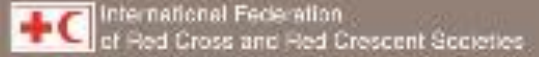




Operation 6-month Update

Haiti: Earthquake



Emergency appeal n° MDRHT018	GLIDE n° EQ-2021-000116-HTI
6-month Operation update: 1 June 2022	Timeframe covered by this update: 15 August – 28 February 2022
Operation start date: 15 August 2021	Operation timeframe: 18 months End date: 28 February 2023
Funding requirements: 19.276 million Swiss francs (CHF)	Donor Response: To date
N° of people being assisted: 35,000 people (7,000 families)	IFRC Category allocated to disaster: Orange
Host National Society presence: The Haiti Red Cross Society (HRCS) has 127 local units, which include 14 regional branches and the national headquarters. The HRCS has 170 paid staff and 20,000 volunteers throughout the country.	
Red Cross Red Crescent Movement partners actively involved in the operation: American Red Cross, BeNeLux Red Cross (Belgium, Netherlands, Luxembourg), British Red Cross, Canadian Red Cross Society, Danish Red Cross, French Red Cross, Finnish Red Cross, German RC, Icelandic Red Cross, Italian Red Cross, Japanese Red Cross, Netherlands 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. Among the many humanitarian actors, the UN Office for the Coordination of Humanitarian Affairs (OCHA); Pan-American Health Organization (PAHO); US Southern Command (SOUTCOM); among others.	
Donors and partners to this Operation: American Red Cross, Austrian Red Cross, Austrian Government, National Societies of BeNeLux (Belgium, Netherlands, Luxembourg), British Red Cross, Canadian Government, Canadian Red Cross Society, China Red Cross – Hong Kong branch, Czech Republic Government, Danish Red Cross, Ericsson, Finnish Red Cross, French Red Cross, German Red Cross, Icelandic Red Cross, Iraqi Red Crescent, Irish Government, Irish Red Cross, Italian Government Bilateral Emergency Fund, Italian Red Cross, Japanese Government, Japanese Red Cross Society, The Republic of Korea National Red Cross, Korean Government, Luxembourg Red Cross, Red Cross of Monaco, Monaco Government, The Netherlands Red Cross (from Netherlands Government), New Zealand Government, Novo Nordisk, Polish Red Cross, Spanish Government, Slovenian Government, Spanish Red Cross, Supreme Master Ching Hai, Swedish Red Cross, Swiss Government, Swiss Red Cross, Warner Media.	
In-kind donations: Airbnb.org, Airbus Foundation, Carrefour Martinique (Groupe GBH), DHL, French Navy, Martinique (unique territorial community), Royal Netherlands Navy, Spanish Agency for International Development Cooperation (AECID), UPS.	

Summary:

The Haiti Red Cross Society (HRCS) has reached 15,884 households within six months following the 14 August 2021, 7.2-magnitude earthquake. Through this Emergency Appeal, the IFRC has supported the HRCS to distribute multi-sector family kits that contain 2 tarpaulins, 1 shelter tool kit, 2 blankets, 2 long-lasting insecticidal nets (LLIN), 1 hygiene kit, 2 jerry cans and 1 bucket.

Through the revised emergency appeal, the IFRC in coordination with the HRCS has increased the original target of 25,000 people (5,000 households) to now aim to reach 35,000 people (7,000 households) in Sud, Nippes and Grand' Anse departments.

All Emergency Response Units completed their missions by December 2021 and in-country and field staff was hired to continue the operation in the long term. This operation is implementing actions in Shelter; Livelihoods, and Basic Needs; Health; Water Sanitation and Hygiene; Protection, Gender, and Inclusion; Migration; and Disaster Risk Reduction (DRR). The enabling actions of Strengthening National Societies; Influencing others as strategic partners and Strengthening Coordination and Accountability underpin the sector-level actions.

With the leadership of the HRCS, the IFRC-network partners in the country and the International Committee of the Red Cross (ICRC) continue to coordinate and complement actions. The IFRC provided membership coordination services while it rolled out a Federation-wide approach to this operation.

In Les Cayes, the Red Cross Emergency Hospital (RCEH), EMT Type 2, was operational from 29 August until 30 November with deployments from the Finnish Red Cross, supported by the Canadian Red Cross, French Red Cross, German Red Cross, Japanese Red Cross and Swedish Red Cross, and the Hong Kong Branch of Red Cross Society of China. The RCEH assisted 5,238 outpatient department visits, 615 hospitalized patients, 381 psychosocial support visits, 136 people in need of protection, 115 deliveries (278 antenatal consultations), 92 surgeries and 152 physiotherapy visits.

Thanks to a strong donor response, the 750,000 Swiss franc loan to this Emergency Appeal operation has been replenished. The IFRC expresses its sincere gratitude to all partners who have supported this Emergency Appeal and encourages further donations to enable the achievement of all the planned actions.



Left: Haitian Red Cross Volunteers distribute emergency kits in collaboration with UNHCR at Fonducak, Corail, Sud. Source: HRCS, January 2022.

Right: Lines formed at distribution site in Camp Perrin. Source: Benelux RC ERU, November 2021.

A. SITUATION ANALYSIS

Description of the disaster

The 7.2-magnitude earthquake on 14 August 2021, with its epicentre 13 km southeast of Petit Troup de Nippes (Nippes department) had a severe impact on Haiti's departments of Sud, Nippes and Grand 'Anse. The Haitian General Directorate of Civil Protection (DGPC) reported 2,248 deaths; 12,763 injured people; and 329 people who remain missing; this institution has identified 53,815 destroyed homes and 83,770 damaged homes.¹ Following the 14 August earthquake, more than 900 aftershocks have been registered; of these, 400 have had a magnitude of 3 or more. This includes a 4.85 magnitude aftershock on 18 August that provoked the collapse of already damaged structures.²

Following the rapid assessment done by the Haitian departmental health directorates, with PAHO/WHO support, a total of 88 health centres have been identified as severely damaged (28) and slightly damaged (60).³ According to a satellite assessment by the World Bank, quoted by the DGPC, the country has approximately 1.5 billion US dollars (or 10 per cent of Haiti's gross domestic product) in economic damage and losses.⁴

Independent of the wide range of figures, the humanitarian needs continue increasing and do not indicate signs of abating. The REACH resource centre assessment conducted with ACTED reports 14,790 displaced people in Camp-Perrin, Cavaillon, L'Asile, Maniche and Peste communes. This population is distributed in 87 different sites, of which 30 have more than 100 people.⁵ This figure is substantially higher than the [IOM Displacement Tracking Matrix for Haiti](#), which reports 1,644 people (602 families) displaced due to the earthquake; of these 489 families (1,256 people) are in Sud department and 113 families (388 people) in Grand 'Anse department. The internally displaced population in the two departments is located in 24 evacuation centres (22 in Sud and 2 in Grand 'Anse) and 12 regrouping centres (9 in Sud and 3 in Grand 'Anse). The DTM does not report displacement figures for Nippes.

The risk of hurricanes and tropical storms remains latent in Haiti. Atlantic hurricane season spans from 1 June to 30 November and its peak months between August and October.

The Government of Haiti solicited support for food, health, shelter, and water, sanitation, and hygiene (WASH) needs for the affected population in Sud, Nippes, and Grand 'Anse departments. On 15 August, the Office of the Prime Minister provided a list of requested goods, later further detailed by the Ministry of Public Health and Population (MSSP), ordered from the international community. The DGPC concluded its first phase of emergency response actions on 3 September. This report estimated the affected population as over 690,000 people and informs that the search and rescue activities ended, and actions are shifting to recovery.

This emergency response operation is being implemented amidst a sensitive and volatile security context. While there was a respite from blocked roads by non-State armed actors and a decrease in the looting of goods in transit to the most affected areas, reports indicate a new upturn of security incidents. This situation continues to challenge the Red Cross to remain efficient and effective.

Multiple tremors and heavy rainfall occurred after the earthquake. During late January and early February 2022, heavy rainfalls hit several departments of the country notably the North, the Northeast and the Nippes departments. This situation is caused by the cold front extending from the North Atlantic to Nicaragua and

¹ Direction Générale de la Protection civile (DGPC), [Tremblement de terre- Samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence nationale](#) (4 September 2021).

² DGPC, [Tremblement de terre- Samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence nationale](#) (4 September 2021).

³ PAHO, [Situation Report #7](#) (8 September 2021).

⁴ DGPC, <https://protectioncivile.gouv.ht/wp-content/uploads/2021/09/Seisme-du-14-Aout-2021.-Rapport-de-situation-detape-No-1-du-Coun.pdf> (4 September 2021).

⁵ REACH resource centre, [Haiti](#) (14 September 2021).

crossing the island of Haiti. According to Directorate General of Civil Protection (DGPC), at least 20 municipalities were affected by floods caused by the waters of runoff and floods from some rivers. Consequently, 2,578 houses flooded and 3 destroyed, leaving nearly 10,750 people (2,500 families) in need of temporary shelter (disaster families) as well as food, NFIs, and drinking water. Furthermore, damage to road infrastructure has hampered humanitarian access.⁶

Haitians continue to face adversity, and many are leaving the country daily despite the ongoing deportations from neighbouring Dominican Republic and the United States. As stated by Human Rights Watch⁷, 49 people were interviewed during a visit to Haiti in December 2021 (including 9 Haitians expelled from the US and the Dominican Republic, representatives of UN agencies, civil society members; and Haitian justice and executive branch officials). This article refers to the multiple complexities Haitians are still facing and the imminent situation surrounding the deportations: "From 1 January 2021 through February 26, 2022, 25,765 people were expelled or deported to Haiti, data collected by the International Organization for Migration (IOM) show. Of those, the US returned 79 percent (20,309 people) while The Bahamas, Cuba, Turks and Caicos Islands, Mexico, and other countries returned the rest."

According to the ACAPS complex crisis update from 16 February 2022, "reporting indicates SGBV including rape has been used in recent months to intimidate and control local populations, mainly affecting children, adolescents, and women. Survivors have been reporting SGBV in conjunction with other forms of violence such as kidnapping. SGBV is often invisible and underreported, due to shame, stigmatization, fear of reprisals, and mobility restrictions for survivors. Recent data is unavailable; however, from 2017 to 2021 at least 7,000 people, half of them under the age of 18, presented for SGBV treatment in health clinics. Insecurity and targeted threats against humanitarian workers have limited the provision of the specialized mental and physical health services that SGBV survivors need."⁸

The HRCS, the IFRC and Red Cross partners in Haiti, as well as other humanitarian actors continue to support the response to the effects of the August 2021 Earthquake whenever necessary. The IFRC [GO page for the Haiti: Earthquake](#) contains information from the field, as well as informative materials and documents regarding the Haiti Red Cross Society-led response operation.

Summary of current response

Overview of Host National Society

The Haiti Red Cross Society (HRCS) is leading a multi-sector and multi-location response effort that is supported by the IFRC, partner National Societies and the International Committee of the Red Cross (ICRC). The HRCS maintains its Crisis Room active. Under an operations manager, the HRCS coordinates with its branch network for the ongoing response. More than 500 volunteers were mobilized in the 3 regional branches directly affected by the earthquake as well as the branch in Ouest department: 285 in Sud, 156 in Grand' Anse, 35 in Nippes and 25 in Ouest.

As of January 2022, the HRCS had distributed 14,897 multi-sector family kits, purifying and distributing water, conducted assessments, as well as participated in trainings and refresher courses to implement the emergency response activities more effectively. In January 2022, the HRCS distributed together with UNHCR emergency kits to families (including woolen kits, cooking kits, hygiene kits, plastic buckets, solar lamps, mosquito nets, body soap,s and plastic sheeting). HRCS holds a partnership with NGO ATLAS Logistique for the transport of articles by sea (to mitigate security risks) to the ports of the Great South. As of February 2022, the HRCS, with support from its partners has reached 15,884 households.

⁶ [ACAPS Complex Crisis Update: Haiti](#)

⁷ [HRW: Haitians Being Returned to a Country in Chaos](#)

⁸ [ACAPS Complex Crisis: Haiti Latest Developments, 16 February 2022](#)

Movement 3W NFI Distributions

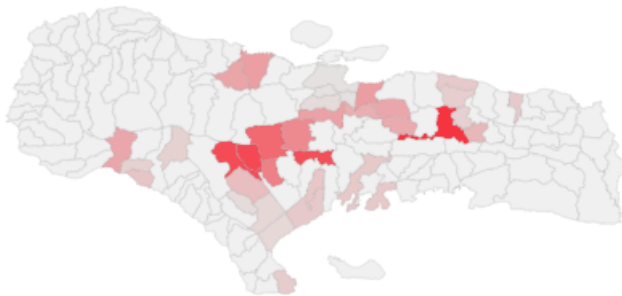
Haiti | Earthquake

Items: All | Commune: All | En | Fr



15K Total HH Reached | 35 Sections Reached | Latest Distribution | Monday, January 24, 2022

Total HH reached per section communale

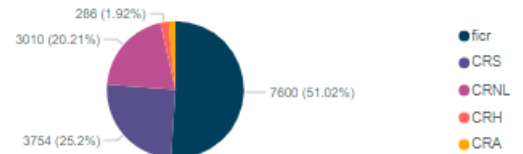


PNS Distributing	Commune	Section	HH Reached
CRA	Chantal	1re Section Fonds Palmiste	61
CRA	Saint Louis du Sud	2e Section Baie Dumesle	188
CRH	L'Asile	1re Section l'Asile ou Nan Paul	260
CRH	Saint Louis du Sud	2e Section Baie Dumesle	26
CRNL	Camp-Perrin	1re Section Levy Mersan	326
CRNL	Camp-Perrin	2e Section Champlois	222
CRNL	Cavillon	1re Section Boileau	206
CRNL	Chardonnières	1re Section Randel	147
Total			14897

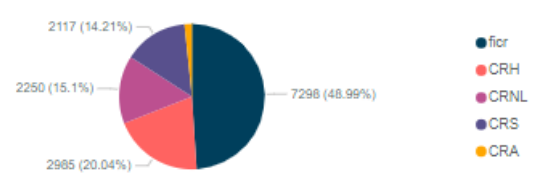
Total HH reached per day and running total



Total HH reached by RC partner supporting with distribution



Total HH reached by RC partner financing



The maps used herein do not in any way express the views of the International Federation of Red Cross and Red Crescent Societies or National Societies on the legal status of any territory or its authorities. Made by SIMS.

The Haiti Red Cross Society is member of all committees of the National Disaster and Risk Management System (GNGRD) and a permanent member of the National Emergency Operations Centre (COUN). The GNDR is led by the Prime Minister, his ministers and the HRCS president. The HRCS president maintains high-level contact with national authorities and coordinates the capacities of the National Society and the IFRC network. The HRCS additionally maintains a coordinated response with local, provincial, and national authorities and other humanitarian organizations. It is participating in all coordination forums with other humanitarian actors at the country level.

The HRCS has a fleet of ambulances strengthened by the work of IFRC and donated vehicles by the Red Cross Society of China. IFRC recently trained HRCS staff and volunteers in pre-hospital care. Volunteers skilled in this field were attending the five ambulances mobilized for hospital transfers from the Port-au-Prince airports (Toussaint Louverture and the Ayiti Air Ambulance base) to hospitals and another for transfers in Sud department. Between 14 and 26 August, the HRCS transferred 146 people (82 females, including 13 girls 0-10 years of age and 64 males, including 4 boys aged 0-10 years of age).⁹

All Movement partners in the country have been supporting the HRCS with material goods for distribution and on, transportation (institutional vehicles to mobilize HRCS staff and volunteers, as well as for the transport of goods).

Overview of Red Cross Red Crescent Movement in-country

Immediately following the disaster, the IFRC Americas Regional Office (ARO) provided technical guidance and support, including the deployment of staff from the region and throughout IFRC offices in the Americas. The DCPRR unit deployed its Continental Coordinator as Head of Operations in Haiti, arriving on day three post-earthquake. The ARO convened Joint Task Force (JTF) meetings for this emergency. A security officer from the Americas Regional Office (ARO) was in the country prior to the earthquake to strengthen security needs of the CCD and the HRCS. Other regional security staff, including the head of security, have been in Haiti recently and continue to provide remote support through local security officers and advise to the Latin Caribbean Country Cluster Delegation.

⁹ Haiti Red Cross Society (HRCS), Rapport de Situation #4 (8 September 2021).

The IFRC surge desk in Geneva and ARO worked together to deploy 77 rapid response staff who ended their missions between September and December 2021. Five Emergency Response Units (ERU) in logistics, relief, Information Technology and Telecom (IT/T), basecamp and the Red Cross Emergency Hospital (RCEH) were activated for this operation. The Logistics ERU from the Swiss Red Cross, the Relief ERU from the Benelux Red Cross, the Basecamp ERU from the Danish Red Cross (no longer active), the IT/T ERU from the Finnish Red Cross and the Red Cross Emergency Hospital from the Finnish Red Cross with support from the Canadian Red Cross Society (Canadian RCS) have implemented actions to contribute to an agile, safe and connected emergency response.

