**REVISED EMERGENCY APPEAL**

Haiti, Americas Region | Earthquake and Cholera

-HRCS volunteers demonstrating handwashing at Pestel market in Grand’Anse. Source: HRCS.-

<table>
<thead>
<tr>
<th>Appeal No:</th>
<th>MDRHT018</th>
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<tbody>
<tr>
<td>IFRC Secretariat Funding requirements:</td>
<td><strong>CHF 19.2 million</strong></td>
</tr>
<tr>
<td>Funding gap:</td>
<td><strong>CHF 5.8 million</strong></td>
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<tr>
<td>Click <a href="#">here</a> for the Donor Response.</td>
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<tbody>
<tr>
<td>People [affected/at risk]:</td>
<td>Earthquake: 800,000 people  Cholera: between 300,000 and 500,000 people</td>
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<table>
<thead>
<tr>
<th>DREF allocation:</th>
<th>CHF 750,000 (reimbursed)</th>
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<table>
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<tr>
<th>Appeal launched:</th>
<th>15 August 2021</th>
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<tr>
<td>Appeal ends:</td>
<td>31 December 2023</td>
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<thead>
<tr>
<th>People to be assisted:</th>
<th>35,000 people (7,000 families)  10,100 people (2,020 families)</th>
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<tr>
<td><strong>Cholera outbreak response:</strong></td>
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<tr>
<th>Appeal Revision No. 2 issued:</th>
<th>9 December 2022</th>
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This revised Emergency Appeal seeks a total of **5.8 million Swiss francs** (the existing funding gap) to support the Haitian Red Cross Society (HRCS) in assisting the people affected by the 14 August 2021 earthquake and the ongoing cholera outbreak in Haiti. The overall funding requirement remains **CHF 19.2 million**, but (1) additional geographical areas are included, (2) the number of people to be assisted has increased to **45,100** and (3) the implementation period has been extended to **28 months** (until 31 December 2023). In addition, new Health, WASH and CEA activities have been included to control the cholera outbreak and prevent further infections.
After the end of the Emergency Appeal timeframe, response activities will continue under the IFRC Country Plan, which will show a holistic view of ongoing emergency response and longer-term programming tailored to the needs of the country, as well as a Federation-wide view of the country's action. This process aims to streamline activities under one plan while still ensuring the needs of those affected by the crisis are met.

SITUATION OVERVIEW

On 14 August 2021, a 7.2 magnitude earthquake struck Haiti causing 2,248 deaths and injuring 12,763 people. The earthquake destroyed 53,815 homes and a further 83,770 were damaged.\(^1\) The total area affected covers 500 square kilometres and over 800,000 people have been directly affected. Of 159 health facilities assessed, 28 have been severely damaged and 60 more have been damaged, with 456 schools impacted and 64 destroyed\(^2\). Total economic damage and losses are estimated at USD 1.6 billion, or about 10 per cent of the gross domestic product (GDP).\(^3\) Haiti already has a deteriorating humanitarian situation with high levels of insecurity, violence, food scarcity, internally displaced people and significant population movement, and these are compounded by the current crises.

Cholera also re-emerged in the country on 2 October 2022 after more than three years with no presence of the disease reported. The national authorities reported two confirmed cases of *Vibrio cholerae* O1 in the greater Port-au-Prince area and in the commune of Cité Soleil. As of 30 November, more than 12,541 suspect cases had been reported by the Ministère de la Sante Publique et de la Population (MSPP), with 1,110 cases confirmed and 233 deaths. Capacity of the epidemiological surveillance system to detect suspected cases is still considered low and confirmation of cases is minimal, due to scant resources and the difficulty in getting samples to labs due to lack of fuel and presence of roadblocks by armed gangs.

