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# 12-month Operation Update

## Haiti: Earthquake

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDRHT018</b>	<b>GLIDE n° <a href="#">EQ-2021-000116-HTI</a></b>
<b>12-month Operation update:</b> 2 November 2022	<b>Timeframe covered by this update:</b> 15 August 2021 to 14 August 2022
<b>Operation start date:</b> 15 August 2021	<b>Operation timeframe:</b> 18 months <b>End date:</b> 28 February 2023
<b>Funding requirements:</b> 19.27 million Swiss francs (CHF)	<b>Donor Response:</b> <b>To Date</b>
<b>N° of people being assisted:</b> 35,000 people (7,000 families)	<b>IFRC Category allocated to disaster:</b> Orange
<b>Host National Society presence:</b> The Haiti Red Cross Society (HRCS) has 9,000 volunteers, 170 staff and 127 branches, including 14 regional branches and the national headquarters. <sup>1</sup>	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> American Red Cross, BeNeLux Red Cross Societies (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).	
<b>Other partner organizations actively involved in the operation:</b> 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); local government authorities at the departmental and commune levels. Among the many humanitarian actors, the UN Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Children's Fund (UNICEF), Pan-American Health Organization (PAHO), US Southern Command (SOUTCOM) and World Food Programme (WFP).	
<b>Donors and partners to this Operation:</b> 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.	
<b>In-kind donations:</b> 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.	

<sup>1</sup> [IFRC Federation-wide Databank and Reporting System: Haiti Red Cross Society](#)

**Summary:**

The Haiti Red Cross Society (HRCS) advanced with relief and response efforts to support the public authorities in the response actions after the 14 August 2021 earthquake. The population of Haiti continues to face a deterioration of humanitarian conditions, civil unrest, and insecurity.

Despite the multiple and complex challenges, the different teams of the Red Cross Movement are delivering key humanitarian assistance to the population targeted by this appeal, including:

**Shelter:**

- 27,150 people (5,430 households) reached through household items or multi-sector family kits that contained 2 tarpaulins, 1 shelter tool kit, 2 blankets, 2 long-lasting insecticidal nets (LLIN), 1 hygiene kit, 2 jerry cans and 1 bucket.

**Health:**

- 6,696 people reached by Red Cross Emergency Hospital services in Les Cayes from 29 August until 30 November 2021 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:
  - 5,682 outpatient consultations
  - 1,014 of in-patient admissions
  - 92 surgeries performed
  - 115 deliveries (278 antenatal consultations)
  - 152 physiotherapy visits.

**WASH:**

- Rehabilitation of 4 Systeme D'Adduction D'eau Potable or Potable Water Supply Systems (SAEPs) in the South Department (Maniche, Camp Perrin, Chardonnières, Chantal and Torbeck)
- Hygiene promotion services in schools that receive their water supply through one of the rehabilitated SAEP systems:
  - Ecole Nationale de Dory (Ménard, Maniche) Sud
  - Ecole Nationale de Tiby (Civette, Camp Perrin) - Sud
  - Ecole Presbyterale de Tuffet (Torbeck) - Sud
  - Ecole Nationale de Ducis (Torbeck) – Sud
  - Ecole Nationale de Fond Ycaque (Corail) – Grand'Anse.
- During the emergency phase alone, 4,280 people received WASH support
- 10,782 people reached with Hygiene Kits
- 13,527 people benefited from hygiene promotion activities

**PGI:**

- 287 girls, boys, women, and men reached by Sexual Gender Based Violence - Policy on Prevention and Response to Sexual Exploitation (SGBV-PSEA) prevention messages

**Migration:**

- 25 people reached through RFL activities implemented by ICRC

**National Society Strengthening**

- Occupational and operational security expertise delivered in-person and remotely by IFRC to support the HRCS and Partner National Societies in-country decision making.

### **Effective and coordinated international disaster response**

- 119 international rapid response (through Emergency Response Units) deployed to Haiti

### **Summary of major revisions made to emergency plan of action:**

- The emergency budget as well as the Plan of Action have not changed, but the operational budget has been revised to reflect the additional funding (specially from American Red Cross to support WASH activities).
  - The WASH response has been further agreed for implementation through the Netherlands Red Cross expertise and country presence, with financing from the American Red Cross pledge. Due to this change, the implementation of WASH initiatives is on track.
- Nevertheless, the context in Haiti has been consistently deteriorating since August 2021. The multiple challenges – fuel shortage, exacerbating security situation and steep inflation – has led to a small delay in the implementation of the WASH project as reflected in the following changes:
- The first phase of the WASH rehabilitation in the Sud Department has taken an additional month of implementation. In November 2021, the activities have been put on hold for a few weeks due to the fuel shortage and security context in country. Even though initially the first phase of rehabilitation was planned to be finalized by end of December 2021, some final actions were finalized in January 2022.
  - The continued and exacerbating security situation around Martissant, Port au Prince is highly affecting the availability of goods in the Southern Peninsula. Moreover, there is a continued and steep inflation of the Haitian Gourdes (HTG). The combination of these factors has led to a steep increase in prices in the market. The NLRC has therefore decided to limit the intervention in schools in the Sud Department to four schools.
  - The start of the second phase was delayed due to a delay in signature of the agreement with the water authority OREPA Sud. Initially, the project duration was set as 12 months, however the above mentioned reasons in combination with the summer closure of schools in July and August have led the NLRC to extend the implementation period of the project until 30 September 2022.

## **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, and 12,763 injured people. This institution has identified 53,815 destroyed homes and 83,770 damaged homes.<sup>2</sup> 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.<sup>3</sup>

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).<sup>4</sup> 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.<sup>5</sup>

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.<sup>6</sup> This figure is substantially higher than the [IOM Displacement Tracking Matrix for Haiti](#), that reports 1,644 people (602 families) displaced due to the earthquake; of these 489 families

<sup>2</sup> 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 national](#) (4 September 2021).

<sup>3</sup> DGPC, [Tremblement de terre- Samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence national](#) (4 September 2021).

<sup>4</sup> PAHO, [Situation Report #7](#) (8 September 2021).

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

<sup>6</sup> REACH resource centre, [Haiti](#) (14 September 2021).

(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 remain latent in Haiti. Atlantic hurricane season that spans from 1 June to 30 November has its peak months between August and October.

The Government of Haiti requested 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 at 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.

During late January and early February 2022, heavy rainfalls hit several departments of the country notably the North, the Northeast and the Nippes departments. According to Directorate General of Civil Protection (DGPC), at least 20 municipalities were affected by floods caused by overflows 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.<sup>7</sup>

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 Watch<sup>8</sup>, 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 26 February 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." Furthermore, the official data of the Government of Panama indicates that 89,311 Haitian migrants crossed the Darien Gap between January 2021 and August 2022.<sup>9</sup>

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, stigmatisation, 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 specialised mental and physical health services that SGBV survivors need."<sup>10</sup>

The living conditions continue to deteriorate in Haiti's. Since late August 2022, fuel shortages continue limiting the already precarious situation of the people. Following the Government's decision to raise the price of fuel, a high tension has erupted all over the country with violent demonstrations which have again paralyzed all activities for

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<sup>7</sup> [ACAPS Complex Crisis Update: Haiti](#)

<sup>8</sup> [HRW: Haitians Being Returned to a Country in Chaos](#)

<sup>9</sup> [IFRC Instagram: Migrants entering Panama through the Darien jungle \(Jan2021 to Aug 2022\)](#)

<sup>10</sup> [ACAPS Complex Crisis: Haiti Latest Developments, 16 February 2022](#)

the weeks. Civil unrest continues with burned tires, looting, kidnapping, gang violence and even deaths. On 16 September, the warehouses of WFP and Caritas were looted in Gonaives where protestors took stocks of rice, cooking oil, generators, furniture and other items.<sup>11</sup> Multiple businesses, banks, and government offices have been looted, burned partly or entirely. The demonstrators urged the Government to keep subsidizing the fuel price due to other problems of famine and insecurity the country is already facing.

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

After the earthquake, the HRCS has mobilized their staff and resources to support the affected population through their project **2021 Post-Earthquake Operation**. Jointly with IFRC and other partners, the HRCS has responded with initiatives in WASH, community health, shelter, and livelihood.

The HRCS has gained experience throughout the years in responding to disasters. The National Society has competent staff and the necessary logistics to ensure the continuation of the operation. However, some trainings for capacity building mainly in shelter and settlement are highly necessary to reinforce this sector.

### 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 was in country prior to the earthquake working on strengthening security needs of the Latin Caribbean Country Cluster Delegation and the HRCS. Other regional security staff, including the head of security, were in Haiti and continue to provide remote support through the local security officer.

The IFRC surge desk in Geneva and ARO worked together and were able to deploy 119 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 the effective response. The Logistics ERU from the Swiss Red Cross, the Relief ERU from the Benelux Red Cross, the Basecamp ERU from the Danish Red Cross, 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 obtained 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.

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

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<sup>11</sup> [UN News: Violent Civil Unrest in Haiti](#)

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.

Through weekly departures by sea from Panama to Haiti, the OLPSCM Americas sourced goods for procurement and organized transportation into 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, 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 UNHAS<sup>12</sup> and Sunrise. It constitutes the 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 through financial and material resources at the disposition of the HRCS following the earthquake. The HRCS, with AmCross and IFRC at the time of the emergency was implementing a two-year USAID/BHA-funded disaster preparedness programme. During the emergency response, AmCross provided funds and used pre-positioned stock for 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, 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 American Red Cross closed its offices in Haiti in 2022 due to the security situation but continues supporting the HRCS through the IFRC.

**The Canadian Red Cross Society** provided equipment, transport and staff and administrative costs for the Red Cross Emergency Hospital (1.54 million Swiss francs) facilitating the immediate attention of health needs of 5,682 people affected. Additionally, the Government of Canada, through the Canadian Red Cross Society, 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 **French Red Cross** has a permanent presence in the Caribbean through the Regional Intervention Platform for the Americas and the Caribbean (PIRAC). Haiti earthquake appeal funds served to procure PIRAC prepositioned NFIs. The French RC coordinated with the French Navy boats 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 territorial of Martinique; these goods arrived in Haiti on 21 August. The French RC designated a PIRAC disaster manager (DM) in Haiti who was in active coordination and facilitation role, particularly to assist the HRCS to enhance its disaster

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<sup>12</sup> [WFP Haiti Emergency](#)

preparedness capacities. In close coordination with the IFRC, the DM promoted IFRC preparedness capacity building tools and approaches.

