

Revised Emergency Plan of Action (EPoA) Haiti: Earthquake

Emergency Appeal	MDRHT018	Glide n°:	EQ-2021-000116-HTI
Date of issue:	26 November 2021	Expected timeframe:	18 months
Appeal launched:	15 August 2021	Expected end date:	28 February 2023

IFRC Category allocated to the of the disaster or crisis: Orange

Funding requirements: CHF 19.3 million

DREF allocated: CHF 750,000

Total number of people affected:	579,000 people	Number of people to be reached:	35,000 people (7,000 families)
Provinces affected:	Grand'Anse, les Nippes, Sud	Provinces/Regions targeted:	Grand'Anse, les Nippes, Sud

Operating National Society presence: The Haiti Red Cross Society (HRCS) has 14 regional branches, 122 local committees, and around 10,000 volunteers. It has been a member of the IFRC since 1935 and acts as an auxiliary to the public authorities in the humanitarian field.

Red Cross Red Crescent Movement partners actively involved in the operation: American Red Cross, Austrian Red Cross, Belgian Red Cross, British Red Cross, Canadian Red Cross, China Red Cross (Hong Kong Branch), Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Icelandic Red Cross, Italian Red Cross, Japanese Red Cross, Republic of Korea Red Cross, Luxembourg Red Cross, Mexican Red Cross, Red Cross of Monaco, the Netherlands Red Cross, Norwegian Red Cross, Polish Red Cross, Spanish Red Cross, Swedish 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; UN Office for the Coordination of Humanitarian Affairs (OCHA); Pan-American Health Organization (PAHO).

This revised Emergency Plan of Action (EPoA) was developed based on the current needs following the earthquake of 14 August 2021. However, due to context changes and fluidity of security and access, there could be changes in the implementation strategy in the short and medium term.

The revised EPoA will have a geographic focus in the Sud and Grand'Anse departments while coordinating with Partner National Societies (PNS) and supporting HRCS in Les Nippes.

Main outstanding needs will be to integrate Community Engagement and Accountability (CEA), and Protection, Gender and Inclusion (PGI) throughout the response areas.

The following areas of action have been reviewed:

- The access to safe water is reinforced, with the necessity to improve sanitation services and conduct hygiene promotion to avoid possible water-borne and vector-borne disease outbreaks.
- Epidemic prevention and community-based surveillance is strengthened.
- Mental Health and Psychosocial Support (MHPSS) has been identified as a priority in the response.
- Essential household item needs are still a priority; in the Sud, 40% of the needs are still to be covered and the percentage in Grand'Anse is over 50%.
- An important need for reconstruction is underlined due to the extent of the damages that do not allow repairs.

Details on all revisions and modifications included in this revised Emergency Appeal can be found below under each sector of intervention.

A. Situation analysis

Description of the disaster

On 14 August 2021, a 7.2 magnitude earthquake struck Haiti, causing 2,207 deaths, 12,268 injuries, and 320 people who remain missing as of 23 November. 52,953 houses have been reported destroyed and 77,006 damaged.¹ On a total area of 500 km², at least 800,000 people were directly affected. Out of 159 health facilities assessed, 28 were severely damaged and 60 slightly damaged, with 456 impacted schools and 64 schools destroyed.² The economic damage and losses suffered by the country are estimated at USD 1.6 billion, about 10% of the gross domestic product.³ The Haitian government declared a national state of emergency, and HRCS has requested support from the IFRC.



Collapsed house near Camp Perrin, Haiti, due to the 14 August earthquake.

The earthquake struck during a political crisis after the assassination of the president on 7 July 2021. In addition, Tropical Depression Grace made landfall in Haiti on 17 August 2021, leading to flash and urban flooding. The consequences of the earthquake compounded by political instability, organized crime, food insecurity, and the COVID-19 pandemic, are exacerbating vulnerabilities and hampering humanitarian efforts in the country, which ranks 170th out of 189 on the 2020 Human Development Index.

Three months after the devastating earthquake, humanitarian assistance is now more coordinated and integrated and reaches those most in need faster, facilitated by enhanced Government-led coordination and efforts to negotiate increased humanitarian access into hard-to-reach areas. As the operation is transitioning from immediate response to recovery and reconstruction, critical needs continue to exist. The affected population requires lifesaving assistance, with additional donor support needed to expand the reach of the humanitarian aid and kickstart recovery and reconstruction, with early recovery and restoration of livelihoods being a priority particularly in hard-to-reach communities.

The IFRC [GO page for the Haiti: Earthquake](#) uploads new information daily regarding the impact of this disaster and the actions of the Movement to support the HRCS.

¹ [Tremblement de terre Samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence national. 4/09/2021. DGPC.](#)

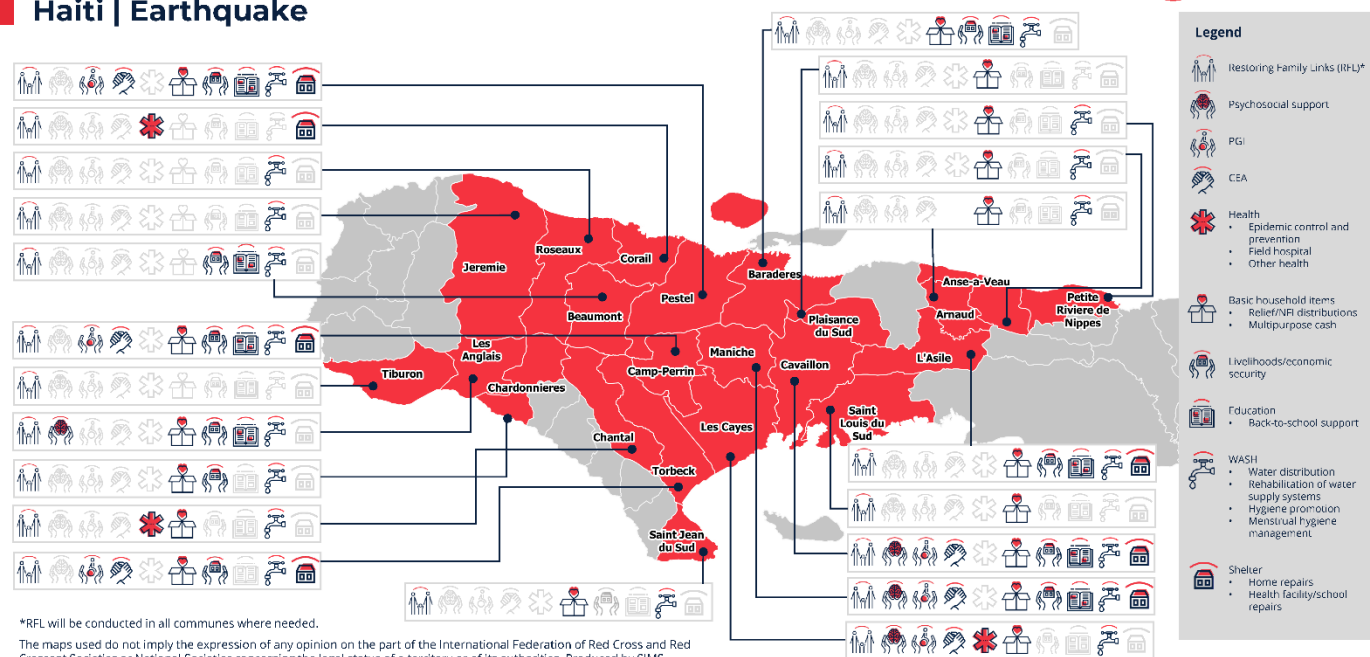
² [Haiti earthquake situation report 7, 4/09/2021. PAHO/WHO.](#)

³ [Estimating the Potential Economic Impact of Haiti's 2021 Earthquake. 28/09/2021. IDB.](#)

Summary of the current response

Updated: 04 November 2021

Sectors and Communes of Intervention Haiti | Earthquake



Overview of Operating National Society Response Action

The Haiti Red Cross Society (HRCS) is leading a multi-sectoral and multi-location response effort supported by the IFRC, Partner National Societies (PNS) and the International Committee of the Red Cross (ICRC). The HRCS maintains its Crisis Room active and is coordinating with its branch network for the ongoing response.

The HRCS is member of the National Disaster and Risk Management System (GNDR), and the National Emergency Operations Centre (COUN). The GNDR is led by the Prime Minister, his ministers and the HRCS president. The HRCS president maintains contact with national authorities to coordinate the capacities of the National Society and the IFRC network, and coordinates the response with local, provincial, and national authorities and other humanitarian organizations.

While continuously taking part in damage assessments and needs analysis, the HRCS in collaboration with Movement partners, deployed search and rescue teams to the Sud, Les Nippes and Grande Anse departments, operated ambulances to transport victims from the airport to referral hospitals, deployed mobile water treatment modules in places where drinking water sources have been heavily impacted by the earthquake. As of 16 October, HRCS and its Movement partners have been able to reach 8,115 families with distribution of water, food and essential household items. A cash feasibility study has been conducted mainly focused on Cash and Voucher Assistance (CVA) for the shelter component to determine and confirm the use of CVA in the early recovery phase and beyond. On 4 October, HRCS, with support from the IFRC launched a 3-months [DREF operation](#) to support Haitian migrants returned from the US arriving to Port-au-Prince and Cap-Haitien airports, following attempted border-crossings.

Response at a glance:

- 500 HRCS volunteers (157 remain active)
- 16 Movement partners
- 111 Rapid response and ERU personnel deployed (60 remain in country)

ERUs:

- Logistics ERU (Swiss Red Cross)
- Relief ERU (Benelux Red Cross)
- IT/Telecom ERU (Finnish Red Cross)
- Red Cross Red Crescent Emergency Hospital (Finnish Red Cross)

ICRC: team of Restoring Family Links and Forensics experts

The HRCS and IFRC requested the deployment of the Red Cross Red Crescent Emergency Hospital (RCEH) based on the rapid health assessment conducted following the earthquake. Following the Ministry of Health approval, a

type 2 Emergency Response Unit (ERU) hospital was installed in Les Cayes. The hospital officially opened with staff from the **Canadian Red Cross, German Red Cross, Finnish Red Cross, French Red Cross, and Swiss Red Cross**, with more PNS staff arriving for subsequent rotations and including a paediatrics department, maternity ward and the operating theatre, now operating 24/7.

For the past 17 months since the first COVID-19 cases were detected in Haiti in March 2020, the HRCS activated its COVID-19 response plan, focusing on risk communication and community engagement (RCCE) and other actions, reaching an estimated 2,902,268 people with its actions. With the school year set to begin in the earthquake-affected areas, the Government and its partners are in a race against time to ensure adequate preparedness.

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC response to support the HRCS aligns with the Movement's commitment to act "as local as possible and as international as needed".

Prepositioned stock by the **American Red Cross** near affected areas in the south of Haiti, from the Regional Logistics Unit in the Americas, and the **French Red Cross** Regional Intervention Platform for the Americas and the Caribbean (PIRAC), were made available in the immediate aftermath of the earthquake. The Government of Haiti opened a humanitarian corridor that involves the governments of the Dominican Republic, Haiti, and humanitarian partners, allowing movement for aid shipments. In addition, the PIRAC platform provided shipping including food and water donations through the French Navy. The Airbus Foundation donated helicopter airtime to the HRCS and the IFRC for the movement of Red Cross Red Crescent (RCRC) personnel to the areas most affected by the earthquake.

The IFRC team in Haiti, through its Latin Caribbean Country Cluster Delegation (CCD) based in Santo Domingo and the Americas Regional Office (ARO), is closely supporting the HRCS with monitoring the evolution of the situation and organizing support actions. In addition to launching the Emergency Appeal on 15 August, the IFRC surge system was activated and 94 Rapid Response/ERU personnel, and a Head of Emergency Operations, have been deployed to Haiti by the IFRC, ICRC and PNSs.

This surge personnel are linking with the PNSs who are actively supporting HRCS in coordinating response actions with local branches, providing technical expertise, and engaging in resource mobilization efforts. Efforts have now started to launch a Federation-Wide planning and implementation process to ensure that the HRCS is at the centre of the operation with all resources available implemented in the most effective and efficient manner.