\(^1\) Tremblement de terre Samedi 14 août 2021 – Péninsule Sud. Rapport d’étape du Centre d’opérations d’urgence national, 4/09/2021, DGPC
\(^2\) Haiti Earthquake situation report 7, 4/09/2021, PAHO/WHO
\(^3\) Estimating the Potential Economic Impact of Haiti’s 2021 Earthquake, 28/09/2021, IDB
It is currently estimated that 35 per cent of the population in Haiti lacks access to safe water and up to 65 per cent have either inadequate sanitation or none at all; only 22.4 per cent of people have access to handwashing areas with clean water and soap and up to 25 per cent of the urban population and 36 per cent of the rural population practice open defecation. And this is higher in certain areas, aggravated by the deteriorating socioeconomic situation and increases in gang violence. Access to the fuel necessary for the maintenance of essential services such as drinking water, particularly in urban areas, has become particularly precarious, threatening explosive transmission of cholera. Sixty-six per cent of the urban population lives in suburbs without access to adequate residential services. Haiti already has the worst health indicators in the Latin America and the Caribbean region and has some of the highest morbidity and mortality rates in the world, while overall access to health services remains poor.

It is currently estimated that over 3 million people in Haiti are facing exacerbated humanitarian needs from protracted armed violence, civil unrest, and the resurgence of cholera. Gun battles among gangs, or between police forces and gangs, are on the rise and this armed violence deters people from seeking food or is preventing access to medical treatment. When people move around, for any reason, the risk of being harmed is very high.

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EMERGENCY APPEAL REVISION

In August 2021, IFRC launched an Emergency Appeal (EA) on behalf of HRCS to provide emergency assistance and recovery for 35,000 people affected by the earthquake. In October 2021 a revision was made; increasing the funding requirements to CHF 19.2M. As part of the Earthquake response and to date:

- 47,790 people have received safe, adequate and durable recovery, shelter and settlement assistance;
- 770 households have been reached with multi-purpose cash grants for livelihoods and basic needs;
- 146 people have been assisted in the immediate aftermath of the earthquake with search and rescue services;
- 6,903 people have been reached by Red Cross Emergency Hospital (RCEH) and by public hospitals;
- 4,248 households have been reached with long-lasting, insecticide-treated nets
- 1,811 people have been reached with MHPSS services;
- 4,280 households have been reached with WASH support during the emergency phase (water, hygiene kits, menstrual hygiene kits and hygiene promotion);
- 287 girls, boys, women, and men have been reached by Sexual and Gender-based Violence – Prevention of Sexual Exploitation and Abuse (SGBV-PSEA) messages; and
- 25 people have been reached with Restoring Family Links (RFL) activities.

This revised Emergency Appeal seeks a total of 5.8 million Swiss Francs (current funding gap) to support the HRCS in assisting the people affected by the 14 August 2021 earthquake and the 2 October 2022 Cholera outbreak in Haiti. Total funding requirement remains at CHF 19.2 million, and additional geographical areas have been included, such as Trou du Nord, Fort Liberté, Ouanameth and Limbé. The number of people to be assisted has increased to 45,100 and the implementation period will be extended to 28 months (until end of December 2023). In addition, new Health, Water, Sanitation and Hygiene (WASH) and Community Engagement and Accountability (CEA) activities are included to control the cholera outbreak.
TARGETING

The targeted areas where HRCS is currently operating within this EA are located in the Sud, Grand'Anse and Nippes departments. In addition, this revised Emergency Appeal will include communes that are already reporting suspected and confirmed cases of cholera.