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 made its three vehicles available to 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 after the earthquake. The NLRC enhanced the humanitarian diplomacy work in Haiti through 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 IFRC through this emergency appeal, NLRC supports HRCS in the WASH sector through the rehabilitation of 9 SAEP (Portable Water Supply System). NLRC is setting up 12 CAEPA (Portable Water Supply Committee) which 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** 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 re-distributed its resources in 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 earthquake, the Swiss RC worked with the HRCS for a rapid assessment in the Les Nippes department. The Swiss Red Cross deployed its logistics ERU 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 included the Swiss RC vehicle 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, RFL data management focal point and a forensic specialist. Two rotations of five ICRC staff were 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.

The Government of Haiti opened the humanitarian corridor that involves the governments of the Dominican Republic and Haiti and humanitarian partners. The Government of Haiti provided guidance on the type of aid it required.<sup>13</sup> The Government of Haiti has reiterated the international support should be coordinated via the COUN. As 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 relocation the affected population and launching structural actions. At least, the risk disaster sector from DCPC is still monitoring any potential storm or earthquake likely to occur in the country.

#### *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 an 8 million USD budget from its Central Emergency Response Fund (CERF), on 25 August 2021, the UN launched a Flash Appeal for 187.3M US dollars<sup>14</sup>. This plan aims to reach 500,000 of the most vulnerable people from 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 department there is a weekly meeting per cluster plus a general coordination meeting with all clusters.

The IFRC response team participated 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 local and national level as possible. The IT team participated in an IT/Telecoms working group and the relief team in a cash working group.

The Shelter Coordinator participated in the shelter/ NFI cluster. This coordination was essential to ensure compliance with the Government of Haiti's requests and recommendations and to avoid overlapping actions. The OIM, as co-lead in Haiti Shelter/NFI Cluster, has established the NFI pipeline to better coordinate distributions based on emerging needs.

The IFRC provided IM support for the shelter coordination cluster through a delegate working remotely until she arrived in Haiti in mid-September and IM rotations ended on 25 January 2022. The in-country national staff PMER officer is providing IM support until an IM officer can be recruited.

This operation builds upon the strengths of the IFRC Country Cluster Delegation (CCD) for the Latin Caribbean (Cuba, Dominican Republic, and Haiti), led from 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, an archivist, three drivers, and two cleaners. This team was strengthened with local human resources focused on this operation. One year after the earthquake, the operation includes in-country longer-term Head of Operations and national staff that cover key implementation areas such as finance (including one person in Les Cayes), logistics, procurement, fleet officer, PMER officer, WASH, CVA, Shelter, PSS, and CEA. Human Resources services are provided by the HR focal point (from the English and Dutch-speaking Caribbean CCD) supporting the operation. The Head of Delegation and Financial Delegate are regularly present in

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<sup>13</sup> [United Nations Office for the Coordination of Humanitarian Affairs, Relief Web](#), Latinoamérica & El Caribe Resumen de Situación Semanal, 16-22 August 2021.

<sup>14</sup> OCHA, Haiti Earthquake\_SitRep#1\_Updated and Revised Final Version for RW, 22 August 2021.

Haiti. The regional WASH coordinator has been supporting the operation in country and from ARO to ensure 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. With the current security situation of Haiti, the needs have not changed much, but feedback from the field seems to be focused on livelihood. The needs on WASH, community health, PSS, shelter, PGI, and CEA remain important.

### **Shelter**

Given the destruction and damage to homes, infrastructure and businesses, emergency shelter and essential household items are crucial to the affected households. DGPC initially identified 53,815 destroyed homes and 83,770 damaged homes. The DGPC reported that the rural population, which is 80 per cent of the affected population, experienced five to seven times more damage to their homes<sup>15</sup> than households in the urban areas. There is a need for the provision of the 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, 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).

In the three communes assessed by the ERU 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 been erected long the main road heading towards the small city of Cavaillon. Similarly in the most damaged cities (such as Cavaillon), the inhabitants have erected their own tents in the open areas. This population, primarily in the rural areas require 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 of people in the highest level of vulnerability are required.

The last technical study (10 March 2022) from the HRCS indicates that the cost of materials is too expensive, and the security situation makes it difficult to do shelter activities in the country. The main road leading to the south department is still blocked. The HRCS suggests that the focus should now be placed on shelter capacity building of Red Cross staff and volunteers in preparation for any possible future actions in shelter.

### **Livelihoods and Basic Needs**

The food security situation in Haiti prior to the earthquake was critical and has been further intensified by the earthquake and subsequent emergencies. Haiti ranks 23<sup>rd</sup> globally in terms of food security, 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 population.<sup>16</sup>

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

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

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

population is unable to satisfy their nutritional needs.<sup>17</sup> 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.<sup>18</sup>

According to the National Food Security Coordination (CNSA), the average food basket prices experience inflationary increases related to the Haitian gourdes depreciation and the poor performing agricultural campaigns. The price of the basic food basket for a family of five is 125,000 Haitian gourdes (approximately 125 US dollars). Based on the Haiti Price Bulletin (March 2021) from the Famine Early Warning Systems Network (FEWS Net), the staple food goods (rice, black beans, maize, and cooking oil) showed some fluctuations, based on location in the country, prior to the earthquake. Prices of black beans appeared the most unstable. FEWS also indicates that all cooking oil and 80 per cent of rice is imported to Haiti.<sup>19</sup>

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 with the HRCS in the Sud department performed a cash feasibility study. 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).

Furthermore, in April 2022, a livelihood rapid needs assessment carried out by the team in the south showed the necessity to help the affected populations to maintain their economic activities. Entrepreneurial training, the provision of seeds, and multi-purpose cash are among the assistance shown by the assessment findings.

## Health

Prior to the earthquake, the Haitian health system was already very limited in terms of services and faced many challenges. Haiti is experiencing a worsening public health and safety crisis as armed gangs have erected road blockades in and around Port-au-Prince in anger over fuel price hikes, cutting residents and medical facilities off from access to clean water and gas. The Haiti Humanitarian Needs Overview Report released in early 2022 indicated that more than two million people required assistance to meet their basic health needs. This number tends to grow as the situation is getting worse. 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 per cent 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.

Following the rapid assessment done by the Haitian departmental health directorates, with PAHO<sup>20</sup> 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.

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

<sup>18</sup> [OCHA](#). Haiti Earthquake\_SitRep#1. Updated and Revised Final Version for RW, 22/08/2021.

<sup>19</sup> [Haiti - Price Bulletin: ven. 2022-07-29 | Famine Early Warning Systems Network \(fewsn.net\)](#)

<sup>20</sup> PAHO. 2021. Haiti earthquake: Situation report #5. 27 August 2021.

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 per cent of people indicated that they do not have access to healthcare and 21 per cent 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 disease 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.

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 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.<sup>21</sup> 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.

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 experienced, 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 promotion of healthy grieving processes will be key to alleviate distress and prevent mental disorders.

Appropriate and culturally appropriate mental health and psychosocial support will contribute to proper and timely recovery of the earthquake-affected population.

### **Water Sanitation and Hygiene (WASH)**

The earthquake exacerbated 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

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

and Sanitation, DINEPA, has centralized all the water assessments done. Of the 120 systems assessed (Nippes: 38, Grand' Anse: 24 and Sud: 58), as of 14 September, 23 were still not functional; eight of the 51 water points assessed (Nippes: 3, Grand' Anse: 15; Sud: 33) remain damaged.<sup>22</sup> IFRC WASH assessments highlight that many systems and water points remain to be assessed, making these partial figures truly reflective of the overall needs.

UNICEF reported that 212,000 people lost access to their drinking water source with 500,000 people needing immediate/long term support to access water supply services.<sup>23</sup> The IFRC WASH team in coordination with the National Society assessed 23 schools in our intervention zones (14 schools in Sud, 4 schools in Nippes and 5 schools in grand 'Anse) which will benefit 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 are distributing 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, most of the habitual domestic water treatment is using aquatabas, aquajif (fabricated in country) and liquid chlorine solutions.

Most WASH actions are being focused on the Sud department and Grand 'Anse departments. 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 most of the rural population relying on handpumps and natural springs for their drinking water.

UNICEF figures from 2020 indicated 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.<sup>24</sup> Particularly with the threat of a renewed cholera outbreak, the last of which only ended in 2019 after 9 years and nearly 10,000 deaths, the importance of safe sanitation that protects water sources from faecal contamination cannot be overstated.

The implementation of household sanitation in Haiti is a challenge due to regulations that prohibit NGOs from incentivizing or constructing household latrines. However, such regulations do not appear to be in place for institutions such as schools, community centres and health centres. Different actors' assessments in these locations, shared on the DINEPA dashboard, contribute to identifying need and potential areas of action.

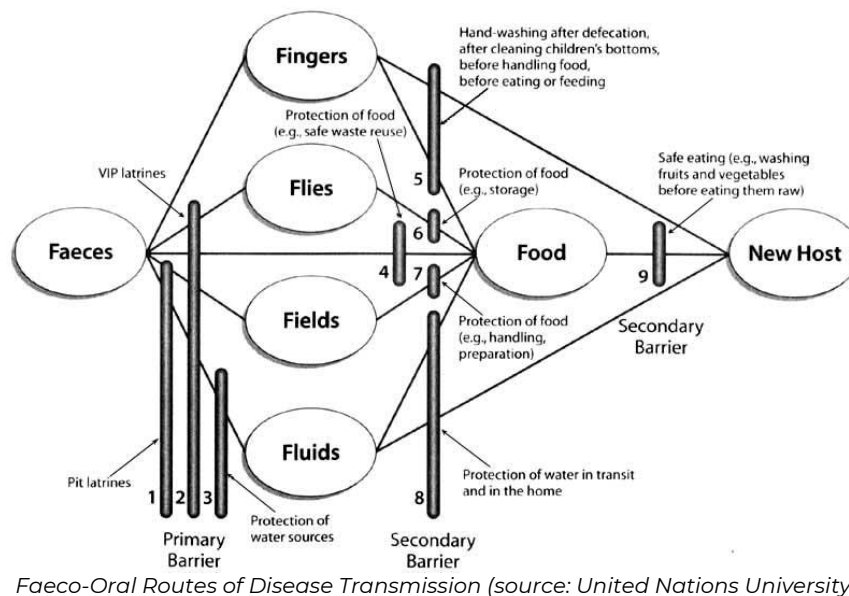
Without the safe sequestration of faecal matter, the importance of hygiene promotion that breaks the disease transmission pathways become even more important (see Figure 1). Hygiene promotion activities that encourage washing of hands, raw vegetables and fruits, protection of foods from flies, safe storage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

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<sup>22</sup> DINEPA on Water portal, [Réponse aux urgences - Séisme 14 Août 2021](#).

