The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world’s largest volunteer-based humanitarian network, reaching 150 million people each year through our 187 member National Societies. Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to ‘saving lives and changing minds’.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.
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12 January 2010

A 7.0 magnitude earthquake strikes Haiti leaving 222,570 people dead, 300,572 injured and 2.3 million people displaced.

January 2010

The Red Cross Red Crescent immediately responds by deploying 21 Emergency Response Units (ERUs) including field hospitals, water treatment plants, logistic bases, portable operational centres, emergency telecommunication infrastructure and sanitation supplies.

Red Cross Red Crescent staff speaks with Monette Colestin, a resident of Tapis Rouge camp in Port-au-Prince, about her neighborhood’s selection for the Red Cross Red Crescent rental subsidy programme.
Welcome note

Millions of lives were shattered by the 2010 earthquake but the Haitian population has shown incredible resilience since then.

This report spans the Red Cross Red Crescent operations from January 2010 to November 2012, with a focus on the third year of operations. During the past 12 months, programmes have continued to support people to leave camps and regain their independence and the Red Cross Red Crescent has worked hand in hand with local communities to help them make decisions about their own future.

Responding to the diverse range of needs has required a flexible approach. Some people need money to help them move out of camps into nearby rental properties while others need vocational training or equipment to help them bring in incomes. Some communities need their local schools or health clinics to be rebuilt while others need access to clean water and more toilets in their neighbourhoods.

Whatever the priority, Red Cross Red Crescent recovery programmes have been directed by the local populations resulting in tailored support which can be managed and owned by communities in the years to come.

While recovery is under way, the continued presence of displacement camps in and around Port-au-Prince highlights the desperate situation for hundreds of thousands of people. The Red Cross Red Crescent is continuing to provide basic humanitarian assistance to the vulnerable populations in these camps and this work will continue in 2013.

Over the last three years, Red Cross Red Crescent support has helped thousands of people start to rebuild their lives but this is just the beginning. A safer, more secure Haiti will take years, even decades to achieve. The Haiti Red Cross Society will play a major role in this process by working through volunteers in local communities, helping to protect against future threats and disasters, and always ensuring the needs of the most vulnerable are not forgotten.

Dr. Michaèle Amédée Gédéon
President
Haiti Red Cross Society

Mr. Xavier Castellanos
Director of Zone for the Americas
International Federation of Red Cross and Red Crescent Societies

February 2010
The Red Cross Red Crescent assumes the coordination of the shelter/non-food items (NFI) cluster.

April 2010
The Red Cross Red Crescent water trucking operation reaches its peak through the provision of daily access to drinking water for 320,000 people.
A note on reading this report

This report presents a collective portrait of the Red Cross and Red Crescent plans, achievements and financial expenditure in response to the earthquake on 12 January 2010 in Haiti. It reflects a consolidated picture of the best available data obtained in Haiti and through the participation of Red Cross and Red Crescent National Societies and organizations around the world. This is the third Federation-wide public report in the proposed series of reports and presents the cumulative achievements of the Red Cross and Red Crescent since the earthquake.

The report consists of programmatic data, collected in Haiti, and financial data, collected from the headquarters of National Societies. Updated programmatic data was provided by 13 National Societies and the Federation’s secretariat for this report. The programme information and indicators illustrate the principal activities carried out during the relief and recovery phases of operations through to 31 October 2012, but do not reflect the full portfolio of each Federation member. The indicators and methodologies used to gather information on programmes will continue to be refined to reflect future phases of the operation.

The financial data reported as of 30 September 2012 shows an analysis of the funds received and expended for the operation in response to the earthquake. The financial information presented in each Federation-wide progress report is reflective of the number of National Red Cross and Red Crescent Societies reporting into it. For this third public report, 25 National Societies provided updated financial information. Six National Societies had already accounted for all their funds raised for the operation, therefore no updated data was requested from them. A further four Red Cross or Red Crescent Societies have not submitted updated data for this reporting period, and in all cases their most recent past submission of data was used. The report tries to also capture data regarding activities funded by the Red Cross and Red Crescent, but implemented through external partners.

As the methodologies continue to be refined, the definitions of some indicators might alter, which will lead to changes in the figures reported. For explanations of the methodology and definitions used in this report, please refer to Annexes 1 and 2.

International Federation of Red Cross and Red Crescent Societies (IFRC): refers to the Federation secretariat and all member National Societies, collectively. The term Red Cross Red Crescent is used interchangeably with IFRC. Note that this is different from the IFRC (International Federation of Red Cross and Red Crescent Societies), which is the umbrella organization that includes all member National Societies.
from ‘the International Red Cross and Red Crescent Movement’ which would include
the International Committee of the Red Cross (ICRC) in addition to the Federation
secretariat and member National Societies.

**Federation secretariat:** refers to the coordinating entity which represents the IFRC
members. In the earthquake response operation in Haiti – as in many other opera-
tions – the secretariat also performs an operational role in the implementation of
programmes. For the purpose of Federation-wide reporting, the secretariat must re-
port income, expenditure and the programme results of its operations in the field.

**External partner:** refers to a non-Federation member, including ICRC, United Na-
tions agencies, governments, foundations, universities, or other international or local
NGOs.

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**November 2010**
The Red Cross Red Crescent hands over the coordination of the
shelter/NFI cluster to UN Habitat.

**February 2011**
The Red Cross Red Crescent endorses a Federation-wide strategic framework
for Haiti with the overall vision of supporting the creation of safer and more resilient
communities.

**March 2011**
The Community Education and Awareness Training Centre of the Haiti Red Cross Society is officially set up.
Operational overview

Supporting Haitians to leave camps continued to be most important in 2012 and huge progress has been made. The camp population, once estimated to be as high as 1.5 million people, had reduced to 357,785 people by October 2012 according to the International Organisation for Migration (IOM). The Red Cross Red Crescent has played a significant role in this decline and has supported approximately 180,000 people to find safer, more secure housing.

The government-led 16/6 programme, with its focus on relocating families from six priority camps and facilitating the rehabilitation of 16 nearby districts, has also enabled thousands of people to leave their tents in some of the largest, most exposed camps in public places such as Champ de Mars, Maïs Gaté and Place Saint-Pierre.

The success of the 16/6 programme, co-implemented by the Red Cross Red Crescent, UN agencies and NGOs, demonstrates the advantage of government-led initiatives which enable the Haitian authorities to guide and coordinate the recovery process. The government of Haiti, while temporarily disrupted by changes in key roles, has further established itself in 2012 leading to a more stable government whose leadership role has gradually increased.

A new dedicated unit for housing and public building construction (UCLBP) has been set up, and improved coordination mechanisms, created and led by the government, have also been implemented. This includes the recently established coordination framework of the external assistance for the development of Haiti (CAED), which aims to encourage a permanent and regular dialogue between the government of Haiti and all partners engaged in Haiti’s recovery and development. The Red Cross Red Crescent will continue to collaborate with CAED and with government departments at all levels, from local mayors in neighbourhood recovery programmes through to national departments focused on relocation strategies, to ensure future work is aligned to government priorities.

However, as Haiti continues to grow in stability, and recovery and development programmes begin to have an effect, serious underlying vulnerabilities remain throughout the country. Many of these are prevalent in Haiti and date back years, even decades. A lack of jobs, dilapidated water and sanitation infrastructure and a struggling healthcare system have combined to leave Haitian communities susceptible to a multitude of dangers.
Cholera continues to pose a public health threat. Despite cases steadily declining, fears continue over the sudden increase in the number of occurrences of the disease seen during rainy periods and the lack of resources available to respond in the event of a major outbreak. The Red Cross Red Crescent continues to prioritise community-based prevention activities, mainly through hygiene promotion, while maintaining the capacity to respond in an emergency, particularly throughout the rainy and hurricane seasons.