The HRCS and IFRC agreed to request the deployment of the Red Cross Emergency Hospital based on the rapid health assessment conducted in the first two weeks following the earthquake. The HRCS formally solicited the Ministry of Health approval for the installation of RCEH, equivalent to a type 2 ERU, in Les Cayes (Sud). With the first staff arriving on the 29 August and the equipment arriving in subsequent days from Finland and Canada, 24 of the 26 RCEH staff travelled to Les Cayes in the Airbus Foundation helicopter and then on a private domestic carrier until 10 September. The Finnish RC and the Canadian RCS have organized three-month-long rotations for this emergency hospital.

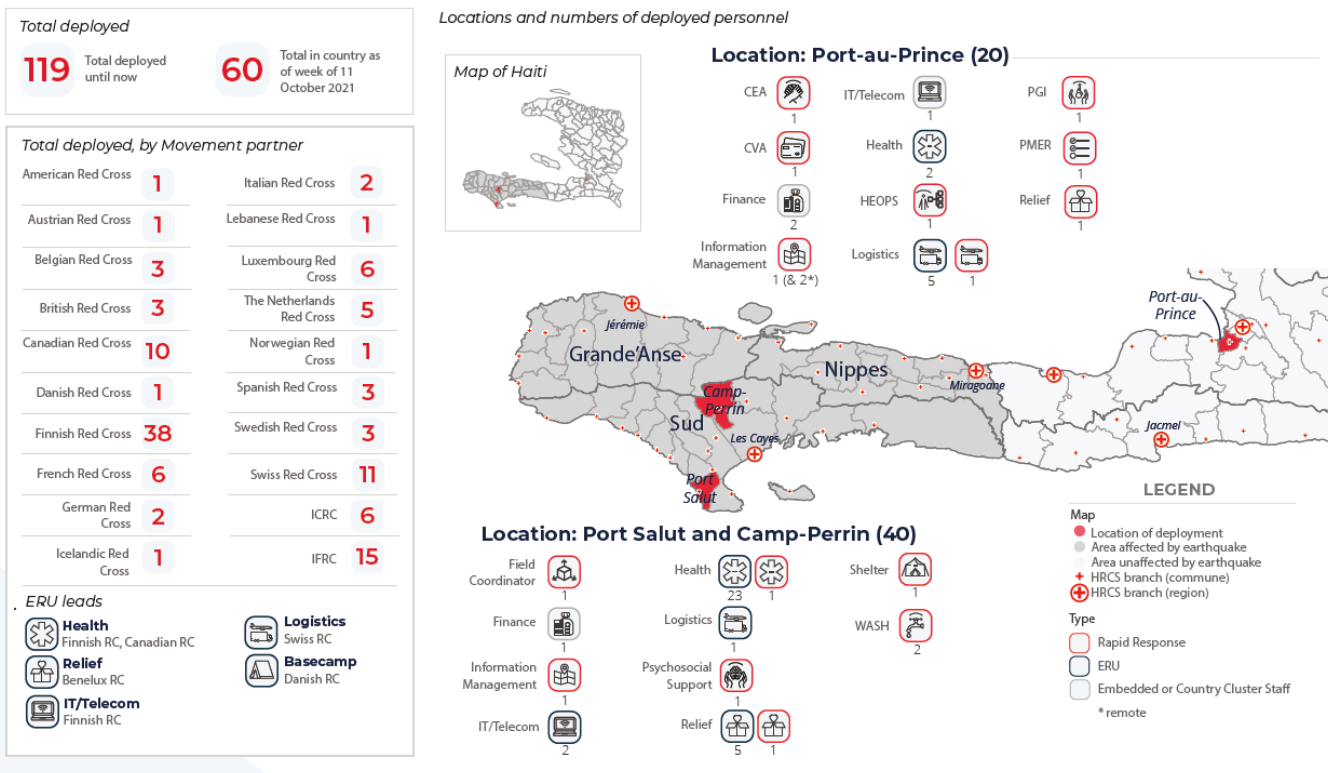
The following infographic and the respective parts under section C “Detailed Operational Plan” below provide further information on the achievements of each ERU. Alongside the ERU teams and the rapid response personnel, this operation also embedded assets of three ICRC staff (5 people in total in the 2 rotations), 1 remote SIMS coordinator and, an embedded IT specialist from the American Red Cross (AmCross). The following infographic details the number of response personnel mobilized to contribute to this operation’s objectives.

Updated: 15 October 2021

Rapid Response/ERU Personnel Deployed Haiti | Earthquake



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



Operational logistics is the result of coordinated actions by the Americas Regional Logistics unit (operational procurement, logistics, and supply chain- OLPSCM Americas), the humanitarian corridor warehouse in Dominican Republic that is managed by the Dominican Red Cross, and the rapid response logistics team in Haiti composed

of the logistics ERU from the Swiss Red Cross and the supply chain coordinator. Following the initial creation of the mobilization table with the launch of this Emergency Appeal, it has gone through updates that reflect the needs on the ground and the Red Cross response capacity. The latest update on 8 September 2021 contains NFIs for up to 7,000 households (35,000 people).

Through weekly departures by sea from Panama to Haiti, the OLPSCM Americas sourced goods for procurement and organized transportation into the country. Additionally, the logistics team coordinated the reception of in-kind donations that are included in this operation and that comply with RCRC specifications.

As the timeline on page 2 indicates, the first two cargo shipments of NFI arrived in Port-au-Prince on 19 August in flights donated by UPS, as part of its global agreement with the IFRC. Different flights with the same plane enabled the pick-up and unloading of goods from Panama and the Dominican Republic on the same day. DHL in Haiti supported the disembarkation and transfer of the goods from both flights to a warehouse in Port-au-Prince.

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

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

From 19 August through 5 September 2021, Airbus Foundation donated 60 hours of helicopter flight time to support the response efforts. This service was initially used for aerial and field assessments by the HRCS and IFRC and then to transport emergency response team members to the earthquake-affected areas of the country. These flights have been essential for the transportation of the Red Cross Emergency Hospital staff and other technical teams to the Sud department. Since the closure of the hospital in November, for missions on the field, we travel with UNHAS¹⁰ and Sunrise. It constitutes secure access to the South as the national road #2 leading to the South of the country is still controlled by armed gangs.

The **American Red Cross** is supporting the IFRC Emergency Appeal, as well as placing its human, financial and material resources at the disposition of the HRCS following the earthquake. The HRCS, with AmCross and IFRC implement a two-year USAID/BHA-funded disaster preparedness programme. AmCross provided funds and pre-positioned stock to the HRCS's immediate actions in the aftermath of the earthquake. Human resources that are integrated into the HRCS headquarters' response team include the Disaster Risk Reduction advisor, IT advisor, and comms team, among others. AmCross donated personal protective equipment (PPE) against COVID-19, including masks for volunteers involved in the response in Sud Department. AmCross also increased funding to support the implementation of WASH activities.

The **Canadian Red Cross Society** is supporting the HRCS through this IFRC Emergency Appeal. This partner National Society has provided equipment, transport, staff and running costs for the Red Cross Emergency Hospital that is the equivalent of 1.54 million Swiss francs. Additionally, the Government of Canada, through Canadian RCS, sent NFIs for 500 households, which arrived on 4 flights between 24 and 29 August. This support has also included one-month deployments of a construction/shelter delegate and a health delegate for this operation and offering vehicle use as needed to the HRCS. The Canadian RCS country office, which has been in Haiti since 2007, was reinforced with a health specialist and operations manager.

The **French Red Cross** has a permanent presence in the Caribbean through the Regional Intervention Platform for the Americas and the Caribbean (PIRAC). Appeal funds were used to procure PIRAC prepositioned NFIs. The French RC coordinated with the French Navy boat for the transport of these NFIs, as well as private sector donations of food items and water from Carrefour Martinique (Groupe GBH) and the unique territory of

¹⁰ [WFP Haiti Emergency](#)

Martinique; these goods arrived in Haiti on 21 August. The French RC has designated a PIRAC disaster manager (DM) in Haiti who will have a coordination and facilitation role, particularly to assist the HRCS to enhance its disaster preparedness capacities. In close coordination with the IFRC, the DM will also promote IFRC tools and approaches in this preparedness capacity-building process, as well as contribute to an IFRC-network response to this HRCS-led emergency response operation.

Prior to the earthquake, the **Netherlands Red Cross** (NLRC) had two decentralized bases in Les Cayes, Les Anglais and Chardonnières communes in the Sud department, with its main areas of action in WASH and food security. Stemming from HRCS-NLRC strengthening in emergency WASH response, in 2019, UNICEF selected the HRCS and Netherlands RC to lead the WASH response in Sud Department. This included the prepositioning of WASH kits in Les Cayes for disaster operations. In the aftermath of the earthquake, the HRCS-NLRC distributed these kits. Additionally, the NLRC placed its three vehicles at the disposition of the HRCS for the response in Sud. NLRC human resources (WASH engineer, a logistician, and one monitoring, evaluation, and learning- MEAL specialist) supported the HRCS's rapid WASH assessments in Les Cayes and the Chardonnières communes. The NLRC conducted humanitarian diplomacy with the Royal Netherlands Navy, which provided shipping support to this operation and facilitated a protocolar visit with the HRCS executive director by the Honourable Ambassador of the Embassy of the Kingdom of the Netherlands to the Dominican Republic and Haiti on 25 August.

In partnership with the Federation, NLRC intervenes in the WASH sector through the rehabilitation of 9 SAEP (Portable Water Supply System). To do this, NLRC is setting up 12 CAEPA (Portable Water Supply Committee) who have been trained in system supply management. The IFRC has already sent repairing tools kits to NLRC to distribute to these committees for the support and repair of the systems. In addition, NLRC is involved in the distribution of Cash in the communes of Charbonnière and Les Anglais where 500 families will be reached.



The Spanish Red Cross is supporting the HRCS to provide SETA units for water treatment and distribution. Source: Spanish Red Cross.

The **Spanish Red Cross** has reinforced its in-country team. It is supporting the HRCS bilaterally in the deployment of its WASH response to the affected area. Spanish RC has mobilized technicians and installed four water treatment units: two in Roseaux (Grand 'Anse) and two L'Asile (Nippes). The water distribution is reaching neighbouring communities and is combined with the implementation of hygiene promotion activities. The Spanish Red Cross has also contributed NFIs to this Emergency Appeal.

Swiss Red Cross, with an in-country office since 2010, is supporting this Emergency Appeal operation and repurposing its resources in the country. Prior to the earthquake, the HRCS provided support in the Léogâne commune (Sud-Est department) with emergency shelter reconstruction and WASH activities. Following the disaster, the Swiss RC worked with the HRCS for a rapid assessment

in the Nippes department. The Swiss Red Cross deployed its logistics ERU (five people in the first rotation and another five in mid-September) for this Emergency Appeal operation. The Swiss RC has also made available its pre-positioned stock (500 hygiene kits, 325 tarpaulins, 100 construction kits, and 100 kitchen kits) for distribution. In total, Swiss RC has distributed 1,556 tarpaulins and 1,265 hygiene kits. In coordination with the IFRC relief team, the HRCS-Swiss RC distributed 650 multi-sector family kits in Nippes. Additional support to the HRCS includes the Swiss RC vehicle that has been used to support relief distributions.

The **International Committee of the Red Cross (ICRC)**, following the closure of its office in 2017 kept supporting the HRCS from its Regional Delegation for Panama and the Caribbean until July 2021 when the institution decided to re-engage in Haiti to address systemic vulnerabilities related to armed violence and problems faced by the medical mission, especially in the capital Port-au-Prince. For this operation, the ICRC has deployed three staff members in each rotation to support the HRCS response efforts: the Restoring Family Links team leader, the RFL

data management focal point and a forensic specialist. Two rotations of five ICRC staff have been deployed as rapid response personnel under the IFRC umbrella during the response in-country.

Overview of non-RCRC actors' actions in country

Government of Haiti

Following the earthquake, the Government of Haiti activated its National Emergency Operations Centre, concurrently starting department-level operations centres in Sud, Grand 'Anse and Nippes. The Directorate General for Civil Protection serves as the executive secretariat of the National Disaster Risk Management System. The General Directorate for Civil Protection with other actors initially engaged in search and rescue and rapid assessments. As indicated above, the DGPC concluded its first phase of emergency response actions on 3 September.

The Government of Haiti opened the humanitarian corridor that involves the governments of the Dominican Republic and Haiti and humanitarian partners.¹¹ The Government of Haiti provides clear guidance on the type of aid it requires. The Government of Haiti has reiterated that international support should be coordinated via the COUN¹². To date, COUN is not activated after the first phase of emergency response. DGPC shift its focus to a recovery and reconstruction phase which dwells on the relocation of the affected population and launching structural actions. While the DGPC is preparing for the arrival of the next hurricane season, it is also launching SIMEX¹³ in the North for May 2022. This series of activities aims to raise awareness among the population of the departments of the Far North on seismic risks and to better prepare for possible disasters such as earthquakes and tsunamis.

The DGPC also takes this opportunity to recall that SIMEXs are organized, among other things, to assess and strengthen the capacity of Civil Protection brigadiers and volunteers who will be deployed to help the population in emergency situations.

International and non-governmental humanitarian actors

DGPC, with OCHA technical support, coordinates NGO and international humanitarian assistance, which included international Search and Rescue teams, emergency health and distributions of food and non-food items.

OCHA leads the assessment cell. A 10-person UNDAC team (3 in each department and 1 in Port-au-Prince) reinforces coordination at the departmental level. An On-Site Operations Coordination Centre (OSOCC) was established in Port-au-Prince to coordinate international relief. A sub-OSOCC was established in Les Cayes.

Starting with 8M US-dollar budget from its Central Emergency Response Fund (CERF), on 25 August 2021, the UN launched a Flash Appeal for 187.3M US dollars¹⁴ This plan aims to reach 500,000 of the most vulnerable people of the 650,000 identified to need assistance, shelter, WASH, health, food, education, and protection services.

Sectoral coordination is taking place via the established Humanitarian Country Team working groups and mechanisms at the national level in Port-au-Prince and at the departmental level. This participation enables coordination with State institutions, non-State actors and other humanitarian partners. In each of the affected departments, there is a weekly meeting per cluster plus a general coordination meeting with all clusters.

The IFRC response team is participating in the health, WASH, shelter/NFI, protection (and sexual and gender-based violence- SGBV, child protection sub-groups), logs and intersectoral clusters, and protection against sexual exploitation and abuse (PSEA) taskforce at the local and national level as possible. The IT team participates in an IT/Telecoms working group and the relief team in a cash working group.

¹¹ [United Nations Office for the Coordination of Humanitarian Affairs, Relief Web](#), Latinoamérica & El Caribe Resumen de Situación Semanal, 16-22 August 2021.

¹² Emergency Operation Center

¹³ Simulation exercise hurricane-flood

¹⁴ OCHA, Haiti Earthquake_SitRep#1_Updated and Revised Final Version for RW, 22 August 2021.

The Shelter Coordinator participates in the shelter/ NFI cluster. This coordination is essential to ensure compliance with the Government of Haiti's requests and recommendations and to avoid overlapping actions. The IOM, as co-lead in Haiti Shelter/NFI Cluster, has established the NFI pipeline to better coordinate distributions based on emerging needs. This cluster is also collaborating with the Ministry of Public Works, Transport and Communications (MTPTC) for structural assessments of public buildings. MTPTC has engaged an engineering company Miyamoto to train 250 local engineers for structural assessments. The action plan is to proceed with the assessment of all the destroyed and damaged houses as a second priority. Demolition and clearing of rubble, some of which will be done with a cash-for-work modality, are also under discussion.

The IFRC provided IM support for the shelter coordination cluster. This IFRC delegate has begun remotely until she arrives in Haiti in mid-September. The contract of the IM Officer was due on 25 January 2022. For now, The PMER officer is giving IM support until the recruitment of a new IM officer.

To collectively share information on security risks and how to mitigate these, the IFRC participates in a security coordination group with other international actors and missions in Haiti.

This operation builds upon the strengths of the IFRC Country Cluster Delegation (CCD) for the Latin Caribbean (Cuba, Dominican Republic, and Haiti), led by Santo Domingo (Dominican Republic) and its in-country staff in Haiti. Prior to the earthquake, the in-country team was composed of a deputy head of delegation, health coordinator, IT officer, finance officer, archivist, three drivers, and two cleaners. This team was strengthened with local human resources focused on this operation.

As of 15 February, the operation includes an in-country longer-term Head of Operations and recently hired staff that covers key implementation areas such as finance (including one person in Les Cayes), logistics, procurement, fleet officer, PMER officer, PGI, WASH, CVA, Shelter, MHPSS and CEA. The Head of Delegation and Financial Analyst Delegate are regularly present in Haiti. The regional WASH coordinator will be supporting the operation in-country and from ARO to ensure the implementation of WASH initiatives.

Needs analysis and scenario planning

Needs analysis

To better identify the humanitarian needs in the affected departments, the IFRC team in the field conducted rapid sector-based assessments. These assessments were based on field data collection, as well as secondary sources.

Shelter

Given the destruction and damage to homes, infrastructure and businesses, emergency shelter and essential household items are crucial to the affected households. As mentioned in the introduction, DGPC identified 53,815 destroyed homes and 83,770 damaged homes. The DGPC reports that the rural population, which is 80 percent of the affected population, experienced five to seven times more damage to their homes than households in the urban areas.¹⁵ There is a need for the provision of basic shelter items including tarpaulins, blankets, shelter tool kits and kitchen sets.