<sup>23</sup> UNICEF, [Situation Report #5](#) (8 September 2021).

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



Amidst the COVID-19 pandemic, increased support for hand hygiene is needed where many individuals are gathering, such as collective centres, informal points of refuge, health centres, and schools. IFRC assessments of a hospital in Les Cayes indicated 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 girl's health, education, and participation, as well as contribute to reduce their exposure to the risks of sexual and gender-based violence.

**Protection, Gender, and Inclusion (PGI)**

UNICEF reports during the first semester of 2022 that humanitarian needs across the country persist, with over 30 per cent of the population in need of emergency relief, including over 2 million children (an increase from 2021)<sup>25</sup>. The population groups in situations of vulnerability continue to be women and girls, children, the elderly, people with disabilities, displaced people and people living in remote and rural areas.<sup>26</sup> These groups are most at risk of sexual and gender-based violence. According to the UN Population Fund (UNFPA), the earthquake had 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 increased incidence of SGBV are high. UNFPA is working with the Government of Haiti to activate and scale up activities of departmental GBV coordination systems, as well as existing case management and Psychosocial services, in southwestern Haiti.<sup>27</sup>

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.

Since August 2021, the Rapid Gender Assessment, conducted by UN Women and Care International with UNICEF, 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,

<sup>25</sup> UNICEF Haiti Humanitarian Situation Report - Mid-Year 2022

<sup>26</sup> OCHA, Humanitarian Needs Overview 2021.

<sup>27</sup> United States Agency for International Development, Haiti - Earthquake Fact Sheet #6, (23 August 2021).

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.<sup>28</sup> 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.<sup>29</sup>

Analysis following the 2010 earthquake showed 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 15 unaccompanied and separated children (UASC) reported as a result of the earthquake; one family reunification has taken place. The HRCS protection coordinator is 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.<sup>30</sup> Its regular 840 hotline number created to receive psychosocial support, obtain information, and register complaints for protection issues is open.<sup>31</sup> 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. The IFRC also plans to receive feedback through our hotline number (877) from people reached in need of psychological support. The MHPSS officer is in charge of this activity.

## Migration

According to the Global Report on Internal Displacement 2021, Haiti ranks as one of the countries with the highest number of Internally Displaced People (IDPs) due to disasters in the Americas.<sup>32</sup> According to the Displacement Tracking Matrix (DTM) for Haiti, there are 39,721 IDPs.<sup>33</sup> This includes those displaced due to gang violence and other phenomena predating the earthquake. One year after the earthquake, the situation is still complicated. Gang members are still fighting for territory, and it causes the displacements of the population from the zone to camps and public parks.

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 access information.<sup>34</sup> The IFRC considers migration a serious issue related to this earthquake response operation since the 2010 earthquake case showed that migration from Haiti increased, as well as the pre-earthquake rising trend directly attended to in the Darien in Panama.

Restoring Family Links is required with a national and international component. The HRCS immediately activated its RFL network. Rapid RFL needs assessment were conducted in hospitals in Port-au-Prince where injured have been transferred from the affected areas. With the support of the IFRC Relief team, RFL needs were assessed at distribution sites and the RFL hotline telephone number is also being distributed to centralize the requests concerning the Missing and Deceased. The IFRC and ICRC entered into an agreement for the necessary activities in RFL and management of dead bodies.

## Disaster Risk Reduction

The three most affected departments are in the southwest region of Haiti, in an area prone to hurricanes and tropical storms, flooding, as well as earthquakes.<sup>35</sup> The Atlantic hurricane season remains a latent risk for this operation. The combination of displacement, economic impoverishment, and rural living, makes the population

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<sup>28</sup> UN Women and Care, [Rapid Gender Analysis in Haiti. Impacts of the 2021 Earthquake](#) (September 2021).

<sup>29</sup> UNICEF, [Haiti earthquake Situation Report #4](#) (30 August 2021).

<sup>30</sup> International Organization for Migration, [Funding Appeal](#), 23 August 2021

<sup>31</sup> IOM, [L'OIM aide à lutter contre la traite des personnes en Haiti](#)

<sup>32</sup> [Global Report on Internal Displacement 2021](#).

<sup>33</sup> IOM, [Displacement Tracking Matrix- Haiti](#). Consulted 14 September 2021.

<sup>34</sup> IFRC, [Panama: Population Movement Go Report](#) (17 August 2021).

<sup>35</sup> [Assessment Capacities Project](#), 20210820 ACAPS thematic report Haiti earthquake department profiles, 23 August 2021.

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.<sup>36</sup>

## Targeting

Targeting remains the same as for the emergency phase of this operation. It 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 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 35,000 people to be reached.

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

## Scenario planning

Scenario	Humanitarian consequence	Potential Response
No other large-scale disaster (earthquake, tropical storm, civil unrest) during this operation	- No change	- No change required
An earthquake over 6.0 magnitude in Haiti with heavy rains (not hurricane) and the re-start of civil unrest - Over 1,000 deaths due to earthquake, impact of rains (landslides, flooding) and/or civil unrest - State capacities to respond severely diminished due to increased demands for health care and WASH - State institutions not accepted by the majority of the population - Increased damage to health facilities, including emergency field hospitals - Response actors also affected (unable to move from current location)	<ul style="list-style-type: none"> <li>- Delayed humanitarian response capacity on the ground</li> <li>- Affected population of national and internationals</li> <li>- Increased health and water needs</li> <li>- Population rises up in frustration and does not permit movement to the most affected areas</li> <li>- Potential for political instability that could be taken advantage of by non-democratic forces</li> <li>- Food insecurity due to blocked roads</li> </ul>	<ul style="list-style-type: none"> <li>- With HRCS, the Government of Haiti and other humanitarian actors, prioritize possible actions</li> <li>- International community sends in emergency response forces from neighbouring countries</li> <li>- Substantial increase in the funding ask for the Emergency Appeal</li> <li>- IFRC deploys specialists in disaster response law and civil-military relations to support the incoming emergency response teams from other countries/ institutions</li> <li>- Need for full new rotation of emergency response staff (specialists in compound disasters)- <i>Second roster for contingencies should be prepared in advance</i></li> <li>- Deployment of additional health ERU RCEH</li> <li>- Use of sea vessels and air drops of food and other basic goods</li> </ul>

<sup>36</sup> [Famine Early Warning System Network](#), Haiti Staple Food Market Fundamentals, 26 March 2018.

<p>Hurricane hits Haiti with minor seismic activity and civil unrest</p> <ul style="list-style-type: none"> <li>- Over 2,000 additional people without homes</li> <li>- 1,000 deaths due to the flooding, landslides and heavy winds</li> <li>- IDPs from the earthquake unable to shelter</li> <li>- Humanitarian actors unable to mobilize outside of current location</li> <li>- Increased cases of COVID-19 due to overcrowded collective centres</li> </ul>	<ul style="list-style-type: none"> <li>- Delayed humanitarian response capacity on the ground</li> <li>- Affected population of national and internationals</li> <li>- Increased health and water needs</li> <li>- Population rises up in frustration and does not permit movement to the most affected areas</li> <li>- Potential for political instability that could be taken advantage of by non-democratic forces</li> <li>- Food insecurity due to blocked roads</li> <li>- Increased population demanding emergency health services that not exist</li> <li>- Urgent requirement for household shelter solutions</li> <li>- Forced displacement of affected population</li> <li>- Insufficient NFIs</li> <li>- Logistics challenges</li> <li>- Increase in displaced persons and/or migration</li> <li>- Increase in protection concerns (particularly for women, girls and young men)</li> </ul>	<ul style="list-style-type: none"> <li>- Launch of revised Emergency Appeal (larger ask and extended timeframe)</li> <li>- With HRCS, the Government of Haiti, allied governments, and humanitarian actors in country, prioritize possible actions</li> <li>- Immediate mobilization of emergency response teams from the global level</li> <li>- Incorporation of food items into response</li> <li>- Incorporation of more technical engineering/ shelter profiles for emergency shelter solutions</li> <li>- Deployment of additional ERUs (WASH, health)</li> <li>- Increased importation of personal protection equipment</li> <li>- Importation of PEP kits and other emergency sexual and reproductive health items</li> <li>- Incorporation of larger protection team embedded in all sectors</li> <li>- Solidarity fund for volunteers funded and put in use</li> <li>- Increased per diem for volunteers engaged in response</li> </ul>
<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"> <li>- Closed humanitarian space by feuding actors</li> <li>- Government forces no longer recognized</li> <li>- Non-state armed actors control certain areas of country</li> <li>- Deaths over 1,000 and/or not even registered</li> <li>- Hibernation or departure (by land/ sea) of most international staff</li> </ul>	<ul style="list-style-type: none"> <li>- Delayed humanitarian response capacity on the ground</li> <li>- Affected population of national and internationals</li> <li>- Need for dead body management</li> <li>- Increased health and water needs</li> <li>- No movement to the most affected areas</li> <li>- Food insecurity due to blocked roads and fear of going to markets</li> <li>- Looting of health facilities and humanitarian goods (warehouses, convoys)</li> <li>- Collective distributions impossible for security reasons</li> <li>- Xenophobia and closure of communities to humanitarian actors</li> <li>- Forced displacement of affected population</li> <li>- Insufficient NFIs and food items</li> <li>- Logistics challenges</li> <li>- Increase in displaced persons and/or migration</li> <li>- Increase in protection concerns (particularly for women, girls and young men)</li> </ul>	<ul style="list-style-type: none"> <li>- Launch revised Emergency Appeal from outside the country</li> <li>- Coordination with ICRC for shared leadership of the response</li> <li>- Immediate mobilization of emergency response teams from the global level</li> <li>- Incorporation of food items into response</li> <li>- Security contingency plan implemented</li> <li>- Humanitarian diplomacy for opening of humanitarian space</li> <li>- Solidarity fund for volunteers funded and put in use</li> <li>- Supplementary insurance for volunteers</li> </ul>

## Risk Matrix

Assumptions	Support Measures
<p><b>A1.</b> Access to quality and timely field information.</p>	<p><b>MA1.</b> The IFRC supports the management of HRCS information and reporting processes including planning, analysis, and reporting of operational information.</p>