The progression towards recovery programming is also being coordinated among Movement Partners. The **Canadian Red Cross** completed a structural damages and rehabilitation needs assessment on health centers in Les Nippes and Grand'Anse, including the rehabilitation of WASH infrastructures. A possible collaboration is being explored to have an integrated approach to public health that will include the IFRC Epidemic Control and CEA training of HRCS volunteers around the health centres that Canadian Red Cross will support with rebuilding of infrastructure.

In terms of WASH, the **Netherlands Red Cross (NLRC)** is supporting HRCS through a bilateral comprehensive response and recovery project in the Sud Department with the distribution of hygiene kits and the rehabilitation of drinking water supply systems to provide access to potable water to over 66,000 people. Similarly, the **Spanish Red Cross** is working with HRCS to rehabilitate water systems in Grand'Anse and Les Nippes in the emergency response phase and will move to a subsequent exit strategy including household water treatment. At the moment there are ongoing conversations on the ways IFRC-supported WASH activities can complement or be integrated in their actions. **Swiss RC** conducted a hygiene promotion kits' distribution donated by the IFRC and is planning to repeat the activity once further kits arrive to the country. They have also been assigned to assess the rehabilitation of five drinking water pipelines (SAEPs) in Les Nippes, out of which 2 have already been assessed.

In terms of basic needs and livelihoods support, the IFRC Cash and Voucher Assistance sector is coordinating with the **Swiss RC** and the **NLRC** in aligning eligibility criteria, cash transfer amount and modalities in a joint effort to provide multi-purpose cash to vulnerable population.

The **American Red Cross** and the IFRC Rapid Response PGI Coordinator are working together with the HRCS to review its gender diversity and social inclusion policies as part of the Emergency Appeal operation. In collaboration with HRCS, American Red Cross also provided PSS to volunteers working in the earthquake-affected areas. The **NLRC** is collaborating on info-sharing on beneficiary selection and data disaggregation, as well as on a planned joint Prevention of Sexual Exploitation and Abuse (PSEA), and PGI-institutionalization initiative.

The **ICRC** is currently supporting the National Society in activities that improve access, acceptance, and security of its operations (Safer Access Framework) and ensuring that HRCS can provide first aid and pre-hospital care to the people affected by the current violence and enhancing the visibility of actions. It is also supporting with Restoring Family Links and Management of the Dead activities included in this Emergency Appeal.

The HRCS works in close collaboration for a coordinated response with local, provincial, and national authorities and other humanitarian organizations. HRCS is a member of all committees of the National Disaster and Risk Management System (GNRD) and a permanent member of the National Emergency Operations Centre (COUN). HRCS is coordinating with its branch network for the ongoing response. Government Authorities and partner organizations actively involved in the operation include: 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.

Surge Map Haiti | Earthquake



The following RCRC partners have deployed **Rapid Response/ ERU personnel** to this operation. They are supporting the **Haiti Red Cross Society (HRCS)** to provide humanitarian aid to the population affected by the earthquake.



Field-level coordination is underway, as well as setting the foundation for the Federation-wide approach of the emergency response actions in support of the HRCS.

Overview of other actors' actions in country

Government of Haiti (GoH)

Following the earthquake, the Government of Haiti activated its COUN, starting departmental operations centres in Sud, Grand'Anse and Les Nippes. The Civil Protection led search and rescue activities with 154 team members, which concluded on 3 September. The morning of the earthquake, the Prime Minister declared a one-month state of emergency for the affected areas, and one day after presented a list of identified needs for international humanitarian support, supplemented on 17 August with a detailed list from the Ministère de la Santé Publique et de la Population (MSPP). Through the MSPP, the Medical Information and Coordination Cell (CICOM) was activated. To better coordinate actions in each department, the Prime Minister appointed the Minister for the Status of Women to lead government actions in Sud, the Minister of Tourism in les Nippes and the Minister for the Environment in Grand'Anse.⁴ The Government of Haiti opened a humanitarian corridor that involves the governments of the Dominican Republic, Haiti, and humanitarian partners, allowing movement for aid shipments. The Haitian National Police (HNP) launched a committee to ensure the management of humanitarian aid convoys intended for the earthquake-affected population in the Great South, as the combined departments are known, on 23 August. All organizations transiting goods to the south of the country coordinate with this committee.

International and non-governmental humanitarian actors

DGPC⁵ with OCHA technical support: coordinates NGO and international humanitarian assistance (including local and international search and rescue teams, emergency health and distributions of food and essential HH items at the immediate aftermath of the earthquake). The assessment cell is led by OCHA, and a 10-person UNDAC team reinforces coordination at the departmental level. An On-Site Operations Coordination Centre (OSOCC) was established in Port-au-Prince to coordinate international relief, with a sub-OSOCC in Les Cayes.

The UN Central Emergency Response Fund has made USD 8 million available to jump-start humanitarian activities on the ground, and on 25 August 2021, the United Nations and partners launched a flash appeal for USD 187.3 million, to target 500,000 of the most vulnerable people of the 650,000 identified to be in need of urgent assistance. **UN partners provide emergency basic services** including shelter, WASH, health, food, education and protection services to 500,000 people. Currently there are 152 organizations present in the affected departments on the Southern peninsula, with most of them operating in the Sud department, with Grand'Anse and les Nippes in the second place.⁶

Sectoral coordination is taking place via the established Humanitarian Country Team working groups and mechanisms at the national and departmental level. In each of the affected departments a weekly cluster meeting and a general coordination meeting is taking place, with the IFRC Rapid Response and ERU teams participating accordingly. IOM, as co-lead in the Haiti Shelter/NFI sector, has established a pipeline for essential HH items to better coordinate distributions based on emerging needs. To collectively share information on security risks and how to mitigate these, the coordination in the COUN, Humanitarian Country Team, and other humanitarian spaces also assist in sharing information regarding possible risks and how to mitigate these.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Shelter

Given the destruction and damage to homes, infrastructure and businesses, emergency shelter and essential household items are crucial to the affected households. The first primary needs are essential household items (blankets, kitchen sets, jerry cans and hygiene kits), and basic shelter items including tarpaulins and shelter tool kits. Civil Protection evaluations of the buildings are ongoing. As far as port, airport, and telecommunication

DGPC reports **52,953 destroyed and 77,006 damaged homes**. The rural population (80% of those affected) experienced five to seven times more damage to their homes than households in the urban areas.

⁴ [Caribbean Disaster Emergency Management Agency. Situation Report 4, 19/08/2021](#)

⁵ [Tremblement de terre Samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence national, 4/09/2021, DGPC](#)

⁶ [Haiti earthquake operational presence map of partners, 24/09/2021, UN OCHA.](#)

infrastructures are concerned, no major damage has been reported so far, however, many of the areas in which assistance is being delivered were not connected prior to the earthquake.

Rapid damage assessments have been conducted in four communes of the Sud department (Camp Perrin, Torbeck, Cavaillon and Maniche), some of them jointly with the designated HRCS Engineer. The findings of these assessments showed that the percentage of severely damaged and destroyed houses is between 75 and 90%. The high level of damage is due to inner vulnerabilities of the structures (bad quality of material, poor construction techniques, lack of maintenance). It has been observed that the majority of the affected people tend to remain nearby their destroyed or damaged homes primarily because they do not have alternatives, secondly to look after their belongings and properties. There are no proper collective centres, rather spontaneous improvised camps, such as shelters covered with palm leaves erected by the affected families of villagers who moved from the mountains closer to the cities in search of primary assistance, water and food. Similarly, in the cities with the highest level of damage (such as Cavaillon), the inhabitants have set their own tents in the open areas.

The affected people, mostly in the rural areas require support for essential household items and shelter tools, temporary solutions for emergency shelter, construction materials or cash support for repair along with technical assistance during the process of rehabilitation or reconstruction.

Overview of Damage Assessments Haiti | Earthquake

Date: 30-August-2021

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

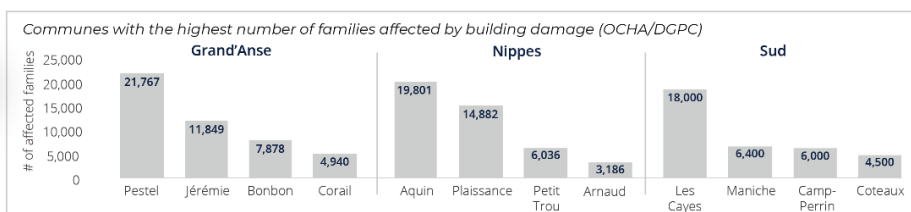
Key Figures

77,006

Damaged buildings
(OCHA/DGPC)

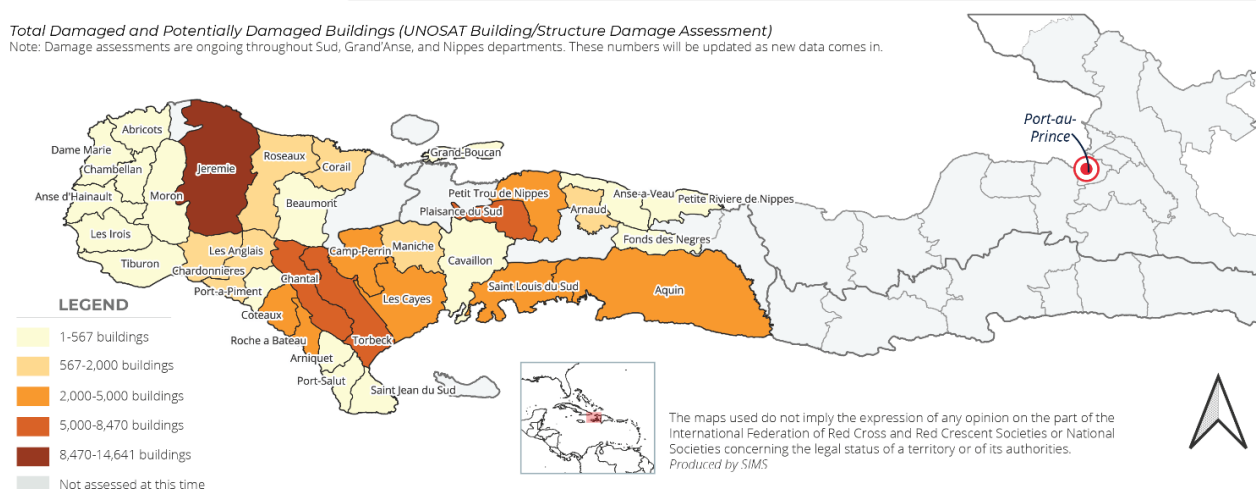
136,028

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.



Total damaged and potentially damaged buildings following the 14 August earthquake.

The Ministère des travaux publics, transports et communications (MTPTC) and the Unité de construction de logements et de bâtiments publics (UCLBP) have not yet developed the national shelter strategy, but restrictions related to emergency shelters and the camps have been circulated. The structural assessment has been prioritized for public buildings and almost completed, while for the private houses it is about to start. The Government appears keener to roll out the reconstruction phase upon the completion of the housing assessments, discouraging the protracted emergency and reducing the early recovery stage. The UCLBP has circulated the draft "shelter process" which requires that any shelter planning and project must undertake the process of submission and validation at national level. Similarly, the Shelter sector has not yet developed a strategy nor a guidance, and

is currently focused on the first response with the pipeline for essential household and emergency shelter assistance.

The IFRC and HRCS plan to conduct the assessments of the soundness and physical conditions of the shelters of the 1,500 beneficiaries selected upon the criteria of the high vulnerabilities, geographic areas, accessibility constraints and willingness to contribute to the shelter initiatives. The findings of the assessments will inform the appropriate strategy of shelter assistance, including transitional stage of early recovery if feasible, house rehabilitation with retrofitting and house reconstruction with the build back better approach, forward durable solutions for more resistant shelters, considering that the affected areas are prone not only to earthquakes but also to tropical storms seasonally. In this view, technical guidance and continuous assistance would be critical. Therefore, tailored trainings are envisaged at different levels for engineers, site managers (sub-engineers), skilled labour and as well as awareness campaigns for the sensibilisation of the communities on construction best practices.