The visual assessment conducted by the IFRC shelter coordinator in the Camp Perrin, Torbeck, and Cavaillon communes (Sud), noted that most of the affected people tend to remain nearby their destroyed or damaged homes; this is primarily because they have no alternative in the proximity and secondly to guard their belongings and property. The conditions of homes show a high level of damage due to inner vulnerabilities of the structures (bad quality of material, poor construction techniques, lack of maintenance). Nonetheless, the resilience of some households is notable with some who started to remove the debris and repair their homes.

In the three communes assessed by the shelter coordinator, proper collective centres as such do not exist and are rather spontaneous camps improvised by the affected population from the mountains who moved closer to urban areas in search of primary assistance, water, and food. Makeshift shelters covered with palm leaves have

¹⁵ DGPC, [Tremblement de terre- Samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence national](#) (4 September 2021).

been erected along the main road heading towards the small city of Cavaillon. Similarly in the most damaged cities (like Cavaillon), the inhabitants have erected their own tents in the open areas. This population, primarily in the rural areas requires essential NFIs and shelter tools, construction materials and/or cash and technical guidance for repair. Further assessments on the soundness and physical conditions of the shelters for people with the highest level of vulnerability are required.

Lastly, coordination between shelter, health and WASH is needed to contribute to biosecurity practices and healthy hygiene among the affected population.

Livelihoods and Basic Needs

The food security situation in Haiti prior to the earthquake was critical and has been further deepened by the recent disaster. Haiti ranks 23 with the most severe food security situation globally with 40 per cent of its population food insecure. According to the Food and Agriculture Organization (FAO) and the World Food Programme (WFP), the expected decline in agricultural production, due to irregular and below-average rainfall, political instability, worsening food inflation and the effects of COVID-19 related restrictions, will aggravate the alarming levels of acute food insecurity in Haiti, where an estimated 4.4 million people are acutely food insecure, corresponding to 38.29 per cent of the country's population¹⁶.

A World Bank and Government of Haiti publication on poverty indicates that poverty rates are higher in rural areas. A total of 80 per cent of people living in extreme poverty live in rural areas where 38 per cent of the population is unable to satisfy their nutritional needs.¹⁷ OCHA warned that the impact of the earthquake could compound the pre-disaster food insecurity situation due to cyclical droughts and soil erosion, among others.¹⁸

According to the National Food Security Coordination (CNSA), the average food basket prices experienced inflationary increases related to the Haitian gourdes depreciation and the poor performing agricultural campaigns. The price of the basic food basket for a family of five is 125,000 Haitian gourdes (approximately 125 US dollars). Based on the Haiti Price Bulletin (March 2021) from the Famine Early Warning Systems Network (FEWS Net), the staple food goods (rice, black beans, maize, and cooking oil) showed some fluctuations, based on location in the country, prior to the earthquake. Prices of black beans appeared the most unstable. FEWS also indicates that all cooking oil and 80 per cent of rice is imported to Haiti¹⁹.

In coordination with other humanitarian actors, under the leadership of the departmental level emergency operations centres and in coordination with the HRCS (headquarters and branch network), the Red Cross expects to have more precise findings on basic needs to respond in a timely manner with support for the populations in situations of high vulnerability.

Cash and Voucher Assistance (CVA) is a possible path to respond to basic needs, in which food security is primordial. Different cash options have been assessed and seem to give a positive outlook towards a CVA response. The relief ERU along with the HRCS in the Sud department carried out a cash feasibility study. The findings showed that markets in the affected area are functioning, including those for shelter items (CGI sheets, concrete bricks, etc.). Despite supply chain challenges due to the insecurity on the main road between Port-au-Prince and the cities in the affected areas, the suppliers could cope with an increased demand. According to the finding, a CVA response has been decided to support the affected population. Ongoing CVA activities plan to reach 770 families in three communes: Camp-Perrin (305), Maniche (103), and Torbeck (362).

Health

Prior to the earthquake, the Haitian health system was already very limited in terms of services and faced many challenges. The Haiti Humanitarian Needs Overview Report released in early 2021 indicated that more than two

¹⁶ [FAO-WFP. Hunger Hotspots - Early warnings on acute food insecurity. July 2021.](#)

¹⁷ World Bank, ONPES, MPCE, [Haiti. Investir dans l'humain pour combattre la pauvreté. Éléments de réflexion pour une prise de décision informée. Résumé](#), (2020).

¹⁸ [OCHA](#), Haiti Earthquake_SitRep#1_Updated and Revised Final Version for RW, 22/08/2021.

¹⁹ FEWS News, [Haiti Price Bulletin \(March 2021\)](#)

million people required assistance to meet their basic health needs. Health needs have increased due to the succession of socio-political crises with far-ranging consequences, the COVID-19 pandemic, and various climatic hazards (including hurricanes and floods).

According to the IFRC health assessment, 80 percent of the injuries following the earthquake are orthopaedic. Other injuries include head trauma, abdominal trauma, and soft tissue issues. Lifesaving interventions by providing first aid and prehospital trauma care were the most immediate needs in the aftermath of the emergency as well as trauma care to treat fractures and other injuries. In addition to the critical immediate care needed, it is expected that post-op care and rehabilitation services will also be necessary for those who have sustained injuries.

Following the rapid assessment done by the Haitian departmental health directorates, with PAHO²⁰ support, 66 of the 99 health facilities assessed in Grand' Anse, Nippes and Sud departments are damaged or severely damaged. The combination of these factors has further reduced the capacity of the health system, resulting in overcrowding or in the remaining facilities and areas structurally sound, the provision of care is provided without privacy and lacking biosecurity protocols recommended against COVID-19.

The relief teams assessments in three geographic sections in Camp Perrin, with 220 respondents, found that infectious diseases, fevers, and diarrhoea were the main health needs. A total of 18 percent of people indicated that they do not have access to healthcare and 21 percent cannot afford it.

Authorities and communities are likely in need for support on the management of the dead, given that the Ministry of Health is not overseeing this and that overall, death recording or management has not been a priority for the government in previous disasters. ICRC deployed a forensics specialist to support the HRCS and authorities.

The earthquake further aggravates the pre-existing difficulties of the health system, especially the scarce access to basic health services - including the provision of maternal, neonatal, and child health care as well as the implementation of epidemiological surveillance, with an increased risk of infectious diseases, such as diarrheal diseases including cholera, acute respiratory infections, and malaria. The disruption of the water distribution system may also result in increased outbreaks of water-borne diseases and diarrheal diseases. However, despite a long-standing cholera outbreak, the risk is estimated by WHO to be very low. Malaria, dengue, Chikungunya and Zika outbreaks, vector-borne diseases are also a significant risk in the short- to mid-term. The highest transmission rates occur after the country's two rainy seasons: March through May and October through November.

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

Many studies highlight the increase of sexual and gender-based violence (SGBV) in the aftermath of a disaster, and nationwide rates in normal times are also of concern. Cross-cutting actions that enable care, based on coordination with other actors are essential.

Furthermore, Haiti has a high level of unmet contraceptive needs. Only 32 per cent of women aged 15 to 45 use a modern method of contraception (Nippes 37 per cent, Grand' Anse 33 per cent, Sud 28 per cent) with injectables as the preferred method.²¹ Only 44 per cent of women have their family planning needs met. Teenage childbearing is an issue with 14 percent of girls between 15 and 19 years that have begun childbearing. This proportion varies with education with less educated teenagers having three times the risk of pregnancy as their more educated peers. Sexual and Reproductive Health is reported to be a priority need of affected communities with emphasis on antenatal care as pregnant women are amongst the most vulnerable people in the three departments. UNFPA estimates that 22,000 women are expected to give birth in the three months following the earthquake.

The risk of outbreaks of infectious diseases is a serious concern. The COVID-19 context makes the response more complex as volunteers and staff are more exposed and in need of a wide range of protection, not only the needed personal protection equipment.

²⁰ PAHO. 2021. Haiti earthquake: Situation report #5. 27 August 2021.

²¹ Institut Haïtien de l'Enfance (IHE) and ICF. 2019. [Haïti Évaluation de la Prestation des Services de Soins de Santé](#) (EPSSS 2017-2018).

Mental Health and Psychosocial Support (MHPSS) are critical aspects of the intervention as populations are highly affected by sudden potentially traumatic events, especially in a context of a protracted pandemic and nationwide crisis. The aftershocks following the 14 August earthquake trigger significant fear and reliving of that experience, as well as previous disasters (Hurricane Matthew in 2016 and the 2010 earthquake) and other traumatic events related to the climate of insecurity and pervasiveness of violence. Restoring Family Links and promoting management of the dead that is respectful of culture and traditions and promoting of healthy grieving processes will be key to alleviate distress and prevent mental disorders.

In a survey with 59 people conducted by the IFRC relief team in Les Anglais commune (Sud) of which 81 per cent of respondents had sustained damage to their homes (59 per cent with severe damage), only 12 per cent of adults reported feeling well or very well. Only 13 per cent of parents reported their children feeling well or very well. A total of 80 per cent reported mental health concerns including 60 per cent experiencing constant symptoms. Participants mentioned nervous problems as having increased since the disaster. One respondent answered, "*Tèt vire - janb mwen ap tranble depi tranbleman tè a*" (my head is turning/I have nausea - my legs tremble since the earthquake). All the HRCS volunteers that the IFRC health coordinator met in Jeremie indicated that they had been somehow affected by the disaster, with some having lost loved ones. Appropriate and culturally mental health and psychosocial support will contribute to proper and timely recovery of the earthquake-affected population.

Water Sanitation and Hygiene (WASH)

The earthquake exacerbates prior WASH needs in Haiti. The damage to WASH infrastructure impacts regular access to safe and clean water, safe sanitation, and hygiene practices. The National Directorate for Drinking Water and Sanitation, DINEPA, has centralized all the water assessments done to date. Of the 120 systems assessed (Nippes: 38, Grand' Anse: 24 and Sud: 58), as of 14 September, 23 are still not functional; eight of the 51 water points assessed (Nippes: 3, Grand' Anse: 15; Sud: 33) remain damaged.²² IFRC WASH assessments highlight that many systems and water points remain to be assessed, making these partial figures truly reflective of the overall needs.

However, assessments are far from complete. UNICEF reports that 212,000 people have lost access to their drinking water source with 500,000 people needing immediate/long-term support to access water supply services.²³ The IFRC WASH team in collaboration with the National Society has assessed 23 schools in our intervention zones (14 schools in Sud, 4 schools in Nippes and 5 schools in grand 'Anse) which will benefit by the construction and rehabilitation of toilet blocks, storage of drinking water, installation of trash cans, rehabilitation of DINEPA water supply lines to schools, water filter distribution, and hygiene promotion activities. The HRCS has identified water treatment and distribution as a priority action area. The Spanish Red Cross is supporting HRCS in these actions. Along with the Red Cross, other humanitarian actors distribute safe and clean drinking water through water trucking, bladders and bottled/sachet water distribution, all of which have significant environmental and sustainability implications. According to the DINEPA dashboard, the majority of the habitual domestic water treatment is using Aquatabs, Aquajif (fabricated in-country and liquid chlorine solutions).

Most WASH actions are currently focused on the Sud department, with fewer actors working in Nippes and Grand 'Anse. Initial findings point to all WASH actors prioritizing water and almost no actors working in the areas of sanitation and hygiene promotion. Very few are working in household water treatment, despite the majority of the rural population relying on handpumps and natural springs for their drinking water.

UNICEF figures from 2020 indicate that in Haiti only 37 per cent of the population has access to at least a basic toilet; this figure drops to 25 per cent in the rural areas.²⁴ Particularly with the threat of a renewed cholera outbreak, the last of which only ended in 2019 after 9 years and nearly 10,000 deaths, the importance of safe sanitation that protects water sources from faecal contamination cannot be overstated.

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

²² DINEPA on mWater portal, [Réponse aux urgences - Séisme 14 Août 2021](#),

²³ UNICEF, [Situation Report #5](#) (8 September 2021).

²⁴ UNICEF, Drinking water, sanitation and hygiene by country [dataset](#), 2000-2020.

institutions such as schools, community centres and health centres. Different actors' assessments in these locations, shared on the DINEPA dashboard, contribute to identifying need and potential areas of action.

Without the safe sequestration of faecal matter, the importance of hygiene promotion that breaks the disease transmission pathways becomes even more important (see Figure 1). Hygiene promotion activities that encourage washing of hands, raw vegetables and fruits, protection of foods from flies, safe storage of water and proper use of mosquito nets are the only barriers left to protect an already vulnerable population.

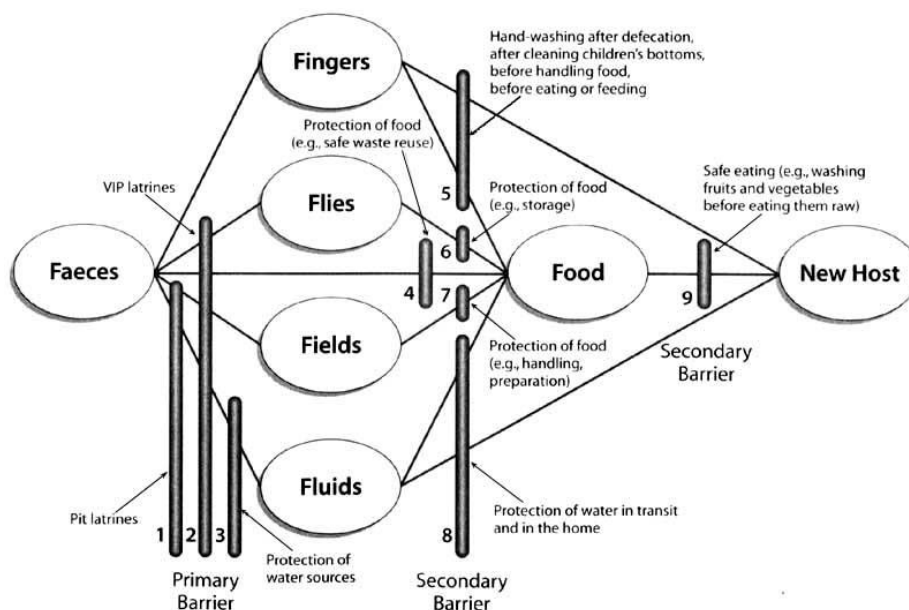


Figure 1. Faeco-Oral Routes of Disease Transmission (source: United Nations University)

Amidst the COVID-19 pandemic, increased support for hand hygiene is needed where many individuals are gathering, such as in collective centres, informal points of refuge, health centres and schools. IFRC assessments of a hospital in Les Cayes indicate that hand hygiene is a weak point and taps in toilets are not functional.

To implement a differential approach to WASH support, the needs of women and girls indicate specific gender-focused actions. Girls and women may face challenges accessing safe sanitation, may have to travel farther to collect water and may face increased difficulties in managing menstruation with dignity and in a culturally appropriate manner. Menstrual hygiene management (MHM) in the aftermath of a disaster of this scale is particularly challenging for women and girls due to their living conditions, economic scarcity, and household prioritization of other goods. Access to essential menstrual hygiene items and safe and protected spaces for MHM can decrease negative impacts on women and girls' health, education, and participation, as well as contribute to reducing their exposure to the risks of sexual and gender-based violence.

Protection, Gender and Inclusion (PGI)

This 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, the elderly, people with disabilities, displaced people, and people living in remote and rural areas.²⁵ These groups are most at risk of sexual and gender-based violence. According to the UN Population Fund (UNFPA), the earthquake has elevated protection risks, exacerbating vulnerabilities to sexual exploitation and abuse while disrupting local protection referral systems and services. UNFPA reported increased gender-based violence 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 an increased incidence of SGBV are high. UNFPA is working with the Government of Haiti to activate a scale-up of activities of departmental GBV coordination systems, as well as existing case management and Psychosocial services, in southwestern Haiti.²⁶

²⁵ OCHA, [Humanitarian Needs Overview 2021](#).

²⁶ United States Agency for International Development, [Haiti - Earthquake Fact Sheet #6](#), (23 August 2021).

UNDP is working with the Ministry of Women's Affairs and Women's Rights to develop a protocol for the holistic care of survivors of gender-based violence.

The Rapid Gender Assessment, conducted by UN Women and Care International with UNICEF, between 25 August and 2 September collected data from over 4,288 people (49 per cent women and 51 per cent men) of which 1,088 people were in-person and 3,200 people through mobile and online methods in Grand' Anse, Nippes and Sud. Based on this data, 70 per cent of women and men indicated that the fear of sexual violence has increased with 43 per cent of community leaders and 75 per cent of youth stating that it had increased.²⁷ UNICEF, in coordination with 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.²⁸ The IFRC contact with other humanitarian actors through the protection cluster and other working groups will be used to complement existing work and integrate pathways into our community outreach activities.

UNICEF estimates that 540,000 children are in some way affected by the earthquake²⁹; 260,000 children are in need of humanitarian assistance.³⁰ 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.

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. The IOM has informed that its psychologists are trained in PSEA and complaint handling.³¹ Its regular 840 hotline number was created to receive psychosocial support, obtain information, and register complaints for protection issues is open.³² Specific actions to raise and to refresh awareness on PSEA issues with the Red Cross team (HRCS, IFRC and partner National Societies) in Haiti are also needed. In terms of protection, a booklet of minimum standards of protection and PSEA was distributed to twenty people from the Central Office of the Haitian Red Cross 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 figures as one of the countries with the highest number of Internally Displaced People (IDPs) due to disasters in the Americas.³³ According to the Displacement Tracking Matrix (DTM) for Haiti, there are 39,721 IDPs.³⁴ This includes those displaced due to gang violence and other phenomenon predating the earthquake.