<p><b>A2.</b> The turnover of hired and volunteer staff is low.</p> <p><b>A3.</b> The security situation allows access to the affected areas.</p>	<p><b>MA2.1.</b> 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><b>MA2.2</b> 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><b>MA3.1</b> 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><b>MA3.2</b> 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><b>R1.</b> Volatile security situation deteriorates targeting transport of humanitarian aid</p> <p><b>R2.</b> High crime rates and the potential for violent unrest</p> <p><b>R3.</b> Lack of fuel due to supply chain issues in country</p> <p><b>R4.</b> Hurricane season - new events with increased rain and flooding</p> <p><b>R5.</b> 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><b>R6.</b> Contagion of field personnel in the country with limited capacity to mobilize external aid, personnel and equipment.</p>	<p><b>RI.1.1</b> Limited access to the areas with affected populations for assessments and distributions</p> <p><b>RI.1.2</b> NFIs currently in Port-au-Prince are unable to reach the affected areas.</p> <p><b>RI.2.1</b> RCRC staff and volunteers could be target of kidnappings and extortion are registered problems that face Haitians and foreigners.</p> <p><b>RI.2.2</b> Limited access to safe and secure accommodation facilities in the response areas</p> <p><b>RI.3</b> Staff and goods are unable to reach the affected areas.</p> <p><b>RI.4</b> Affected areas have an increase of affected populations, limited access for days/weeks and higher risk of water-borne diseases</p> <p><b>RI.5</b> A substantial outbreak will provoke deaths and illnesses, in addition to the serious impact on the already overburdened Haitian health system</p> <p><b>RI.6</b> Stigmatization of foreign personnel as carriers of virus to the affected populations</p>	<p><b>MM1.1.</b> 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><b>MM1.2.</b> The HRCS with the support of IFRC will develop a plan to continue operations – Business Continuity Plan.</p> <p><b>MM1.3.</b> The HRCS with the support of the IFRC will make operational cost planning identifying geographical and intervention areas and their access.</p> <p><b>MM1.4.</b> Cash and voucher assistance are being considered if feasible as a mid-term alternative.</p> <p><b>MM1.5</b> Alternative ways of transport such as the use of helicopters and CIVMIL assets are being considered.</p> <p><b>MM2.1.</b> 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 before the response and is being expanded to support rapid response field staff.</p> <p><b>MM2.2.</b> Movement tracking of field personnel and reduced timeframe for road movements.</p> <p><b>MM2.3.</b> IFRC and HRCS establish safe and secure locations for RC teams.</p> <p><b>MM3.1</b> Security and logistics are monitoring disruptions in the supply chain</p> <p><b>MM3.2</b> The IFRC is seeking manners to preposition fuel for security contingencies.</p> <p><b>MM4.1.</b> The HRCS with the support of the IFRC Disaster Management focal point in the region will monitor weather events.</p> <p><b>MM4.2.</b> The HRCS with the support of the IFRC will pre-position food, materials and protective equipment.</p> <p><b>MM5.1.</b> Maximize the synergies with the existing Dengue/ cholera/ and COVID-19 programmes supported by IFRC and other actors.</p> <p><b>MM5.2.</b> Coordination with external actors in critical areas of the operation.</p> <p><b>MM5.3.</b> Provision of PPE, psychosocial support and mental health services for staff and volunteers.</p> <p><b>MM6.1.</b> 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><b>MM6.2.</b> Strengthening of biosecurity measures within the operations to prevent the spread of disease (dengue, cholera, COVID-19).</p> <p><b>MM7.1.</b> Establishment of coordination agreements and protocols within the Red Cross Red Crescent Movement.</p> <p><b>MM7.2.</b> The Haiti Red Cross Society, with the support of the IFRC, makes strategic planning with an operational action plan covering all contributions</p>

<p><b>R7.</b> Institutional problems of internal coordination of members of the Movement with low ratio of funds received vs implemented.</p>	<p><b>RI.7</b> Reputational impact and loss of credibility in front of partners, authorities and Civil society</p>	<p>and the purpose of the funds. Development and adherence to the Federation-Wide Approach proposed.</p> <p><b>MM7.3.</b> HRCS in the lead with support of an IFRC Membership Coordination officer to reinforce the auxiliary role of the NS.</p>
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### **COVID-19 Pandemic**

As of 28 September 2022, there are 33,702 cumulative confirmed cases of COVID-19 and 857 deaths reported in Haiti. There is a 2.54 percentage fatality rate.<sup>37</sup> Limited testing and treatment capacity likely means that these figures dramatically underestimate the true impact of COVID-19 in the country. Besides, a total of 470,964 vaccine doses have been administered.<sup>38</sup> This figure reflects that only 1 per cent of the population has been partially immunized.<sup>39</sup>

To date, most prevention measures against COVID-19 have been dropped. Wearing mask is mandatory in some public institutions such as banks.

The HRCS response to COVID-19 is supported through the [IFRC Global Appeal](#), facilitating and helping it maintain critical service provision while adapting to COVID-19. This operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office in coordination with global and regional partners. The Haiti Red Cross Society ensures that COVID-19 prevention measures are followed in all its actions, including with its Red Cross partners on the ground, and to ensure the “do no harm” principle with the community members with whom it works. The National Society and the IFRC regularly monitor the situation to consider the evolving COVID-19 situation at the national level and in specific locations where it works. This includes close analysis of the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and the National Society volunteers and staff movement. For more information on the IFRC-network’s COVID-19 response operations, please consult the [COVID-19 operation page on the IFRC Go platform](#).

## **B. OPERATIONAL STRATEGY**

### **Proposed strategy**

#### **Overall Operational objective**

This 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 is focused on **Livelihoods and Basic Needs; Health; Water Sanitation and Hygiene; Protection, Gender, and Inclusion; Disaster Risk Reduction** with enabling actions in **Strengthening National Societies; Influencing others as strategic partners; and Strengthening Coordination and Accountability**.

#### **Proposed strategy**

The IFRC is employing a multi-sector strategy that encompasses Livelihoods and Basic Needs; Health; Water Sanitation and Hygiene; Protection, Gender and Inclusion. Actions in Shelter, Migration, and Disaster Risk Reduction were planned, but have not been possible to be implemented thoroughly.

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 a stand-alone protection, gender, and inclusion approach.

<sup>37</sup> PAHO, [Geo-Hub COVID-19 Information System for the Region of the Americas- Haiti](#) (consulted 15 September 2021).

<sup>38</sup> [WHO Coronavirus \(COVID-19\) dashboard – Haiti](#), (consulted 13 September 2021).

<sup>39</sup> <https://ourworldindata.org/covid-vaccinations>

The National Society strengthening that underpins this operation combined with the localisation agenda are 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 on the field focus on WASH, PGI, MHPSS, Health and CVA.

With HRCS guidance, the IFRC identified and established two operational centres in the affected areas. Port Salut (30 km south from Les Cayes), that was used as a site for the Red Cross Emergency Hospital staff which is now close. The relief team, sector coordinators (CVA, CEA, PGI, and MHPSS coordinators) and IT/T and logs delegates were in Camp Perrin (20 km North of Les Cayes).

The following section details the 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 the 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 Red Cross Societies 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 people) by providing appropriate shelter assistance 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 either rural context, 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 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 drafted a shelter strategy for addressing the urgent needs of shelter assistance for families in situations of vulnerability. This was to be aligned with and based on input from the shelter cluster and the recommendations of the Strategic Advisory Group, as well as national and local authorities to ensure complementarity and alignment with the State strategy. Furthermore, this strategy was to be dynamic and flexible to customize the response on the evidence of the finding and the needs of the target population.

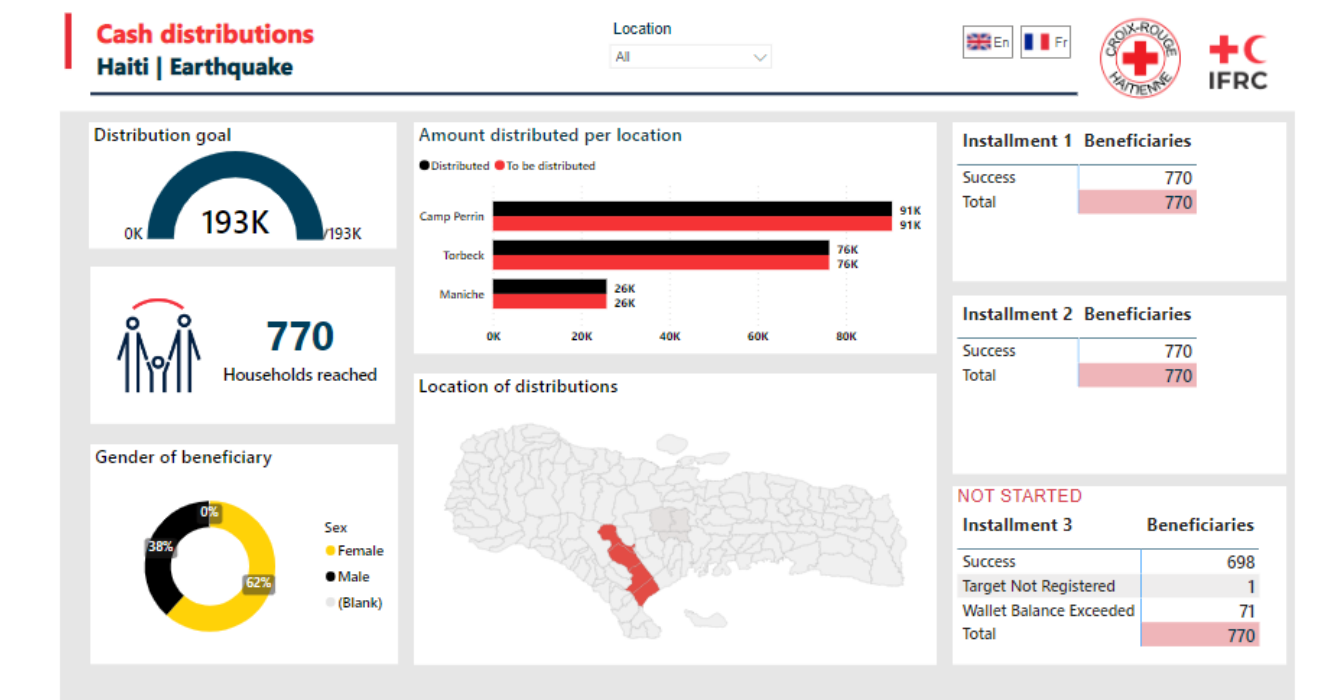
The proposed action points aim to implement a systematic approach that while empowering local staff, enhances the skills of the local labour and engages the target population to develop ownership, contribute in synergic manner to repair/rebuild the dwellings toward the final goal to restore communities.

Given the most severe impact were registered in homes in rural areas, the shelter strategy proposes 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.