Livelihoods and Basic Needs

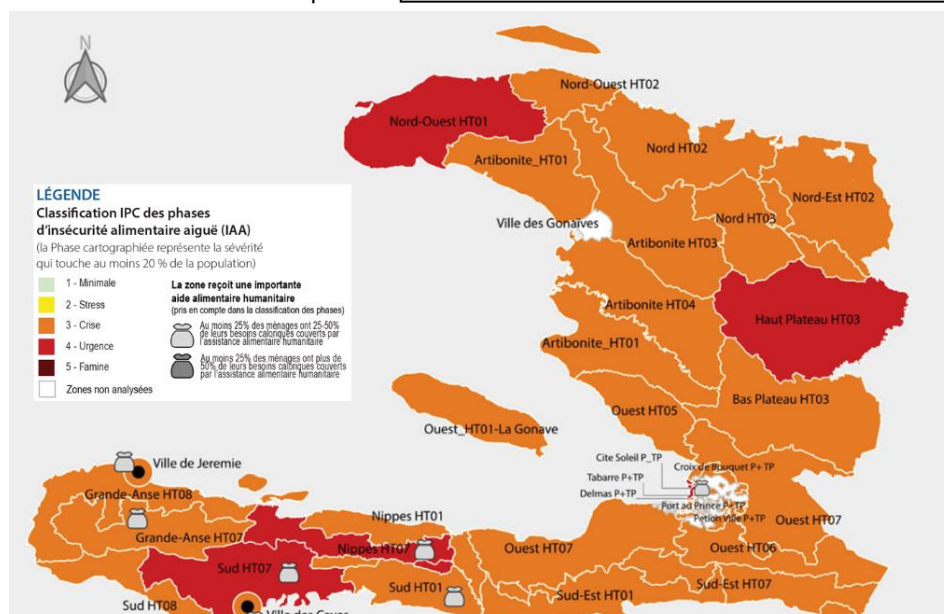
The food security situation in Haiti prior to the earthquake was critical and has been further damaged by the recent disaster.⁷ Drivers of food insecurity include poor agricultural performance, high dependency on imported food, exacerbated by a series of natural disasters, price volatility on international markets and COVID-19-related restrictions^{8 9} Destruction of productive assets and infrastructure has severely affected livelihoods, and urgent support for basic needs and for replenishment of working assets is needed.

In September, out of 4,000 individuals surveyed in the three affected departments, 25% reported a decrease in paid work and income opportunities, and disruption to local markets. Approximately 60% of respondents described that the earthquake led to an increase in food insecurity and adverse effects to livelihoods¹⁰.

A multipurpose Cash and Voucher intervention would allow targeted communities to cover basic needs and restart their income generating activities in line with the seasonal calendar to minimise the effects on their livelihoods. In the impoverished rural areas of the three affected departments, this approach will follow the initial emergency response of distribution of essential household items and some food

WFP: before the earthquake, Haiti had one of the **highest levels of food insecurity** in the world (4.4 million people – nearly half of the population – needing immediate food assistance, of them, 1.2 million people suffering from severe hunger).

The overall number of food-insecure people (IPC Phase 3 or above) in the Sud, Grand'Anse and Les Nippes departments currently amounts to 754,000, including 251,000 people in Emergency (IPC Phase 4).



Integrated Food Security Phase Classification (IPC) projections for the Grand Sud.

⁷ [Haiti country brief, WFP.](#)

⁸ [FAO-WFP. Hunger Hotspots - Early warnings on acute food insecurity. July 2021.](#)

⁹ [HAITI: Earthquake Situation Report No.6, 23/09/2021, UN OCHA.](#)

¹⁰ [International Medical Corps. Situation Report #3, September 20, 2021](#)

items donated bilaterally to the HRCS.

Based on the REACH and consortium of organizations' market assessment for the minimum expenditure basket, the agreed transfer value within the Cash Working Group is USD 100/transfer. IFRC's transfer value is USD 125 (USD 250 per HH), which includes replacement of working tools. This has been discussed with the Cash Working Group, to explain the disparity in the transfer value, given that it was calculated to cover additional items than the ones included in the Cash Working Group calculation. However, this value might change based on inflation, to reflect the reality of the prices for basic items, in coordination with other actors and the Cash Working Group.

Field assessments are to be carried out to identify the most vulnerable groups and those requiring immediate assistance with greater precision, along with a CVA feasibility study to map Financial Service Providers, assess market capacities and working modalities. A PGI mainstreaming approach should be considered to incorporate marginalised groups or at greater risk of violence and a CEA approach is also planned.

Health

In the immediate aftermath of the earthquake, life-saving activities to address the impacts of the disaster were critical. During the last weeks of August, HRCS conducted search and rescue activities and ambulance transfers from Port-au-Prince airport to various referral facilities to address these needs. According to the director of Haitian Civil Defence, multiple hospitals in Les Cayes (Sud Department), Pestel, Corail and Boseaux (Grand'Anse department) were quickly overwhelmed with the number of patients requiring immediate care.

Compared to Les Nippes and Grande Anse, the Sud Department has the highest population numbers and the effects of the disaster on the health system were significant. In the city of Les Cayes, there are 2 main referral hospitals: Immaculée Conception General Hospital (the sole public referral hospital for an estimated 1.5 million people in the Southern region); and OFATMA (semi-private, providing insurance for accidents at work, illness and maternal health services for employees). Various wards were damaged by the earthquake, resulting in crowdedness and challenging IPC. OFATMA on the other hand only covers 5% of the population.¹¹

There are fees to access healthcare in most hospitals in Haïti, representing a financial burden for 40% of the population.¹² Transport is another barrier to access health care; moto-taxis are found on most main roads, but these are affordable only for some people, and in those departments where there are ambulances, user fees often apply. In Grand'Anse, there is significantly less presence of actors when compared to the Sud department. Hospitals have limited capacity and are dealing with an influx of patients from mobile clinics in the area, and this surge has strained the limited resources to cope with the burden, particularly in Corail, Pestel and Petit Trou.

As after the 2010 earthquake, the health sector does not appear to be a top priority despite the various needs resulting from the damages to the health facilities in-country.^{13 14} Temporary health structures—such as the EMT Type 2 RCRC hospital—still assist in maintaining critical access to essential life-saving assistance and other essential health services in the short term. However, reconstruction and rehabilitation of health structures, alongside an investment in strengthening public health services, are critical. An important lesson from 2010 is that despite an investment in rebuilding damaged curative health facilities, a lack of attention to human resources, running costs, medical supplies and activities

OCHA estimated that the financial requirements for Health as a sector, were at USD 21.5 million, behind WASH (21.5 m), Shelter/NFI (30 m), Education (39 m) and Food Security (40 m). **PAHO reported** that of 135 health facilities in the 3 affected departments, 79 were affected, out of this 28 were severely damaged and 51 slightly damaged.

¹¹ [Better spending, better care: A look at Haiti's health financing, March 2017, World Bank.](#)

¹² [Hashimoto, K. et al: Moving Towards Universal Health Coverage in Haiti, Health Systems & Reform, 2020, 6:1.](#)

¹³ [Flash Appeal: Haiti Earthquake August 2021, UN OCHA.](#)

¹⁴ [Haiti earthquake situation report 6, 31/08/2021, PAHO/WHO.](#)

such as health promotion and preventative activities, meant that newly rebuilt health structures remained unused for several years.¹⁵

Beyond curative care, public health concerns and specifically measures for prevention of disease transmission and control of possible epidemics are crucial after a disaster. According to the surveillance bulletin from the Ministère de la Santé Publique et de la Population (MSPP) for the epidemiological weeks 32 and 33, the most frequent reportable diseases were acute respiratory infection, suspected typhoid, undifferentiated fevers, suspect COVID-19, acute watery diarrhea and confirmed COVID-19. However, based on data shared at the health cluster in Sud Department in late September, organizations conducting mobile clinics across the three departments are identifying skin, diarrheal and respiratory diseases as top morbidities, all of these linked to a limited access to water, sanitation, hygiene and shelter. As of the Hospital's 5th week, 20 new admissions, 13 surgical procedures (out of which 4 have been caesareans) have been attended. There was an average of 14 patients per day in the different wards, with a bed occupancy rate of 50%. There were 64 neonatal consultations, 24 deliveries and 25 live births (including twins). The PSS team organized activities for 182 people, out of which 174 were children. The psychology unit met 41 patients, and the physiotherapist 10 patients. 57 x-rays have been taken. According to the patient satisfaction questionnaire (conducted in OPD and wards by the PSS team twice per week), 29 patients were happy and 0 unhappy.

Displacement is another effect of the earthquake negatively impacting the health of the population. At the hospital site, displaced population has gathered in a building formerly used for sports activities under the stands of a football field and on parts where they could settle on a concrete foundation. Many continue their daytime activities in their damaged houses in the neighbourhood but sleep in the 'assembly point' due to fear of another earthquake. Some of the host population in the area continue living in their own plot but in damaged or destroyed houses and use improvised materials for temporary shelter. During the first week, **four cases of sexual assault** were presented at the Outpatient Department and received adapted care, despite the absence of awareness activities to encourage health-care seeking behaviour, and therefore suggesting the need to ensure access to care for survivors.¹⁶ Activities are coordinated with PGI to ensure adequate prevention and response mechanisms are provided.

An assessment conducted by UN Women and CARE indicated that **70% of both women and men said their fear of sexual violence increased** since the earthquake

Other **cross-sectoral activities with WASH, CEA and PGI to target water and vector-borne diseases** include the distribution of insecticide-treated bed nets with installation and usage messages for vulnerable people to prevent malaria. In 2020 and 2021, no confirmed cholera cases were reported in Haiti. According to a UNICEF report, the last confirmed cholera cases in Haiti were reported in February 2019. In 2019, Haiti reported 684 suspected cases, including three deaths (CFR: 0.4%). Passive surveillance activities, however, remain essential to ensure early identification of any suspect cases.

Providing **mental health care and psychosocial support** (MHPSS), along with reproductive health care services, remain urgently needed. Based on the experience of the 2010 earthquake, many affected people have experienced trauma. The assessment showed that this earthquake also triggered new and existing MHPSS needs.

The assessment indicated that **32% of community members listed psychological trauma** as one of the key changes following the earthquake

Finally, to help detect and control potential outbreaks early, the possibility of introducing **community-based surveillance (CBS)** in support of the existing surveillance system in place and led by the Directorate of Epidemiology, Laboratory and Research (DELR) will be explored, to actively detect, report and respond to health events within the community. The DELR works through Officers of Epidemiological Surveillance (OSE) who do active case finding in health facilities and receive alerts from MSPP Community Health Workers in line with the

¹⁵ [Montani, M. 2015. Reconstruction of the health sector in Haiti: a missed opportunity? Humanitarian Practice Network, 13 July 2015](#)

¹⁶ [Analyse Rapide Genre: Tremblement de terre du 14 août en Haïti, 12/09/2021, UN Women & CARE.](#)

priority diseases of high epidemic risk established by the MSPP. If a disease of concern is notified, the OSE informs the department, and an investigation team is deployed for an investigation; the laboratory they use is in the General Hospital in Les Cayes.

Although in place, the DELR community-based surveillance system is understaffed (not enough Community Health Workers to cover catchment areas) and underfunded (limited resources for IT material and transport costs). To address the first constraint, the IFRC is supporting both HRCS volunteers and CHW to work alongside each other doing ECV for the priority diseases; in addition, the IFRC is currently exploring a collaboration with the DELR for the same volunteers and CHW to conduct community-based surveillance by feeding alerts to the OSE in the RC areas of intervention. That is, to avoid creating a parallel system and instead feeding information into the existing DELR structure and strengthening its capacity, which will be ultimately more sustainable.

Water, Sanitation and Hygiene (WASH)

Prior to the disaster, WASH needs in-country were extremely acute, and the earthquake led to significant damage to WASH infrastructure. WASH assessments conducted by the HRCS with the IFRC, the Netherlands Red Cross, Swiss Red Cross, with support from the Spanish Red Cross, indicate the need for targeted actions in drinking water and hygiene management.

In the emergency phase of the response, rehabilitation of drinking water systems, household water treatment, hygiene promotion, rehabilitation of institutional WASH including in schools and healthcare facilities constitute acute needs and operational priorities along with menstrual hygiene management support for affected women and girls. The family kits distributed as part of the immediate response, contained hygiene items and were accompanied by hygiene promotion conducted by trained HRCS volunteers.

After the earthquake, the National Directorate for Water and Sanitation (DINEPA) reported **650,000 people in need of drinking water in the affected area**. Of the 206 permanent drinking water pipelines built and managed by DINEPA (also known as SAÉP), 89 have been reported as damaged, putting a significant number of people at risk of disease due to consumption of contaminated water.

