E-mail: president@croixrouge.ht
- Deputy Executive Director; Guetson Lamour; E-mail: g.lamour@croixrouge.ht

In the IFRC Americas Regional Office

- Head of the Disaster & Climate Crisis, Prevention, Response, and Recovery (DCPRR) Department Morgui; Roger Alonso; E-mail: roger.morgui@ifrc.org
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- Planning, Evaluation, Monitoring and Reporting (PMER) Manager, Maria Larios, email: maria.larios@ifrc.org.

For IFRC Latin Caribbean Cluster Delegation (CCD):

- Head of CCD; Elias Ghanem; Email: elias.ghanem@ifrc.org
- Deputy Head of Delegation; Chantal-Sylvie IMBEAULT; Email: chantale.imbeault@ifrc.org
- Regional Security Officer, Peter Finlay; Email: peter.finlay@ifrc.org

For IFRC Resource Mobilization and Pledges support:

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

For In-Kind donations and Mobilization table support:

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

In the IFRC Geneva Headquarters:

- DREF Senior Officer; Eszter Matyeka; E-mail: eszter.matyeka@ifrc.org
- Operations Coordination Senior Officer; Antoine Belair; E-mail: 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.