One year after the earthquake, we have been able to provide shelter toolkits to the affected population, but IFRC and HRCS have not been able to implement shelter and settlements initiatives due to civil unrest and security risks involved with movements in country (especially to the affected region in the south). The operational strategy is

currently focused more on reinforcing WASH activities, and we are discussing on using part of the shelter budget to finance these activities. Meanwhile, basic activities are being considered for implementation by HRCS when feasible.

## Livelihoods and Basic Needs



The implementation of distributions of multi-sector family kits in the emergency phase incorporated many sectors, such as shelter, WASH, and health. Led by the HRCS-IFRC relief team, in which relief ERU from Benelux and relief coordinator were central, the strategy for this sector focused on emergency phase distributions. This entailed 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 was one step in a well-designed process that started with the rapid assessment of the targeted areas to verify the 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 ensued 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 multi-sector family kits 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 headquarter during 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 and main conclusions of the cash feasibility study are:

- CVA seems feasible mainly because most affected populations had MonCash to receive cash.
- Cash support is the preferred modality of assistance.
- Respondents would use Cash for construction materials (98%), Education (24%), Food (19%) and Livelihoods (9%).
- The prices and logistic costs for construction materials are increasing, primarily related to devaluation of Haitian Gourdes, and increased logistical challenges. It is expected to further increase in the following months due to deteriorations of socio-economic situation in Haiti.
- The best positioned Financial Service Providers seem to be MonCash, Sogexpress and Unitransfer. After meeting with Unitransfer, Sogexpress and Moncash 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, and the Red Cross Movement partners supported the HRCS in its emergency response through pre-hospital care, ambulance transfer of patients and the deployment of a Red Cross Emergency Hospital (type 2), with 30 to 35 delegates per rotation. The RCEH provided immediate post-earthquake care in orthopaedic, wound care, post-op care and rehabilitation services. The main focus was to provide 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 were 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 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 of previous volunteer activities and trainings was conducted to build on the existing capacities. This included branch health roles and an evaluation of sustainability of the overall public health strategy and proposed response activities.

Post-earthquake, measures for prevention of disease transmission and control of possible epidemics was 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 was focused on these diseases. Coordinated prevention activities with WASH, CEA and PGI targeted 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 was 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 includes 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 activities could be duplicated 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, 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 28 September 2022, further actions in epidemic and pandemic preparedness are being implemented to strengthen the National Society in 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)**

The Netherlands Red Cross (with contributions to the EA from American Red Cross) is supporting the Haitian Red Cross' operations team to increase access to safe water for the people affected by the earthquake. The NLRC-HRCS teams are implementing the repairs of 8 SAEPs in the south department and Grand 'Anse department. Furthermore, a cooperation agreement is currently implemented by IFRC and the Netherlands Red Cross for Rehabilitation of 12 SAEPs, Hygiene Promotion and implementing the Blue Schools initiative for the benefit of 100,000 users of waters systems (SAEP users in seven communes of the Sud Department: Chantal, Maniche, Camp-Perrin, Les Anglais, Chardonnières, Saint Jean du Sud and Torbeck and 3 SAEP systems in two communes of the Grand'Anse: Pestel and Corail). The selection of these systems is based on the priority needs identified by the Netherlands Red Cross in coordination with DINEPA/OREPA-Sud. The repairs in the Sud Department will take place in two phases, where the first phase was aimed at making sure the systems are repaired and water supply is restored. This Phase is already concluded, while in the second phase the systems will be upgraded. The first phase of the intervention will rehabilitate all 12 SAEPs. In the second phase, 9 SAEPs will be upgraded in the Sud Department. Due to the later start of the intervention in the Grand'Anse, the rehabilitation in the Grand'Anse will be implemented in one phase. Work will focus in those areas where water access is critical considering the vulnerability of the infrastructure, the population pressure on the source, quality, and quantity of the water sources. The NLRC uses a participative approach, to develop community ownership around the interventions. Concerning our interventions like water treatment and improved hygiene and sanitation practices, the NLRC targets the whole community including women and children. With this intervention, the NLRC in collaboration with the HRCS is aiming to provide a holistic approach to WASH in its intervention and has therefore chosen to also rehabilitate schools and/or health centres whose water provision systems are connected to the rehabilitated SAEP systems. The NLRC in collaboration with the HRCS are implementing "Integrated Risk Management in Schools," a concept closely linked to the "Blue Schools" concept. Facets of this intervention include water, sanitation, hygiene, solid waste management, environmental management and DRR.

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

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

## Assessments

The initial WASH assessments, conducted by the HRCS with the IFRC, Netherlands Red Cross, as well as the actions by the Spanish Red Cross indicated 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 during the emergency phase had access to potable water with rivers (33 per cent) and water pumps (21 per cent). A total of 78 per cent indicated that the drinking water 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 indicated that they could wash as frequently as they want, 41 per cent have no access to toilets and all households reported issues with managing menstrual hygiene.

### **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 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 2 data management and forensic specialists deployed by the ICRC, the central office team conducted a training session for 16 volunteer ambulance drivers, search and rescue in RFL and management of mortal remains following a disaster in Port-au-Prince. There were 3 volunteers from the network in the South who received this training.

In the South, to strengthen the network, 3 RFL training sessions were conducted for 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 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 refreshers 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, 14 were selected to be PGI focal points in the southern region, with 2 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.

### **Migration**

The internal displacement registered appears to indicate permanence in the same communes. However, initial assessments indicate a movement of 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 continued 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.

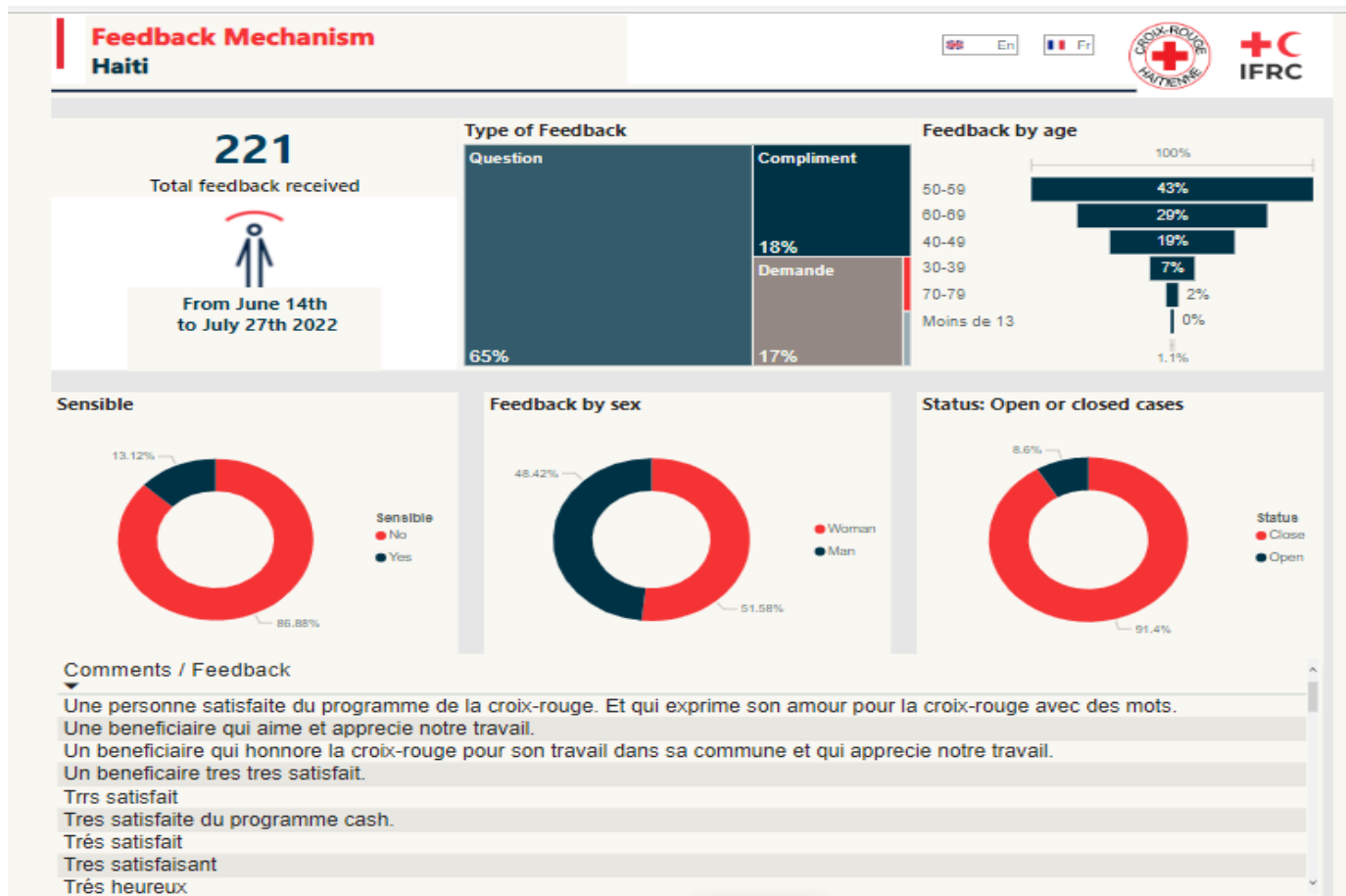
## **Community Engagement and Accountability (CEA)**