The most vulnerable communities affected by the earthquake often lack access to treated drinking water and rely on protected springs and handpumps for their potable water supply. With the disturbance of the earthquake, many of these protected sources have become susceptible to contamination. While some communities have traditionally practiced household water treatment using Aquatabs or liquid chlorine, with disruptions due to the earthquake as well as price inflation and market shortages due the presence of humanitarian actors, many of the communities may no longer be able to afford or access these essential tools. Compromised hygiene practices further the risk of contamination of collected drinking water and put these populations at further risk of illness.

To date nearly all WASH actors, including HRCS with support of RCRC Movement partners, have focused on **provision of drinking water**. Most water activities have centred on the installation of water treatment units with treated water being trucked to bladders placed around a commune. However, as the emergency phase of the operation comes to an end, several of these actors will be pulling out, leaving a gap in water provision. DINEPA is urgently requesting actors to engage with the rehabilitation of drinking water pipelines (SAEPs) and community water sources, as acute need for safe and sufficient water supply continues being a priority for the recovery phase

Household water treatment appears to be a viable solution for many households whose localized drinking water supply systems, including chlorination have stopped functioning for many years or are reliant on handpumps and/or natural springs for their drinking water supply.

With high levels of open defecation and unsafe and low coverage of sanitation, **hygiene promotion** interventions that break the chain of transmission and contamination become increasingly important. Hygiene promotion plan will continue maximizing the distribution of the hygiene kits as an entry point to the communities and will be done hand in hand with CEA and PGI, to support all the planned WASH components such as house water treatment, institutional WASH, sanitation infrastructure reconstruction at house level, community mobilisation around rehabilitated water systems, etc.

Solid waste management is in a troubling state, with few actors working within this area. Due to lack of municipal waste management systems to capacitate, the main action will be ensuring the correct management of waste in displaced people sites.

As Community-Led Total Sanitation regulations in Haiti prevent NGOs from incentivizing household sanitation, the main sanitation intervention will target **reconstruction of sanitation facilities at house level** as an integrated activity with the Shelter program (apart from institutional WASH). 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. Institutional WASH (focus on schools, health care centres and displaced population sites) is likely the biggest opportunity to impact sanitation and hygiene practices in the country and it is of great concern to ensure the overall health and resilience of the population.

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. According to UN Women's Rapid Gender Assessment¹⁷ conducted in September 2021, 83% of respondents said that girls did not have access to hygiene and dignity kits. 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.

As the situation has evolved since the first stages of the emergency and the operation is transitioning towards a recovery phase, continuous assessments help analyse remaining needs which the operation will tackle through higher quality, longer-term and more durable solutions.

Institutional WASH (focus on schools, health care centres and displaced population sites) with the engagement of sanitation engineers is likely the biggest opportunity to impact sanitation and hygiene practices in the country, expanding infrastructure to meet Sphere and WHO standards, and to ensure the overall health and resilience of the population.

Sanitation and hygiene were less present in the immediate actions of other WASH actors, therefore HRCS actions can largely contribute to containing the spread of COVID-19, reducing the risk of water-borne disease outbreaks, and to support menstrual hygiene management.

Protection, Gender and Inclusion (PGI)

The earthquake increased pre-existing vulnerabilities. According to the Humanitarian Needs Overview for Haiti conducted prior to the disaster, population groups in situations of vulnerability encompass women and girls, children, older people, people with disabilities, displaced people and people living in remote and rural areas, with these groups being most at risk of sexual and gender-based violence (SGBV). According to UNFPA, the earthquake has elevated protection risks, exacerbating vulnerabilities to sexual exploitation and abuse while disrupting local protection referral systems and services. It also reported increased gender-based violence incidents prior to the disaster, particularly in the last two months due to gang violence and related displacement. With the increased number of displaced people living in collective centres and makeshift shelters, concerns for increased incidence of SGBV are high. Initial assessments carried out by UNFPA and the Ministry of Women Affairs (MCFDF) indicate that access to GBV services and case management have been significantly reduced since the earthquake. 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. UNICEF, in coordination with the National Prevention of Sexual Exploitation and Abuse (PSEA) Taskforce and the child protection and GBV sectors, is mapping a pathway of existing services for GBV survivors. The IFRC is in regular contact with other humanitarian actors through the protection cluster and other working groups to complement existing work and to integrate pathways into community outreach activities. Child protection is identified as an

UNICEF estimates that **540,000 children are in some way affected by the earthquake; and 260,000 children are in need of humanitarian assistance.**

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.

¹⁷ [Analyse Rapide Genre: Tremblement de terre du 14 août en Haïti, 12/09/2021, UN Women & CARE](#)

essential need to address as part of the response that also entails psychosocial support and case management for children.

According to the Institute of Social Well-being and Research (IBESR), there are a reported 15 unaccompanied and separated children (UASC) as a result of the earthquake; one family reunification has taken place. The HRCS protection coordinator will be following up on the issue of unaccompanied and separated children through the Coordination sub-group on Child Protection.

Child protection is identified as an essential need to address as part of the response that also entails psychosocial support and case management for children. IOM has informed that its psychologists are trained in PSEA and complaint handling. Its regular 840 hotline number was created to receive psychosocial support, obtain information and register complaints for protection issues is open. Specific actions to raise and to refresh awareness on PSEA issues with the Red Cross team (HRCS, IFRC and PNS) in Haiti are also needed. UNICEF established a specific PSEA reporting hotline (37 02 65 16), as well as an email address to centralise all case allegations lodged against NGOs and UN agencies.

Migration

According to the Global Report on Internal Displacement 2021, Haiti is one of the countries with the highest number of Internally Displaced People (IDPs) due to disasters in the Americas region; registered at the end of 2020 at 34,000 people.^{18 19}

Following the earthquake, Restoring Family Links (RFL) is required with a national and international component. The HRCS has an active RFL system activated, and further RFL actions are needed to expand services for people who remain separated from their loved ones, missing or unaccounted for, but also to support connectivity between separated family members (nationally and internationally). Together with the IFRC and the ICRC, the HRCS will continue to assess the needs and develop the RFL response. 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.

According to ACAPS, between **14,000–16,000 migrants have arrived in Del Rio, on the US-Mexico border since early September 2021**, amongst which the majority are Haitians. Many Haitians in Del Rio were sent back to Haiti or remain in makeshift shelters in the border area. Between 19 and 29 September, approximately **4,600 Haitian migrants have been deported** on 43 flights to Port-au-Prince and Cap-Hatien, with this number expected to increase in the next few weeks.

Internally displaced people following the 14 August earthquake have clustered in dozens of informal assembly points. The International Organization for Migration (IOM) has identified 65 for a population of around 25,000 displaced.

Disaster Risk Reduction (DRR)

Haiti has a high level of environmental degradation due mainly to population pressures, with 98% of forests cleared for fuel. High levels of socioeconomic issues and political instability have left Haitians extremely vulnerable to natural phenomena. Hurricanes and tropical storms regularly hit Haiti, causing massive floods and deadly landslides. The compounding effects of these natural events overlap with the ongoing COVID-19 pandemic and the possible impact of upcoming hydrometeorological events. The wet season in the country is extended and usually reaches its peak in November²⁰.

Constant monitoring of upcoming hydrometeorological events, and pre-emptive multi-hazard preparedness measures are necessary. It remains essential for volunteers and personnel to strengthen and expand their multi-

¹⁸ [Global Report on Internal Displacement 2021, Internal Displacement Monitoring Centre.](#)

¹⁹ [CrisisInSight, 22/09/2021, ACAPS.](#)

²⁰ [Haiti Climate Risk and Adaptation Country Profile, April 2021, Global Facility for Disaster Reduction and Recovery.](#)

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, and community/ family preparedness are essential to increase National Society capacity to articulate within the communities. It is essential to ensure continuous alignment with key stakeholders and enable coordination to operate the Humanitarian Corridor.

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

Community Engagement and Accountability (CEA)

A Community Engagement and Accountability (CEA) approach will promote effective participation and feedback from affected communities and support the focus areas' effort. 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 feedback mechanism will mainly rely on regular reports and consolidated briefs from volunteers on unprompted and captured feedback as well as prompted feedback in community meetings, and possibly quantitative surveys during implementation of specific activities. CEA training for volunteers will also focus on setting up ticketing systems for complaints and requests on activities. HRCS is planning to set up a phone line to receive questions and feedback on all activities.

The CEA approach will focus on providing overall capacity through training and mentoring for volunteers to engage in participatory ways in all targeted areas to inform and discuss with the communities the planning and delivery of activities. The training will also focus on ticketing systems for complaints and requests, as well as specific CEA-tailored support to sectors. This support to sectors will focus on the development or adaptation of communication and training content to enable volunteers to deliver messages in

- Public health (ECV, passive surveillance for referral to hospital) and Health education,
- WASH (use of household water filter kits, hygiene promotion, menstrual hygiene promotion),
- Relief/Emergency shelter (shelter kits and tarps),
- Shelter (safer construction practices),
- PGI (setting up of a PSEA system including reporting mechanisms).

Targeting

The targeted communes where IFRC is currently operating include Camp-Perrin, Cavaillon, Maniche, Pestel, Torbeck and the surrounding communities where the RCEH is located in Les Cayes. The scale of damage to health facilities is concentrated in Les Cayes; 80% of the hospitals in this commune having complete or partial damage, which further reinforces the need for the RCEH to be located there.

The IFRC targeted communes are among the ones with the greatest overall need. Les Cayes, Camp-Perrin, Pestel and Torbeck saw the greatest number of deaths, injuries and have the most affected families. Each of the targeted communes have significant WASH issues specifically related to reduced access to clean drinking water, a lack of access to sanitation and poor hygiene practices among its populations.

As it relates to shelter, Maniche is ranked highest based on proxy data of damage to physical structures. The decision to target Maniche is further validated by survey data by Tearfund, which indicates that 78% of respondents from Maniche did not have housing. The shelter needs are particularly high in Camp-Perrin, Pestel and Cavaillon as well. Nearly all of the targeted communes, in particular Torbeck, Cavaillon and Camp-Perrin, have large populations at-risk of food insecurity (i.e., Phase 4 - Urgent) as projected by the IPC.

Overall, the targeted communes selected are among the top third based on greatest damage, highest vulnerability and sectoral needs.

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	total age group % of population	Estimate # of targeted people
0-14 years	14%	15%	29%	102,684
15-24 years	10%	11%	21%	73,823
25-64 years	21%	22%	44%	152,597
65 years and above	3%	3%	6%	20,566
TOTAL	49%	51%	100%	349,670

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 and/or the civil unrest: - Over 1,000 deaths due to earthquake, impact of rains (landslides, flooding) and/or civil unrest - State capacities to respond become 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 includes nationals and internationals - Increased health and water needs - Civil unrest 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 - Increase in protection concerns (particularly for women, children, people living with disabilities, older people, LGBTIQI+, etc.)	- With HRCS, Government of Haiti and other humanitarian actors, prioritize possible actions - HRCS capacities will be enhanced to address this emergency and any future scenarios that make the response more complex - International community sends 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 - Need for full new rotation of emergency response staff (specialists in compound disasters) - Deployment of additional health ERU RCEH - Strengthening of PGI team - 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 includes nationals and internationals - Increased health and water needs - Civil unrest 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, and humanitarian actors in-country, prioritize possible actions - HRCS capacities will be enhanced to address this emergency and any future scenarios that make the response more complex.