Targeted departments for the revised Emergency Appeal

<table>
<thead>
<tr>
<th>2021 Earthquake Response</th>
<th>2022 Cholera Response</th>
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<tr>
<td>Grand'Anse</td>
<td>Les Nippes</td>
</tr>
<tr>
<td>Pestel, Sassier, Beaumont, Collecte, Dayer, Casse Tache and Jeremie</td>
<td>Azile and Bayadères</td>
</tr>
<tr>
<td>Sud (South)</td>
<td>Les Cayes, Cap-Perrin, Maniche and Torbeck</td>
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<tr>
<td>North and North-East</td>
<td>Trou du Nord, Fort Liberté, Ouanameth and Limbé</td>
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HRCS does have a cholera response plan and with the support of USAID BHA will implement health promotion activities in Grande-Saline, Verrettes, Saint-Marc and Gonaïves. With the support of Red Cross Movement partners HRCS will also implement WASH and health actions in Cité Soleil (Brooklyn, Ti Haïti, Cité Gérard, Norway) Tabarre (Place Hugo Chavez), Carrefour-Feuille (Saint-Gerard, Miron, Croix-des-Prez, Cicot) and Delmas (Cité aux Cayes, Cité Jerémie, Delmas 19, Carrefour Aéroport).

PLANNED OPERATIONS

Through this Emergency Appeal, IFRC aims to continue supporting HRCS in the response to the Earthquake and the ongoing cholera outbreak. This revision to the Appeal expands the scope of the response to reduce morbidity and mortality associated with the Cholera outbreak by preventing or slowing transmission and helping to ensure that communities affected by the outbreak have access to basic social services and can support themselves with dignity.

The previous actions included in the sectors of Shelter, Livelihoods, Multi-purpose Cash, Migration and Risk Reduction, remain unchanged. The following actions are added to address the cholera outbreak:

- Integrated assistance *(Shelter, Livelihoods and Multi-purpose Cash)*
- Health & Care including Water, Sanitation and Hygiene (WASH) *(Mental Health and psychosocial support / Community Health)*
- HEALTH (changes for the cholera response)

   This operation intends to reduce morbidity and mortality associated with the cholera outbreak through the implementation of community-based surveillance, by supporting clinical treatment of acute diarrhoea through oral rehydration units where feasible and by providing home rehydration solutions where access to treatment units is impossible; and by improving the knowledge, attitudes, and practices (KAP) of the population related to cholera prevention and control.

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In order to scale up the activities included in this EA, a group of HRCS members will train and accompany community volunteers to conduct community-based epidemiological surveillance and interventions related to Infection Prevention and Control (IPC) including timely identification and referral of cholera cases.

If the MSPP does launch a cholera vaccination campaign, HRCS will implement a communication campaign to promote voluntary vaccination. Depending on the security conditions and the feasibility of the intervention, HRCS will provide support to MOH in the administration of the vaccine, with human resources, equipment and medical supplies.

**WASH (changes for the cholera response)**

Recognising the importance of WASH actions in the prevention of cholera transmission, this Emergency Appeal will increase access to safe water and adequate sanitation at community level, cholera clinical facilities (ORP), schools where HRCS already has sanitation activities and cholera hotspots. Special attention will be given to students going back to school with distribution of cholera/ hygiene kits. Handwashing stations will also be established in markets, schools and churches, and HRCS will support decontamination and disinfection sessions. Branch Transmission Interruption Teams (BTIT) will be formed as well and will be trained to assess water and sanitation conditions at the household level and in critical public places such as markets, schools, soup kitchens and displaced population settlements, to identify possible sources of contagion and to implement hygiene promotion activities. Finally, HRC will conduct awareness campaigns, and handwashing demonstrations and will distribute prevention kits, home water treatment products, soap, hygiene kits and menstrual kits to families living high-incidence areas.

**Protection and Prevention**

*(Protection, Gender and Inclusion (PGI), Community Engagement and Accountability, Migration, Environmental Sustainability, Risk Reduction, Climate adaptation and recovery, Education)*

**PROTECTION, GENDER, AND INCLUSION (changes for the cholera response)**

Given the armed violence in the country, this Emergency Appeal contemplates the implementation of PGI interventions aimed to ensure the safety and well-being of both members of the National Society and vulnerable populations at community level.

**COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA) (changes for the cholera response)**

CEA strategy revolves around IFRC’s minimum standards of information sharing/transparency, participation, and complaints and response Mechanism. HRCS volunteers will be sensitised and mobilised to participate in awareness
campaigns to spread cholera prevention messages and in production and distribution of these messages via SMS, Twitter, Facebook, the HRCS website, radio, and “sound trucks”.