The arrivals of Tropical Storm Isaac and Hurricane Sandy during 2012 reaffirmed the need to be vigilant, as severe rains battered parts of the country resulting in flooding, damage to water sources and an increase in the daily number of reported cholera cases. A sustained focus on disaster-preparedness activities throughout 2012, including continued stockpiling of emergency items around the country, ensured Red Cross Red Crescent teams were on hand to carry out assessments and to distribute relief items.

Building communities’ resilience remains at the heart of all Red Cross Red Crescent activities but it is also recognised that rising food prices, further exacerbated by the impact of Isaac and Sandy on the agricultural sector, are pushing many poor Haitians to remain dependent upon aid. Red Cross Red Crescent programmes continue to monitor the inflation levels affecting the cost of basic necessities and the potential increasing humanitarian needs if vulnerable families are forced further into poverty.
Long-term recovery

Haiti has been recovering from the devastating 2010 earthquake since the moment the disaster struck. Even in the immediate aftermath, when the critical priority was saving lives, Haitians, with the support of the international community, were striving to find long-term solutions to the problems they faced.

Three years later, all across Haiti, people continue to move forwards and improve their living conditions. Massive relocation programmes are supporting hundreds of thousands of people to leave behind the often-squalid camps, and renovation works are under way to help restore and rebuild local neighbourhoods. People are re-establishing their livelihoods, repairing their homes and cleaning up their communities.

With the vast majority of the original displaced population now living back in neighbourhoods, the Red Cross Red Crescent has expanded renovation work in targeted communities through its Integrated Neighbourhood Approach.

The overall aim is to improve living conditions and build stronger, more resilient communities throughout Haiti. But there is no universal blueprint for a strong, resilient community. While all need basic foundations such as safe housing, job opportunities and access to water and sanitation, there are countless variables which make each community unique. Only the people who live in a community truly know and understand the challenges and opportunities of life in their neighbourhood.

Building on the Haiti Red Cross knowledge of the local context and its network of volunteers, Red Cross Red Crescent programmes have worked closely with teams of local residents in 2012 to look at all the services a community needs to thrive. In addition to providing housing solutions and construction support, resources have also been dedicated to ensuring communities are better prepared to respond to disasters and providing basic health advice to help reduce the risk of illness.

May 2012
80th anniversary of the creation of the Haiti Red Cross Society.

July 2012
100% of transitional shelter commitments reached.

August 2012
Hurricane Isaac hits. Red Cross Red Crescent emergency preparedness triggered.
Violence Prevention, Mitigation and Response (VPMR)

Despite the recovery progress being made, violence and crime continue to have a negative impact on the lives and livelihoods of the most vulnerable segments of society. Violence prevention, mitigation and response strategies underpin the sustainability of the recovery operation in Haiti. The Red Cross Red Crescent has therefore sought to integrate VPMR across its programmes, in particular to address high levels of violence in urban settings. A community-based project called ‘Kote Trankil’ spearheaded by the Haiti Red Cross Society and launched in November 2012 aims to strengthen community resilience as well as offer protection for those most vulnerable to violence, such as women and children, youth and other marginalised or socially excluded groups. Some of the activities undertaken include:

- creating safe and inclusive community spaces and mobilising each community to promote a culture of non-violence and peace
- increasing capacity to identify and respond to protection needs and to prevent violence in affected communities
- raising awareness about violence prevention among communities, state institutions, the media and across Red Cross and Red Crescent Societies.

But while many Haitians are taking active steps towards rebuilding their lives, for the more than 357,000 people still living in camps, recovery remains obscured by the day-to-day struggle for the most basic human needs: food, water and safe shelter. For these people, basic emergency assistance is a necessity of life.

International support has receded dramatically over the last 12 months, and the result is a marked deterioration in the living conditions within the camps. In response, the Red Cross Red Crescent has been providing basic humanitarian assistance in a number of camps throughout 2012. This includes improving the security of emergency shelters by providing people with tools and materials such as wood, corrugated iron sheets and tarpaulins. Red Cross Red Crescent teams are also repairing and constructing toilets and showers and helping people treat and monitor their water supply.

Recovery is well under way in Haiti but the remaining needs are vast and varied. This inevitably means that some people will progress sooner than will others, but it is vital that nobody is left behind. We must not forget the most vulnerable in the race to recovery.
Ensuring people have safe places to live is at the centre of the Red Cross Red Crescent’s long-term recovery programmes.

By providing a variety of support options, including transitional shelters, rental or resettlement grants, house repairs and newly built permanent housing, initial Red Cross Red Crescent shelter targets have been exceeded in 2012. Over 35,000 families have been reached with shelter solutions, and plans have been expanded to reach an additional 5,000 families over the next years.

In 2012, Red Cross Red Crescent shelter support has increasingly focused on helping families to leave camps. Estimates suggest many members of the camp communities were renters or squatters before the earthquake and so cash grants, to help pay one year’s rent, have been provided to 5,732 families. A further 1,393 families have received financial support to help them relocate to the provinces.

Families decide where they will move to and grant recipients are encouraged to find their own properties and to lead the relocation process. Red Cross Red Crescent teams remain on hand to provide advice and support through a series of follow-up visits which also help to monitor peoples’ progress.
The long-term success of this support depends upon the ability of people to regain financial independence and generate income. To address this, a second livelihoods grant is also provided, complemented with professional training to increase job prospects, with the majority of families receiving a further 500 US dollars. The goal is to increase peoples’ financial stability so they can return to paying their own housing costs when the year-long support package comes to an end.

Initiated by the Red Cross Red Crescent in 2010, the camp relocation programme has developed over the years and the approach is now reflected in the government’s relocation strategy, as seen in the 16/6 programme. Red Cross Red Crescent provided substantial support to this strategy, particularly in camp Maïs Gaté where it supported over 2,000 families to leave, primarily through rental assistance.

The government has continued to guide camp relocation efforts in 2012, creating a list of 115 priority camps which are particularly vulnerable to hazards such as landslides and flooding. The Red Cross Red Crescent will work in 15 of these high-risk camps, providing rental and relocation support to help families leave.

To ensure families have safer, stronger communities to return to, in parallel to supporting camp relocations, Red Cross Red Crescent neighbourhood renovation projects are also expanding.

<table>
<thead>
<tr>
<th>Total number of households provided with safe and improved shelter solution</th>
<th>35,509</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households provided with a transitional or upgradable shelter</td>
<td>24,642</td>
</tr>
<tr>
<td>Number of households provided with a settlement or relocation grant</td>
<td>6,194</td>
</tr>
<tr>
<td>Number of households provided with permanent housing solution</td>
<td>4,673</td>
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</table>

<table>
<thead>
<tr>
<th>Volume of rubble removed</th>
<th>35,118 m³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume of rubble recycled</td>
<td>14,067 m³</td>
</tr>
</tbody>
</table>

CHF 220.2 million
Swiss francs spent on shelter programmes from January 2010 through September 2012
Joanitte Florestal, 48, recently moved into a rental property in Maïs Gaté, after two long years living in a tent in the nearby camp. For Joanitte, a single parent with little income, life was hard.

“My house was completely destroyed by the earthquake and I ended up living in Maïs Gaté camp,” she said. “Everything about living in the camp was hard: the heat, the mosquitos, the rain, everything,” she continued.

Towards the end of 2011, Red Cross Red Crescent teams working in the camp visited Joanitte and explained that they were carrying out a census to see who was living there. After finding a property to rent and receiving her resettlement grant, Joanitte moved into her new home.

“I feel more comfortable here; in the camp you always had to be watching your things to make sure they didn’t get taken,” she said.

Joanitte has also started to build her business, selling food and drinks in the street nearby.

“After I had paid my rent, I received my first grant which I used to buy stock for my business: things like soda and hot dogs. I sell regularly but don’t make much of a profit. With my next grant, I am going to build up the business even more and then save the money to pay my rent next year,” she said.
Working with government authorities at a national and municipal level, Red Cross Red Crescent activities are under way in several neighbourhoods, improving infrastructure and access to basic services. In partnership with resident committees, teams have mapped which houses can be rehabilitated and which must be demolished with architects recruited to provide technical expertise to the rebuilding process. Ravine and drainage construction, along with embankment protection, has helped communities begin to tackle the sanitation and health risks they face.