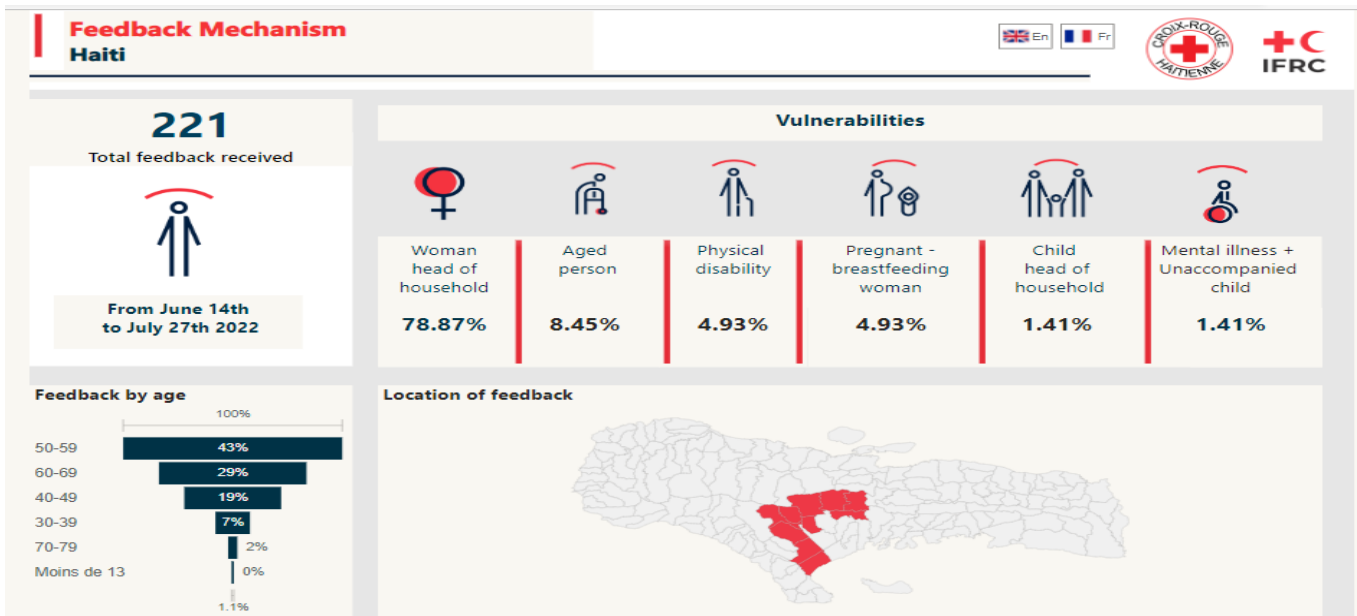
The HRCS maintains a joint approach to CEA and planning, monitoring, evaluation, and reporting (PMER) under the area of Accountability to Beneficiaries. The CEA strategy usually developed by the unit to support HRCS interventions, is articulated around the IFRC's four minimum standards of Information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

Prior to the earthquake, the American Red Cross' 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.

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 Americas Regional Office, were already provided to the HRCS and the IFRC team in the field.

CEA mechanisms are coordinated 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. A hotline number (788) has been made available to better collect feedback from the community members. With the support of the PMER officer, the feedback mechanism is being implemented and data collected tool survey are programmed in Kobo to collect feedback. The CEA methodology is being used to collect feedback and realize satisfaction survey from the community. To be more accountable to the populations we are serving, the CEA strategy makes sure they are all integrated in our actions. A toll-free number (include number here) is available for the participants to share their opinion and feedback about Red Cross interventions. Data is being continuously collected through the feedback mechanism system in place, and the results can be found on the Go page: [IFRC GO - Haiti: Earthquake.](#)





### Communications and advocacy

The operation initially contemplated hiring communications specialists in Haiti, with ARO support, to produce written, photo and video content of various Red Cross activities, such as distributions and preparedness projects. This was only possible during the emergency phase with the IFRC Surge teams and the PNSs communications teams. The movement restrictions in country and security situation did not allow regular dissemination or even creation of key messages across IFRC (social media) channels, as well as those of the HRCS and partner National Societies.

Aligned with support already provided from other Red Cross partners, this Emergency Appeal operation. 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. In early of August 2022, The HRCS had a reflection meeting to see how to support the local Branches along the Dominican border.

### Planning, Monitoring, Evaluation, and Reporting (PMER)

The IFRC is supporting the HRCS in the planning, monitoring, potential evaluations, and reporting of the operation. The IFRC hired an in-country PMER officer to support this operation and to offer technical guidance to the HRCS. The in-country IFRC PMER officer has been working closely with the HRCS PMER Officer assigned to the Earthquake Operation. 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 PMER focal point supports the National Society in establishing monitoring and evaluation plans to motivate the appropriate accountability, transparency and overall donor reporting compliance 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.

Although the HRCS does not yet have a strong PMER unit, having a focal point for the operation ensures the capacity strengthening at the local level and the dissemination of IFRC PMER standards for accountability and donor compliance.

### Information Management (IM)

The Information Management team has created a space dedicated to the Haiti earthquake that can be accessed through [Haiti Earthquake IFRC GO page](#). At the regional level, the DCPRR Information Management team manages internal requests related to data collection, management, visualization, mapping, and analysis capacity. During the emergency phase, 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 has been on two levels. At the field level, IM members deployed with the ERUs supported the ERU team members in the collection and management of data related their respective sectoral activities. At the national level, the IM coordinator supported the Movement response with the production of the standard 4W and coordination-support products. Internally, since January, the in-country PMER provides IM support by working with the sector coordinators to provide general support on collecting, managing, and analysing secondary data, data management and survey design to understand affected population aid preferences and intentions. And finally, he works with IM regional officer to build and update dashboard on Haiti Earthquake IFRC GO Page and ensure homogeneous data management and standards.

To continue the capacity strengthening of the HRCS on information management, an IM regional training with PMER focal point on data collection, using KOBO collect has been programmed for October 2022. It will be a great opportunity to reinforce the National Society PMER focal point capacity on IM as well as support the identification of the HRCS IM goals.

### Information technology and Telecom (IT/T)

At the beginning, 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. Then an ERU IT/T deployed for assessment, setup of IT and Telecom services in all operational locations and infrastructure, provided 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.

To date, a local IT officer is supporting the operations at based-camp, and he has an assistant at Camp-Perrin. He has been in charge of supporting day-to-day activities of the National Society and Partner National Societies, assessment of branch needs, donation of equipment (radios, repeaters, etc.) to improve the operation's effectiveness, efficiency, and safety.

## C. DETAILED OPERATIONAL PLAN



### Shelter and essential household items

**People reached: 47,790 people (9,558 families)**

Male and Female: Unable to collect gender-disaggregated data.

**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	47,790
<b>Shelter Output 1.1: Short, medium and long-term shelter and settlements assistance is provided to the affected families.</b>		
Indicators:	Target	Actual
# of families provided with essential HH items and shelter tool kits	7,000	9,558
# 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
<b>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</b>		
Indicators	Target	Actual
# of families reached with technical support, guidance, and awareness	1,500	0
<b>Progress towards outcomes</b>		
<p><b># of people provided with safe, adequate, and durable recovery shelter and settlement assistance</b></p> <p>The Emergency Plan of Action contemplated an ample response through shelter initiatives due to the number of affected households. The distribution of NFIs, essential household items and shelter assistance were successful during the emergency phase. However, the operations team has not been able to continue the implementation of shelter initiatives and completion of activities as per EPoA due to the many restrictions, civil unrest, insecurity, and blockages.</p> <p><i>Assessment of shelter needs, capacities and gaps</i> – During the emergency phase, the HRCS and IFRC conducted multi-sectoral rapid assessments that included 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.</p> <p><i>Coordination with government and other stakeholders</i> - 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 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.</p> <p><b># of families provided with essential HH items and shelter tool kits</b></p> <p>The HRCS and IFRC distributed multi-sector family kits during the emergency phase of the response: a shelter tool kit and 2 tarpaulins per family.</p> <ul style="list-style-type: none"> <li>• The standard shelter tool kit, detailed in Operations Update #1, and two tarpaulins per household were provided to 9,558 families (47,790 people)</li> <li>• 1,595 kits in Sud by the IFRC with the assistance and coordination of the relief ERU.</li> <li>• 650 kits in Nippes with the support of Swiss Red Cross.</li> <li>• 500 kits to families in the South with the in collaboration with UNHCR in January 2022.</li> </ul>		

A post-distribution monitoring conducted during the emergency phase, indicated that 8 to 17 per cent of those families did not use the shelter tool kit, mainly because they were not ready yet to do so. They explained that they must do initial work on their homes, which requires assistance and the purchase of timber. The 83 to 92 per cent of the families who had been using the shelter tool kits 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 per cent). Similarly, 6 to 20 per cent 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 1.1: Short, medium and long-term shelter and settlements assistance is provided to the affected families.*

*Collaboration with WASH, Livelihoods/CVA and CEA, Public Health and PGI* – The emergency response was characterized by active collaboration among the multi-sector assessments 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 was 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.

**# of families provided with Cash assistance for retrofitting and medium repair of damaged houses.**

Due to the insecurity, civil unrest, shortage of fuel and many other in country limitations, no families have been reached thus far under this indicator.

**# of families provided with Cash and/or in-kind assistance for Build Back Better reconstruction for seriously damaged buildings.**

Due to the insecurity, civil unrest, shortage of fuel and many other in country limitations, no families have been reached thus far under this indicator.

*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.* During 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 was incorporated in the response operation, located in Camp Perrin, and conducted a rapid shelter assessment. As mentioned in Output 1.1, the shelter coordinator participated in the shelter cluster-level coordination at the departmental and national- levels. The shelter coordinator ensured the participation of IFRC-HRCS to the Strategic Advisory Group which provided 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 extensive 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 may enable a study and design of solutions for the retrofitting of rural traditional shelter.

**# of families reached with technical support, guidance, and awareness**

Due to the insecurity, civil unrest, shortage of fuel and many other in country limitations, no families have been reached thus far under this indicator.



## Livelihoods and basic needs

**People reached: 25,350 people (5,070 households)**

Male and Female: Unable to collect gender- disaggregated specific data.

**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	850 <sup>40</sup>	770

### Progress towards outcomes

#### *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. The assessments were a fundamental input for the distributions of the multi-sector family kits.

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

#### **# of HHs whose livelihoods are improved from pre-disaster level**

*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 kg of rice; 96 kg of beans, 3,375 L of oil; 18,144 L of water and the unique territorial community of Martinique donated 15,120 L of water. As part of the family multi-sector kit distributions underway, the HRCS-IFRC relief team distributes 2 kg beans, 1 L cooking oil, 3 kg rice and 3 kg wheat flour with the non-food items.

<sup>40</sup> The target was revised during the reporting period to ensure distribution and due to the CVA budget.

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.

#### **# of targeted household received a combined sectoral kit**

The HRCS distributed multi-sector family kits to 4,300 households. These family kits, procured via this Emergency Appeal, contain: 2 tarpaulins (4x6 m); a shelter tool kit; a kitchen set (for 5 people, type A); 2 blankets; a hygiene kit (5 people for 1 month); 2 jerrycans; 1 bucket; and 2 long-lasting insecticidal nets. Additionally, the HRCS is distributing donated food items (2 kg beans, 1 L cooking oil, 3 kg rice and 3 kg wheat flour) with these family kits. These food items aimed to assist households rather than intend to constitute a distribution of food items for a set period.

#### *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. 7 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.

#### **# of households reached with multi-purpose cash grant for livelihoods and basic needs**

Based on the analysis of the IFRC-HRCS, 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 from the study 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 were 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.

According to predefined vulnerability criteria, the CVA officer and team selected 770 beneficiaries with higher scoring vulnerability from the Relief database of the operation and the government database SIMAST. As of September 2022, 770 beneficiaries received a total amount of USD 250 each in three instalments via MonCash/Digicel.