The IFRC is supporting National Societies throughout the Americas who are engaged in actions to respond to migrants' humanitarian needs. The situation of migrants from Haiti is particularly acute, as they are often more at risk of human trafficking and face barriers to accessing information. Based on Red Cross figures for migrants passing through the Darien Gap (Colombia- Panama border), there was already a 51 per cent increase of Haitian nationals passing through this region in July 2021, which is a substantial figure considering 19,142 people used this migratory route in July, which was a 42 per cent of the total between January and June 2021 of 45,150 people.³⁵ The IFRC considers migration a serious issue related to this earthquake response operation since the

²⁷ UN Women and Care, [Rapid Gender Analysis in Haiti. Impacts of the 2021 Earthquake](#) (September 2021).

²⁸ UNICEF, [Haiti earthquake Situation Report #4](#) (30 August 2021).

²⁹ UNICEF, [Haiti earthquake Situation Report #3](#) (23 August 2021).

³⁰ COUN, [Situation Report #8](#), 21 August 2021

³¹ International Organization for Migration, [Funding Appeal](#), 23 August 2021

³² IOM, [L'OIM aide à lutter contre la traite des personnes en Haïti](#)

³³ [Global Report on Internal Displacement 2021](#).

³⁴ IOM, [Displacement Tracking Matrix- Haiti](#). Consulted 14 September 2021.

³⁵ IFRC, [Panama: Population Movement Go Report](#) (17 August 2021).

2010 earthquake case showed that migration from Haiti increased, as well as the pre-earthquake rising trend directly attended to in the Darien in Panama.

Restoring Family Links is required with a national and international component. The HRCS has activated its RFL network. Rapid RFL needs assessments were conducted in hospitals in Port-au-Prince where the injured have been transferred to from the affected areas. With the support of the IFRC Relief team, RFL needs are also being assessed at distribution sites where a RFL hotline telephone number is also being distributed to centralize the requests concerning the missing and deceased. Further RFL actions are expected for people who remain separated from their loved ones, missing or unaccounted for, but also to support maintaining family links between separated family members (nationally and internationally). The HRCS has produced an RFL Update to inform the RCRC Family Links Network (192 NS and ICRC) of the current RFL response and provide guidance on the acceptance of tracing cases. As of 6 September, the DGPC reports 329 people who remain unaccounted for.³⁶ The HRCS will liaise with authorities to consolidate data from the missing and the dead. The ICRC has deployed a RFL specialist with the support of a data management specialist.

Disaster Risk Reduction

The three most affected departments are in the southwest region of Haiti, they are in an area prone to hurricanes and tropical storms, flooding, as well as earthquakes.³⁷ The Atlantic hurricane season remains a latent risk for this operation. The combination of displacement, economic impoverishment, and rural living, makes the population in the earthquake-affected areas extremely at risk of future disasters.

Haiti has a high level of environmental degradation due mainly to population pressures, with 98 per cent of forests cleared for fuel. The climate crisis also has an impact on primarily rain-fed agricultural production in the country.³⁸

Targeting

Targeting for the emergency phase of this operation is based on the rapid multi-sector assessments conducted by the HRCS-IFRC relief team and the information provided by the Departmental Centre for Emergency Operation (COUD). The COUD, which is chaired by the Civil Protection, coordinates the response activities of the different humanitarian actors. Following a dialogue between the COUD and Red Cross, it assigns areas of intervention to the Red Cross who in turn verify the situation in the assigned areas through a rapid assessment questionnaire for households combined with contacts with local stakeholders and visual observation. Following this validation of the situation, the registration process is started based on the selection criteria mentioned in the following infographic.

Estimated disaggregated data for the population targeted

The central actions of this operation mirror the age distribution of the Haitian population. The figures below represent these ratios, as based on the current target of 25,000 people to be reached.

Category	per cent female of population	per cent male of population	per cent of population	Estimate # of targeted people
0-14 years	50.6	49.4	32	11,200
15-24 years	50.6	49.4	21	7,350
25-54 years	50.6	49.4	38	13,300
55-64 years	50.6	49.4	5	1,750
65 years and above	50.6	49.4	4	1,400
TOTAL	50.6	49.4	100	35,000

³⁶ DGPC, [Tremblement de terre- Samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence national](#) (4 September 2021).

³⁷ [Assessment Capacities Project](#), 20210820 ACAPS thematic report Haiti earthquake department profiles, 23 August 2021.

³⁸ [Famine Early Warning System Network](#), Haiti Staple Food Market Fundamentals, 26 March 2018.

Scenario planning

Scenario	Humanitarian consequence	Potential Response
No other large-scale disaster (earthquake, tropical storm, civil unrest) during this operation	<ul style="list-style-type: none"> - No change 	<ul style="list-style-type: none"> - No change required
<p>An earthquake over 6.0 magnitude in Haiti with heavy rains (not hurricane) and the re-start of civil unrest</p> <ul style="list-style-type: none"> - Over 1,000 deaths due to earthquake, impact of rains (landslides, flooding) and/or civil unrest - State capacities to respond severely diminished due to increased demands for health care and WASH - State institutions not accepted by the majority of the population - Increased damage to health facilities, including emergency field hospitals - Response actors also affected (unable to move from current location) 	<ul style="list-style-type: none"> - Delayed humanitarian response capacity on the ground - Affected population of national and internationals - Increased health and water needs - Population rises up in frustration and does not permit movement to the most affected areas - Potential for political instability that could be taken advantage of by non-democratic forces - Food insecurity due to blocked roads 	<ul style="list-style-type: none"> - With HRCS, Government of Haiti and other humanitarian actors, prioritize possible actions - International community sends in emergency response forces from neighbouring countries - Substantial increase in the funding ask for the Emergency Appeal - IFRC deploys specialists in disaster response law and civil-military relations to support the incoming emergency response teams from other countries/ institutions - Need for full new rotation of emergency response staff (specialists in compound disasters)- <i>Second roster for contingencies should be prepared in advance</i> - Deployment of additional health ERU RCEH - Use of sea vessels and air drops of food and other basic goods
<p>Hurricane hits Haiti with minor seismic activity and civil unrest</p> <ul style="list-style-type: none"> - Over 2,000 additional people without homes - 1,000 deaths due to the flooding, landslides and heavy winds - IDPs from the earthquake unable to shelter - Humanitarian actors unable to mobilize outside of current location - Increased cases of COVID-19 due to overcrowded collective centres 	<ul style="list-style-type: none"> - Delayed humanitarian response capacity on the ground - Affected population of national and internationals - Increased health and water needs - Population rises up in frustration and does not permit movement to the most affected areas - Potential for political instability that could be taken advantage of by non-democratic forces - Food insecurity due to blocked roads - Increased population demanding emergency health services that not exist - Urgent requirement for household shelter solutions - Forced displacement of affected population - Insufficient NFIs - Logistics challenges - Increase in displaced persons and/or migration - Increase in protection concerns (particularly for women, girls and young men) 	<ul style="list-style-type: none"> - Launch of revised Emergency Appeal (larger ask and extended time period) - With HRCS, Government of Haiti, allied governments and humanitarian actors in country, prioritize possible actions - Immediate mobilization of emergency response teams from the global level - Incorporation of food items into response - Incorporation of more technical engineering/ shelter profiles for emergency shelter solutions - Deployment of additional ERUs (WASH, health) - Increased importation of personal protection equipment - Importation of PEP kits and other emergency sexual and reproductive health items - Incorporation of larger protection team embedded in all sectors - Solidarity fund for volunteers funded and put in use - Increased per diem for volunteers engaged in response
<p>Civil unrest or coup d'état combined with hurricane and a second large earthquake (6.0 magnitude and above)</p> <ul style="list-style-type: none"> - Closed humanitarian space by feuding actors 	<ul style="list-style-type: none"> - Delayed humanitarian response capacity on the ground - Affected population of national and internationals 	<ul style="list-style-type: none"> - Launch revised Emergency Appeal from outside the country - Coordination with ICRC for shared leadership of the response - Immediate mobilization of emergency response teams from the global level

<ul style="list-style-type: none"> - Government forces no longer recognized - Non-state armed actors control certain areas of country - Deaths over 1,000 and/or not even registered - Hibernation or departure (by land/ sea) of most international staff 	<ul style="list-style-type: none"> - Need for dead body management - Increased health and water needs - No movement to the most affected areas - Food insecurity due to blocked roads and fear of going to markets - Looting of health facilities and humanitarian goods (warehouses, convoys) - Collective distributions impossible for security reasons - Xenophobia and closure of communities to humanitarian actors - Forced displacement of affected population - Insufficient NFIs and food items - Logistics challenges - Increase in displaced persons and/or migration - Increase in protection concerns (particularly for women, girls and young men) 	<ul style="list-style-type: none"> - Incorporation of food items into response - Security contingency plan implemented - Humanitarian diplomacy with feuding actors for opening of humanitarian space - Solidarity fund for volunteers funded and put in use - Supplementary insurance for volunteers
--	--	--

Risk Matrix

Assumptions	Support Measures	
<p>A1. Access to quality and timely field information.</p> <p>A2. The turnover of hired and volunteer staff is low.</p> <p>A3. The security situation allows access to the affected areas.</p>	<p>MA1. The IFRC supports the management of HRCS information and reporting processes including planning, analysis and reporting of operational information.</p> <p>MA2.1. The HRCS will recruit new volunteers on a regular basis and incentivize active volunteers with specialized trainings with the support of the IFRC and other Movement partners.</p> <p>MA2.2 Prioritized the immediate recruitment of local staff to support the emergency activities and Rapid Response personnel profiles to minimize multiple short rotations of regional and international staff.</p> <p>MA3.1 The HRCS with the support of the IFRC will advocate for safer access and engage with community leaders on a regular basis to monitor and secure access.</p> <p>MA3.2 Security plans and risk register have been updated and the situation is constantly assessed to allow for additional security mitigation actions to be implemented</p>	
Risks	Potential Risk Impact	Mitigation Measures
<p>R1. Volatile security situation deteriorates targeting transport of humanitarian aid</p> <p>R2. High crime rates and the potential for violent unrest</p>	<p>RI.1.1 Limited access to the areas with affected populations for assessments and distributions</p> <p>RI.1.2 NFIs currently in Port-au-Prince are unable to reach the affected areas.</p> <p>RI.2.1 RCRC staff and volunteers could be target of kidnappings and extortion are registered</p>	<p>MM1.1. Security plans and risk register have been updated and the situation is constantly assessed to allow for additional security mitigation action to be implemented.</p> <p>MM1.2. The HRCS with the support of IFRC will develop a plan to continue operations – Business Continuity Plan.</p> <p>MM1.3. The HRCS with the support of the IFRC will make operational cost planning identifying geographical and intervention areas and their access.</p> <p>MM1.4. Cash and voucher assistance are being considered if feasible as a mid-term alternative.</p> <p>MM1.5 Alternative ways of transport such as the use of helicopters and CIVMIL assets are being considered.</p> <p>MM2.1. The HRCS local branches are in direct contact with local authorities and 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</p>

<p>R3. Lack of fuel due to supply chain issues in country</p> <p>R4. Hurricane season - new events with increased rain and flooding</p> <p>R5. Emergency by Dengue / cholera/ COVID-19 and other diseases with medical capacity to-the-limit or exceeded. Wear and tear of health personnel.</p> <p>R6. Contagion of field personnel in the country with limited capacity to mobilize external aid, personnel and equipment.</p> <p>R7. Institutional problems of internal coordination of members of the Movement with low ratio of funds received vs implemented.</p>	<p>problems that face Haitians and foreigners.</p> <p>RI.2.2 Limited access to safe and secure accommodation facilities in the response areas</p> <p>RI.3 Staff and goods are unable to reach the affected areas.</p> <p>RI.4 Affected areas have an increase of affected populations, limited access for days/weeks and higher risk of water-borne diseases</p> <p>RI.5 A substantial outbreak will provoke deaths and illnesses, in addition to the serious impact on the already overburdened Haitian health system</p> <p>RI.6 Stigmatization of foreign personnel as carriers of virus to the affected populations</p> <p>RI.7 Reputational impact and loss of credibility in front of partners, authorities and Civil society</p>	<p>before the response and is being expanded to support rapid response field staff.</p> <p>MM2.2. Movement tracking of field personnel and reduced timeframe for road movements.</p> <p>MM2.3. IFRC and HRCS establish safe and secure locations for RC teams.</p> <p>MM3.1 Security and logistics are monitoring disruptions in the supply chain</p> <p>MM3.2 The IFRC is seeking manners to preposition fuel for security contingencies.</p> <p>MM4.1. The HRCS with the support of the IFRC Disaster Management focal point in the region will monitor weather events.</p> <p>MM4.2. The HRCS with the support of the IFRC will pre-position food, materials and protective equipment.</p> <p>MM5.1. Maximize the synergies with the existing Dengue/ cholera/ and COVID-19 programmes supported by IFRC and other actors.</p> <p>MM5.2. Coordination with external actors in critical areas of the operation.</p> <p>MM5.3. Provision of PPE, psychosocial support and mental health services for staff and volunteers.</p> <p>MM6.1. IFRC has a Business Continuity Plan (BCP) based on security measures and protocols tailored to the country context to ensure the response can continue.</p> <p>MM6.2. Strengthening of biosecurity measures within the operations to prevent the spread of disease (dengue, cholera, COVID-19).</p> <p>MM7.1. Establishment of coordination agreements and protocols within the Red Cross Red Crescent Movement.</p> <p>MM7.2. The Haiti Red Cross Society, with the support of the IFRC, makes strategic planning with an operational action plan covering all contributions and the purpose of the funds. Development and adherence to the Federation-Wide Approach proposed.</p> <p>MM7.3. HRCS in the lead with support of an IFRC Membership Coordination officer to reinforce the auxiliary role of the NS.</p>
--	---	---

COVID-19 Pandemic

As of 28 March 2022, there is a cumulative of 30,522 confirmed cases of COVID-19 and 833 deaths reported in Haiti. There is a 2.73 percentage fatality rate.³⁹ Limited testing and treatment capacity likely means that these figures dramatically underestimate the true impact of COVID-19 in the country. As of 28 March 2022, a total of 249,801 vaccine doses have been administered.⁴⁰ This figure reflects that only 1 per cent of the population has been partially immunized.⁴¹

The HRCS response to COVID-19 is supported through the [IFRC Global Appeal](#), facilitating and helping it maintain critical service provision while adapting to COVID-19. This operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office in coordination with global and regional partners. The Haiti Red Cross Society ensures that COVID-19 prevention measures are followed in all its actions, including with its Red Cross partners on the ground, and to

³⁹ PAHO, [Geo-Hub COVID-19 Information System for the Region of the Americas- Haiti](#) (consulted 15 September 2021).

⁴⁰ [WHO Coronavirus \(COVID-19\) dashboard – Haiti](#), (consulted 13 September 2021).

⁴¹ <https://ourworldindata.org/covid-vaccinations>

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

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective

This Emergency operation has the overall operational objective to provide immediate lifesaving activities, effective disaster response and recovery support to **35,000 people (7,000 households)** for a period of **18 months**. The operation will focus on **Shelter; Livelihoods and Basic Needs; Health; Water Sanitation and Hygiene; Protection, Gender, and Inclusion. Migration; Disaster Risk Reduction** with enabling actions in **Strengthening National Societies; Influencing others as strategic partners; and Strengthening Coordination and Accountability**.

The revised emergency appeal reflects an increase from 5,000 to 7,000 families in the target population with a geographic focus in the Sud and Grand ‘Anse departments, while coordinating with Partner National Societies (PNS) and supporting HRCS in Les Nippes.:

- Emergency shelter and essential household items as well as the inclusion of rehabilitation and reconstruction support for 1,500 families through shelter.
- Increase from 2,000 to 5,000 families to benefit from livelihoods and basic needs interventions.
- In health, a stronger focus on MHPSS and the inclusion of the Red Cross Emergency Hospital deployment and strengthening of epidemic prevention and community-based surveillance.
- For WASH, an increase from 2,000 to 7,000 families in the target population and the inclusion of rehabilitation and reconstruction activities to promote recovery of basic services.
- Increase from 1,000 to 2,000 families’ beneficiaries of Migration Services
- Through DRR, the inclusion of hurricane contingency plan and business continuity plan for the earthquake operation.

Proposed strategy

The IFRC is employing a multi-sector strategy that encompasses Shelter; Livelihoods and Basic Needs; Health; Water Sanitation and Hygiene; Protection, Gender and Inclusion; Migration; and Disaster Risk Reduction. Actions to strengthen the National Society are central to this Emergency Appeal operation.

The emergency phase strategy centred on safe and efficient distributions to respond to the basic needs in shelter, health and WASH of targeted affected communities. At the same time, the Red Cross Emergency Hospital, provided health care to the affected population in the Sud department. This operation is strengthened by a cross-cutting and stand-alone protection, gender, and inclusion approach.

The National Society strengthening that underpins this operation combined with the localisation agenda is the foundation for IFRC coordination with the HRCS. This coordination enables the IFRC to be aligned with and follow the National Society’s guidance on working through its branch network. The current interconnected approach in the emergency phase will be enhanced by the Haiti Red Cross Society’s response plan and the results of the sector-specific assessments. The long-term actions and interventions in the field focuses on WASH, PGI, MHPSS, Health and CVA.