Red Cross Red Crescent teams have also supported the improvement of vital infrastructure: repairing schools; building marketplaces for local traders; and putting street-lights into public spaces to increase security and provide safe spaces where people can socialise. Utilising rubble for the benefit of communities has also increased with recycled rubble used to reinforce embankments and to make paving stones, drains and outdoor tables and chairs.

To help protect homes from future disasters, work is now under way in neighbourhoods to reinforce and strengthen existing walls and roofs and the Red Cross Red Crescent is also working with concrete-block manufacturers to improve the standard of local building materials.
Livelihoods

From the immediate aftermath of the earthquake through to the end of 2012, livelihoods support has consistently been stated as one of the main demands in both urban and rural communities throughout Haiti.

Over the last three years, Red Cross Red Crescent livelihoods interventions have evolved to meet the changing nature of the needs in Haiti. The programme began as a way of helping to relieve some of the immediate financial pressures people faced and giving them the space they needed to recover.

This includes Red Cross Red Crescent cash-for-work opportunities, which have offered a lifeline to thousands of Haitians whose livelihoods were damaged or destroyed by the earthquake. By the end of 2012, a total of 88,733 people had benefited from this support.

Financial support, primarily through cash grants, has also provided a critical injection of cash for 76,178 families. The majority of these grants were also unconditional, giving each family the independence to set their own priorities.

As Red Cross Red Crescent livelihoods activities have developed, noting the country’s slow economic recovery from the earthquake, the focus has gradually shifted to concentrate on longer-term projects which build skills, support the growth of small business and ultimately lead to further job creation.
Nearly three years after the earthquake, life is gradually getting back to normal in Delmas 9 and its surroundings. Sherley Clergé, wholesaler, and Christian Séide, bookseller, are smiling and content again. Having lost all their belongings during the earthquake, they had long felt helpless.

The Red Cross Red Crescent is working in Delmas 9, providing a variety of support through the Integrated Neighbourhood Approach. Both Sherley and Christian have benefited from a transitional shelter and have now received financial support to help boost their micro-businesses. With 28 other inhabitants of Delmas 9, they were provided specific livelihoods training over four weeks, tackling different aspects of entrepreneurship such as supply, stock, marketing and savings, and were assisted in the elaboration of their individual business plans. Every participant who, like Sherley and Christian, fully attended training sessions and built up a viable business plan received a conditional cash grant of 450 US dollars.

Sherley lives with her parents; she is a student in nursing and sells groceries like rice, cereals and condiments from her home. Thinking back to the 12 January 2010 earthquake, she thought she would have never managed to recover: “I do not know what I would have done without the Red Cross.”

Christian lives with his wife and four children in Delmas 9 and owns a small school-book shop downtown. Thanks to the cash grant, he managed to acquire some more books right in time before children went back to school. He is grateful for the help provided: “I thank the Red Cross because it gave me the opportunity to sustain my activity and sleep with a roof over my head.”
This includes increasing access to vocational training to help improve peoples’ future work prospects. Partnerships with government-recognised training institutions have been established offering a variety of courses including plumbing, masonry, carpentry, tailoring, cooking, cosmetics and beauty. Following the completion of training, the Red Cross Red Crescent is providing people with work kits which include the professional tools and equipment they will need to carry out their new trades. Over 33,293 people have been provided with equipment or training by the Red Cross Red Crescent to date.

Red Cross Red Crescent support to small and medium-sized enterprises is also under way with the aim of reaching nearly 150 businesses in 2013. This support is tailored to the individual needs of each business but specifically aims to help people gain access to loans and to support saving schemes. To encourage a more formal approach, business training is also being carried out with people learning how to write a basic contract or receipt, how to calculate salaries and prices, and how to improve client services. Case managers are also on hand to give personal business advice, looking at how people can develop their enterprises. The overall aim is to make the businesses more profitable and, as they develop and grow, to enable them to employ more people.

As part of the Red Cross Red Crescent livelihood programme, a fully-equipped bakery has been built in the town of Lilavois, Croix de Bouquets. Members of the community received training on bread and pastry making and now successfully run the business.
Water and sanitation

A strong and well-functioning water and sanitation system is essential to the well-being of any society but the task of addressing Haiti’s damaged, and in places non-existent, infrastructure is tremendous.

In the months following the earthquake, and with a cholera epidemic threatening the population, long-term infrastructure work could not be prioritised as emergency interventions took precedence.

However, with increasing numbers of people returning to local neighbourhoods and rural areas, water and sanitation support has now transitioned to help address the lack of services in communities.

Throughout 2012, the Red Cross Red Crescent has worked with local residents to help improve access to water and sanitation facilities by building and repairing water points, toilets and showers. As part of the Integrated Neighbourhood Approach, teams are also helping communities to build links with local authorities and service providers.

To date, 52,067 households have been provided with access to improved sanitation facilities and, for an estimated 80,211 households, drinking water is now more available. Improving access to water and sanitation for those living in Red Cross Red Crescent shelters, particularly transitional shelters, is also a priority. With limited land available for construction, finding locations which include access to water and which have space to build toilets or showers, has proved challenging. Red Cross Red Crescent teams are working with families to increase this access and this work will expand further in 2013.
Valsin Nicole shows the damage to her home from recent floods; every part of her house was flooded and her furniture covered with mud.

“When that happens,” she said, “you can only look at the rising water inside your home and try to save a few things, praying that it all stops soon.”

Valsin’s house is near the canal in Delmas 19, an area which is vulnerable to flooding with even the slightest bit of rain.

“Before the earthquake,” she said, “many houses were constructed over the canal, which prevented the flow of water considerably, especially when the rubbish built up.”

To start to address the water and sanitation needs of the community, and in particular to minimise the impacts of flooding, the Red Cross Red Crescent is building 302 metres of drainage canal in Delmas 19, employing local residents to work on the project.

Fleuranvil Luckner is one of 60 community members helping to build this channel.

“Most of the inhabitants are working for the first time in their lives. Men and women are cleaning, carrying materials and labouring; that personal commitment shows the motivation for it to be done quickly.”

In addition to the construction, people are encouraging each other not to block the canal by throwing rubbish into it. Committee members are now working with Red Cross Red Crescent teams to find longer-lasting waste management solutions in the zone.

“Building the canal was the best thing that could have happened to our community,” said Luckner. “We always thought we would live our whole lives in the mud. The Red Cross came and said ‘No’.”
But providing access to facilities is only half of the challenge. Haiti’s long-term recovery is dependent on ensuring communities can manage and maintain their own facilities. Red Cross Red Crescent is helping to set up and train local water and sanitation committees and 333 committees are already operating with plans to reach over 400 in the coming months and years.

Training local committees has been especially important in urban areas where families often dispose of human waste in ravines, leading to considerable health risks. While work to clear and rehabilitate ravines is ongoing, training in safer hygiene practices is also being carried out.

Empowering communities to take control of their own facilities is important but the future of Haiti’s water supply and its sanitation systems will ultimately reside in the hands of DINEPA, the Haitian water and sanitation department.

To help DINEPA strengthen its services, the Red Cross Red Crescent is investing significant financial, material and technical support. This includes the donation of specialist vehicles for water trucking and de-sludging toilets to help DINEPA reinforce its emergency operational capacity. The Red Cross Red Crescent is also providing water pipes and tools to help fix and extend the water network and over 40 water kiosks will be repaired or constructed with Red Cross Red Crescent support, improving access to water and creating job opportunities in local communities.

Building DINEPA’s capacity and transitioning services to local communities and committees are long-term projects and this work will continue in 2013.