- Increased cases of COVID-19 due to overcrowded collective centres	- Potential for political instability that could be taken advantage of by non-democratic forces - Food insecurity due to blocked roads - Increased number of people in need of emergency health services that do not have sufficient capacity - Urgent requirement for household shelter solutions - Forced displacement of affected population - Insufficient household items - Logistics challenges - Increase in displaced persons and/or migration - Increase in protection concerns (particularly for women, children, people living with disabilities, older people, LGBTQI+, etc.)	- Immediate mobilization of global emergency response teams from - Incorporation of food items into response - Incorporation of more technical engineering/ shelter profiles for emergency shelter solutions - Deployment of additional ERUs (WASH, Health) - Increased importation of PPE - Larger PGI team embedded in all sectors - Solidarity fund for volunteers - Increased per diem for volunteers engaged in response
Civil unrest or coup d'état combined with hurricane and a second large earthquake (6.0 magnitude and above): - Closed humanitarian space by feuding actors - Government forces no longer recognized - Non-state armed actors control certain areas of country - Deaths over 1,000 and/or not registered - Hibernation or departure (by land/ sea) of most international staff	- Delayed humanitarian response capacity on the ground - Affected population includes nationals and internationals - Need for dead body management - Increased health and water needs - No movement to the most affected areas - Food insecurity due to blocked roads and fear of going to markets - Looting of health facilities and humanitarian goods (warehouses, convoys) - Collective distributions impossible for security reasons - Xenophobia and closure of communities to humanitarian actors - Forced displacement of affected population - Insufficient household items and food items - Logistics challenges - Increase in displaced persons and/or migration - Increase in protection concerns (particularly for women, children, people living with disabilities, older people, LGBTQI+, etc.)	- Launch revised Emergency Appeal from outside the country - HRCS capacities will be enhanced to address this emergency and any future scenarios that make the response more complex - Coordination with ICRC for shared leadership of the response - Immediate mobilization of global emergency response teams - Incorporation of food items into response - Security contingency plan implemented - Humanitarian diplomacy for opening of humanitarian space - Solidarity fund for volunteers - Supplementary insurance for volunteers

Assumptions	Support Measures
A1. Access to quality and timely field information. A2. The turnover of hired and volunteer staff is low. A3. The security situation allows	MA1. IFRC supports the management of HRCS information and reporting processes including planning, analysis and reporting of operational information. MA2.1. The HRCS will recruit new volunteers on a regular basis and incentivize active volunteers with specialized trainings with the support of the IFRC and other Movement partners. MA2.2 Prioritized the immediate recruitment of local staff to support the emergency activities and Rapid Response personnel profiles to minimize multiple short rotations of regional and international staff. MA3.1 HRCS with the support of IFRC will advocate for safer access and engage with community leaders on a regular basis to monitor and secure access.

access to the affected areas.	MA3.2 IFRC and HRCS security plans, business continuity plan and risk register have been updated and the situation is constantly assessed to allow for additional security mitigation actions to be implemented. Based on evolving situation, these plans and registry will be updated.	
Risks	Potential Risk Impact	Mitigation Measures
R1. Volatile security situation deteriorates, targeting transport of humanitarian aid.	RI.1.1 Limited access to the areas with affected populations for assessments and distributions. RI.1.2 household items currently in Port-au-Prince are unable to reach the affected areas.	MM1.1. Security plans and risk register have been updated and the situation is constantly assessed to adapt the security management to the context. MM1.2. The HRCS with the support of IFRC will develop a holistic plan to continue operations based in the different risk identify – Business Continuity Plan. MM1.3. The HRCS with the support of the IFRC will make operational cost planning identifying geographical and intervention areas and their access. MM1.4. Cash and voucher assistance are being considered if feasible as a mid-term alternative. MM1.5 Alternative ways of transport such as the use of helicopters and CIVMIL assets are being considered.
R2. High crime rates and the potential for violent unrest.	RI.2.1 RCRC staff and volunteers could be target of kidnappings and extortion are registered problems that face Haitians and foreigners. RI.2.2 Limited access to safe and secure accommodation facilities in the response areas.	MM2.1. The HRCS local branches and local authorities are in constant coordination to ensure safety for all volunteers, staff and most of all communities themselves. This level of coordination has been in place since before the response and is being expanded to support Rapid Response field staff. MM2.2. Movement tracking of field personnel and reduced timeframe for road movements. MM2.3. IFRC and HRCS establish safe and secure locations for RC teams.
R3. Hurricane season - new events with increased rain and flooding.	RI.3 Affected areas have an increase of affected populations, limited access for days/weeks and higher risk of water-borne diseases.	MM3.1. HRCS with the support of IFRC Disaster Management focal point in the region will monitor weather events. MM3.2. HRCS with the support of IFRC will preposition food, materials and protective equipment. MM3. HRCS with the support of IFRC Disaster Management/ National Society Preparedness focal points revise and update the National Society response and contingency planning, considering multiple scenarios and jointly with other sectoral teams identify/update the current needs and capacities of the NS that need to be scaled up.
R4. Emergency by Dengue / cholera/ COVID-19 and other diseases with medical capacity to-the-limit or exceeded. Wear and tear of health personnel.	RI.4 A substantial outbreak will provoke deaths and illnesses, in addition to the serious impact on the already overburdened health system.	MM4.1. Maximize the synergies with the existing Dengue/ cholera/ and COVID-19 programmes supported by IFRC and other actors. MM4.2. Coordination with external actors in critical areas of the operation. MM4.3. Provision of PPE, psychosocial support and mental health services for staff and volunteers. MM4.4 Establish a biosecurity protocol to ensure duty of care for the staff and volunteers. MM4.5 Build on previous lessons learned from emergency responses in Haiti.
R5. Contagion of field personnel in the country with limited capacity to mobilize external aid, personnel and equipment.	RI.5.1 Stigmatization of foreign personnel as carriers of virus to the affected populations RI 5.2 COVID-19 cases in the Rapid Response team.	MM5.1. HRCS and IFRC developed a Business Continuity Plan based on security measures and protocols tailored to the country context to ensure the response can continue. MM5.2. Strengthening of biosecurity measures within the operations to prevent the spread of disease (dengue, cholera, COVID-19). MM5.3 IFRC constantly updating the MEDEVAC plan based in the ongoing conversation with MEDEVAC external provider. MM5.4 IFRC will ensure that all Rapid Response staff deployed in the field has the necessary insurance coverage.
R6. Institutional problems of internal coordination of members of the Movement with low ratio of funds	RI.6 Reputational impact and loss of credibility in front of partners, authorities and civil society.	MM6.1. Establishment of coordination agreements and protocols within the RCRC Movement. MM6.2. HRCS, with the support of IFRC, conducts strategic planning with an operational action plan covering all contributions and the purpose of the funds. Development and adherence to the Federation-wide approach proposed. MM6.3. HRCS in the lead with support of an IFRC Membership Coordination Officer to reinforce the auxiliary role of the NS.

received vs implemented.		
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COVID-19 Pandemic

From the beginning of the pandemic and until 23 November 2021, there have been a total of 24,950 confirmed cases and 719 deaths in Haiti. The majority (16,376 or 66%) of the cumulative confirmed cases is concentrated in the Ouest Department (where Port-au-Prince is located); Sud, Grande'Anse and Les Nippes departments have a cumulative total of 2,279 cases reported²¹. The pandemic affects the implementation by increasing the risk of transmission among non-vaccinated national teams (see below for vaccination rates in-country), as well as the risk of breakthrough cases when working in this context. Prevention methods are in place, but these can cause delays to emergency interventions; for instance, delays if a case is identified, and the isolation of team members has to follow.

Mass communication and information campaigns to encourage uptake and to promote vaccination locations are almost non-existent. Therefore, uptake remains very low among the general population; health workers are not all vaccinated and some have expressed reluctance to getting the vaccine. As of 23 November 2021, only 0.45% of the population is fully vaccinated.²²

National Society responses to COVID-19 are supported through the [IFRC Global Appeal](#), facilitating and helping them 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. This means that the National Society will ensure that COVID-19 prevention measures are adhered to, in line with the regional plan of action and their respective national COVID-19 country plan. The National Society will keep monitoring the situation closely and revise the plan accordingly if needed. Considering the evolving COVID-19 status and 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, please consult the [COVID-19 operation page on the IFRC Go platform](#).

B. Operational strategy

Overall Operational objective

The operation will focus on the following areas: **Shelter, Livelihoods & Basic Needs, Health, Water Sanitation and Hygiene (WASH), Protection, Gender & Inclusion (PGI), Migration, and Disaster Risk Reduction (DRR)**. These will be supported and enhanced by the enabling actions: **Strengthening National Societies, Influencing others as strategic partners, and Ensuring Accountability**, integrating Community Engagement and Accountability, and Protection, Gender and Inclusion approaches in all response areas.

This revised Emergency Plan of Action has a **geographic focus** in the **Sud** and **Grand'Anse** departments, while coordinating with Partner National Societies (PNS) and supporting HRCS in **Les Nippes**.

Sector Intervention Strategy

Shelter

The first response phase is focused on supporting HRCS to provide primary assistance to 7,000 affected families (approx. 35,000 individuals), addressing essential needs by distributing shelter and household items such as kitchen sets, blankets, tarpaulins and shelter tool kits to allow minor repairs or to set up an emergency shelter. The ERU Relief Team is implementing this activity in close collaboration with HRCS volunteers.

²¹ [Geo-Hub COVID-19 Information System for the Region of the Americas, 02/10/2021, PAHO/WHO.](#)

²² [Coronavirus \(COVID-19\) Vaccinations as of 2/10/2021, University of Oxford & Global Change Data Lab.](#)

The second line of response aims to support families in the rural areas of the most affected communes, tentatively 1,500 HH (7,500 individuals) by providing shelter assistance: rehabilitation with retrofitting of the houses with minor damages; reconstruction of the severely damaged houses aligned with Government directives promoting early recovery and reconstruction, discouraging negative coping mechanisms as per lessons learned following the 2010 earthquake operation. HRCS together with IFRC plan to conduct assessments on the 1,500 HH selected based on vulnerabilities, geographic areas, accessibility constraints and willingness to contribute to shelter initiatives. The findings of the assessments will inform the shelter assistance strategy, including transitional stage and early recovery, house rehabilitation with retrofitting, reconstruction with build back better approach, forward durable solutions for more resistant shelters. Technical guidance and continuous assistance are critical - tailored trainings are envisaged at different levels for engineers, site managers (sub-engineers), skilled labour as well as awareness-raising campaign for the sensibilisation of the communities on good construction practices.

Activities are outlined to build a systematic approach which, while empowering local staff, enhancing the skills of the local labour, engaging people assisted in developing ownership, and increasing the knowledge of communities on good construction practices (build back better) and maintenance with a participative and sustainable approach.

Livelihoods and Basic Needs

According to the latest WFP Integrated Food Security Phase Classification (IPC) analysis, about 980,000 people (45% of the local population) in the affected departments are estimated to be severely food insecure, IPC Phase 3 (Crisis) and above between September 2021 and February 2022, compared to the 820,000 people between August 2020 and February 2021.²³ Furthermore, destruction of productive assets and infrastructure has severely affected livelihoods, aggravating an already alarming food insecurity situation. Field assessments are carried out to identify the most vulnerable groups and those requiring immediate assistance with greater precision. A PGI mainstreaming approach is considered to incorporate marginalised groups, invisible or at greater risk of violence.

Following the initial emergency response phase of distribution of essential household items (multi-sector family kits) and some food donated bilaterally to the HRCS and distributed by the NS, a multipurpose Cash and Voucher intervention will allow targeted communities to cover basic needs and restart their income generating activities in line with the seasonal calendar to minimise the effects on their livelihoods. A cash feasibility study has been conducted mainly focused on CVA for Shelter to determine and confirm the use of Cash and CVA in the early recovery phase and beyond. Initial estimations are for CVA to support basic needs; however, further assessment findings suggest that a multipurpose cash for basic needs and for replacement of working assets is needed. Nevertheless, the changing context can challenge the initial findings of CVA being a viable option to distribute this assistance.

Health

In terms of health activities, targeted areas initially cover the Sud Department only. Les Cayes has an estimated population of 154,850, of which 126,000 is estimated to have been exposed to the disaster.²⁴ The RCEH is located in Les Cayes town, and its catchment population is of approximately 87,000. The population living in the vicinity of the hospital structure—both host and displaced—will be targeted for community health and engagement activities described below. Calculations from the IFRC and HRCS point at 235 households (1,175 people) who are displaced and living in the immediate vicinity of the hospital site.

Immediate aftermath

- Search and rescue activities, provision of First Aid, transportation of patients from Port-au-Prince airport to referral hospitals were conducted in the weeks after the emergency and have now concluded.