With HRCS guidance, the IFRC has identified and established two operational centres in the affected areas. Port Salut (30 km south of Les Cayes), that was used as a site for the Red Cross Emergency Hospital staff is now close.

The relief team, sector coordinators (CVA, CEA, PGI, and MHPSS coordinators) and IT/T and logs delegates are located in Camp Perrin (20 km North of Les Cayes).

The following section details this strategy by sector. When identified, initial projections of early recovery and recovery actions are mentioned.

Shelter

The first response was focused on supporting the HRCS to provide primary assistance to 7,000 affected families (approx. 35,000 individuals), addressing their essential needs. The HRCS and IFRC relief team, composed of the relief ERU from Benelux RC and the relief coordinator, distributed 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 second line of response aims to support the most vulnerable families, tentatively 2,000 (10,000 individuals) by providing shelter assistance as appropriate toward the restoration of the communities. This has been done in alignment with the strategy and directives from the Government of Haiti that promote early recovery and reconstruction, discouraging the emergency solutions as these resulted in negative coping mechanisms when used in 2010.

To gather overview data of the effects of the seismic actions, main earthquake, and aftershocks, on the housing both in urban and rural contexts, the shelter coordinator has conducted rapid damage assessments in three communes: Camp Perrin, Torbeck and Cavaillon (Sud). Further assessments in Cavaillon have been conducted in collaboration with the HRCS engineer designated as a counterpart, for consultation on the first findings and projecting potential strategies moving forward.

The HRCS and Swiss Red Cross completed a shelter assessment in Nippes in the first two weeks after the earthquake. Based on the findings of the first visual assessments, the HRCS-IFRC will draft a shelter strategy for addressing the urgent needs of shelter assistance for families in situations of vulnerability. This will be aligned with and based on input from the shelter cluster and the recommendations of the soon-to-be-created Strategic Advisory Group, as well as national and local authorities, to ensure complementarity and alignment with the State strategy. Furthermore, this strategy will be dynamic and flexible to customize the response on the evidence of the finding and the actual needs of the target population.

The proposed action points aim to implement a systematic approach that while empowering local staff, enhances the skills of the local labour and engages the target population to develop ownership, contributes in a synergic manner to repair/rebuild the dwellings toward the final goal to restore communities.

Given the most severe impact being registered in homes in rural areas, the initial proposal for the shelter strategy was to work on the rehabilitation of the houses reporting medium damage and reconstruction of the severely and destroyed homes, considering the most appropriate actions and based on HRCS and local capacities. As of March 2022, IFRC stopped intervening in shelter and settlements. As the DGPC launched the second phase of recovery and reconstruction, due to problems of insecurities raised while transporting to the south. The operation will assess how to integrate shelter capacity-building activities such as workshops to strengthen the response capacity of the national society. Up to date, the HRCS has been focusing its efforts more on reinforcing WASH activities and are discussing on using part of the shelter budget to finance these activities.

Livelihoods and Basic Needs

The implementation of distributions of multi-sector family kits in the emergency phase encompasses many sectors, such as shelter, WASH, and health. As it has been led by the HRCS-IFRC relief team, in which relief ERU from Benelux and relief coordinator are central, the strategy for this sector focuses on emergency phase distributions. This entails the multi-sector assessment in the affected areas, as well as the internal and external coordination required for effective actions.

The distribution of the multi-sector family kits is one step in a well-designed process that starts with the rapid assessment of the target area to verify the current situation and the needs of the affected population. This is done through a multi-sectoral questionnaire using digital mobile data collection to enable fast and efficient data

processing. The registration of the eligible households in the target area, which is the following step, includes the distribution of the recipient card with a unique barcode. The actual distribution of the family kits to the registered households ensues after identity checks based on scanning the unique barcode and done in a quick distribution process. The post-distribution monitoring (PDM) in which the targeted households are requested to provide feedback on the items received is the final step. This feedback can support adaptations of the family kits. To date, the PDM has shown that the recipients indicate that all items in the kit are both useful and being used.

Although this Emergency Appeal operation does not consider the procurement of food items or bottled water, the HRCS has received bilateral food and water donations. The National Society distributed different sectoral NFIs and some dry food items and cooking oil to the targeted households until the donated food stock depleted.

A cash feasibility study for the use of multi-purpose cash or voucher assistance in the early recovery phase has been conducted. The results of this feasibility study were presented to the HRCS headquarters in mid-September to allow for the planning the remainder of the response and recovery operation. The IFRC mobilized a cash delegate to accompany the HRCS to determine the modality and if sector based CVA, as well as the steps required for the selection of a financial service provider, the transfer process and the post-distribution monitoring. Among the key findings. The main conclusions that can be drawn so far are:

- CVA seems feasible
- Cash support is the preferred modality of assistance for beneficiaries.
- Respondents would use Cash for construction materials (98%), Education (24%), Food (19%) and Livelihoods (9%).
- The prices for construction materials are increasing, primarily related to the devaluation Haitian Gourdes, and increased logistical challenges. It is expected to further increase coming period.
- The best positioned Financial Service Providers seem to be MonCash, Sogexpress and Unitransfer. After meeting with Unitransfer, Sogexpress and Moncash to be set up to discuss which services could be provided and their capacity, MonCash has been designated to be a better modality.

Health

In the immediate aftermath of the earthquake, first aid and prehospital trauma care were essential. The HRCS was supported in its emergency provision of pre-hospital care and the ambulance transfer of patients to a higher level of care.

One month after the earthquake, health needs related to the earthquake remain salient. The deployment of a Red Cross Emergency Hospital (type 2), with 30 to 35 delegates per rotation, has provided immediate post-earthquake care in orthopaedic, wound care, post-op care and rehabilitation services, as well as to enable maintenance of access to healthcare to the affected population 24 hours a day 7 days a week. The HRCS has received permission from the Ministry of Health and Population to situate the RCEH, deployed by the Finnish Red Cross with support from the Canadian Red Cross Society, in a stadium ground in Les Cayes. The RCEH had capacities for surgery, x-rays, laboratory, provision of medication, and a 50-bed facility.

Following the high number of deaths due to the earthquake, first responders, local and national authorities' capacities can be strengthened on technical procedures related to dead body management in this and future disasters. Additionally, the HRCS was supported in accompanying communities and the bereaved on their specific needs related to the deceased.

The community-centred health strategy was based on community health assessments, a Knowledge, Attitudes and Practices (KAP) survey, and employing a community engagement and accountability (CEA) approach to validate the information gathered. With a community-based health and first aid (CBHFA) approach, a public health strategy was created based on identified needs, at-risk populations, priorities, and geographical focus.

In collaboration with the HRCS national headquarters and the branches in the affected areas, a review has been done of previous activities and trainings with volunteers and how to best build on those existing capacities. This included branch health roles and an evaluation of the sustainability of the overall public health strategy and proposed response activities.

Post-earthquake, measures for prevention of disease transmission and control of possible epidemics were crucial. Diseases of high epidemic potential as prioritized by the Ministry of Public Health and Population were cholera, diarrheal diseases, dengue fever, hepatitis A, yellow fever, diphtheria, measles, polio, typhoid fever, and meningitis. The IFRC Epidemic Control for Volunteers (ECV) training of HRCS volunteers will be focused on these diseases. Coordinated prevention activities with WASH, CEA, and PGI targeting these water and vector-borne diseases such as distribution of long-lasting insecticidal nets with installation and usage messages for at-risk people to prevent malaria.

To help detect potential outbreaks early, reintroduction of community-based surveillance (CBS) was done beginning with refresher trainings with HRCS volunteers on how to actively detect, report, and respond to health events within the community. To avoid creating a parallel system, this activity and information were integrated into the existing MSPP structure of Community Health Workers, suspect case alerts, and epidemiological data reporting.

Initially, the strategy for these activities was launched as a ring approach around the RCEH, progressively moving outwards including sites with displaced people. This strategy works closely with CEA teams, particularly volunteers from the community, to understand the acceptance and perceptions of the community. Based on identified needs and available resources, the geographical reach could be extended to neighbouring departments and duplicate these activities in other affected areas.

Volunteers and staff require guidance and material support that decreases their risk of contagion of COVID-19; this will be done through the creation and updating of protocols, supplementing existing training and providing sufficient PPE and advocating for HRCS volunteers and staff inclusion as frontline workers that should be prioritized for access to the COVID-19 vaccine.

Mental Health and Psychosocial Support for the affected communities and HRCS volunteers and staff will be implemented throughout this operation. Differential actions will be rolled out for the population at risk (children, youth, and women, among others). Based on the multi-sectoral analysis and the HRCS's capacities, this will include training and refresher courses for volunteers and staff on Psychological First Aid (with the first planned in September), as well as coordination with PGI for the identification of SGBV survivors and unaccompanied or separated children and referral to appropriate pathways.

As of March 2022, Further actions in Epidemic and pandemic preparedness are being implemented to strengthen the National Society in the revision and development of contingency plans or existing plans; prepare the HRCS volunteers by building their capacity on epidemic and response capacity with trainings.

Water Sanitation and Hygiene (WASH)

WASH assessments by the HRCS with the IFRC and with Netherlands Red Cross, as well as actions by the Spanish Red Cross, indicate the need for targeted actions in drinking water and hygiene. The HRCS-IFRC assessments in three geographic sections in Camp Perrin indicated 81 per cent of people surveyed have access to potable water with rivers (33 per cent) and water pumps (21 per cent). A total of 78 per cent indicates that the water they drink is treated. However, subsequent engagements with the community demonstrate that many community members believe that the water collected from handpumps is "treated". While 68 per cent of the respondents indicate that they can wash as frequently as they want, 41 per cent have no access to toilets and all households reported issues with managing menstrual hygiene.

Sanitation and hygiene are less present in the actions of other WASH actors. HRCS actions can contribute to contain the spread of COVID-19, reduce the risk of a cholera outbreak, as well as other faecal-oral diseases (in coordination with health) and support menstrual hygiene management (in coordination with PGI).

Hygiene kits, buckets and jerry cans are part of the multi-sector family kit being provided to targeted households. Hygiene promotion actions will continue in distribution of these kits to contribute to the population's knowledge on proper handwashing, safe water storage and the use of long-lasting insecticidal nets.

This operation aims to support the rehabilitation of WASH facilities in collective centres, health centres and schools. Hygiene promotion and handwashing stations will complement the actions in sanitation.

In addition, hygiene promotion activities will be rolled out to the wider community to ensure hygiene practices are followed attempting to break the faecal-oral transmission pathway. The HRCS has experience with a Netherlands Red Cross-design for a handwashing station that can be replicated. HRCS has extremely well trained and knowledgeable hygiene promotion volunteers who could be mobilized.

Household sanitation rehabilitation is a potential further possibility where IFRC-network partners are also engaged in shelter rehabilitation, pending confirmation by the DGPC. Based on the findings and the implementation of other actions, the refurbishment of damaged household latrines with locally-sourced materials could be implemented.

HRCS – Swiss RC rapid assessments indicated a need for urgent household water treatment. As many protected springs have been damaged and household goods were destroyed as the result of the earthquake, domestic water treatment activities will be supported with buckets, jerry cans and a treatment modality such as aquatabs or a long-life filter. These further support good hygiene practices encouraged by the WASH NFIs distributed in the early emergency phase.

Piped supply of water to households and community collection points have been disrupted by the earthquake. NLRC has deployed a WASH engineer to rehabilitate these services in Les Anglais, Maniche, Camp-Perrin, Cavaillon and Chardonnières using locally procured materials. This activity can be replicated in other localities. It would concurrently support the HRCS-Spanish RC SETA units for water treatment and distribution, including when the exit strategy begins. These activities would be supported with the distribution of hygiene kits and hygiene promotion. It is anticipated that both IFRC and Spanish RC will also hire rehabilitation engineers to extend the reach of these activities.

Solid waste management is of significant concern within the affected areas, with many reports of waste management (including medical waste) services having stopped since the earthquake. However, the focus is to capture waste where possible and make use of municipal and private waste management facilities.

Protection, Gender and Inclusion (PGI)

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

PGI will provide support to other sectoral services to ensure that the needs, capacities and risks of the most vulnerable groups are considered across all activities. Secondary data review revealed that very little disaggregated data is being collected by humanitarian actors.

In January 2022, a PGI needs assessment was conducted in the State educational institution in three communes (Camp-Perrin, Maniche, Torbeck) for the distribution of menstrual kits. A PGI monitoring plan during and after the distribution was established in order to improve the quality of distribution. PGI awareness sessions (information and/or training) will be presented in these schools.

In January 2022, a list of vulnerability criteria and target group selection by sector has been established by the IFRC and CRH PGI officers and a distribution plan respecting PGI standards has been developed in collaboration with different sectors: WASH, Mental Health and Cash.

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

In September 2021, the national society identified and mobilized the network of volunteers in Restoring Family Links (RFL) by providing the focal points in the South and Grand Anse with cell phones and ensuring that the Request for Research (RFR), Message (MCR), and Unaccompanied Children Registration (UCR) forms are available in the three departments and that any requests for service are processed and submitted. There have been 3 cases monitored by the South and West focal points.

In October 2021, with the technical support of two (2) data management and forensic specialists deployed by the ICRC, the central office team conducted a training session for sixteen (16) volunteer ambulance drivers, search and rescue in RFL and management of mortal remains following a disaster in Port-au-Prince. There were three (3) volunteers from the network in the South who received this training.

In the South, in order to strengthen the network, three (3) RFL training sessions were conducted for thirty (30) volunteers in the communes of Maniche, Les Anglais and Les Cayes with the financial support of the American RC/OFDA. 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 a trained a network of 32 Gender Focal Points across the country including 6 in the south who will be instrumental in supporting the response. Specific complementary training needs or refresher will be reviewed in coordination with the HRCS national and local focal points. The PGI coordinator will work with the HRCS to contribute to having a representative make-up of volunteers in terms of gender and background in trainings, deployments and recruitment processes.

Among the HRCS volunteers who were trained in GBV, fourteen were selected to be PGI focal points in the southern region, with two volunteers per commune. These volunteers will participate in a workshop on PGI in order to work on the methodology and techniques to be used for community awareness and referral in terms of PGI. A mapping of communal referencing in terms of PGI will be set up on the seven communes of PGI intervention. Of these seven mappings, three are already available for three communes: Camp-Perrin, Maniche and Tiburon.

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. As mentioned above, 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.

The PGI, HRC and IFRC team regularly participates in protection and GBV clusters at the national and departmental levels.

A PGI delegate has also been deployed as part of the RCEH and will be supporting the set-up of the hospital so that special needs of women, children, people with disabilities, the elderly 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.

Migration

The internal displacement registered appears to indicate permanence in the same communes. However, initial assessments indicate a movement of the affected population in the Sud department moving from rural hilly regions to more urban locations or along major roads. Although voluntary emigration of the affected population has not been reported, the IFRC will support the HRCS to monitor migratory trends. This will enable the HRCS to determine levels of voluntary emigration, identify humanitarian needs and share information and coordinate with sister National Societies in the region, as needed.

The Haiti Red Cross Society has activated its RFL network. Together with the IFRC and the ICRC RFL team deployed, the Haiti Red Cross Society will continue to assess the needs and develop its RFL capacities. This includes ICRC-led training and refresher courses with HRCS, as well as technological equipment, to conduct RFL.

Tracing Requests will be collected by the Family Links Network around the world (192 National Societies and 100 ICRC delegations) to respond to Haitian migrants' needs for information on their loved ones in Haiti.

Disaster Risk Reduction (DRR)

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

The HRCS started the Preparedness for Effective Response (PER) cycle in 2019. It is currently in the Action and Accountability phase. As PER has multiple components, those related to DRR will be combined in this operation, so the HRCS are supported to strengthen and expand their multi-hazard preparedness capacities. The HRCS has installed capacity in DRR, which has received support from several partner National Societies, that can be leveraged to integrate preparedness actions moving forward.

Capacity-building activities will also be launched at the community level on multi-hazard preparedness, This entails Early Warning/ Early Action and community/ family preparedness.

Continuous efforts are required to support and maintain the Humanitarian Corridor.

This operation aims to implement a Green Response approach that considers environmental risks, the environmental impacts of the earthquake and its aftermath, as well as the potential environmental impacts of the humanitarian action.

Security and Civil Military Relations

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

The HRCS and the IFRC works together to identify risks to the safety and security of this operation. Security assessments were conducted to enable the establishment of the operation centres in Port Salut and Camp Perrin. Security staff will continue to regularly monitor the operational context in the field, in Port-au-Prince and in the routes between these.

Civil-Military Relations support has been fundamental for the coordination of civil-military actions from partnering countries and with the Haitian national security forces. This is especially important for the transport of goods and people since access to the area where the earthquake had the largest impact is difficult to reach by land alone. In this period, the IFRC has coordinated with diverse civil-military actors. Close coordination and support to this Emergency Appeal operation has been received from the French Navy and the Royal Netherlands Navy for the transport of relief items to and within Haiti. The IFRC also maintains contact with the civil-military partners from the Dominican Republic and the United States of America. Additional coordination on civil-military issues is done via DGPC and OCHA.

Logistics and Supply Chain

A supply chain delegate coordinates the logistics needs of the operation within its several locations. Based on the results of the multi-purpose assessment and further international deployments, logistics needs (including fleet management) have continue throughout this operation. A local logistics officer was hired to ensure the quality of services in the field.