While recovery projects continue to develop, the Red Cross Red Crescent remains committed to supporting the camp community, particularly in light of the ongoing cholera epidemic. Throughout 2012, water and sanitation support has been provided to thousands of people living in 15 particularly vulnerable camps with teams building and repairing toilets and showers and providing training to help people treat their drinking water and monitor its chlorine levels.
Cholera

Haiti has experienced the highest incidence of cholera recorded anywhere in the world, claiming the lives of over 7,000 people. While an overall decrease in the number of cases is reported, in part due to successful emergency interventions, the situation remains precarious.

Red Cross Red Crescent volunteers have continued to target communities country wide with cholera-prevention activities, disseminating health information to people in camps, schools, clinics and neighbourhoods and distributing soap and hygiene items. 897 volunteers have also received specific training in epidemic control, in order to help teams respond quickly to any new outbreaks.

Medical support has helped Haitian authorities respond to the epidemic and cholera treatment centres or units supported by the Red Cross Red Crescent have received over 38,000 patients. To help compensate for the decline in international humanitarian funding for the cholera response, the Red Cross Red Crescent is also supporting national health centres so they are equipped to deal with cases of cholera and acute diarrhoea as part of their standard services.

With cholera widespread in Haiti, support to the Haiti Red Cross Society to enable it to prevent and respond to further outbreaks is critical. Building on the water, sanitation and hygiene experience gained during the earthquake operation, and the National Society’s knowledge of the local context, a new, dedicated unit is being developed within the Haiti Red Cross Society. This unit will help reinforce Red Cross Red Crescent emergency cholera response capacity and also strengthen the National Society’s status as auxiliary to the public authorities.

In addition, a new coalition has been formed to help eliminate cholera from the island of Hispaniola. Bringing together the expertise of the Red Cross Red Crescent, World Bank, the Caribbean Community (CARICOM) and WASH Advocates, the coalition aims to support the governments of Haiti and the Dominican Republic in improving access to water and sanitation.
Healthcare

Even before the 2010 earthquake, national health services struggled to respond to the severity of health threats facing the Haitian population with diarrhoeal disease, malaria, HIV/AIDS and tuberculosis which affect millions of people.

The earthquake exacerbated the impact of these diseases and created additional health emergencies, putting even more people at risk and increasing the burden of the already under-resourced national health authorities.

Red Cross Red Crescent health programmes focus on helping communities prevent and manage a range of common illnesses and diseases while also providing institutional support to the national authorities, to help ensure people can access the medical care they need.

To date, 2,636,356 people have been reached with community health and first-aid services which help increase families’ knowledge of common health issues and, in turn, support them to adopt safer health practices.

Through its community-based approach, the Red Cross Red Crescent is empowering local volunteers to help spread health information in their own communities, teaching their neighbours how to prevent and manage common health problems. This work is carried out country wide, in earthquake-affected and non-earthquake-affected communities, recognising that many of the health risks facing the population are longstanding and require comprehensive responses.

Cholera prevention also forms a key component of hygiene-promotion activities with thousands of volunteers working to encourage safe hygiene through hand-washing.
monitoring of safe drinking water and distributions of soap and hygiene kits. In camps, aqua tabs and oral rehydration salts are given to families, and volunteers are on hand to refer people to cholera health facilities as needed. The Red Cross Red Crescent is also supporting camp committees in cleaning up their living environments by providing teams with overalls, shovels, brooms and other cleaning tools.

But changing the traditional health behaviours of entire communities takes time. While community-based health support is helping to create the foundations of a stronger, healthier society, the full impact of these activities may be visible only in the years to come.

Helping families to deal with the acute stress and trauma they have been exposed to is also an important part of Red Cross Red Crescent health support. Volunteers
In Saut-d’Eau in central Haiti, Red Cross Red Crescent volunteers are visiting local communities to help each family understand how they can prevent diseases such as cholera, malaria and HIV/AIDS.

As part of the Community-based health and first-aid programme (CBHFA), the volunteers are educating people on good hygiene practices to help them better understand and respond to the health threats they face.

For Jacqueline Moleus, 36, this information is especially important. With six people in her household, including several young children, knowing how to prevent the spread of harmful germs and bacteria could be life saving.

Volunteers shared simple tips with Jacqueline, highlighting the need to always wash your hands before eating and after using the toilet. They warned of the dangers from allowing pools of stagnant water to collect near the home where they can attract mosquitoes and increase the risk of malaria.

Jacqueline admits that there were a lot of things she hadn’t known or thought of before. For example, she always thought it was enough to just rinse the hands after using the toilet.

“Now I realise how important it is to use soap as well as water and how using soap actually protects us against germs and bacteria.”

With dumping of rubbish and disposal of human waste also causing massive health risks throughout Haiti, guidelines on waste management are also included in home visits to show people the link between poor waste management and the transmission of diseases.

The information and health tips provided are designed to be simple so that families can easily incorporate them into their day-to-day lives.

“Cholera is easy to catch but it is also easy to prevent,” said Jacqueline.
are providing psychosocial support to a variety of vulnerable groups, particularly children and young adults, offering counselling and carrying out workshops to help communities recognise and respond to the traumas they have faced.

To ensure the national health system is better equipped to respond to the country’s health needs, Red Cross Red Crescent programmes are also focused on providing institutional support. This includes the rebuilding of hospitals and health centres, providing financial support to health workers’ salaries, training healthcare professionals and increasing internship opportunities by working closely with national nursing schools. Four blood-donation collection centres have also been rehabilitated by the Red Cross Red Crescent.

Support to the national immunisation programme has also been provided in 2012, to help protect future generations from disease. Hundreds of Red Cross Red Crescent volunteers took to the streets in support of vaccination campaigns with volunteers going door to door and mass communications such as SMS and radio shows highlighting the importance of vaccination for children. More than three million children received polio, rubella and measles vaccines during the first round of the campaign.

A child in Ile de La Gonâve receives an oral vaccine as part of the national vaccination campaign.
Haiti is extremely vulnerable to natural disasters. Each year, heavy rains, flooding and landslides damage homes, livelihoods, roads and infrastructure and this was true once again in 2012 as Tropical Storm Isaac and Hurricane Sandy affected areas that are home to millions of people.

Relief items that were pre-positioned to reach around 26,000 families were in place country wide, and this meant that distributions were able to begin shortly after Tropical Storm Isaac hit land in August. Cholera and first-aid kits, along with kitchen sets, tarpaulins and blankets were swiftly put into the hands and homes of the most vulnerable.

With hurricane season far from over, Red Cross Red Crescent stocks were quickly replenished so, when Hurricane Sandy hit just weeks later, distributions could commence once again. In preparation for both emergencies, Red Cross Red Crescent sent hundreds of thousands of SMS messages providing simple tips on how to stay safe and urging people to listen for radio updates and prepare for strong winds and significant rainfall.

Although preparations helped minimise their impact, the effects of Isaac and Sandy will continue to be felt for many months to come with devastation to crops heightening the risk of an impending food crisis.
Marie-Chantal Pitaud, Disaster and Risk Management Coordinator of the Haiti Red Cross Society, has been waiting for official authorisation to begin evacuating families living in high-risk camps in Port-au-Prince. With Tropical Storm Isaac set to hit Haiti later that day, there is no time to lose.

As the volunteers launch into action, Marie-Chantal and her team visit emergency shelters – set up in schools, community meeting rooms and fire stations – to ensure they are ready to welcome people. “Our volunteers have been trained; they know what they have to do. I am confident they will be able to provide the assistance needed,” she says.

The day before, in anticipation of government approval, the Haiti Red Cross Society met with the International Organization for Migration (IOM) to plan the evacuation of vulnerable families in 18 of the most at-risk camps. The plan was to move around 1,000 people to 14 emergency shelters once the storm arrived.

With the green light given, Marie-Chantal takes charge of 62 specially trained Haiti Red Cross Society volunteers who begin to welcome and register camp evacuees as they arrive in the shelters. Psycho-social support volunteers are also on hand to help those arriving to cope with the situation.