The PDM (Post-Distribution monitoring) shows that 99% of beneficiaries are satisfied. Due to a surplus of 23,000\$ from the CEA budget, the National Society decided to reach another 80 people from the relief database, and they will receive cash from the program.



## Health

**People reached: 28,289 people**

Male and Female: Unable to collect gender-specific data (*see the achievements section below for disaggregated data of patients attended by the Red Cross Emergency Hospital*).

### 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	2
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#### 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 public hospital(s) where assets are donated and support is provided, as per RCEH exit strategy	10,000	6,903
<b>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)</b>		
Indicators	Target	Actual
# of outpatient consultations < 5 years and >=5 years	7,500 <sup>41</sup>	5,682
# of in-patient admissions < 5 years and >=5 years	225	1,014
# of surgeries performed	375	92
/# of deliveries	20	115
<b>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</b>		
Indicators:	Target	Actual
% of suspected cases identified in the community arrive at RCEH	90%	0
<b>Health Output 4.1: Communities are supported to effectively detect and respond to infectious disease outbreaks</b>		
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	4,248
# of people reached with LLITNs included in HH kits as part of Relief distributions	17,200	21,240
<b>Health Output 4.2: Improved knowledge about public health issues among affected communities and HRCS volunteers</b>		
Indicators	Target	Actual
# of targeted health promotion sessions delivered in the community	15	37
# of health education sessions delivered in the community.	36	37
<b>Health Outcome 5: The psychosocial impacts of the emergency are lessened</b>		
<b>Health Output 5.1: Communities are supported by NS to effectively respond to health and psychosocial needs during an emergency</b>		
# of people reached with MHPSS services	2,500	1,811
# of HRCS volunteers and staff trained in PFA	100	65
# of counselling sessions at RCEH	375	124
<b>Progress towards outcomes</b>		
<i>Outcome 1: The immediate risks to the health of affected populations are reduced</i>		
<p><i>Rapid health assessment:</i> 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 for the deployment of a Red Cross field hospital, at the ultimate request of the Ministry of Health authorities.</p>		

<sup>41</sup> RCEH targets were 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.

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

**# of people assisted in the immediate aftermath of the earthquake with search and rescue services**

The HRCS used 5 ambulances from its fleet to transfer people affected from the Port-au-Prince airport (Toussaint Louverture) and the Ayiti Air Ambulance base to hospitals. Another ambulance was used for the transfers in the South Department.

The HRCS transferred a total 146 people:

- ✓ 82 females (13 between 0 and 10 years of age)
- ✓ 64 males (4 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)*

**# of forensic experts deployed**

As part of a coordinated Movement response, the ICRC deployed 2 forensic specialists from its Central Tracing Agency in Geneva. Both professionals were engaged in conducting an assessment while building on previous ICRC RFL and Dead Body Management assessments in 2005 and after the 2010 earthquake. The forensic specialists worked to ensure 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 and 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.

**# of NS volunteers trained in forensics and dead body management**

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.

*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*

**# of volunteers and staff mobilized to support search and rescue**

Although no volunteers or staff were mobilized with funds from the emergency appeal, 8 HRCS response teams were mobilized to provide emergency assistance in the commune of Les Cayes, Maniche, Les Anglais, Camp-Perrin, Cavillon, Aquin. The volunteers had already been trained in search and rescue, and they just integrated the joint rapid response team of GDPC and Red Cross Movement partners. With their support, 15 victims including children were removed under the rubble during the rescue operations and received first aid before being transported to Immaculée Conception Hospital in Les Cayes to receive adequate medical care.

*Output 3.1: The population in the affected areas has access to quality emergency, primary, and secondary health care services at the Red Cross Red Crescent Emergency Hospital (RCEH)*

**# of people reached by RCEH and by public hospital(s) where assets are donated and support is provided, as per RCEH exit strategy**

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 reached 6,903 outpatient department (ODP) visits (4,486 women and 2,417 men).

- The maternity ward attended 278 women in their first antenatal consultation, but only 128 for a 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 with psychosocial support.

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 people reached were satisfied with the way the RCEH personnel listens to and met their specific needs.
- 99.5% of people reached were satisfied with the messages provided during consultation.
- 93% of people reached did not face any language barrier during consultation.
- 100% of surveyed people reached were satisfied with the behaviour and support of the medical staff, the health care and services received, the treatment and their safety at RCEH.

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 RCEH was built upon risk communication and community engagement (RCCE) material that the IFRC CEA area in the Americas has prepared in Haitian Creole. Community messaging around the hospital ensured that the population understands the services they can—and cannot—access in the RCEH, the duration of the intervention 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 the acceptance of the intervention and the 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 free quality 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*

As part of the family kit distributions, each targeted household receives two long-lasting insecticidal nets. As of 14 September, 4,490 LLINs have been distributed to 2,245 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.

*Distribution of PPE for volunteers (goggles, latex gloves, and surgical mask) and masks for target communities.*  
This operation is being implemented during the COVID-19 pandemic. Precautions are 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.

*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: 36,484 people**  
Male and Female: not reported at this time

### WASH Outcome 1: 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	7,000	4,280

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

Indicators	Target	Actual
# of water supply systems, WASH infrastructure in schools and healthcare centres assessed.	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
# of household reached with hygiene kits	7,000	4,280

### 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
# of people reached by hygiene promotion activities	35,000	13,527
# of schools and healthcare centres provided with safe water, sanitation, and hygiene	7 <sup>42</sup>	5

<sup>42</sup> Targeted number of schools revised to 7 (from 10) after cooperation agreement with NLRC and in-country WASH assessments.

**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
# of menstrual hygiene management kits distributed	2,500	1,557

**WASH Output 2.3: Improved access to and use of adequate and durable WASH infrastructure at household level is provided to identified families with severely damage houses**

Indicators:	Target	Actual
# of households with improved WASH facilities	7,000	4,280

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

**# of water supply systems, WASH infrastructure in schools and healthcare centres assessed.**

The NLRC in collaboration with the HRCS has been able to reach significant achievements in the field of WASH. From the onset of the Earthquake response, the NLRC has decided to engage in a sustainable approach and has therefore engaged in the rehabilitation of water systems – SAEPs - from August 2021 onwards. Moreover, the NLRC has decided to engage in a holistic approach and focusses its efforts on specific geographical areas; notably the communities around the SAEPs rehabilitated. Next to the rehabilitation efforts, the NLRC is engaging in sensitization of all the households surrounding the SAEPs and using the water system. The schools that are part of the NLRC activities all have direct water supplies from one of the SAEPs rehabilitated.

To ensure the sustainability of these efforts, the NLRC and HRCS in collaboration with OREPA have built the capacity of the water maintenance committees, or in other words the CAEPAs (Comités d'Approvisionnement en Eau Potable et d'Assainissement). After assessing the level of knowledge and activity of each CAEPA, the 12 CAEPAs have been trained. Where committees did not exist yet, elections have been organised. After this training, with the financial support of the IFRC, all 12 CAEPAs have received a water infrastructure maintenance kit to facilitate the upkeep of the rehabilitation conducted. Of these twelve SAEPs in the Sud Department, nine are being more structurally rehabilitated and improved in the second phase from February until end of September 2022.

Moreover, at the start of 2022, the NLRC and HRCS have extended its WASH engagement to the Grand'Anse Department. In this department, the NLRC and HRCS are rehabilitating four SAEPs in one phase. The NLRC and HRCS will duplicate the process of training the CAEPAs in these four areas in the coming months. Based on the availability of goods in the market in the Southern Peninsula, the team has decided to phase the rehabilitation of the 13 systems. The achievements thus far therefore vary from system to system. The below summary provides an overview on the current status of rehabilitation in the South Department supported with this contribution:

1. Maniche – Gerard. Progress report at 70 %
2. Maniche – Dory at 65%
3. Camp-Perrin – Civette at 30%
4. Camp-Perrin - Bas Rhe at 75%
5. Chardonnières – Rendel at 20%
6. Chantal - Doll Dubreille at 40%
7. Torbeck - Moreau Tuffet at 70%
8. Torbeck – Guilgaud at 70%
9. Torbeck – Ducis at 10%

*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*

### **# of people reached with Hygiene Promotion activities**

With the knowledge gained, the HRCS and community volunteers have been engaging in door-to-door, focus group discussions and mass awareness raising sessions. To support the team in the development of its WASH response and the writing of reports, several trainings have been conducted. In November 2021, a GPS and QGIS training was organized, to amongst others be able to register and map the various SAEP systems. Additionally, in May 2022 a PMER and report writing training was organized to continue to build the capacity of the team. To guarantee the reconstruction of the infrastructure and to improve sanitation and hygiene practice to reduce waterborne diseases, the NLRC and HRCS are engaging in structural sensitization in the communities surrounding the 16 SAEPs in the Sud and Grand'Anse Department. As a starting point, the NLRC and HRCS have conducted a baseline in both the twelve communities in the Sud department as well as in the four communities in the Grand'Anse. Based on this information, the sensitization strategy has been developed. To facilitate these hygiene promotion activities, a total of 111 HRCS and community volunteers have been trained during a two-day WASH training touching upon the following themes:

HRCS dissemination topics:

- ✓ Water and diarrheal diseases
- ✓ Transport and storage of water at home
- ✓ The mode of contamination
- ✓ Water treatment
- ✓ Personal, domestic, and environmental hygiene
- ✓ Prevention of drought
- ✓ Social animation

*Output 2.1: Safely managed institutional sanitation, water and hygiene services*

### **# of people reached with hygiene kits**

During the implementation of this emergency appeal, 10,782 family hygiene kits and 9,367 jerry cans were distributed to targeted households. These distributions were done by HRCS and Swiss RC in Nippes and in Sud department with support of the IFRC through relief ERU from Benelux and German Red Cross during the emergency phase. Other distributions were made by the in-country operations team after December 2021.

The post-distribution monitoring showed that hygiene kits (98 per cent) are the most used item of the multisectoral family kit. People mainly use the buckets to store water and food, and for personal hygiene.

### **# of schools and healthcare centres provided with safe water, sanitation, and hygiene**

In several communities, the NLRC and HRCS are intervening in schools that receive their water supply through one of the rehabilitated SAEP systems. The following schools are included in the project:

1. Ecole Nationale de Dory (Ménard, Maniche) Sud
2. Ecole Nationale de Tiby (Civette, Camp Perrin) - Sud
3. Ecole Presbyterale de Tuffet (Torbeck) - Sud
4. Ecole Nationale de Ducis (Torbeck) – Sud
5. Ecole Nationale de Fond Ycaque (Corail) – Grand'Anse.