The IFRC in the emergency phase maintained a fleet of 13 vehicles distributed between Port Salut and Camp Perrin to support the different teams on the ground. A logistics ERU delegate and a fleet assistant are deployed to the field to support operations in situ. Access challenges due to difficulties in land transportation required flexibility

and foresight. The coordination of sea and air shipments from abroad, with the support of the IFRC in country and in Panama were necessary. This included the identification of sea and air (helicopters and small planes) routes for humanitarian goods and staff. The primary supply chain strategy for the first response is to mobilize the necessary stock of household items from the IFRC's Humanitarian Hub in Panama with the Dominican Republic as a port of entry, with the subsequent transport conditioned by the context. The Logistics ERU from the Swiss Red Cross supported the HRCS-IFRC operation.

Community Engagement and Accountability (CEA)

The HRCS maintains a joint approach to CEA and planning, monitoring, evaluation, and reporting (PMER) under the area of Accountability to Beneficiaries. The CEA strategy usually developed by the unit to support HRCS interventions, is articulated around the IFRC's four minimum standards of Information sharing/Transparency, Participation, Complaints and Response Mechanism, and Monitoring and Evaluation with the appropriate tools.

Prior to the earthquake, an AmCross National Society Development project organized a Training of Trainers in CEA for key staff and volunteers, including the branches in Nippes, Sud and Grand' Anse. This capacity will be capitalized on to integrate a CEA approach in this response. 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 operation will promote effective participation and feedback from affected communities and especially the identified vulnerable groups and support the efforts of each sector. To achieve this goal, we have elaborated a feedback data collection survey using Kobo toolbox where daily workers and NS volunteers collect data during and after field-based activity. Then, a toll-free number for the federation is also available, 688, to receive complaints, rumors, suggestions etc. from the community. The main purpose is to be more accountable to the community we are serving, and also to better our intervention.

The CEA approach is cross-sectoral to encompass the assessments, identification of target populations, implementation of actions and post-distribution monitoring. CEA tools and products (in Haitian Creole), with technical support from the regional level, were already provided to the HRCS and the IFRC team in the field.

CEA mechanisms coordinates with PGI at the community level to identify protection issues and implement concerted actions to prevent sexual exploitation and abuse. With PGI and health, CEA supporting diffusion of referral pathways for survivors of SGBV or SEA, and child protection cases, which are in the process of being collectively created and disseminated among State and other humanitarian actors. To date, a hotline is available to better collect feedback from the community members. With the support of the PMEAR officer, the feedback mechanism is being implemented and data collected tool survey are programmed in Kobo to collect feedback.

Communications and advocacy

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

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

Disaster Law

While the country continues to be exposed to multiple hazards (ongoing COVID-19 pandemic and other outbreaks, earthquake, forecasted catastrophic weather-related events) in a sensitive political and social context, humanitarian actors, including the Red Cross Movement, require a clearer understanding of the Haitian regulatory and institutional framework in which they operate. At the same time, humanitarian diplomacy is required to ensure the functionality of the humanitarian corridor, as well as raise awareness with the authorities

about the measures to be adopted to expedite humanitarian aid and assistance that complies with international quality standards and the Government of Haiti's strategy.

Planning, Monitoring, Evaluation, and Reporting (PMER)

The HRCS has a unit that combines CEA and PMER. The HRCS, with IFRC support, will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the current operation. The IFRC hired an in-country PMER officer to support this operation and to offer technical guidance to the HRCS. Further support is provided by the Americas Regional Office and Latin Caribbean Delegation's PMER focal points.

IFRC also provides technical guidance in operational and program management to ensure the operation's overall objective is met. The IFRC will support the National Society in establishing optimal monitoring and evaluation plans to ensure appropriate accountability, transparency, and financial management of the operation.

A Real-Time Evaluation (RTE) was not possible during the emergency phase of this operation due to in country limitations and challenges. At the end of this operation, an external evaluation may be conducted to determine to what extent the IFRC and HRCS met their operational objectives.

Information Management (IM)

The Information Management team has created a GO page dedicated to the Haiti earthquake that can be accessed [here](#). At the regional level, the DCCPRR Information Management team manages internal requests related to data collection, management, visualization, mapping, and analysis capacity. The initial strategy will cover the Information Management role via the rapid response system, as well as using the same system to maintain a Surge Information Management Support (SIMS) coordinator who connects and solicits support from this global network.

IM support to HRCS will be on two levels. At the field level, IM members deployed with the ERUs will support the ERU team members in the collection and management of data related their respective sectoral activities. At the national level, the IM coordinator supports the Movement response with the production of the standard 4W and coordination-support products. Internally, the sector coordinators will also work with IM to ensure homogeneous data management and standards. And finally, IM will provide general support on collecting, managing, and analysing secondary data, data management and survey design to understand affected population aid preferences and intentions.

Information technology and Telecom (IT/T)

This operation was supported by the deployment of the IT/T ERU from the Finnish Red Cross. Plans are underway for at least three rotations of two people each. The ERU IT/T will be deployed for assessment, setup of IT and Telecom services in all operational locations and infrastructure, provide necessary support and training to IFRC staff and National Society volunteers and technical guidance and advice to the Haiti Red Cross Society IT and Telecom officers.

IT/T actions also include the deployment and installation of three repeaters to reenble the VHF network on the affected area for security purpose and day to day activities of the National Society and partner National Society, assessment of branch needs, donation of equipment (radios, repeaters, etc.) to improve the operation's effectiveness, efficiency and safety.

Coordination through the Emergency Telecom Sector working group, as well as other fora, remains necessary to be aware of actions and challenges faced by other IT/T specialists from other organizations.

C. DETAILED OPERATIONAL PLAN



Shelter and essential household items

People reached: 26,290 people (5,258 families)

Male and Female: 2065 Male, 2943 Female

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

Indicators:	Target	Actual
# of people provided with safe, adequate, and durable recovery shelter and settlement assistance	35,000	26,290

Shelter Output 1.1: Short, medium and long-term shelter and settlements assistance is provided to the affected families.

Indicators:	Target	Actual
# of families provided with essential HH items and shelter tool kits	7,000	5,258
# of families provided with Cash assistance for retrofitting and medium repair of damaged houses.	1,000	0
# of families provided with Cash and/or in-kind assistance for Build Back Better reconstruction for seriously damaged buildings.	500	0 ⁴²

Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

Indicators	Target	Actual
# of families reached with technical support, guidance, and awareness	1,500	0

Progress towards outcomes

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

Output 1.1: Shelter Output 1.1: Short, medium and long-term shelter and settlements assistance is provided to the affected families.

Assessment of shelter needs, capacities and gaps

The HRCS and IFRC conducted multi-sectoral rapid assessments that include shelter. The assessments in three geographic sections in Camp Perrin indicated that 97 per cent of the homes were destroyed or damaged. However, 53 per cent of people still live in their homes, even if damaged; 87 per cent of people own their homes. A total of 59 per cent of people interviewed said they needed shelter tools. Additionally, the HRCS has received support from the Swiss RC for a shelter assessment in Nippes department. The information gathered has served to indicate the needs for emergency shelter support, which are being responded to with shelter items.

Coordination with government and other stakeholders

The HRCS as an active member of the COUN is monitoring Government of Haiti guidance for shelter support. Additionally, the IFRC participates in the shelter cluster to share and gather information to avoid duplication and complement other actors. The HRCS and IFRC are following the DGPC's established recommendations on

⁴² This activity should have been implemented by the National society. Unfortunately, shelter activity was an issue due to transportation in the south during the emergency period. We hadn't had any assessment to identify the target of people in need for Shelter to receive cash.

the use of tents, tarpaulins and other provisional shelter devices. The IFRC, together with the HRCS, participated in the shelter cluster at the national level and at the departmental level in Sud department.

Families provided with essential HH items and shelter tool kits

The HRCS and IFRC distributed multi-sector family kits to 5,258 families (26,290 people) during the initial response to this emergency. These family kits, procured and distributed through this Emergency Appeal, contained: 2 tarpaulins (4x6 m) ; a shelter tool kit; a kitchen set (for 5 people, type A); 2 blankets.

As of March 2022, the HRCS does not plan any other interventions in shelter and settlement.

According to the post-distribution monitoring, 8 to 17 per cent of those families did not use the shelter tool kit, mainly because they are not ready yet to do so. They explained that they have to do initial work on their homes, which requires assistance, and to purchase timber. The 83 to 92 per cent of the families who had been using the shelter tool kit managed to build a shelter for themselves, to make minor repairs to their house, to remove the rubble around the house or the shelter and to do gardening activities. According to the families, tarps are the most useful items of the family kit (73 %). Similarly, 6 to 20 percent of the families did not yet use the tarps because they first need to do preparatory work such as building back the foundations first. They will only use the tarpaulins after this is completed. The 80 to 94 per cent of remaining families who did use the tarps used them to cover the roof and walls when damaged and to make minor repairs on shelters.

Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

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

For the first two weeks of the operation, the IFRC regional shelter advisor provided remote technical planning guidance to the IFRC team and participated in national-level online meetings related to shelter. The IFRC launched a call for a rapid response specialist in shelter who arrived in Haiti on 31 August. She is incorporated in the response operation, located in Camp Perrin, and conducting a rapid shelter assessment. As mentioned in Output 1.1, the shelter coordinator participates in the shelter cluster-level coordination at the department and national- level. The shelter coordinator ensured the participation of IFRC-HRCS to the Strategic Advisory Group which will provide advice on the shelter strategy and policies, frameworks and guidelines for the sector.

The shelter coordinator networked with other relevant actors of the sector and contacted the Swiss Cooperation (which has long last experience in implementing TCLA approach, sustainable shelter resistant to seismic and hurricane actions). Additional outreach was made to the Miyamoto company supporting reconstruction. These actions built the base for proactive collaboration that will enable a study and design of solutions for the retrofitting of rural traditional shelter.

Collaboration with WASH, Livelihoods/CVA and CEA, Public Health and PGI

During this reporting period, collaboration has revolved around the multi-sector assessment conducted by the relief team and the distribution of family kits that contain shelter and WASH items. The information of the initial CVA feasibility study by the Relief ERU team is being used in the design planning of the recovery phase of the shelter intervention which contemplates the use of Vouchers for construction materials. As all the planned rapid response positions for the key sectors are in Haiti, the joint inter-sectoral efforts are being employed to set the groundwork for the upcoming revised Emergency Appeal.



Livelihoods and basic needs

People reached: 3,850 people (770 Household)

Male and Female: not reported at this time

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

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

Indicators:	Target	Actual
# of HHs whose livelihoods are improved from pre-disaster level	5,000	4,300

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

Indicators	Target	Actual
# of targeted household received a combined sectoral kit	5,000	4,300

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

Indicators	Target	Actual
# of households reached with multi-purpose cash grant for livelihoods and basic needs	770	Planned

Progress towards outcomes

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

Conducting a multisectoral needs assessment in the affected areas

The five-person Relief ERU from Benelux RC and the relief coordinator worked with the HRCS to conduct needs assessments in rural locations in Sud department, identifying populations at risk (see Targeting above) and those that had not been reached by other humanitarian actors. Shelter, health, WASH and PGI provided elements to be incorporated into the needs assessment questionnaire. These needs assessments began on 27 August. The assessments are the fundamental input for the distributions of the multi-sector family kits.



The HRCS and IFRC distributed family kits in Ferme Le Blanc. Source: IFRC.

Support HRCS's bilateral food donation distribution

The HRCS received food donations to support the food needs of the affected population. Private sector food donations enabled the HRCS to distribute 100 food kits to Saint-Louis du Sud on 23 August. Bilateral food donations to the National Society were sent with the PIRAC stock that arrived on a French Navy vessel in Port-

au-Prince on 21 August. Carrefour Martinique (Groupe GBH) donated 1800 k of rice; 96 k of beans, 3375 L of oil.

As part of the family multi-sector kit distributions, the HRCS-IFRC relief team also distributed 2 k beans, 1 L cooking oil, 3 k rice and 3 k wheat flour with the non-food items. . These food items aimed to assist households rather than intend to constitute a distribution of food items for a set period.

The relief ERU conducted post-distribution monitoring with 235 households. The interviewed people reached (98 per cent) are in general very satisfied with the family kit. The most useful item at this stage is the tarpaulin (86 per cent) as it allows them to make a shelter.

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

Based on the relief team's assessment results, 61 per cent of people surveyed did not lose their source of income. This could reflect people who depend on agricultural production. The median monthly income is 5,000 Haitian gourdes (equivalent to 50 US dollars).

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

Cash transfer is being considered for this operation. The relief team has offered a general overview of a cash feasibility study to volunteers in Sud. With the HRCS, This Appeal defines that the best assistance modality is cash assistance based on HRCS' appetite for a CVA intervention, risk assessment, availability of Financial Service Providers and population preference.

The relief ERU with the HRCS in the Sud department started a cash feasibility study with a market assessment for shelter materials. Interviews were conducted with retailers and suppliers of construction materials to rebuild houses. During assessments in Ferme Leblanc and Camp Perrin communities expressed they visit Les Cayes and Camp Perrin to procure construction materials. All retailers of construction materials in Camp Perrin were visited (8). In addition, interviews were conducted with 9 retailers in Les Cayes. Seven suppliers were interviewed in Port-au-Prince. Information was collected on actual prices, prices evolution, provisioning frequency, storage capacity, affectation, and main challenges since the earthquake. Markets in the affected area are functioning, including those for shelter items (CGI sheets, concrete bricks, etc.). Despite supply chain challenges due to the insecurity on the main road between Port-au-Prince and the cities in the affected areas, the suppliers could cope with an increased demand. Different cash options have been assessed based and seem to give a positive outlook towards a CVA response.

Households reached with multi-purpose cash grant for livelihoods and basic needs

Based upon the analysis of the Red Cross, CVA seems feasible in the context of Haiti, but there are essential aspects which need to be mitigated. Due to the dynamic context in Haiti, the basic conditions for the implementation of a CVA programme may change rapidly and continuous monitoring is therefore essential.

The main conclusions that were drawn are:

- CVA seemed feasible, although some challenges exist and deeper analysis on certain aspects including risk analysis and Financial Service Providers analysis is required.
- Cash support is the preferred modality of assistance.
- Respondents would use cash for construction materials (98%), Education (24%), Food (19%) and Livelihoods (9%).
- The need for construction materials has increased significantly, but demand has decreased due to lack of purchasing power and liquidity.
- Main obstacles in the supply chain are transport of goods by land from Dominican Republic to Port-au-Prince, supply of goods from Port-Au-Prince to retailers in Sud Department and a lack of fuel.

- The prices for construction materials are increasing, primarily related to devaluation Haitian Gourdes and increased logistical challenges. It is expected to further increase in the coming period.
- The best positioned Financial Service Providers seem to be MonCash, Sogexpress and Unitransfer.

From the revised EPoA, due to the 69% budget-funded of the operation, 770 most vulnerable households are planned to receive short-term financial assistance to meet urgent or basic needs and to ensure their livelihoods in the Communes of Torbeck (3rd and 4th sections), Maniche (1st and 3rd sections) and Camp - Perrin (2nd section) in the South Department.

Beneficiaries will receive a total amount of USD 250 each in three instalments via my Cash/Digicel as shown below:

- 1st instalment 100 USD
- 2nd instalment 50 USD (15 days after receiving the 1st instalment)
- 3rd instalment USD 100 (1 month after receiving the 1st instalment)

According to predefined vulnerability criteria's, the CVA officer and team have pre-selected 770 beneficiaries with higher scoring vulnerability from the Relief database of the operation and compared by the government vulnerability database of the zone, SIMAST.

The next step includes these points:

- Validate the beneficiary list on the field
- Train the HNRC volunteers on Cash transfer
- Finalize contract with Digicel, the mobile company managing Moncash which the mobile transfer
- Train beneficiary on how to use Moncash
- Proceed with our first cash distribution



Health

People reached: 5,682 people

Male:2,209 and Female: 3,473

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people assisted in the immediate aftermath of the earthquake with search and rescue services	100	146

Health Output 1.1: Target population is reached with Search and Rescue activities, and has access to emergency ambulance referrals

Indicators	Target	Actual
#of people transferred via ambulance service	100	146

Health Outcome 2: Appropriate and dignified management of human remains after the disaster is promoted

# of forensic experts deployed	1	1
--------------------------------	---	---

Health Output 2.1: Human remains are managed according to Dead Body Management (DBM) protocols (not for epidemics)

Indicators	Target	Actual
------------	--------	--------

# of NS volunteers trained in forensics and dead body management	25	25
Health Output 2.3: Target population is reached with Search and Rescue activities		
Indicators	Target	Actual
# of volunteers and staff mobilized to support search and rescue	50	0
Health Outcome 3: Vulnerable people's health and dignity are improved through increased access to appropriate health services.		
Indicators:	Target	Actual
# of people reached by RCEH and by the public hospital(s) where assets are donated and support is provided, as per RCEH exit strategy	10,000	5,682
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)		
Indicators	Target	Actual
# of outpatient consultations < 5 years and >=5 years	7,500 ⁴³	5,682
# of in-patient admissions < 5 years and >=5 years	225	1,014
# of surgeries performed	375	92
# of deliveries	20	115
Health Outcome 4: Public health activities contribute to the reduction of transmission of diseases of epidemic potential and increase awareness on health topics of concern following the emergency		
Indicators:	Target	Actual
% of suspected cases identified in the community arrive at RCEH	90%	0
Health Output 4.1: Communities are supported to effectively detect and respond to infectious disease outbreaks		
Indicators	Target	Actual
# of volunteers and MSPP staff trained on ECV	100	23
% of volunteers successfully pass the ECV training post-test to respond to diseases of epidemic potential	90%	100%
# of Households reached with LLITNs through targeted PH	4,000	4248
# of people reached with LLITNs included in HH kits as part of Relief distributions (LLITN=mosquito net)	17,200	84964
Health Output 4.2: Improved knowledge about public health issues among affected communities and HRCS volunteers		
Indicators	Target	Actual
# of targeted health promotion sessions delivered in the community	15	2
# of health education sessions delivered in the community.	36	0
Health Outcome 5: The psychosocial impacts of the emergency are lessened		
Health Output 5.1: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency		
# of people reached with MHPSS services	TBD	124
Health Output 5.1: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency		
Indicators	Target	Actual
# of HRCS volunteers and staff trained in PFA	100	0

⁴³ 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.