And, as the last of the evacuees make it to the safety of the emergency shelters, it is just a couple of hours before the storm is due to strike. Eleven of the shelters are full and, working together, the Haiti Red Cross Society, IOM and Department for Civil Protection (DPC) have helped protect hundreds of the most vulnerable people from the threat of the storm.
Supporting communities to better prepare for, and cope with, the impact of future disasters, and reinforcing the Haitian national system for disaster risk management, are the two main pillars of all Red Cross Red Crescent disaster management programmes.

In 2012, the Red Cross Red Crescent has helped to set up community intervention teams, recognising that local residents will be the first to respond to any emergency. So far, 386 community response teams have been set up with support from the Red Cross Red Crescent and other partners. Teams receive training in first aid, disaster management for communities and evacuations and early-warning systems, including using flags and sirens to help warn neighbours. They are also trained in planning evacuation routes and identifying safe, nearby shelters.

To help address the increased risks for those living in camps, the Red Cross Red Crescent is also working with camp communities: carrying out disaster-preparedness activities and helping people reinforce emergency shelters ahead of hurricane season.

### Community-Based Disaster Preparedness Achievements

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community response teams set up and equipped</td>
<td>386</td>
</tr>
<tr>
<td>Community members trained in vulnerability and capacity assessment or community-based disaster management</td>
<td>5,502</td>
</tr>
<tr>
<td>Communities with a community disaster response plan in place</td>
<td>192</td>
</tr>
<tr>
<td>Camps or communities reached with awareness-raising activities on disaster risks</td>
<td>425</td>
</tr>
</tbody>
</table>

**Swiss francs spent on disaster preparedness programmes from January 2010 through September 2012**

CHF 12.6 million

As part of community-based disaster risk reduction activities, participatory games such as Tè Malé (Riskland) are used to raise awareness of natural hazards and how to minimise their consequences.
As an auxiliary to the government, the Haiti Red Cross Society also has an important role to play in supporting the Haitian national system for disaster management and will play a vital role in responding to any future disasters. The role of community-based intervention teams and the validity of early-warning systems are now officially recognised by the Haitian authorities and have been incorporated into national strategies and the Haiti Red Cross Society training centre is also producing educational materials in Creole and French, which have been approved by the Haitian authorities. Strengthening the national society’s disaster-response capacity, particularly within its 13 regional branches, has also been a priority in 2012. The National Society has replenished the prepositioned emergency stocks in all of its branches, improved its warehouses and trained regional staff and volunteers to better respond to floods, hurricanes and cholera.

To support large international disaster responses in future, the Red Cross Red Crescent is also advocating for improvements to the country’s legal framework. Working with the and international partners, the Red Cross Red Crescent has drafted a series of regulations and work is now under way to lobby for their implementation. The aim is to ensure that, when lives are at risk, the legal regulations are in place to support international aid reaching the most vulnerable, as quickly as possible.
A strong community offers more than just a safe place to live. It provides schools for children, clinics to monitor health and hospitals to treat loved ones when they are sick. The 2010 earthquake tore many of these buildings apart, leaving structures unsafe and unusable.

To help the national authorities provide the fundamental services needed in communities, the Red Cross Red Crescent has been supporting the rehabilitation and rebuilding of schools, hospitals and clinics.

Where possible, this work has focused on strengthening and rebuilding existing structures or providing the vital equipment needed to help them re-open, such as school benches for children to sit on and medical supplies for health centres. Community buildings have also been constructed or repaired to ensure all those using them will have access to safe water and adequate toilets.

Where services could not be repaired, the Red Cross Red Crescent has begun construction to build a number of new clinics, hospitals and schools. To date, the Red Cross Red Crescent has supported 45 schools which provide education for an
estimated 6,909 schoolchildren. A further 23 clinics or hospitals have been supported; these have the potential to provide vital health services for up to 1,674,720 people in nearby areas. Work will continue in 2013, reaching a total of 64 schools and 31 clinics or hospitals.

The Red Cross Red Crescent is also helping health-service providers improve their services by offering organisational and management support including help to set up administrative systems, along with financial support to help pay health professionals’ salaries.
Beneficiary communications

Over the last three years, the beneficiary communications programme has provided life-saving information on a wide variety of topics, from health, hygiene and cholera to weather alerts and hurricane-preparedness tips. It has also evolved and increased its focus on two-way communications as a way of giving Haitians a voice, ensuring their needs and opinions are represented in the recovery process.

Throughout 2012, Radyo Kwa Wouj, the Red Cross Red Crescent radio show, has run two shows a week and, by the end of October, had answered over 1,700 callers’ questions live on air. SMS has also continued to share vital health and disaster-preparedness information across the country with over 87 million SMS messages sent since January 2010.

Allowing beneficiaries to ask questions about the services provided by the Red Cross Red Crescent is also a critical function of the beneficiary communications programme in Haiti. The questions and complaints phone line has received around 6,000 calls in 2012 and has proved particularly helpful for the camp relocation programme, helping beneficiaries understand their shelter options before taking decisions which will affect their long-term futures.

In May 2012, Telefon Kwa Wouj, a free interactive information line, was launched. The line provides recorded information covering topics such as health, disaster prevention and preparedness, and Red Cross Red Crescent services. Between its launch on 28 May and 31 October, the system received more than 620,000 calls.

The advances in beneficiary communications which have been developed in Haiti over the last three years will have a global impact for the Red Cross Red Crescent. Already, innovations including the SMS system are being replicated in other countries, helping to provide life-saving information and supporting programmes to be accountable to their beneficiaries.
Looking ahead

The long-term recovery and development of Haiti will not be a dramatic transformation. It will be a gradual evolution taking many decades and, while supported by donors and the international community, it will be driven and owned by Haitians.

It is impossible to predict what 2013 will hold but both cholera and weather-related disasters loom large on Haiti’s landscape. While recovery is starting to take hold in communities across the country, many are still extremely vulnerable to future emergencies. The undeniable truth is that there is a significant probability of a major cholera emergency, potentially heightened by the impact of a tropical storm or hurricane, during the next 12 months. The Red Cross Red Crescent is helping communities prepare for this eventuality while at the same time ensuring emergency-response capacity is maintained, particularly in light of the decreasing humanitarian resources available in Haiti.

The impact of any future emergencies will be acutely felt by those still living in camps. Red Cross Red Crescent teams will stay vigilant to the needs of the vulnerable camp populations and basic humanitarian assistance to targeted camps will carry on throughout 2013. The challenge of how to help those living in some of Haiti’s largest camps and how to prevent them from becoming long-term settlements, shanty towns or slums, is one which weighs heavily on all those supporting Haiti’s recovery. As national reconstruction plans for Port-au-Prince are developed, the Red Cross Red Crescent remains committed to working collectively with the government and

Mona Delva, a former resident of Mab Gâté camp, received rental and livelihoods grants from the Red Cross Red Crescent. She now supports her family by selling groceries and small household items.
other partners to find long-term solutions which will help families leave camps for safer homes and neighbourhoods. Supporting people to leave camps must continue to be the humanitarian priority and will require a multilateral effort, along with an increased focus on rebuilding Port-au-Prince as the centre of economic activity. Creating jobs and helping families back into work will be fundamental to ensuring Haiti emerges on a stronger and more prosperous path.

As earthquake-response programmes conclude in the coming months and years, and the presence of international Red Cross Red Crescent Societies in Haiti declines, there will be increasing demands placed upon the Haiti Red Cross Society. In 2013, the development of the National Society will be an essential part of the Red Cross Red Crescent programme. Through dedicated management and logistical support, the Haiti Red Cross regional branches will be strengthened, recognising that vulnerabilities must be addressed country wide; recovery cannot be focused only on Port-au-Prince.

The Haiti Red Cross Society headquarters will also continue to be developed, after the original building was completely destroyed by the earthquake. The new headquarters will provide a central working space and will house a blood bank, the ambulance service, the training centre and warehousing.

With the help of the International Federation of Red Cross and Red Crescent Societies, the Haiti Red Cross Society will emerge even stronger as it continues to carry out its mission to prepare for, respond to, and mitigate future disasters in a country that is the least developed and most vulnerable to disasters in the entire region.