²³ [Haiti: Acute Food Insecurity Situation September 2021 - February 2022 and Projection for March - June 2022, IPC.](#)

²⁴ [Haiti earthquake. Briefing note 16/08/ 2021.](#)

Emergency secondary and primary health care

- Provision of primary and secondary care at RCEH (September to November 2021). This includes primary care at the outpatient department (including care for sexual violence survivors), mental health care and psychosocial activities for community members, pediatrics, maternity, surgery, laboratory and X-ray services. The RCEH has an ambulance that assists with referrals from the hospital to other structures.
- In close coordination with HRCS and the MSPP, complete services and capacity gap analysis of hospitals in the three affected departments as part of the exit strategy of the RCEH. Once a structure is identified, an integrated package of care will be provided, potentially including: donation of medical equipment and material from RCEH; support from the Canadian Red Cross on reconstruction and rehabilitation of the damaged building (Pestel and Corail in Grand'Anse); an envelope of support for running costs of the facility receiving the donation; an international delegate to support the transfer and appropriate utilization of equipment donated; a package of public health activities to be replicated.

Public Health

- Support MoH on community-based surveillance along with existing surveillance systems, initially in a ring approach around RCEH (moving progressively outwards to include catchment area).
- IFRC Epidemic Control training of HRCS volunteers and MoH staff as part of integrated approach to public health in support of RCEH and potentially other structure(s).
- Provide health messages and prevention actions to reduce transmission and morbidity, in line with diseases of high epidemic potential as prioritized by MoH: cholera, diarrheal diseases, dengue fever, hepatitis A, yellow fever, diphtheria, measles, polio, typhoid fever, meningitis and COVID-19.
- Encourage uptake of COVID-19 vaccination and promote vaccination sites in collaboration with MSPP and HRCS. Communication on COVID-19 in general is integrated into CEA activities.
- Engagement with community groups such as the Women's, Elders and Youth Associations, to provide entry points to health education and promotion activities.
- Provide information on the process, health messaging and managing expectations for patients in the waiting area, at the entry and exit of the RCEH.
- Conduct exit surveys with discharged patients and follow up interviews in the community to assemble feedback.

Mental Health and Psychosocial Support

- Provide psychosocial support to the affected population by establishing PSS support spaces in shelters (with a focus on children, including with the distribution of PSS kits), organizing supportive peer-to-peer groups for target groups (youth, women), and facilitating mourning ceremonies.
- Provide trainings for HRCS volunteers and staff on Psychological First Aid (PFA).
- Establish MHPSS support systems of self-care for RCRC volunteers and staff.

Water Sanitation and Hygiene (WASH)

Emergency response

- 2,618 families received full family kits containing hygiene and cleaning items and have been reached with hygiene messages on the suitable use.
- Handwashing points have been installed and garbage management is being conducted in the temporary shelters surrounding RCEH. Hygiene promotion sessions are being carried out daily on key hygiene messages. Further support with safe water supply solutions to ensure regular access and sanitation are under assessment.
- Supporting Spanish Red Cross in the distribution of produced drinking water through water trucking in the municipalities of Roseaux, Beaumont and Pestel. Daily distribution of 33,576 liters reaching an estimated

population of 1,700 people. Support from the Emergency Appeal will continue towards the ongoing activities of HRCS with the Spanish Red Cross.

- Rehabilitating sanitation, water and hygiene infrastructure in institutions and expanding these to meet Sphere and WHO standards. More complex household sanitation rehabilitation with the installation of rainwater harvesting systems is being considered by the Shelter sector to complete reconstruction/rehabilitation of severely damaged households.
- The Netherlands Red Cross (NLRC) provided a handwashing station design to be produced and replicated locally, supported by HRCS hygiene promotion volunteers. This activity is planned to be expanded to support water supply activities and improved hygiene practices within the community and in health centers.
- The HRCS – Swiss Red Cross rapid assessments indicated a need for urgent household water treatment. Any activity for water treatment in the home will be supported with provision of buckets.
- Piped supply of water to communities has been disrupted by the earthquake. NLRC deployed a WASH engineer to rehabilitate these in 7 communes, using locally procured materials. This will be replicated in other localities and the EA-funded operation may provide support to NLRC. A similar strategy rehabilitating community water points is being considered to support the exit strategy of Spanish RC when the 5 SETA units for water treatment and distribution in Grand'Anse and Les Nippes will be pulled out and the affected population will need to rely on accessible safe water systems. The distribution of water has to be supported with hygiene kits and hygiene promotion.
- Based on the findings and the implementation of other actions, the refurbishment of damaged household latrines with locally sourced materials could be implemented.

Transitioning towards recovery

Gaps in WASH persist, and the operation needs to scale up to ensure sustainable reduction in the risk of waterborne and water-related diseases. The WASH strategy has been designed in collaboration with all sectors and cross-cutting services, considering the need to improve WASH situation pre-disaster to make a true impact on people's lives.

Strategy components – transitioning to recovery:

- Provide WASH supplies, hygiene and cleaning kits, with Hygiene Promotion messaging to 7,000 families (20,000 people), as well as small/ consumable distribution in a second stage of the HP plan implementation.
- Implementation of hygiene promotion strategy at community level to break the chain of infection covering 7,000 families.
- Rehabilitation of drinking water pipelines and community water systems to provide long-term, sustainable drinking water supply to 5,000 households, engaging the community in managing the water points through water committees.
- Support vulnerable communities to practice safe household water treatment and storage distributing HHWT with durable filters to 1,200 families (6,000 people).
- Development of a menstrual hygiene management awareness strategy including the provision of MHM kits reaching 2,500 women and adolescent girls in communities and through schools.
- Rehabilitation of institutional WASH in schools and healthcare centres serving an estimated population of 3,000 people. The infrastructure rehabilitation (including handwashing facilities) and reconstruction will be accompanied by HP and MHM sensitization, while strengthening the role of the "clubs d'hygiene" in schools.
- Reconstruction/rehabilitation of damaged latrines and setup of rain harvesting systems at household level as part of the reconstruction of houses targeted by the Shelter program reaching 300 families (1,500 people). This number is 20% of the target for house reconstruction/rehabilitation, and only includes houses having a toilet before the earthquake.

Protection, Gender and Inclusion (PGI)

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

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. Secondary data review revealed that very little disaggregated data is being collected by humanitarian actors. A harmonised data collection tool that ensures disaggregation by sex, age and disability has been developed and will be used by all sectors.

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 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. HRCS has trained a network of 32 Gender Focal Points across the country including 6 in Sud who will be supporting the response. In addition, HRCS with the support of the American Red Cross will train 30 volunteers from various communes of the Sud department in Gender, Diversity and Social Inclusion and Psychological Support. An HRCS PGI regional focal point will work in collaboration with the IFRC PGI Coordinator to implement all PGI activities of this response. In addition, one trained Focal Point per commune will be selected to support all sectoral activities in their respective communes and ensure that all prevention activities are in place.

The PGI coordinator will work with HRCS to contribute to having a representative make-up of volunteers in terms of gender and background in trainings, deployments 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 SGBV and child protection sub-working groups, and will follow closely 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 and disseminated to PGI focal points and volunteers in implementation areas.

PGI is also supporting the Red Cross Emergency Hospital via a PGI delegate. The first rotation of the PGI delegate supported the set-up of the hospital so that special needs of women, children, people with disabilities, older people and LGBTQI communities are considered across all services provided. The aim is to foster an environment that protects the safety and dignity of all those receiving services at the hospital. In addition, before the arrival of the MHPSS delegate, the PGI delegate provided PSS support since the opening of the Outpatient Department and making referrals to specialised services in child protection, psychological care and SGBV case management. The longer-term recovery plans for PGI include support to HRCS for developing a PSEA policy, internal case management and investigation protocols and plan of action that will include staff training. IFRC will also support the roll-out of the Gender, Diversity and Social Inclusion Policy and the implementation of its plan of action.

Migration

According to the Global Report on Internal Displacement 2021, Haiti is one of the countries with the highest number of Internally Displaced People (IDPs) due to disasters in the Americas region; registered at 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, a situation that has been exacerbated since the earthquake of 14 August.

According to ACAPS²⁶, between 14,000–16,000 migrants have arrived in Del Rio, on the US-Mexico border since early September 2021, amongst which the majority are Haitians. Many Haitians in Del Rio were sent back to Haiti or remain in makeshift shelters in the border area. Between 19 and 29 September, approximately 4,600 Haitian migrants have been deported on 43 flights to Port-au-Prince and Cap-Hatien, with this number expected to increase in the next few weeks. On 4 October, HRCS, with support from the IFRC launched a 3-months [DREF operation](#) to support Haitian migrants returned from the US arriving to Port-au-Prince and Cap-Haitien airports, following attempted border-crossings.

Restoring Family Links (RFL) is required with a national and international component. The HRCS has an active RFL system activated, and further RFL actions are needed to expand services for people who remain separated from their loved ones, missing or unaccounted for, but also to support connectivity between separated family members (nationally and internationally). Together with the IFRC and the ICRC, the HRCS will continue to assess the needs and develop the RFL response. 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.

Disaster Risk Reduction

Haiti has a high level of environmental degradation due mainly to population pressures, with 98% of forests cleared for fuel. High levels of socioeconomic issues and political instability have left Haitians extremely vulnerable to natural phenomena. Hurricanes and tropical storms regularly hit Haiti, causing massive floods and deadly landslides. The compounding effects of these natural events overlap with the ongoing COVID-19 pandemic and the possible impact of upcoming hydrometeorological events. The wet season in the country is extended and usually reaches its peak in November²⁷. Constant monitoring of upcoming hydrometeorological events, and pre-emptive multi-hazard preparedness measures are necessary. It remains essential for volunteers and personnel to strengthen and expand their multi-hazard preparedness capacities in case of potential scale-ups of the crises. Capacity-building activities with the communities and new volunteers on multi-hazard preparedness, Early Warning/ Early Action, and community/ family preparedness are essential to increase National Society capacity to articulate within the communities. It is essential to ensure continuous alignment with key stakeholders and enable coordination to operate the Humanitarian Corridor.

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

Community Engagement and Accountability (CEA)

HRCS will support the integration of a CEA approach and the CEA Minimum Commitments to promote effective participation and feedback from affected communities and vulnerable groups in each sector. The overall CEA approach will focus on improving capacity through training and mentoring for volunteers to engage in participatory activities in all targeted areas to discuss with the communities the planning and delivery of activities.

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

²⁶ [CrisisInSight, 22/09/2021, ACAPS.](#)

²⁷ [Haiti Climate Risk and Adaptation Country Profile, April 2021, Global Facility for Disaster Reduction and Recovery.](#)

CEA reporting and feedback mechanisms will be coordinated with PGI at the community level to identify protection issues, including PSEA, and use referral paths identified with the State and other humanitarian actors. Feedback mechanisms will also support the operation's accountability efforts and will feed the technical interventions with community feedback to improve the actions. This will rely on regular reports and consolidated briefs from volunteers on unprompted and captured feedback as well as prompted feedback in community meetings, and possibly some quantitative surveys during implementation specifically for the Shelter reconstruction and repair activities. CEA training for volunteers will also focus on setting up ticketing systems for complaints and requests on activities. HRCS is planning to set up a phone line to receive questions and feedback on all activities.

Those efforts to capture feedback to improve operations and accountability will be actively connected to inter-agency joint efforts to elevate community feedback to collective response level and inform and influence decision making, planning and evaluation. As expressed in the lessons learned from the Hurricane Matthew Operation, the coordination of CEA actions will guarantee greater impact, transparency and compliance with humanitarian standards. The coordination efforts in CEA are being scaled up within the inter-agency coordination mechanisms. The Red Cross will therefore coordinate closely with OCHA and other UN agencies and national and international NGOs to ensure greater institutionalisation of CEA mechanisms, systems and capacity in the medium and longer term.

Specific CEA-tailored support to sectors will focus on the following areas:

- Health (ensuring information on services accessible at the hospital is disseminated through volunteers in the communities),
- Public health in the hospital catchment area: ECV, passive surveillance for referral to hospital) and Health education,
- WASH (use of household water filter kits, Hygiene promotion),
- Relief (information on the content distributed including on the promotion of Mosquito nets for health risk mitigation),
- Shelter (safer construction practices and information about the program),
- PGI (support to messaging and communication on key areas including PSEA principles and reporting).

Support cross cutting communication efforts that require multiple communications channels will be provided:

- Cash programming: support the development of communication and community engagement strategies on selection criteria and general approach.
- Support to HRCS to engage with local media.
- SMS targeted messaging for information about the services.