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

**Coordination and partnerships**

Given the complexity of the situation, and to enhance efforts, a harmonised response will be sought with other humanitarian actors present in the country. Coordination within the Movement will be carried out according to the IFRC Agenda for Renewal and aligned with the Movement Coordination for Collective Impact Agreement (Seville Agreement 2.0).

The Haiti Red Cross Society has established a coordination system consisting of weekly meetings with the partners of the Red Cross and Red Crescent Movement in Haiti, in order to ensure a real time follow-up for each sector, on the progress of the activities that are being implemented on the ground in terms of response to cholera.

Red Cross Red Crescent Movement partners in Haiti often call for protection of people’s lives and their dignity, as well as for the respect of health facilities, personnel, ambulances and of the Red Cross, its emblem, and its volunteers. Due to the situation of internal strife, ICRC through their dialogue with arm bearers, is promoting access for the whole Movement. ICRC operational footprint in Port-au-Prince since August 2021 focuses on protection and prevention as well as access to emergency health care services, in support of HRCS and in coordination with other Red Cross Movement partners as well as other actors.

**Shelter Cluster coordination**

**IFRC Secretariat services**

The Secretariat will provide support to HRCS for implementation of this Appeal, to keep it aligned with the policies, programmes and guidelines of the IFRC. This support will mainly be focused on Security, Coordination, information management (IM), Communications, PMER and deployment of rapid response personnel.

**National Society Strengthening**

This Emergency Appeal will support HRCS to provide quality services in a timely and safe manner, to the affected population. This emergency response considers HRCS volunteers who have also been affected by the earthquake and cholera outbreak as a target population. This comprehensive approach entails: visibility; protection through the IFRC insurance policy as well as PPE detailed in the health section; access to psychosocial support services (PSS) as detailed in the health section; and other support based on needs.

HRCS will identify the areas where National Society development is needed at the national and branch levels. This includes Organisational Capacity Assessment and Certification (OCAC) and follow-up on the Preparedness for Effective Response (PER).
The planned response reflects the current situation in Haiti and is based on the information available at the time of this Emergency Appeal revision. Details of the Operation will be updated through the Operational Strategy to be released in the coming days. The Operational Strategy will also provide further details on the Federation-wide approach, which includes response activities of all contributing Red Cross and Red Crescent National Societies.

**RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY**

**Haiti Red Cross Society (HRCS)**

**Core areas of operation**

<table>
<thead>
<tr>
<th>Number of staff:</th>
<th>170</th>
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<tr>
<td>Number of volunteers:</td>
<td>9,000</td>
</tr>
<tr>
<td>Number of branches</td>
<td>127</td>
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</tbody>
</table>

HRCS acts as an auxiliary to the government in the humanitarian field and is one of the main humanitarian organisations in the country, with 14 regional committees and 120 local committees and activities that cover a large part of the country. HRCS was a key player in the response to cholera from 2010 to 2019 and has worked closely with authorities at the national, regional and local levels. The National Society was honoured for its contribution to the major vaccination campaign during the ceremony marking three years cholera-free organised by MSPP in February 2021.

HRCS has well-trained and experienced staff and volunteers in the cholera response in various departments, who are ready to take part in awareness campaigns, epidemiological surveillance, vaccination, case management and WASH programmes. Since the recent confirmation of new cholera cases by the MSPP, the HRCS has carried out its first emergency meetings to establish an alert and surveillance system based on the MSPP requirements.

HRCS has also appointed a focal point to Haiti’s national water agency and to MSPP to ensure coordination. HRCS central office informed all regions in the country of the presence of cholera and asked them to participate in meetings on the topic with MSPP and to share reports on the evolution of cases at the regional level.

A total of 178 volunteers have been identified and trained on cholera awareness, to enhance sensitisation campaigns in the affected communities.