**Lessons for future disasters**

The response to the earthquake in Haiti was the largest single-country response in Red Cross Red Crescent history and remains one of our largest programmes in the world. The devastation caused by the earthquake, much of it in massively overpopulated areas such as Port-au-Prince, coupled with the country’s long-standing vulnerabilities, created a unique disaster the like of which humanitarian organisations have never known before.

Over the last three years, huge strides have been made in recognising and better understanding how to provide humanitarian assistance in an urban context such as Haiti with programmes continually adapting to the context-specific challenges and opportunities faced.

This has included identifying the need to take an integrated approach when working in neighbourhoods, recognising that providing a safe place to live is about more than just a home and includes an equal focus on access to schools, water and sanitation, and job opportunities. Efforts to overcome challenges relating to land ownership included building mobile housing units which could be repositioned if needed. New and emerging technologies have also been utilised to increase Red Cross Red Crescent accountability to beneficiaries with SMS, free phone information lines and dedicated complaints mechanisms implemented. Bar-code technology has helped speed up distributions and the need to integrate violence prevention into all programmes, right from the emergency stages, has also been clear.

Work is now being carried out to capture this learning, to evaluate the impact of programmes and to determine ways to improve how the Red Cross Red Crescent functions, with a particular focus on the urban environment. This will expand in 2013, resulting in an independent analysis which will help to inform future emergency response and recovery operations in similarly complex environments.
Programmatic analysis

Table 1 is a summary of the Red Cross Red Crescent’s collective performance data on the earthquake operation in Haiti. It reports cumulative data from the start of the operation to 31 October 2012, unless otherwise indicated.

Table 1. Analysis of programmatic performance indicators

Figures represent progress achieved up to 31 October 2012.

### Relief distributions

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Estimated number of households provided with at least one type of essential non-food relief item</td>
<td>226,030</td>
</tr>
<tr>
<td>1b</td>
<td>Total number of households provided with additional relief items</td>
<td>6,818</td>
</tr>
<tr>
<td>2</td>
<td>Total number of households provided with at least one hygiene kit</td>
<td>193,720</td>
</tr>
<tr>
<td>3</td>
<td>Total number of households reached with emergency cash distributions</td>
<td>1,839</td>
</tr>
<tr>
<td>4</td>
<td>Total number of households provided with food assistance</td>
<td>195,160</td>
</tr>
</tbody>
</table>

### Healthcare

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Total number of patients treated in Red Cross Red Crescent emergency healthcare facilities</td>
<td>229,977</td>
</tr>
<tr>
<td>6</td>
<td>Total number of communities that have developed a community- based health and first-aid plan of action based on identified priorities</td>
<td>107</td>
</tr>
</tbody>
</table>
| 7       | Total number of people reached by community-based health and first-aid services  

*Disaggregated by category of service*²

- Maternal, newborn and child health
- HIV prevention
- Anti-stigma messages
- Prevention of malaria, dengue and other vector-borne diseases
- Training in community-based first-aid
- Psychosocial support activities
- Other services (mainly general health promotion)

<table>
<thead>
<tr>
<th></th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal, newborn and child health</td>
<td>182,782</td>
</tr>
<tr>
<td>HIV prevention</td>
<td>566,903</td>
</tr>
<tr>
<td>Anti-stigma messages</td>
<td>300,217</td>
</tr>
<tr>
<td>Prevention of malaria, dengue and other vector-borne diseases</td>
<td>370,187</td>
</tr>
<tr>
<td>Training in community-based first-aid</td>
<td>5,105</td>
</tr>
<tr>
<td>Psychosocial support activities</td>
<td>361,602</td>
</tr>
<tr>
<td>Other services (mainly general health promotion)</td>
<td>1,413,072</td>
</tr>
</tbody>
</table>

| 8 | Total number of Haiti Red Cross Society volunteers trained in epidemic control | 897 |

### Cholera response

| 9 | Total number of cholera treatment centres or units supported by the Red Cross Red Crescent at the end of the reporting period | 7 |
| 10 | Total number of patients hospitalized in the cholera treatment centres and units supported by the Red Cross Red Crescent | 38,475 |
| 11 | Total number of oral rehydration points operated by the Red Cross Red Crescent at the end of the reporting period | 202 |

### Blood services

<p>| 12 | Total number of blood collection centres newly built or rehabilitated |</p>
<table>
<thead>
<tr>
<th></th>
<th>Completed</th>
<th>Under construction</th>
<th>In a planning phase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

|  | Total number of blood collection centres to be newly built or rehabilitated | 7 |

---

1. The programmatic information in this report reflects contributions from Red Cross and Red Crescent National Societies and organizations working in Haiti as well as from the IFRC’s secretariat which is conducting relief and recovery operations on behalf of 104 Red Cross and Red Crescent National Societies. The Red Cross and Red Crescent National Societies and organizations that have provided data for the programmatic performance section of this report are: American Red Cross, British Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Haiti Red Cross Society, Italian Red Cross, Luxembourg Red Cross, Norwegian Red Cross, Spanish Red Cross, Swiss Red Cross, the Canadian Red Cross Society, and the Netherlands Red Cross.

2. The sum of the disaggregated figures is not equal to the total number of people reached by community-based health and first-aid services. This is because one person might receive more than one service from the Red Cross Red Crescent, but in the total number of people reached each person is counted only once.
### Water and sanitation

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Total number of people provided with daily access to drinking water at the peak of the emergency operation</td>
<td>317,480</td>
</tr>
<tr>
<td>14</td>
<td>Total amount of drinking water distributed (emergency set-up)</td>
<td>1,232,001,470 litres</td>
</tr>
<tr>
<td>15</td>
<td>Estimated number of households with increased availability of drinking water through the rehabilitation of water systems and/or creation of new improved water sources</td>
<td>80,211</td>
</tr>
<tr>
<td>16</td>
<td>Total number of water systems newly constructed or rehabilitated</td>
<td>18</td>
</tr>
<tr>
<td>17</td>
<td>Total number of water points newly constructed or rehabilitated</td>
<td>5,635</td>
</tr>
<tr>
<td>18</td>
<td>Total number of households provided with access to an improved sanitation facility</td>
<td>52,067</td>
</tr>
<tr>
<td>19</td>
<td>Total number of improved sanitation facilities newly built or rehabilitated</td>
<td>19,779</td>
</tr>
<tr>
<td>20</td>
<td>Total number of water and sanitation committees set up and trained³</td>
<td>333</td>
</tr>
<tr>
<td>21</td>
<td>Total number of people reached through hygiene promotion activities</td>
<td>5,584,605</td>
</tr>
</tbody>
</table>

### Shelter

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
<th>Planned</th>
<th>Reached⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Total number of households provided with emergency shelter materials</td>
<td>179,645</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Total number of host families provided with cash or voucher assistance for shelter enhancement</td>
<td>7,690</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Total number of households reached with tarpaulin replacement</td>
<td>67,571</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total number of households reached with reinforcement/improvement of emergency shelter</td>
<td>6,077</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total number of households provided with safe and improved shelter solution Disaggregated by type of shelter solution</td>
<td></td>
<td>40,820</td>
<td>35,509</td>
</tr>
<tr>
<td></td>
<td>Total number of households provided with a transitional/upgradable shelter</td>
<td>25,225</td>
<td>24,642</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of households provided with a settlement/relocation grant</td>
<td>9,999</td>
<td>6,194</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of households provided with permanent shelter</td>
<td>5,596</td>
<td>4,673</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; House repair</td>
<td>4,422</td>
<td>4,067</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Permanent house</td>
<td>1,174</td>
<td>606</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Total number of community members trained in shelter activities</td>
<td>25,463</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Total number of shelter beneficiary households with access to an improved sanitation facility</td>
<td>21,883</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Total number of shelter beneficiary households with access to improved water source</td>
<td>11,504</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Volume of rubble removed</td>
<td>35,118 cubic metres</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Volume of rubble recycled</td>
<td>14,067 cubic metres</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

³ In some camps or communities there are separate committees for the management of water and sanitation facilities. If there is both a water and a sanitation committee in the same community, these are counted as two committees.