Security and Business Continuity management

Emphasis must be placed on the safety of Red Cross activities, staff, and volunteers. There is a strong need for an active security footprint that can activate mitigation protocols, monitor humanitarian response work, coordinate with security forces, and ensure all social media, news, and communication networks are monitored. Civil-military relations support will also be needed to help coordinate all civil-military actions from partnering countries. To support this, ARO security structure monitors the situation, liaises with the National Society, and shares information as it becomes available. The operation will be hiring additional capacities to have security support at both Port-au-Prince and the southern departments. The Movement has also implemented security contingency measures to protect staff and assets. Mitigation plans have been developed and are constantly updated. Identification of the risks to business continuity and mitigation measures for the identified risks are put in place to ensure continuity of operation.

The IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation

measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

Logistics and Supply Chain

The Swiss Red Cross logistics team continues to support packaging, warehousing, transportation of humanitarian assistance. The team is working closely with the BENELUX Relief ERU, assisting the needs of HRCS and helping to increase their capacity to give continuity to the logistics operations in the future, with the preparation of 3 stores as a warehouse at the headquarters of HRCS. The procurement plan for the recovery phase is being developed to support the implementation of the different programs.

Communications and advocacy

An active communication approach is ongoing to support journalists requesting stories, technical information, pictures and videos from the Movement. Proactive and reactive communication plans will be developed together with HRCS, and support will be provided to the NS to increase its media outreach and advocacy, including the strengthening of capacities at the branch level. Additional communications staff will be activated during the hurricane season or other overlapping emergencies.

Disaster Law

While the country continues to be exposed to multiple hazards, there is a need for humanitarian actors, including the Red Cross Red Crescent Movement, to get a clearer understanding of the Haitian regulatory and institutional framework in which they operate. At the same time, there is a need to operationalize the use of the humanitarian corridor and to raise awareness about the unique facilities that need to be adopted to expedite humanitarian aid and assistance while ensuring compliance with international quality standards.

Planning, Monitoring, Evaluation, and Reporting (PMER)

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

Information Management (IM)

The Information Management team has created a [GO page dedicated to the emergency](#). The initial strategy will cover the Information Management role with Surge support and activation of the Surge Information Management Support (SIMS) IFRC network to ensure proper Information Management support to HRCS. IM support to HRCS will focus on collecting, managing, and analyzing secondary data, data management support to delegates in-country, and survey design to understand affected population aid preferences and intentions. Spatial data and satellite imagery analysis to estimate the severity of impacts and ensure targeting and development of visual information products to support decision-making and reporting purposes.

Information technology support (IT)

The overall objectives of the IT Telecom team are the following:

1. Revive the VHF network (sites, base, programming of units, etc.) to cover HRCS and IFRC activities in the affected areas for security and disaster response purposes.
2. Set up necessary infrastructure to increase user productivity and support needs for consistent and reliable communication.
3. Procure, commission, and set up a reliable means of communication for emergency and contingency plans.
4. Procure and provide the necessary equipment and means of communication to hired staff.
5. IFRC IT/T team to maintain user support and assistance and provide VHF radio monitoring after ITT ERU's end of mission.



Installation of repeater at Levi Camp Perrin.

Following a joint mission with the ITT ERU team from the Finnish Red Cross and the HRCS ITT officer, communication in the affected areas has been restored. Two of the three repeaters from Austrian Red Cross have been installed. One at Salagnac, with broadcasting channel 5 covering the coast from Les Cayes to Port-au-Prince, and the other at Camp-Perrin, broadcasting channel 13 providing coverage for Camp-Perrin, Manniche, Cavaillon, Port-Salut, etc. Both repeaters are being used to monitor vehicle movement of IFRC, HRCS, and all the PNSs from the control room that collects data on each vehicle (destinations, departure, arrival, etc.). The control room has been created in les Cayes and Port-au-Prince, to monitor vehicles movement and activities of IFRC, HRCS and the PNS's in the affected area for security and disaster response purposes. A radio operator is interacting with the drivers, collecting information on departure and arrival of each vehicle from their origin to destination.

The American Red Cross VSAT has been deployed at les Cayes and assembled as emergency backup connection and will remain at les Cayes until November. The VSAT is being used with a basic bandwidth of 500Kbps/250Kbps and could be upgraded on demand if needed. A new antenna for a base radio at the regional branch office of Les Cayes was installed, allowing the monitoring of all the channels available in the region.

The team has been conducted a series of trainings for the HRCS volunteers. More than 50 volunteers from les Cayes, Torbeck and Camp Perrin have been trained on how to use VHF radios. An initiative well received by the branch offices and the volunteers, based on the feedbacks.

C. Detailed Operational Plan



Shelter

People targeted: 35,000 people (7,000 families)

Male: 17,500

Female: 17,500

Requirements (CHF): 4,720,000

Needs analysis: The affected people, mostly in the rural areas require support for essential household items and shelter tools, temporary solutions for emergency shelter, construction materials or cash support for repair along with technical assistance during the process of rehabilitation or reconstruction. This is followed by strong actions on 'build back better'.

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

- The cost of construction materials is high due to the scarcity of these materials.
- Population growth and unplanned urbanization in the fragile cities of developing economies, combined with the impacts of climate change, are causing a concentration of urban risk, therefore recovery efforts will require new approaches and skills.
- Land generational issues should be addressed.
- Protection (SGBV and child protection) and inclusion concerns (accessibility for people with disability) have to be identified in order to adjust design of damage homes.

Population to be assisted: 35,000 people (7,000 families)

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

	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	<i># of people provided with safe, adequate and durable recovery shelter and settlement assistance. Target: 35,000</i>
	Shelter Output 1.1: Short, medium and long-term shelter and settlements assistance is provided to the affected families.	<i># of families provided with essential HH items and shelter tool kits. Target: 7,000</i>

AP006	Implementation of shelter activities, training, BBB approach																		
AP006	Shelter guidance to volunteers (Awareness raising/training of shelter/CVA volunteers with BBS and PGI)																		
AP006	CEA on shelter guidance to targeted households (evaluation and good practices of repair and reconstruction of affected homes)																		
AP006	Translation and provision of technical guidance and support to Haitian Creole																		
AP006	Monitoring and evaluation of the implementation phase and the provision of technical assistance																		
AP006	Roll-out of PASSA approach (workshop, training of trainers)																		
AP006	Collaboration with WASH, Livelihoods/CVA and CEA and other sectors																		



Livelihoods and basic needs

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

Male: 12,500

Female: 12,500

Requirements (CHF): 1,520,000

Needs analysis: Destruction of productive assets and infrastructure severely affected livelihoods, aggravating an already alarming food insecurity situation. A multipurpose Cash and Voucher intervention will allow targeted communities to cover basic needs and restart their income generating activities, to minimise the effects on their livelihoods.

Risk analysis: Insecurity and gas shortage are hindering the normal flow of goods affecting transportation from the capital to the three affected departments (Sud, Grand'Anse and Nippes). Financial Service Providers are absent from the area of intervention or do not have the capacity to meet the operational demands of the programme or there are operational constraints to sign contracts with them.

Population to be assisted: Field assessments are carried out to identify the most vulnerable groups and those requiring immediate assistance with greater precision. A PGI approach is included to incorporate marginalised groups, invisible or at greater risk of violence.

Programme standards/benchmarks: Sphere minimum standards. Minimum Standard Commitments for Protection, Gender, and Inclusion in Emergencies.

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods	# of HHs whose livelihoods are improved from pre-disaster level. <i>Target: 5,000</i>																	
	Livelihoods and basic needs Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities	# of households received a combined sectoral kit. <i>Target: 5,000</i>																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP008	Conducting a multisectoral needs assessment in the affected areas																		
AP008	Support HRCS’s bilateral food donation distribution ²⁸																		
AP008	Distribution of combined sectoral kits (Relief)																		
P&B Output Code	Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs	# of households reached with multi-purpose cash grant for livelihoods and basic needs. <i>Target: 5,000</i>																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP081	Conduct a CVA feasibility study including the experiences from previous cash operations in the country																		
AP081	Selection of Financial Service Provider based on the results of the feasibility study																		
AP081	HRCS cash and voucher assistance staff																		
AP081	Training and sensitization of staff and volunteers on the use of the selected CVA mechanism and tools																		
AP081	Distribution of multi-purpose cash grant (USD 125/ monthly) to 5,000 households for 2 months.																		
AP081	Post-distribution monitoring																		

²⁸ These are bilateral donations of food to the HRCS. This operation will not procure food items.



Health

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

Male: 5,000

Female: 5,000

Requirements (CHF): 6,390,000

Needs analysis: Following the earthquake, multiple hospitals in the affected departments were overwhelmed with the number of patients requiring immediate care. User fees and transportation are significant barriers to access to health care, and hospitals have limited capacity, dealing with an influx of patients. Pediatric and malnutrition care as well as maternity care remain a considerable gap. Post-earthquake measures for prevention of disease transmission and control of possible epidemics are crucial. With displaced people gathering in temporary shelter and some people living in or near damaged houses, to help detect and control potential outbreaks early, introducing community-based surveillance (CBS) and an early warning system needs to be explored. Cases of sexual violence indicate a need to increase access to care for survivors. Activities will be coordinated with PGI to ensure adequate response mechanisms are provided. Mental Health and Psychosocial Support (MHPSS) are critical aspects of the intervention as populations are highly impacted by sudden traumatic events, especially in a context of protracted crisis.

Risk analysis: Significant risks include security and access that can be limiting factors to reach the most vulnerable population. Ensuring safety of volunteers and staff in the COVID-19 pandemic context is crucial, as well as ensuring sustainability in activities and developing and retaining the capacities in the National Society after the emergency period.

Population to be assisted: Target areas initially covered the Sud Department only. A second location is yet to be determined for the replication of activities, based on where the hospital assets will be donated to. Les Cayes commune has an estimated population of 151,696, of which 86,780 lives in Les Cayes town, where RCEH is located. Additionally, the population living in the vicinity of the hospital structure—both host and displaced—will be targeted for community health and engagement activities. Calculations from the IFRC and HRCS point at 235 HH (a total of 1,175 people) who are displaced and living in the immediate vicinity of the hospital site. The estimated targeted host population to benefit from health education activities is 2,500. Health Outcomes 3 to 5 cover the catchment population of RCEH in Les Cayes; and the catchment population of another public health structure in another affected department (yet to be determined), and which will receive the transfer of assets from RCEH, an accompanying package of technical support and a community-based public health strategy.

Programme standards/benchmarks: Minimum standards for EMTs in onset disasters; Sphere standards.

P&B Output Code	Health Outcome 1: The immediate risks to the health of the affected populations are reduced	# of people assisted in the immediate aftermath of the earthquake with search and rescue services. Target: 100																	
	Health Output 1.1: Target population is reached with Search and Rescue activities, and has access to emergency ambulance referrals	# of people transferred via ambulance service. Target: 100																	
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

	Month																		
AP022	Provision of First Aid and transportation of patients from airport to referral hospitals																		
AP022	Red Cross ambulances deployed																		
AP082	Coordination and support with national search and rescue efforts (HRCS)																		
AP082	Search and rescue training for volunteers																		
P&B Output Code	Health Outcome 2: Appropriate and dignified management of human remains after the disaster is promoted	# of forensic experts deployed. Target: 1																	
	Health Output 2.1: Human remains are managed according to Dead Body Management (DBM) protocols (not for epidemics)	# of NS volunteers trained in forensics and dead body management. Target: 25																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP083	ICRC Forensic specialist deployment																		
AP083	Training in forensics dead body management																		
P&B Output Code	Health Outcome 3: Vulnerable people's health and dignity are improved through increased access to appropriate health services.	# of people reached by RCEH and by public hospital(s) where assets are donated and support is provided, as per RCEH exit strategy. Target: 10,000																	
	Health Output 3.1: The population in the affected areas has access to quality emergency, primary and secondary health care services at the Red Cross Red Crescent Emergency Hospital (RCEH)	# of outpatient consultations < 5 years and >=5 years. Target: 7,500 ²⁹ # of in-patient admissions < 5 years and >=5 years. Target: 225 # of surgeries performed. Target: 375 # of deliveries. Target: 20																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP022	Provision of quality and free of charge ambulatory care, maternity, paediatrics, surgery, laboratory and X-ray services																		
AP022	Exit strategy designed to identify public health structures for transfer of assets, based on gaps within health systems and in order to strengthen existing MSPP health facilities																		

²⁹ RCEH targets have been calculated based on the catchment population for Les Cayes as per MSPP figures and based on the presence of other medical actors delivering the same or similar services in the area.