Progress towards outcomes

Outcome 1: The immediate risks to the health of affected populations are reduced

Rapid health assessment

The first rapid response health coordinator conducted a health assessment that presented the overall health situation in the country, including significant health concerns that predate the earthquake. The general findings of this assessment were discussed with the HRCS and external partners and led to the decision to deploy a field hospital, at the ultimate request of the Ministry of Health authorities.

Output 1.1: Target population is reached with Search and Rescue activities, and has access to emergency ambulance referrals

Ambulance service provision

The HRCS has a fleet of ambulances, of which five were used for hospital transfers from the Port-au-Prince airports (Toussaint Louverture and the Ayiti Air Ambulance base) to hospitals and another for transfers in Sud department. The HRCS transferred a total 146 people (82 females of which 13 were between 0 and 10 years of age, and 64 males of which 4 were between 0 and 10 years of age). As the emergency phase has ended, the service remains available with much less frequent transfers.

Output 2.1: Health Output 2.1: Human remains are managed according to Dead Body Management (DBM) protocols (not for epidemics)

Management of the Dead (MotD)

As part of a coordinated Movement response, the ICRC deployed two forensic specialist from its Central Tracing Agency in Geneva. Both professionals were engaged in conducting an assessment while building on previous ICRC RFL and MotD assessments in 2005 and after the 2010 earthquake. The forensic specialists worked so that communities affected by the earthquake are supported by trained Haitian authorities and RCRC Movement actors through an optimal management of the dead in line with their needs. Additionally, this role enables the coordination on issues related to management of the dead issues with other sectors, particularly mental health, and psychosocial support. The forensic experts elaborated the RFL a Management of the Dead Plan of Action for the HRCS to provide RFL services for families looking for their loved ones and contribute to clarifying their fate and whereabouts as a result of the 14 August earthquake. The training in Forensics Dead Body Management was held with HRCS 25 staff and volunteers.

This training had an emphasis on coordination, information management (collection and sharing) at local level, burial and access to rites; as well as, strengthening the capacity of the HRCS and establishing RFL needs. Furthermore, The ICRC, via Panama, provided 550 body bags to the HRCS, which liaised with authorities (DGPC) for distribution to areas of need.



ICRC Forensics Experts train HRCS volunteers in dead body Management

Coordination to assess needs and beliefs regarding the dead at community level

The ICRC forensic specialists liaised with a specialist (cultural anthropologist) to explore the needs and expectations at community level regarding the treatment of dead bodies (perception of dignified burial, cultural and spiritual beliefs).

Health Output 2.3: Target population is reached with Search and Rescue activities

As first responders in the affected areas, HRCS local branches participated in search and rescue activities. These activities ended after the first two weeks of the operation and as the emergency phase has ended also this activity ended.

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)

Rapid deployment of Red Cross Emergency Hospital (RCEH)

On 27 August, the Finnish Red Cross, with support from the Canadian Red Cross society, deployed 28 delegates for the RCEH. The hospital was operational from 21 September until 30 November 2021. The RCEH is a surgical hospital which provided 24/7 care for acute trauma including general and orthopaedic surgery, emergency obstetric and new-born care, mental health services and psychosocial support, and outpatient care.

Overall, RCEH has reached 5,238 ODP visits (3,340 women and 1,898 men). The maternity ward attended 278 women in first antenatal consultation, but only 128 for follow-up visit. In other departments, RCEH reached 92 people with surgeries (35 females and 57 males), 615 hospitalized patients (235 females and 380 males), 115 deliveries, 152 physiotherapy support and 381 PSS.

The hospital used light deployable and very adaptable facility structure that enables the establishment of fixed outpatient and inpatient facilities, such as tents and all the equipment needed to treat the patients, including laboratory, x-ray, sterilization, pharmacy, and administration equipment.

- ✓ IFRC conducted a patient satisfactory survey with several volunteers interviewing the patients and even with a low number of patient visits, the number of interviews conducted is 397. Here are the main results:
- ✓ Globally, 97.9% of beneficiaries are satisfied of the way the RCEH personal listen to and met their specific needs.
- ✓ 99.5% of beneficiaries are satisfied of personal answer and the messages during consultation.
- ✓ 93% of beneficiaries didn't face any language barrier during consultation and in terms of accountability,
- ✓ 100% of surveyed beneficiaries are satisfied of the behaviour and support of medical staff, the health care and services received, the treatment and their safety at RCEH.

Health professionals

In coordination with the HRCS human resources department, local health professionals and additional workers were hired for the functionality of the RCEH.

CEA for RCEH

The activities implemented built upon risk communication and community engagement (RCCE) material that the IFRC CEA area in the Americas had prepared in Haitian Creole. Community messaging around the hospital ensured that the population understands what are the services that they can—and cannot—access in the RCEH, what the duration of the intervention was and that services were offered free of charge. This is not only important to enhance access to available health services for the population, but also in terms of security management to engage the community with the project and strengthen acceptance of the intervention and team on the ground.

In addition, the HRC volunteers were a key link to the community to support the referral of community members to the RCEH as the result of the ECV and CBS projects. They could also describe the criteria of admission and provide health promotion messages and explain the benefits of the available services and quality free health care. This was an ideal opportunity to listen and respond to questions and concerns of the

community, ensuring a feedback mechanism. This community-based approach was also crucial when the time came for the handover of the RCEH.

Output 4.1: Communities are supported to effectively detect and respond to infectious disease outbreaks

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

This operation has been implemented during the COVID-19 pandemic. Precautions need to be taken so the HRCS volunteers have a safe working environment. As PPE was an ongoing demand for all people involved in this response, this operation provided surgical masks to HRCS volunteers involved in distributions and will do so for their voluntary service in other sectors.

Distribution of 10,000 LLINs

As part of the family kit distributions, each target household receives two long-lasting insecticidal nets. As of 14 September, 8,496 LLINs have been distributed to 4,248 households. Post-distribution monitoring results indicated that the usage of long-lasting insecticidal nets is lower than for most of the other items distributed. Around 24 to 27 per cent of families do not use the mosquito nets, because they do not have enough space to install them in their current house or shelter. Oftentimes, a “bedroom” or “night space” does not exist and rather the spaces contain a lot of people when it is time to sleep. LLINs might be too bulky to be usable in the current situation of these households. More information is required to determine if it is an issue of sensitization trainings and/or use of more suitable types of nets.

Output 4.2: Improved knowledge about public health issues among affected communities and HRCS volunteers

Output 5.1: Health Output 5.1: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency

Deployment of MHPSS specialist

Following the alert for a rapid response MHPSS, a delegate was identified. However, she has yet to arrive in Haiti. The HRCS expressed an interest in trainings on Psychological First Aid for volunteers in the affected areas and various external assessments point at the need for mental health support for health workers and the affected population in general. A MHPSS plan will be developed by the HRCS with the support of the MHPSS specialist, identifying gaps and needs.

Participation in coordination mechanisms working groups in MHPSS

The regional MHPSS and health in emergencies officer participates in national coordination spaces with the Ministry of Health and PAHO, as well as works with the health team in country to identify MHPSS needs.



Water, sanitation and hygiene

People reached: 21,400 people (4,280 families)

Male and Female: not reported at this time

WASH Outcome1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

Indicators:	Target	Actual
# of households reached with WASH support during the emergency phase	5,000	4,280

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators	Target	Actual
<i># of water supply systems, WASH infrastructure in schools and healthcare centres assessed.</i>	70	34
WASH Output 1.3: Hygiene-related goods (Household Items) which meet Sphere standards and training on how to use those goods is provided to the target population		
Indicators	Target	Actual
<i># of people reached by hygiene promotion activities</i>	35,000	3,947
WASH Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase		
WASH Output 2.1: Safely managed institutional sanitation, water and hygiene services		
Indicators	Target	Actual
<i># of people reached with hygiene kits</i>	7,000	10,782
<i># of schools and healthcare centres provided with safe water, sanitation and hygiene</i>	10	Planned
WASH Output 2.2: Hygiene promotion activities are provided to the entire affected population.		
WASH Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase		
Indicators:	Target	Actual
<i># of menstrual hygiene management kits distributed</i>	2,500	Planned
Progress towards outcomes		
<p>Output 1.1</p> <p><i>Conduct training for RC volunteers on carrying out water, sanitation, and hygiene assessments</i></p> <p>The IFRC has built on installed WASH capacities in the HRCS for planned activities in this sector. Training was held for 10 volunteers from local branch in Camp Perrin and 18 volunteers from local branch of Torbeck. These were also attended by local branch coordinators, the regional branch president and some IFRC team members. These trainings were done so the volunteers could lead awareness-raising trainings on WASH during distributions, of which the first one was done on 13 September.</p> <p>The HRCS, with all its IFRC-network partners in country, conducted 34 WASH assessments.</p> <p>Output 1.2</p> <p>The WASH coordinator, based in Camp Perrin conducted rapid assessments and coordinated with other WASH actors in the field.</p> <p>The HRCS, with the support of the Spanish RC, has deployed water treatment to Roseau (Grand' Anse) with distribution to Roseaux, Pestel and Beaumont, and another 2 units installed in Azile (Les Nippes) supporting distribution around Les Nippes in collaboration with DINEPA and Samaritans Purse. Coordination is underway to expand the reach of the units in Roseaux with an additional water truck, as well as combine these HRCS-Spanish RC actions with hygiene promotion activities. As part of the coordination, we will support the exit strategy of the water distribution through the rehabilitation of drinking water pipelines and household water treatment. For this objective, two WATSAN Kit2 and a 1,000 household filters are already stocked in our warehouse in Camp Perrin for distribution.</p> <p>Output 1.4</p>		

Distribute 7,000 hygiene kits, sufficient for 1 month to 35,000 people. Distribute 7,000 buckets for household water treatment. Distribute 14,000 jerry cans (2 per family).

Output 2.1

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

Through strong coordination with DINEPA schools affected in the Sud department are beginning to be identified. Technical assessments and community engagement activities have been done and 21 schools and health facilities will be rehabilitated.

Output 2.2

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

Training of local 28 local branch volunteers has begun, as well as a plan to collaborate with NLRC and Humanity and Inclusion- HI (previously known as Handicap International) to deliver a larger hygiene promotion training to volunteers in the Les Cayes, Torbeck and Camp Perrin area. This will result in a standardized approach for hygiene promotion and ensure unified messaging is spread amongst communities. This training will focus on breaking the disease transmission pathway through appropriate handwashing, safe storage of water, prevention of food contamination and appropriate use of LLINs. Demonstrations of the different items included in the hygiene kit are also a key element of this training as hygiene kit items are not labelled in Creole and lack visual cues.

There is a need for actions in menstrual hygiene management. In coordination with PGI and CEA, focus group discussions with female community members and market assessments were done . Based on these results and underpinned by a CEA approach, 2500 culturally appropriate MHM kit for distribution will be distributed in 18 schools and to other vulnerability women.



Protection, Gender, and Inclusion

People reached: 73

Male and Female: not reported at this time

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

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

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

Indicators	Target	Actual
% # of staff and volunteers in the operation briefed on Code of Conduct, PSEA, PGI concepts and child safeguarding policy	80%	73
# of operational sectors collecting sex and age disaggregated data	5	5
HRCS Gender, Diversity and Social Inclusion Policy and Plan of Action developed	Yes	Yes

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

Indicators	Target	Actual
# of referral pathways developed and disseminated	5	2
# of girls, boys, women, men reached by SGBV-PSEA prevention messages	5,000	Planned

Progress towards outcomes

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

Deployment of PGI specialist

The PGI coordinator arrived in Haiti on 8 September for a two-month mission. A PGI delegate was also deployed to support the RCEH for one month. After her departure, a local PGI coordinator has been hired and started in December.

Conduct Rapid PGI Assessment in collaboration with partners

The original activity was focused on contributing to a gender needs assessment conducted by partners. However, this has been changed to a rapid PGI assessment. To date, it has been conducted using a methodology of secondary data review and interviews with key informants. In the field, and in coordination with other sectors and partners, this assessment was enhanced, thus providing additional data to inform the PGI approach.

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

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

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

To date, different activities are realised in the field:

- Finalizing the referral mapping in the intervention zone
- Training with National social volunteers
- Deployment of volunteers in the field to make sense in PGI



Migration

People reached: 25

Male and Female: not reported at this time

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)

Indicators:	Target	Actual
# of people reached with RFL activities	300	25
1 RFL strategy developed for the operation	1	1

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

Indicators	Target	Actual
# of contingency and response plan	1	0

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

Indicators	Target	Actual
# of people trained in RFL	20	5
# of services delivered to re-establish and maintain contact with family members and determine the fate and whereabouts of the missing*	332	4

Progress towards outcomes

* There has been a slight modification of this indicator to reflect the situation of the missing.

Output 1.1

National and regional monitoring of Haitian migratory flows

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

Coordination mechanisms (cross borders and regional)

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

HRCS has established an RFL hotline telephone number distributed at the field level to centralize the requests concerning the Missing and Deceased.

Output 1.3

Deployment of ICRC specialists in RFL

The ICRC has deployed five specialists over two rotations from its headquarters to support issues related to separation, missing and the deaths resulting from the earthquake. The Restoring Family Links team leader, RFL Data Manager and Forensic Specialist work under the IFRC umbrella.

Training for volunteers in Restoring Family Links (new activity)*

Plans are underway to organize a training for HRCS volunteers on Restoring Family Links, with an emphasis on data management and data protection as well as the use of RFL kits.

RFL services

The ICRC, via Panama, provided two RFL kits to the HRCS, to support the set-up of two RFL offices.

HRCS has consolidated a list of the injured who were transported to Port-au-Prince by the National Society's ambulance service and is reaching out to local authorities to obtain detailed information on the missing and the dead. The ICRC is supporting the HRCS on how to collect, structure and process the data collected for RFL.



Disaster Risk Reduction

People reached: 0

Male and Female: not reported at this time

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

Indicators:	Target	Actual
# of people reached through DRR activities	2,000	Planned

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

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

Progress towards outcomes

No actions for this priority have been planned during this reporting period, but We are reviewing the contingency plan of the national society in anticipation of the coming hurricane season to see how we can articulate our intervention.

National Society Strengthening

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators	Target	Actual
# of volunteers insured	10,000	9,000
# of volunteers involved in the operation	1,000	500

Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place

Indicators	Target	Actual
OCAC second phase completed	Yes	Planned

Output S1.1.7 NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators	Target	Actual
# of PER processes conducted	1	Planned

Progress towards outcomes

Visibility for volunteers; Volunteer insurance; Recognition for volunteers

As a central component of National Society strengthening, the IFRC and HRCS are committed to ensuring safe and healthy volunteers who have the capacities to volunteer their skills and time as part of this response operation. This emergency response considers the HRCS volunteers who also have been affected by the earthquake as target population, based on identified needs and aligned with established priorities. This comprehensive approach entails visibility, protection (IFRC insurance policy, as well as PPE detailed in the

health section), access to psychosocial support services (detailed in the health section) and other support based on needs.

During the first month of this operation, more than 500 volunteers in the Sud (285), Grand 'Anse (156) and Nippes (35), as well as 25 in Ouest departments, as well as in the capital Port-au-Prince and other locations around the country, have demonstrated their commitment and used their capacities to respond to this emergency.

Hiring of HRCS personnel to support the operation

HRCS staff to plan, roll-out, implement, monitor and report on this operation are essential to reaching the projected goals at all levels. This Emergency Appeal supports the HRCS with staff costs for current and future personnel related to this operation.

National Society Development (NSD) activities

The HRCS will identify the areas where IFRC National Society Development is needed at the national and branch levels. This includes OCAC, follow-up to the Preparedness for Effective Response (PER) process launched, among others. However, the national society hasn't started the process to recruit a CEA counterpart.

International Disaster Response

Outcome 2.1: Effective and coordinated international disaster response is ensured

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

Indicators	Target	Actual
# of rapid response personnel deployed	50	119

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

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

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

Indicators	Target	Actual
# of institutions and organizations participating in the shelter cluster	10	54

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

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

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

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

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

Progress towards outcomes

Initial operational start up support implemented by IFRC for the host national society and participating national societies and other common services such as ops centre and basecamp costs

Rapid Response Personnel/ Operations Manager/ Welcome Service/ CVA coordinator/ Drivers

The same day of the earthquake, at the HRCS request, the IFRC activated its Rapid Response Management System to issue surge alerts. The Americas continental coordinator for operations was deployed as Operations Manager. A call has been launched to hire an operations manager for the duration of this operation. In the interim between the first operations manager and the permanent position, the IFRC rapid response system has deployed a Head of Emergency Operations (HeOps) to lead the operation for two months.