In all five schools, the hygiene clubs have been elected and currently the training of the clubs is ongoing. After the training, the hygiene clubs will start their sensitization once the schools reopen in September 2022. The rehabilitation of water and sanitation infrastructure is foreseen to start in July/August 2022. A slight delay is

experienced in the start of the rehabilitation of the schools due to the extended signature phase of the agreement with OREPA and the Ministry of Education.

Where possible, the NLRC aims to have a gender equitable response. The goal is to reach at least 50% women within the response. To increase the focus of this within the project, the staff joined a protection, gender and diversity training in December 2021, organised by the NLRC in the South Department.

*Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase*

*Output 2.2: Hygiene promotion activities are provided to the entire affected population.*

### **# of menstrual hygiene management kits distributed**

During the emergency phase, the need for actions in menstrual hygiene management were identified. 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, 2,500 culturally appropriate menstrual hygiene management kits were distributed in 18 schools and to other vulnerability women.

### **# of households with improved WASH facilities**

A total 4,280 households were reached through the WASH response during the emergency phase of the operation. *The HRCS, with all its IFRC-network partners in country, conducted 34 WASH assessments. The Surge WASH coordinator, based in Camp Perrin conducted rapid assessments and coordinated with other WASH actors in the field. 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.*

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

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.

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.



## **Protection, Gender, and Inclusion**

**People reached: 287**

Male and Female: not reported at this time

<b>PGI Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
1 PGI strategy developed for the operation	1	1
<b>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</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
% # of staff and volunteers in the operation briefed on Code of Conduct, PSEA, PGI concepts and child safeguarding policy	80%	90%
# 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
<b>PGI Output 1.2 Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of referral pathways developed and disseminated	5	2
# of girls, boys, women, men reached by SGBV-PSEA prevention messages	5,000	287
<b>Progress towards outcomes</b>		
<p><i>Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.</i></p> <p><i>Deployment of PGI specialist</i></p> <p>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. 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.</p> <p><i>Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.</i></p> <p><i>Develop SGBV and child protection mapping/referral pathways in coordination with other humanitarian actors and disseminate amongst staff/volunteers</i></p> <p>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.</p> <p>To date, different activities are taking place in the field:</p> <ul style="list-style-type: none"> <li>• Finalizing the referral mapping in the intervention zone</li> <li>• Training with National socially volunteers</li> </ul>		



## 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
1 RFL response plans 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 people reached with RFL activities	300	25

### 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 <sup>43</sup>	332	4

#### Progress towards outcomes

*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.*

#### **# of people reached with RFL activities**

*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 move (mainly Haitians) from Chile to Guatemala. Key messages (to be translated into Haitian Creole) about the general situation post-earthquake in Haiti and Red Cross actions in Haiti developed for migration teams responding to the concerns of Haitian migrants in Colombia, Panama, Bolivia, Peru, and Chile.

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

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

#### **# of people trained in RFL**

<sup>43</sup> There has been a slight modification of this indicator to reflect the situation of the missing.

**# of services delivered to re-establish and maintain contact with family members and determine the fate and whereabouts of the missing\***

*Deployment of ICRC specialists in RFL*

The ICRC has deployed five specialists over two rotations from its headquarters to support issues related to separated, missing and the dead 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 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	0

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

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

**Progress towards outcomes**

No actions for this priority have been planned during this reporting period, but the National Society contingency plan is being reviewed in anticipation of the coming hurricane season.

**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
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# of volunteers insured	10,000	0
# of volunteers involved in the operation	1,000	500
<b>Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
<i>OCAC second phase completed</i>	Yes	0
<b>Output S1.1.7 NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of PER processes conducted	1	0
<b>Progress towards outcomes</b>		
<i>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</i>		
<i>Visibility for volunteers; Volunteer insurance; Recognition for volunteers</i>		
<p>As a central component of National Society strengthening, the IFRC and HRCS are committed to ensuring safe and healthy volunteers who have the capacities to volunteer their skills and time as part of this response operation. This emergency response considers the HRCS volunteers who also have been affected by the earthquake as target population, based on identified needs and aligned with established priorities. 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.</p> <p>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.</p> <p>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.</p> <p>Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place</p> <p><b><i>OCAC second phase completed</i></b></p> <p>Output S1.1.7 NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</p> <p>National Society Development (NSD) activities</p> <p>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 has not started the process to recruit a CEA counterpart.</p>		

## 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
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# of rapid response personnel deployed	50	119
<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of disaster law briefs disseminated to IFRC-network partners	3	0
<b>Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of institutions and organizations participating in the shelter cluster	10	54
<b>Outcome S2.2: The complementarity and strengths of the Movement are enhanced</b>		
<b>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.</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of Movement-wide statements issued	1	1
# of Movement operational meetings held	9	0
<b>Output S2.2.5: Shared services in areas such as IT, logistics and information management are provided</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# of RC installations provided with ITT services	4	4
<b>Progress towards outcomes</b>		
<i>Output S2.1.1: Effective and respected surge capacity mechanism is maintained.</i>		
<i>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</i>		
<i>Rapid Response Personnel/ Operations Manager/ Welcome Service/ CVA coordinator/ Drivers</i>		
<p>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.</p>		
<p>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.</p>		
<p>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.</p>		
<p>A new national staff health officer was hired and started on 8 September. This professional will provide 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</p>		

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 IFRC PMER officer is planning to organize a data collection training on Kobo toolbox for their counterpart at the National Society.

#### *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 Logistics team, including the logistics 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 12 flights with NFIs, 2 flights with the Red Cross Emergency Hospital from Finland and Canada (121 pallets). Logistics 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 (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 been working to assess the needs of the branches in the affected areas and provide support with materials and assistance needed. Visits are being schedule 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.

Additionally, a new location for better VHF coverage in Les Cayes and Camp-Perrin was assessed. The former HRCS site in Brioux is not optimized to cover those areas. The terms and cost are currently under discussion with Access Haiti, the owner of the VHF site, to reach a final agreement.

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 will proceed with the deployment and installation of two repeaters in the upcoming weeks at Salagnac and Camp Perrin. This will enable the accessibility to the VHF network to all the Movement partners and the HRCS in the south. An updated version of the VHF coverage is being prepared to reflect 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 such as the 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.

Furthermore, the IT/T team continues to assess existing network infrastructure in the operations centres established by the IFRC in Camp Perrin and Port Salud, as well as in hotels used by RCEH delegates in Les Cayes. 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 will procure additional equipment to respond to operational demands. This includes, but is not limited to, laptops, sat phones and airtime, mobile phones and airtime, VHF equipment, among others. To date, 15 laptops, 20 Smartphone, 10 VHF handsets, cisco routers and access points have been received from the Americas Regional Office.

#### *IM coordinator/SIMS coordinator/ SIMS network*

On 7 September, the 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 liaising with the Haiti Red Cross Society, in-country delegates and partner National Societies, the SIMS coordinator has been coordinating 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.

#### *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 Miragoan. In addition, IFRC is participating in the Strategic Advisory Group developing the shelter strategy for Haiti.

*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
<i>Final evaluation</i>	1	0

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

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

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

**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	1

*Progress towards outcomes*

**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.**

*Communications support*

The achievements of the communication team for this operation are a combined effort. The ARO comms manager deployed to Haiti two days after the earthquake. Then a Rapid Response coordinator (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 Consultant was hired through March 2023 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**

<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
<i># of financial reports issued</i>	TBD	1
<i>Final Audit carried out</i>	1	0

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

<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
<i>Security protocol for operation implemented</i>	1	1
<b>Progress towards outcomes</b>		

**Output S4.1.4: Staff security is prioritised in all IFRC activities**  
***Security protocol for operation implemented***

*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.

### Reference documents

- [Revised Emergency Appeal](#)
- [Revised EPoA](#)
- [6-month Operations Update](#)

## 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; [president@croixrouge.ht](mailto:president@croixrouge.ht)
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### For IFRC Latin Caribbean Cluster Delegation (CCD):

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

### For IFRC Resource Mobilization and Pledges support:

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- Partnerships and Resource Development Consultant, Latin Caribbean CCD, Henry Pipes; [henry.pipes@ifrc.org](mailto: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](mailto:mauricio.bustamante@ifrc.org)

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## 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

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/8-2022/9	Operation	MDRHT018
Budget Timeframe	2021/8-2023/2	Budget	APPROVED

Prepared on 31 Oct 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
<b>Total Funding Requirements</b>	<b>19,276,000</b>
<b>Donor Response* as per 31 Oct 2022</b>	<b>7,940,593</b>
<b>Appeal Coverage</b>	<b>41.19%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	1,112,196	418,827	693,369
AOF3 - Livelihoods and basic needs	408,723	593,161	-184,438
AOF4 - Health	526,729	344,591	182,139
AOF5 - Water, sanitation and hygiene	1,737,329	1,208,940	528,389
AOF6 - Protection, Gender & Inclusion	182,589	12,754	169,835
AOF7 - Migration	149,855	123,400	26,455
SFI1 - Strengthen National Societies	1,420,230	677,046	743,185
SFI2 - Effective international disaster management	2,361,280	2,266,926	94,353
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	804	-804
<b>Grand Total</b>	<b>7,898,931</b>	<b>5,646,449</b>	<b>2,252,482</b>

## III. Operating Movement & Closing Balance per 2022/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	7,909,572
Expenditure	-5,646,449
<b>Closing Balance</b>	<b>2,263,124</b>
Deferred Income	1,897
Funds Available	2,265,021

## IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	750,000	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2021/8-2023/2	Budget	APPROVED

Prepared on 31 Oct 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	1,145,974				1,145,974		
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 Government	8,003				8,003		
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	379,847				379,847	1,778	
Irish Red Cross Society	19,456				19,456		
Italian Government Bilateral Emergency Fund	540,071				540,071		
Italian Red Cross	94,899				94,899		
Japanese Government	279,337				279,337	120	
Japanese Red Cross Society	336,731				336,731		
Monaco Government	32,030				32,030		
New Zealand Government	630,300				630,300		
NOVO NORDISK	9,228				9,228		
On Line donations	10,555				10,555		
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	366,348	130,296			496,644		
The Canadian Red Cross Society (from Canadian Gov	370,780				370,780		
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	1,397				1,397		
<b>Total Contributions and Other Income</b>	<b>7,533,973</b>	<b>375,600</b>	<b>0</b>	<b>0</b>	<b>7,909,572</b>	<b>1,897</b>	
<b>Total Income and Deferred Income</b>					<b>7,909,572</b>	<b>1,897</b>	