Water, sanitation and hygiene

People targeted: 35,000 people (7,000 families)

Male: 17,500

Female: 17,500

Requirements (CHF): 1,900,000

Needs analysis: Rehabilitation of drinking water systems, household water treatment, hygiene promotion, rehabilitation of institutional WASH including in schools and healthcare facilities constitute acute needs along with menstrual hygiene management support for affected women and girls. Critical need for safe and sufficient water supply continues being a priority for the recovery phase, with efforts to rehabilitate and improve damaged water supply systems. With high levels of open defecation and unsafe and low coverage of sanitation, hygiene promotion interventions that break the chain of transmission and contamination become increasingly important. The main sanitation intervention will target reconstruction of sanitation facilities at house level as an integrated activity with the Shelter program, while solid waste management will be ensured at displaced people's sites.

Risk analysis: A lack of actors focussing on sanitation and hygiene promotion puts the population at risk of water source contamination and spread of COVID-19. Additionally, as the emergency phase of the operation comes to an end, several actors providing water may pull out, while the need to ensure water supply to the communities persists. The rehabilitation of pipes and wells will remain the source of raw water, which require household water treatment. Current recommendations do not include the monitoring of groundwater sources, which could be overexploited without proper management. Continuous road blockages and protests causing security issues and challenging the procurement and reception of goods and materials in the affected area may impact the planned activities. Schools serving as sites for displaced population may still be fully occupied, preventing the rehabilitation of WASH facilities to prepare for the school comeback.

Population to be assisted: 35,000 people (17,500 women; 17,500 men) in Torbeck, Camp Perrin and Maniche, as well as in the community around RCEH at Les Cayes, with special attention to meet the needs of rural areas with difficult access. WASH activities are also planned in the municipality of Cavaillon, and the operation will continue to support ongoing key activities of PNSs.

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

P&B Output Code	WASH Outcome1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services								# of households reached with WASH support during the emergency phase. Target: 7,000									
	WASH Output 1.1: Communities are provided with improved access to safe water.								# of water supply systems, WASH infrastructure in schools and healthcare centres assessed. Target: 70									
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

AP030	Trainings on PGI, CEA, MHM, HHWT, community HP and HP in schools for HRCS volunteers and national staff																		
P&B Output Code	WASH Output 2.3: Improved access to and use of adequate and durable WASH infrastructure at household level is provided to identified families with severely damage houses	# of households with improved WASH facilities. Target: 300																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP028	Training of engineers, community workers and volunteers on latrine reconstruction “build back better”																		
AP028	Reconstruction/rehabilitation of damaged latrines at household level as part of the reconstruction of houses targeted by the Shelter program																		
AP026	Construction of rain harvesting systems to ensure access to water for cleaning and handwashing purposes on houses where latrines are being reconstructed																		
AP028	Mobilize targeted communities to carry out environmental sanitation activities benefiting the whole community (clean up campaigns, drainage, etc.)																		



Protection, Gender and Inclusion

People targeted: 35,000 people (7,000 families)

Male: 17,500

Female: 17,500

Requirements (CHF): 100,000

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

[illegible]



Migration

People targeted: 5,000

Male: 2,500

Female: 2,500

Requirements (CHF): 220,000

Needs analysis:

According to the Global Report on Internal Displacement 2021, Haiti had one of the highest number of Internally Displaced People (IDPs) due to disasters in the Americas region at the end of 2020 with 34,000 IDPs.³⁰ The impacts of a disaster with infrastructure damaged, evacuation and relocation measures, will increase the risk to displaced and migrate other communities and countries. The identification of the specific needs of people on the move will be required.

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

Population to be assisted: 5,000 people

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

P&B Output Code	Migration Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)	# of RFL response plans developed. <i>Target: 1</i>																		
	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.																			
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
AP036	National and regional monitoring of Haitian migratory flows																			
AP036	Development of contingency and response plans for migratory flows (Including internally displaced persons)																			

³⁰ [Global Report on Internal Displacement 2021](#).

AP036	Coordination mechanisms (cross borders and regional)																			
P&B Output Code	Migration Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)	# of people reached with RFL activities- Target: 300																		
	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																			
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
AP083	Deployment of ICRC specialists in RFL																			
AP083	RFL services																			
AP083	HRCS RFL staff supported																			



Disaster Risk Reduction

People targeted: 2,000

Male: 1,000

Female: 1,000

Requirements (CHF): 396,000

Needs analysis: High levels of socioeconomic issues and political instability have left Haitians extremely vulnerable to natural phenomena. Hurricanes and tropical storms regularly hit Haiti, causing massive floods and deadly landslides. The compounding effects of these natural events overlap with the ongoing COVID-19 pandemic. Constant monitoring of upcoming hydrometeorological events, and pre-emptive multi-hazard preparedness measures are necessary, and volunteers and personnel need to strengthen and expand their multi-hazard preparedness capacities. Capacity-building on multi-hazard preparedness, Early Warning/ Early Action, community/ family preparedness are essential, as well as continuous alignment with key stakeholders to operate the Humanitarian Corridor. It is essential that response efforts are undertaken with minimum damage to the already fragile environment. Response and recovery efforts must consider environmental considerations and carry ecological assessments.

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

Population to be assisted: This is based on the assessment findings with a focus on select target communities to reach at least 2,000 people.

Program standards/benchmarks: [Climate Smart Disaster Risk Management Programming during the COVID-19 Pandemic](#), [Public awareness and education for disaster risk reduction](#), [Climate and Environment Charter](#), [Mainstreaming Disaster Risk Reduction in Emergency Response](#)

P&B Output Code	DRR Outcome 1: Communities in high-risk areas are prepared for and able to respond to disasters	# of people reached through DRR Activities. Target: 2,000																	
	DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.	# of community emergency committees organized. Target: 5																	
		# of people trained in DRM, including Green Response. Target: 50																	
		# of people reached through multi-hazard preparedness messaging. Target: 1,000																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP001	Organization of emergency committees																		
AP001	Equipment for community emergency committees																		
AP001	Adaptation and dissemination of multi-hazard preparedness messaging based on Public Awareness and Public Education (PAPE)																		
AP001	Family emergency plans																		
AP001	Volunteer expenses for activities																		
AP001	Transportation and vehicle maintenance expenses																		
AP001	IFRC DRR coordinator																		
AP001	HRCS DRR Officer																		
AP003	Training on Disaster Risk Management for branches including Green Response																		
AP001	Carry out 3 workshops on Disaster Planning and Identification of Evacuation Route																		
AP001	Conduct EVCA in communities and develop community plan of action																		
AP001	Training of volunteers in EVCA and first aid																		

Enabling Actions

Requirements (CHF): 4,070,000

HRCS is supported to build capacities in emergency response and disaster preparedness. A volunteer management system is rolled out to facilitate knowledge management and guarantee the sustainability of the actions after this operation. Volunteers are trained in cross-cutting sectors such as CEA and PGI. All actions aim

[illegible]

	capacities enhanced to deal with current operation need and be ready to respond to additional events.																		
AP002	HRCS PER focal point																		
AP084	Deploy CEA delegate (3 months)																		
AP084	CEA National Society Officer (1 year)																		
AP084	CEA IFRC Coordinator (6 months)																		
AP084	Develop a CEA plan for the operation that includes CEA minimum commitments																		
AP084	Develop and maintain consistent key messages in coordination with interagency partners																		
AP084	Support health promotion and PSS interventions using RCCE and behaviour change strategies (communicable diseases, COVID-19)																		
AP084	Establish two-way communication channels to inform and collect feedback / rumours using CEA approaches adapted to local cultural realities and languages; these mechanisms closely aligned with PSEA and early identification protection cases.																		
AP084	Community involvement in needs assessments and decision-making																		
AP084	Community communication activities to ensure people are kept informed of operational plans and progress and have information to make informed decisions																		
AP084	Include CEA questions/roll out regular perception's surveys about the operation, engagement levels and information needs to track accountability level and inform operational changes.																		
AP084	Strengthen the National Society's capacities in CEA through training of volunteers.																		

Output Code	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP050	Vehicle rental																		
AP050	Vehicle procurement																		
AP050	IFRC Fleet manager																		
AP050	Warehousing, goods reception, forwarding, fleet, fuel costs																		
P&B Output Code	Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced	# of institutions and organizations participating in the shelter sector. Target: 10																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP049	Information Management for Shelter sector																		
Outcome S2.2: The complementarity and strengths of the Movement are enhanced																			
P&B Output Code	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.	# of Movement-wide statements issued. Target: 1 # of Movement operational meetings held. Target: 9																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP051	SMCC and Movement coordination																		
AP051	Development of the Movement picture																		
P&B Output Code	Output S2.2.5: Shared services in areas such as IT, logistics and information management are provided	# of RC installations provided with ITT services. Target: 4																	
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP052	Deployment of ITT ERU																		
AP052	IFRC IT personnel																		
P&B Output Code	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																		
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

AP053	Communications support																		
P&B Output Code	Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.							# of real-time evaluations carried out. Target: 1											
								# of final evaluations carried out. Target: 1											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP067	Real-time evaluation																		
AP067	Final evaluation																		
P&B Output Code	Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.																		
	Output S3.2.1: Resource generation and related accountability models are developed and improved							# of pledges secured. Target: 20											
								# of new donors to the IFRC. Target: 5											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP059	Work on resource mobilisation/generation																		
P&B Output Code	Output S3.2.3 National Societies are supported in resource and partnership development (from both domestic markets and foreign sources).							HRCS resource mobilization plan developed. Target: Yes											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP061	Work to support HRCS to build on their resource mobilization																		
&B Output Code	Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders							Final Audit carried out. Target: Yes											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
AP064	Finance activities																		
AP065	Administration activities																		
AP068	Audit																		
P&B Output Code	Output S4.1.4: Staff security is prioritised in all IFRC activities							Security protocol for operation developed. Target: Yes											
	Activities planned Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

AP066	Security																			
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Budget

See Annex.

Reference documents

- Click [here](#) for reference documents

Contact information

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

In the Haitian Red Cross Society (HRCS)

- President of Haitian Red Cross Society: Guiteau Jean-Pierre, president@croixrouge.ht
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For IFRC Resource Mobilization and Pledges support:

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

For In-Kind donations and Mobilization table support:

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

In the IFRC Geneva Headquarters:

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

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world

DREF OPERATION

MDRHT018 - Haiti - Earthquake

26/11/2021

Budget by Resource

Budget Group	Budget
Shelter - Relief	491,000
Construction - Housing	1,525,000
Clothing & Textiles	119,425
Water, Sanitation & Hygiene	1,348,500
Medical & First Aid	177,500
Teaching Materials	385,410
Utensils & Tools	228,550
Other Supplies & Services	16,000
Emergency Response Units	5,920,000
Cash Disbursement	2,265,000
Relief items, Construction, Supplies	12,476,385
Vehicles	60,000
Computers & Telecom	84,600
Office & Household Equipment	20,000
Land, vehicles & equipment	164,600
Storage	193,630
Distribution & Monitoring	50,000
Transport & Vehicles Costs	259,984
Logistics Services	221,000
Logistics, Transport & Storage	724,614
International Staff	888,000
National Staff	1,407,716
National Society Staff	902,836
Volunteers	503,750
Personnel	3,702,302
Consultants	169,800
Consultants & Professional Fees	169,800
Workshops & Training	289,250
Workshops & Training	289,250
Travel	141,500
Information & Public Relations	119,000
Office Costs	161,500
Communications	56,270
Financial Charges	18,000
Shared Office and Services Costs	73,380
General Expenditure	569,650
Cash Transfers to 3rd Parties	42,000
Contributions and Transfers	42,000
DIRECT COSTS	18,138,601
INDIRECT COSTS	1,179,009
TOTAL BUDGET	19,317,610

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	396,180
AOF2	Shelter	4,718,429
AOF3	Livelihoods and Basic Needs	1,521,885
AOF4	Health	6,387,513
AOF5	Water, Sanitation and Hygiene	1,901,291
AOF6	Protection, Gender and Inclusion	100,483
AOF7	Migration	220,349
SFI1	Strengthen National Societies	1,200,926
SFI2	Effective International Disaster Management	1,790,218
SFI3	Influence others as leading strategic partners	570,840
SFI4	Ensure a strong IFRC	509,496
TOTAL		19,317,610