With the delegates from four Emergency Response Units (basecamp- no longer present in country; logistics; relief; ITT; and Red Cross Emergency Hospital), as of 15 September, 77 surge staff have participated in this operation. This includes 9 people who ended their missions, four embedded assets (AmCross: 1 and ICRC: 5) and one SIMS coordinator who works remotely.

Based on the growing operational staff, a staff health specialist arrived in Haiti on 1 September. The Staff Health delegate act as the on-the-ground focal point for IFRC staff regarding health concerns and provide professional support and advice on health-related matters. This encompasses COVID-19 information, guidance, and support, as well as the collection, supervision and establishment of measures to ensure confidentiality of medical data related to COVID-19. The rapid response staff health specialist has implemented guidelines and protocols regarding COVID-19 prevention and preparedness based on existing policies, protocols, and guidelines. She has also briefed newly arrived Rapid Response, ERU and local staff on health-related topics and staff safety with a special emphasis on COVID-19 related matters. During her mission, she has identified and evaluated PCR testing sites and vaccination centres.

A new national staff health officer was hired and started on 8 September. This professional is providing a guidance in strategic planning and health programs design that will support the operation with the health and safety of all staff. Additionally, the CCD provided emergency reinforcement of its office in Haiti with the deployment of the Head of Delegation, the financial analyst delegate and the hiring of a person responsible for welcome service. The regular Haiti team, composed of a deputy head of delegation, CCD health coordinator, finance officer, archivist, three drivers and two cleaners, will be strengthened with a human resources officer and two finance staff. However, the PMER of the federation is planning to organize a data collection training on Kobo toolbox for their counterpart at the national society.



The relief ERU from Benelux conducted an IM training for HRCS volunteers. Source: IFRC.

Relief ERU

The first rotation of the five-person Relief ERU from Benelux RC is ending their month-long mission on the 18 September. Their deployment has been fundamental in the rapid multi-sector assessments and distributions with the HRCS. The second rotation of the Benelux relief ERU arrived in Haiti on 15 September. (Please note that the figures related to staff incoming on the 15 September are not included in the general count of rapid response in country).

Logistics

The logistics team in Panama, Haiti and Dominican Republic have been central to the progress of this operation. The Regional Logistics Unit - operational procurement, logistics and supply chain (OLPSCM) Americas- created

and distributed a mobilization for 5,000 families on 16 August, which was updated on 8 September for 7,000 families in the revision.

Logistic ERU

The Logs teams, including the logs coordinator, have received all cargo by air and sea, as well as unloading, storing and dispatching to the field locations on a daily basis. This has included twelve flights with NFIs, two flights with the Red Cross Emergency Hospital from Finland and Canada (121 pallets). Logs also received one vessel from PIRAC.

During the first month of the operation, 1,950 family kits were dispatched to the field. The RCEH has been dispatched from Port-au-Prince for installation in Les Cayes.

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

IT/Telecom ERU; IFRC IT personnel

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

The combined IT/T team has worked to assess the needs of the branches in the affected areas and provided support with materials and assistance needed. Field visits were done in coordination with the regional HRCS president of Les Cayes, to assess the needs of the following office: Maniche, les Cayes, and Anse-à-Veau, in order to repair, replace or install necessary infrastructure for VHF monitoring. The former HRCS site in Briex is not optimized to cover those areas. The terms and cost were discussed with Access Haiti, the owner of the VHF site, and a final agreement was reached.

A series of joint missions were conducted with the HRCS focal point to install VHF repeaters on HRCS sites to cover the affected areas. In this joint initiative, the IT/T ERU provided with the deployment and installation of two repeaters at Salagnac and Camp Perrin. This enabled the accessibility to the VHF network to all the Movement partners and the HRCS in the south. As to date, an updated version of the VHF coverage reflects the changes of the current positions and the power of the repeaters.

Alongside this, the creation of a standardization programme for VHF network equipment including regular maintenance, installation quality standards, has been done. Additionally, trainings for HRCS volunteers and staff on how to properly use telecom equipment like VHF handset, mobiles radios, satellite phones, and BGAN. This was done with the arrival of 15 radios destined to the HRCS branch in Les Cayes. The IT/T team conducted a series of training for more than 30 National Society volunteers at Torbeck on 10 September with the regional president, coordinator from the local branch on the use of radios. These radios help the HRCS to improve its security during ticketing, post-distribution monitoring, etc. in remote areas. A second training was held on 12 September in Camp Perrin.



The IT/T ERU from Finnish Red Cross is training HRCS volunteers.
Source: IFRC.

Furthermore, the local IFRC team continues to assess existing network infrastructure in the operations centres established by the IFRC in Camp Perrin.. We now have two internet infrastructure providers, Access Haiti and Digicel. Due to the difficulties the team in Camp Perrin confront very often, the IT coordinator realizes different missions as often as possible to help the IT officer based in camp perrin and the team. Based on the needs, the team determines the changes required and additional equipment

to install.

IT / Telecom equipment RO and CCD

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

IM coordinator/SIMS coordinator/ SIMS network

On 7 September, Rapid Response IM coordinator was deployed to be based in Haiti. The IM coordinator has been supported by the remote SIMS coordinator. SIMS is a Red Cross Movement network of data, GIS and information management specialists which volunteer their time to support in emergencies. While the IM coordinator has been liaised with the Haiti Red Cross Society, in-country delegates and partner National Societies, the SIMS coordinator has been coordinated the remote IM network, including a very active support from the regional office IM team to provide support with IM products in the operation.

The achievements and activities of the IM team to date include the maintenance of the [GO page](#) for the emergency with the most up to date information and latest IM products; distribution maps, infographics on the operational activities and high-level numbers and a 4W of Movement activities. As to date, the contract of the IM officer, based in Guinee, has due since January 25, 2022. The local PMER Officer has been supporting the Operations with IM activities and keep updating our dashboard.

Vehicle rental/ Vehicle procurement

As of 24 March, this operation has 9 cars in Haiti (6 in Les Cayes and 3 in Port-au-Prince), which includes those that were in the country prior to the earthquake. 10 drivers have been trained in IFRC fleet standards (7 in the Earthquake response operation and 3 for the Haiti in-country team).

IFRC Fleet manager

A local fleet manager was hired, trained, and is now fully contributing to operational objectives.

Warehousing, goods reception, forwarding, fleet, fuel costs

It should be mentioned that domestic supply chain challenges for fuel are generating an impact on the operation. As mentioned in the risk matrix (page 20), the movement of goods and staff are affected when fuel is not available. The IFRC is seeking to have a contingency stock of fuel for emergencies.

Output S2.1.6:

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

IFRC is the global shelter coordination lead for natural disasters. For the Shelter/CCCM/NFI sector led by the DGPC with support of IOM, IFRC at the regional level has been supporting by directing shelter partners to the appropriate coordination mechanisms and conducting regular updates to ensure the dissemination of information. Two regional shelter coordination meetings were conducted, where partners met the country coordinator and were informed about coordination mechanisms in Port-au-Prince, Les Cayes, Jeremie and Miragoane. In addition, IFRC is participating in the Strategic Advisory Group developing the shelter strategy for Haiti. Different options are being considered to support shelter activities.

Information Management for the shelter/CCCM/NFI sector

The IFRC deployed a delegate who provides IM support for the shelter cluster. She arrived in Haiti on 16 September and commenced managing the information management of the sector. She maintained communications with partners, updating partners database, and updating the [shelter cluster website for the Haiti earthquake](#) to support the existing Shelter/CCCM/NFI sector. This person has the independent role of providing information management to the sector. To date, this position is partially filled by the PMER Officer until the enrolment of an IM officer.

Influence others as leading strategic partner

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

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

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

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

Indicators	Target	Actual
<i>Real-Time Evaluation</i>	1	0 ⁴⁴
<i>Final evaluation</i>	1	Planned

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

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

Indicators	Target	Actual
<i># of pledges registered</i>	20	37
<i># of new donors to the IFRC</i>	5	1

⁴⁴ In lieu of a Real-time Evaluation, the six-months was considered to reflect our interventions in the field and planned to have a complete final evaluation.

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

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

Progress towards outcomes

Communications support

The achievements of the communication team for this operation is a combined effort. The ARO comms manager deployed to Haiti two days after the earthquake. Then a Rapid Response coordinator (arrival on 18 August) and AV officer (20 August) led actions for a three-week period. As this reporting period ended, the second rotation of the rapid response communication coordinator arrived in Haiti.

Work on resource mobilisation/generation

The ARO Partnerships and Resource Development (PRD) Unit held four RCRC partners calls (14 August, 16 August, 19 August, and 8 September). Two external Partners Calls were held (14 and 19 August), with participants from governmental agencies, UN agencies, and the private sector in attendance.

A National Society Advisory Group Call, organized by IFRC secretariat in Geneva, took place on 15 August.

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

A PRD Officer was deployed to Haiti for one month to support the fundraising of the IFRC Emergency Appeal as well as the Haiti Red Cross Society in their Resource Mobilization activities. A PRD Officer was hired through July 2022 to continue supporting the IFRC Latin Caribbean CCD and HRCS with their Resource Mobilization activities.

Work to support HRCS to build on their resource mobilization

The Virtual Fundraising Hub, a joint initiative of National Societies, the ICRC and IFRC, has offered Haiti Red Cross Society the opportunity to use the iRaiser online donation platform, which is a tool that can be used by HRCS to create their own fundraising campaign. The donations would be made directly to HRCS and transferred to the respective bank account.

IFRC has liaised with donors to facilitate bilateral donations to the HRCS, including a contribution of over 13,000 meals donated by Simple Nutri, 30,000 USD in Airbnb accommodation credits for HRCS staff and volunteer responders, and a bilateral cash donation from the Philippine Red Cross.

Effective, credible, and accountable IFRC

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

Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

Indicators	Target	Actual
<i># of financial reports issued</i>	3	1
<i>Final Audit carried out</i>	1	Planned

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

Indicators	Target	Actual
<i>Security protocol for operation implemented</i>	1	1

Security

An ARO regional security officer was deployed prior to the earthquake to support the HRCS and the CCD with security plans, including the Business Continuity Plan. The Minimum-Security Requirements have been updated and are pending full approval from the global security unit.

The IFRC will deploy a Rapid Response security delegate in mid-September. In the interim between the end of mission of the ARO regional security officer, the ARO regional security manager has deployed to Haiti, arriving on 13 September.

The HRCS-IFRC have a combined security approach that always monitors the security context and situation in the country. This permits the rapid identification of issues such as roadblocks, protests, fuel shortages, looting, among other challenges. Security briefings are provided to 100 per cent of incoming operational staff, and the whole operational strategy is being developed with a security mindset that involves, among other things, close community engagement, strict logistics control and contingency plans for different scenarios.

The IFRC and HRCS security staff participates in national-level security working groups.

D. Financial Report

See Annex. Please note that the financial report is up to 28 February 2022. As such, it reflects operating movements and contributions by donors and other income up to that date only.

Reference documents

- [Revised Emergency Appeal1](#)
- [Revised EPoA 1](#)
- [Operations Update #1](#)

Contact information

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

In the Haiti Red Cross Society (HRCS)

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

In the IFRC Americas Regional Office

- Head of the Disaster & Climate Crisis, Prevention, Response, and Recovery (DCPRR) department, Roger Alonso Morgui; E-mail: roger.morgui@ifrc.org
- Acting Continental Operations Manager, Gonzalo Atxaerandioo; e-mail: Gonzalo.atxaerandio@ifrc.org
- Communications Manager for the Americas, Susana Arroyo; E-mail: susana.arroyo@ifrc.org
- Security and Civil Military Relations Coordinator for the Americas, Jorge Zequeira; E-mail: jorge.zequeira@ifrc.org
- Planning, Evaluation, Monitoring and Reporting (PMER) Manager, Maria Larios; Email: maria.larios@ifrc.org.

For IFRC Latin Caribbean Cluster Delegation (CCD):

- Head of CCD, Elias Ghanem; Email: elias.ghanem@ifrc.org
- Operations Manager, Yvette Mbazoo; Email: yvete.mbazoo@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Head of Partnerships and Resource Development (PRD) Americas Region, Sandra Romero; E-mail: sandra.romero@ifrc.org
- Partnerships and Resource Development Consultant, Latin Caribbean CCD, Henry Pipes; E-mail: henry.pipes@ifrc.org

For In-Kind donations and Mobilization table support:

- Head of Regional Logistics Unit Americas Region, Mauricio Bustamante; E-mail: mauricio.bustamante@ifrc.org
- Antonio Jose CARABANTE, Delegate, Logistics/Warehouse Email: antonio.carabante@ifrc.org

In the IFRC Geneva Headquarters:

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

How we work

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

Emergency Appeal

6 months Financial Report FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/08-2022/02	Operation	MDRHT018
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 11 May 2022

All figures are in Swiss Francs (CHF)

MDRHT018 - Haiti - Earthquake

Operating Timeframe: 15 Aug 2021 to 28 Feb 2023; appeal launch date: 16 Aug 2021

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	396,000
AOF2 - Shelter	4,720,000
AOF3 - Livelihoods and basic needs	1,520,000
AOF4 - Health	6,390,000
AOF5 - Water, sanitation and hygiene	1,900,000
AOF6 - Protection, Gender & Inclusion	100,000
AOF7 - Migration	220,000
SFI1 - Strengthen National Societies	1,200,000
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	570,000
SFI4 - Ensure a strong IFRC	2,260,000
Total Funding Requirements	19,276,000
Donor Response* as per 11 May 2022	7,938,337
Appeal Coverage	41.18%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	980,359	422,316	558,042
AOF3 - Livelihoods and basic needs	234,925	480,795	-245,870
AOF4 - Health	398,777	252,698	146,079
AOF5 - Water, sanitation and hygiene	835,128	357,895	477,233
AOF6 - Protection, Gender & Inclusion	49,482	6,797	42,686
AOF7 - Migration	149,855	0	149,855
SFI1 - Strengthen National Societies	1,216,089	92,576	1,123,513
SFI2 - Effective international disaster management	1,941,989	1,312,985	629,004
SFI3 - Influence others as leading strategic partners	26,875	0	26,875
SFI4 - Ensure a strong IFRC	26,875	804	26,071
Grand Total	5,860,354	2,926,866	2,933,488

III. Operating Movement & Closing Balance per 2022/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	7,653,344
Expenditure	-2,926,866
Closing Balance	4,726,478
Deferred Income	125,289
Funds Available	4,851,767

IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	750,000	Outstanding :	0
----------------------------------	--------	---------	--------------	---------	----------------------	----------

Emergency Appeal

6 months Financial Report FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/08-2022/02	Operation	MDRHT018
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 11 May 2022

All figures are in Swiss Francs (CHF)

MDRHT018 - Haiti - Earthquake

Operating Timeframe: 15 Aug 2021 to 28 Feb 2023; appeal launch date: 16 Aug 2021

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	1,009,013				1,009,013		
Austrian Red Cross	52,509				52,509		
Austrian Red Cross (from Austrian Government*)	52,509				52,509		
British Red Cross	776,963	8,561			785,525		
British Red Cross (from Jersey Overseas Aid*)	115,000				115,000		
Canadian Government		136,060			136,060		
China Red Cross, Hong Kong branch		26,852			26,852		
Czech Government	105,805				105,805		
Ericsson	6,059				6,059		
Finnish Red Cross	108,908				108,908		
French Red Cross		51,716			51,716		
German Red Cross (from German Government*)	100,000				100,000		
Iraqi Red Crescent Society	925				925		
Irish Government	380,180				380,180	1,445	
Irish Red Cross Society	19,456				19,456		
Italian Government Bilateral Emergency Fund	540,071				540,071		
Italian Red Cross	104,341				104,341		
Japanese Government	155,613				155,613	123,844	
Japanese Red Cross Society	343,633				343,633		
Monaco Government	32,030				32,030		
New Zealand Government	630,300				630,300		
NOVO NORDISK	9,228				9,228		
On Line donations	10,515				10,515		
Polish Red Cross	3,222				3,222		
Red Cross of Monaco	53,750				53,750		
Republic of Korea Government	457,077				457,077		
Romanian Government	53,689				53,689		
Slovenia Government	32,036				32,036		
Spanish Government	270,035				270,035		
Spanish Red Cross		22,114			22,114		
Supreme Master Ching Hai	27,500				27,500		
Swedish Red Cross	172,969				172,969		
Swiss Government	250,000				250,000		
Swiss Red Cross	100,000				100,000		
Swiss Red Cross (from Swiss Government*)	100,000				100,000		
The Canadian Red Cross Society	366,311	130,296			496,607		
The Canadian Red Cross Society (from Canadian Gov	367,094				367,094		
The Netherlands Red Cross (from Netherlands Govern	429,217				429,217		
The Republic of Korea National Red Cross	39,835				39,835		
United States - Private Donors	1,007				1,007		
WarnerMedia	943				943		
Total Contributions and Other Income	7,277,745	375,600	0	0	7,653,344	125,289	
Total Income and Deferred Income					7,653,344	125,289	