⁴ The number of households reached with safe and improved shelter solution captures the households that moved into a transitional/upgradable shelter, permanent shelter, or received a settlement or relocation grant to support them in finding a self-sheltering solution.
## Community and social infrastructure

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Completed</th>
<th>Under construction</th>
<th>In a planning phase</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Total number of schools newly built, rehabilitated, equipped or strengthened</td>
<td>26</td>
<td>6</td>
<td>13</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Newly built or rehabilitated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equipped or strengthened</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total number of schools to be newly built, rehabilitated, equipped or strengthened</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Estimated catchment population of newly built, rehabilitated, equipped or strengthened schools</td>
<td>6,909</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Total number of clinics or hospitals newly built, rehabilitated, equipped or strengthened</td>
<td>21</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Newly built or rehabilitated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equipped or strengthened</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Total number of clinics or hospitals to be newly built, rehabilitated, equipped or strengthened</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Estimated catchment population of newly built, rehabilitated, equipped or strengthened hospitals or clinics</td>
<td>1,674,720</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Total number of other community buildings and infrastructure newly built or rehabilitated</td>
<td>4</td>
<td>1</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of other community buildings and infrastructure to be newly built or rehabilitated</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Livelihoods

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>Total number of households that have received livelihood support grants, loans or other forms of financial support</td>
<td>78,537</td>
<td>76,178</td>
</tr>
<tr>
<td></td>
<td>Earthquake-affected family</td>
<td></td>
<td>58,410</td>
</tr>
<tr>
<td></td>
<td>Host family</td>
<td></td>
<td>17,768</td>
</tr>
<tr>
<td>38</td>
<td>Total number of children who received grants for the payment of school fees and other educational expenses during one school year (2010-2011)</td>
<td>17,898</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Total number of people trained and/or provided with necessary equipment to provide relevant services in their communities</td>
<td>33,293</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Total number of small and medium enterprises provided with training, equipment or financial support</td>
<td>148</td>
<td>90</td>
</tr>
<tr>
<td>41</td>
<td>Total number of people supported through the provision of short-term employment opportunities - cash-for-work activities</td>
<td>88,733</td>
<td></td>
</tr>
</tbody>
</table>
### Disaster preparedness and risk reduction

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Total number of households covered by pre-positioned non-food relief stock for Haiti</td>
<td>26,127&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>43</td>
<td>Total number of communities with a community disaster response plan in place</td>
<td>192</td>
</tr>
<tr>
<td>44</td>
<td>Total number of community members trained in vulnerability and capacity assessment or community-based disaster management</td>
<td>5,502</td>
</tr>
<tr>
<td>45</td>
<td>Total number of community response teams set up and equipped</td>
<td>386</td>
</tr>
</tbody>
</table>

#### Disaggregated by target population

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Total number of camps or communities reached with mitigation micro-projects</td>
<td>128</td>
</tr>
<tr>
<td></td>
<td>Disaggregated by target population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temporary camps</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Communities in high-risk areas</td>
<td>61</td>
</tr>
<tr>
<td>47</td>
<td>Total number of camps or communities reached with awareness-raising activities on disaster risks</td>
<td>425</td>
</tr>
<tr>
<td></td>
<td>Disaggregated by target population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temporary camps</td>
<td>117</td>
</tr>
<tr>
<td></td>
<td>Communities in high-risk areas</td>
<td>308</td>
</tr>
<tr>
<td>48</td>
<td>Total number of Haiti Red Cross Society regional branches with strengthened capacity for risk and disaster management&lt;sup&gt;6&lt;/sup&gt;</td>
<td>13</td>
</tr>
</tbody>
</table>

**Disaggregated by the following:**
- with a contingency plan in place: 13
- have participated in a simulation exercise: 4
- supported with reliable access to electricity and internet: 2
- with operational radio station in place: 13

### Strengthening the Haiti Red Cross Society

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>Total number of Haiti Red Cross Society regional branches rebuilt or rehabilitated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Under construction</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>In a planning phase</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total number of Haiti Red Cross Society regional branches to be rebuilt or rehabilitated</td>
<td>6</td>
</tr>
<tr>
<td>50</td>
<td>Total number of Haiti Red Cross Society local committees strengthened or rebuilt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Under way</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>In a planning phase</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total number of Haiti Red Cross Society local committees to be strengthened or rebuilt</td>
<td>20</td>
</tr>
</tbody>
</table>

---

5. Some of the pre-positioned stocks have already been used to respond to smaller-scale disasters; however, a precise record of these items used is not available. Therefore, the reported figures do not accurately capture the number of households that could be assisted with the current stocks. Efforts will be made to strengthen the capacity to maintain an updated inventory of all available stocks in the future.

6. The sum of the disaggregated figures is not equal to the total number of Haiti Red Cross Society regional branches with strengthened capacity for risk and disaster management. This is because one branch might meet more than one of the criteria, but in the total number of regional branches with strengthened capacity each branch is counted only once.
# Programme support and coordination

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>Total number of Red Cross Red Crescent expatriate staff in Haiti at the end of the reporting period</td>
<td>194</td>
</tr>
<tr>
<td>52</td>
<td>Total number of Red Cross Red Crescent national staff in Haiti at the end of the reporting period</td>
<td>2,360</td>
</tr>
<tr>
<td>53</td>
<td>Total number of project, programme and operations evaluations in Haiti</td>
<td>Planned: 77</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Under way: 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Undertaken: 48</td>
</tr>
<tr>
<td>54</td>
<td>Total number of Red Cross Red Crescent National Societies or organizations operating in Haiti at the end of the reporting period</td>
<td>13</td>
</tr>
<tr>
<td>55</td>
<td>Total number of Red Cross Red Crescent National Societies or organizations supporting the Haiti operation with people, cash or in-kind</td>
<td>126</td>
</tr>
</tbody>
</table>

7. A list of these 126 Red Cross and Red Crescent National Societies and organizations is included as Annex 3 in this report.
The International Federation of Red Cross and Red Crescent Societies (IFRC)\(^1\) has raised a total of 1,224.2 million Swiss francs in support of its response operation in Haiti.\(^2\) As of 30 September 2012, 741 million Swiss francs, or 60.5 per cent of the total income, has been spent for relief and recovery operations in Haiti. Additionally, an estimated 55 million Swiss francs were projected to be spent in the last three months of 2012.

Figure 2 reflects spending by programme area through to 30 September 2012.\(^3\) The largest amounts spent by the Red Cross Red Crescent are in the areas of shelter (220.2 million Swiss francs), relief assistance (131.3 million Swiss francs) and programme support and coordination (123.4 million Swiss francs). The amount spent on cholera response (CHF 13.7 million) does not necessarily capture the overall expenditure of the Red Cross Red Crescent on cholera response, but is the amount that has been spent on cholera related activities from earthquake response funds.

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1. The financial information in this report combines unaudited data from 35 independent National Societies (listed below) and the IFRC’s secretariat, which is conducting Haiti relief and recovery operations on behalf of 104 National Societies which contributed directly to its Haiti appeal. The financial data for this report was provided by the following Red Cross and Red Crescent National Societies and organizations: American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross – Flanders, Belgian Red Cross – French community, British Red Cross, Colombian Red Cross Society, Costa Rican Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Haiti Red Cross Society, Icelandic Red Cross, Italian Red Cross, Luxembourg Red Cross, Norwegian Red Cross, Red Cross Society of China – Hong Kong branch, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, the Canadian Red Cross Society, the Netherlands Red Cross, and the Republic of Korea National Red Cross. Six other National Societies (Chilean Red Cross, Irish Red Cross, Mexican Red Cross, New Zealand Red Cross, Qatar Red Crescent Society, and the Thai Red Cross Society) had already spent all their income for the operation, therefore no updated data was requested from them. A further four National Red Cross and Red Crescent Societies (Red Crescent Society of the United Arab Emirates, Red Cross Society of China, Slovak Red Cross and Turkish Red Crescent Society) have not given updated data during this reporting period, and therefore their data has been included to the extent of their past submission covering income, expenditure and projections as of 28 February 2010 (first round), 31 March 2011 (third round), 30 September 2011 (fourth round) or 31 March 2012 (fifth round).