**IFRC Membership coordination**

The IFRC is providing support through:

- Strengthening the National Society capacity to respond to the cholera emergency through the mobilisation of surge personnel (WASH, Public Health in Emergencies (PHiE), Planning, Monitoring, Evaluation and Reporting (PMER))
• The Country Cluster Delegation (CCD) and Regional Office are providing technical advice and support to the National Society, ensuring that all the objectives and activities in the plans are well aligned with quality standards
• Trainings: CEA, CBS, Epidemic Control, WASH, Infection and Prevention Control (IPC) BTI, MHPSS, PGI.
• Movement partners are hosting coordination meetings and sharing information.

In partnership with the IFRC through this emergency appeal, the Netherlands Red Cross is supporting HRCS in the WASH sector and with the distribution of Cash in the communes of Charbonnière and Les Anglais, to reach 500 families.

The Canadian Red Cross Society has also provided equipment, transport and staff, and is supporting administrative costs for the Red Cross Emergency Hospital (CRF 1.54 million), facilitating immediate health needs of 5,682 people affected. This support also includes one-month deployments of a construction/shelter delegate and a health delegate for this operation as well as vehicle use as needed for HRCS.

With an in-country office since 2010, Swiss Red Cross is also supporting this Emergency Appeal and has deployed its logistics ERU. In coordination with IFRC, the joint HRCS-Swiss RC has distributed 650 multi-sector family kits in Nippes. Additional support to HRCS included a vehicle to support relief distributions.

The American Red Cross is supporting this Appeal as well, by putting financial and material resources at the disposal of HRCS. At the outset of this emergency, HRCS, American Red Cross and IFRC were implementing a two-year USAID BHA-funded disaster preparedness programme. During the emergency response, American Red Cross also provided funds and used pre-positioned stock for HRCS’s immediate actions in the aftermath of the earthquake.

Spanish Red Cross has been contributing kitchen kits, hygiene kits, jerricans and tarpaulins flown in by the Spanish Agency for International Development Cooperation (AECID) on 22 August 2021.

Red Cross Red Crescent Movement coordination

Following the closure of its office in Haiti in 2017, ICRC continued supporting HRCS from its Regional Delegation for Panama and the Caribbean until August 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 Port-au-Prince. For the earthquake response, ICRC has deployed three staff members in each rotation to support the effort, an RFL team leader, an 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 as well.

For the cholera response, the ICRC supports the HRC response plan especially in activities related to hygiene and infection prevention and control and keeping as a major concern the lack of access to water, and water treatment products, in the most vulnerable neighbourhoods of the capital under the influence of gangs’ activities such as Brooklyn and Grand Ravine. Due to its presence around the thematic of emergency health for the population living under gang control (e.g. Cité-Soleil), the ICRC supports the Haitian RC ambulance services and intends to foster access for the Haitian RC and its Movement partners in dangerous and volatile areas.
Explain the role of the Haitian Red Cross Society (HRCS) in the response to cholera.

The HRCS serves as an auxiliary of the public authorities and finds its role by accompanying state institutions. It participates periodically and continuously in coordination meetings and/or sectoral tables organized by the Ministry of Public Health and also by DINEPA, and is represented in the meetings organized by the various commissions by the focal points of the health sector and also the WASH sector of the Haitian Red Cross. The HRCS participates in the regular meetings of the virtual National Emergency Operation Center that supports the Ministry of Public Health and Population in the follow-up of prevention measures and procedures. The National Emergency Operation Center includes representatives from various relevant ministries in the country. The Red Cross assists the National Emergency Operations Center in making recommendations to the government to ensure an appropriate response to cholera.

To ensure adequate communication and collaboration with all key stakeholders involved in the country's Cholera response and to maintain a coordinated response, the HRCS holds regular technical coordination meetings with representatives of the Ministry of Health, WHO, OCHA and the Permanent Secretariat for Disaster Risk Management at the national level.
Contact information

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

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Reference

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