2. Financial reporting was received in local currencies and converted to Swiss francs, which is the statutory currency of the IFRC. The foreign exchange rates used were derived in the following way: the exchange rate to translate income is the weighted average of IFRC income receipts from 13 January through 30 September 2012; the exchange rate to translate expenditure is the average rate from 13 January through 30 September 2012, and the rate as of 30 September 2012 is used for projected expenditure. The summary table of rates used is included in the financial reporting methodology notes, annexed to this report.

3. Financial reporting has been restricted to 12 categories. Each Red Cross or Red Crescent National Society and organization has its own unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the Red Cross Red Crescent Societies and organizations were simplified into the 12 categories shown in Figure 2. For definitions and a detailed list of these categories, see the financial reporting methodology notes, annexed to this report.
Figures 3.1 and 3.2 reflect how the expenditure is split among the IFRC’s secretariat, the 35 Red Cross and Red Crescent National Societies and organizations reporting financial figures, as well as other partners outside the IFRC. The majority of the expenditure is carried out by Red Cross and Red Crescent National Societies and organizations, while the IFRC also coordinates relief and recovery efforts through other actors to avoid unnecessary duplication or gaps in the provision of assistance. The percentage of assistance delivered through these external agencies is 22 per cent.

4 The expenditure of four Red Cross and Red Crescent National Societies that have not given updated data during this reporting period has been included to the extent of their past submission covering expenditure up to 28 February 2010 (first round), 31 March 2011 (third round), 30 September 2011 (fourth round) or 31 March 2012 (fifth round).

5 The costs of Emergency Response Units (ERUs) are reflected in Partner National Society expenditures. In-kind expenditure distributed by the IFRC’s secretariat is attributed to the source Partner National Society. This adjustment during the consolidation of figures reduces the actual expenditures attributed to the IFRC’s secretariat by approximately CHF 4.8 million.
Several Red Cross and Red Crescent National Societies and organizations report that Haiti relief and recovery programming will continue through to the end of 2013, with some members indicating that programming will continue into 2015 and possibly longer. Estimated spending projections are shown in Figure 4, Table 1 and Figure 5.

Figure 4. Red Cross Red Crescent expenses and forecast combined (2010 to 2015+)
in millions of Swiss francs (CHF)

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Jan 2010</td>
<td>52.2 M</td>
</tr>
<tr>
<td>28 Feb 2010</td>
<td>273.1 M</td>
</tr>
<tr>
<td>30 Sep 2010</td>
<td>568.0 M</td>
</tr>
<tr>
<td>30 Sep 2011</td>
<td>741.0 M</td>
</tr>
<tr>
<td>30 Sep 2012</td>
<td>801.4 M</td>
</tr>
<tr>
<td>31 Dec 2012</td>
<td>1,035.3 M</td>
</tr>
<tr>
<td>31 Mar 2012</td>
<td>1,119.2 M</td>
</tr>
<tr>
<td>31 Dec 2013</td>
<td>1,220.1 M</td>
</tr>
</tbody>
</table>

Figure 5. Red Cross Red Crescent expenses and projected expenditure per category

- Shelter: 26.3%
- Cash: 20.6%
- Programme support and coordination: 13.8%
- Health: 9.5%
- Water and sanitation: 5.1%
- Livelihoods: 5.1%
- Disaster preparedness and risk reduction: 3.2%
- Community and social infrastructure: 2.6%
- Relief Assistance: 1.0%
- Food: 0.8%
- Non-food: 0.2%
- Capacity building: 0.1%

6 Financial reporting for this consolidated report has been restricted to a six-year time frame, although some Red Cross and Red Crescent National Societies and organizations project expenditure beyond that date. For purposes of consolidating financial figures, Red Cross and Red Crescent National Societies and organizations were requested to adapt their plans to the time frame shown in Figure 4.

7 The forecasts portrayed in this report are not to be considered as formal commitments, but estimated allocations that are still likely to be adjusted as details of plans and budgets in certain programme areas become available.
Table 1. Red Cross Red Crescent expenses and projected expenditure by year and by category (2010 to 2015+)

in million Swiss francs (CHF)

<table>
<thead>
<tr>
<th>Programme area</th>
<th>Actual expenditure</th>
<th>Forecast</th>
<th>Total (Expenditure + forecast)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Until 30 September 2012</td>
<td>Last quarter of 2012</td>
<td>2013</td>
</tr>
<tr>
<td>Cholera response</td>
<td>13.7</td>
<td>0.9</td>
<td>0.4</td>
</tr>
<tr>
<td>Water and sanitation</td>
<td>74.2</td>
<td>5.3</td>
<td>24.1</td>
</tr>
<tr>
<td>Health</td>
<td>97.7</td>
<td>6.7</td>
<td>28.9</td>
</tr>
<tr>
<td>Shelter</td>
<td>220.2</td>
<td>12.9</td>
<td>61.9</td>
</tr>
<tr>
<td>Relief — Food</td>
<td>58.9</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Relief — Non-food</td>
<td>61.2</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Relief — Cash</td>
<td>11.2</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Community and social infrastructure</td>
<td>6.4</td>
<td>5.5</td>
<td>25.7</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>37.1</td>
<td>3.5</td>
<td>10.2</td>
</tr>
<tr>
<td>Disaster preparedness and risk reduction</td>
<td>12.6</td>
<td>3.8</td>
<td>21.5</td>
</tr>
<tr>
<td>Capacity building</td>
<td>24.4</td>
<td>3.8</td>
<td>7.1</td>
</tr>
<tr>
<td>Programme support and coordination*</td>
<td>123.4</td>
<td>17.7</td>
<td>52.1</td>
</tr>
<tr>
<td>Total</td>
<td>741.0</td>
<td>60.4</td>
<td>233.9</td>
</tr>
<tr>
<td>Unallocated balances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The category of programme support and coordination includes the following expenses: operations support and assessment (staffing or transport) if not included in other categories; headquarters and field management and staff costs such as local or international staff expenses; planning, reporting staff and associated costs like workshops and trainings; monitoring and evaluation (surveys or assessments) and other quality and accountability activities; communications and advocacy staff, publications; human resources – recruitment and support; logistics functions; coordination and direction; accounting, audit and other financial services; cross-cutting themes such as gender, environment, sustainability, beneficiary participation and risk reduction; fund-raising costs and donations processing; head-office costs (service fees and similar); other indirect support; and foreign exchange losses and gains.
Psychosocial support volunteers of the Haiti Red Cross Society carry out recreational activities for children affected by the earthquake.
Annex 1. Notes and methodology regarding the programmatic progress indicators

The following is a summary of the methodology used for programmatic progress indicators.

**Relief distribution**

1a. Estimated number of households provided with at least one type of essential non-food relief item

A household is counted as provided with when it has received at least one out of the following six non-food relief item categories:

a) kitchen set  
 b) a hygiene kit  
 c) two blankets  
 d) a bucket  
 e) two jerry cans  
 f) two mosquito nets

1b. Total number of households provided with additional relief items

A household is counted as provided with when it has received an additional non-food item that is not covered in indicator 1a. For example, baby kits are included in this category.

2. Total number of households provided with at least one hygiene kit

A household is counted as provided with when it has received at least one hygiene kit.

3. Total number of households reached with emergency cash distributions

A household is counted as reached when it has received at least one cash distribution. Emergency cash is cash which is provided during the first 12 months of the earthquake relief operation. This does not include cash assistance to host families for shelter enhancement. Longer-term cash support for livelihoods is not included here either since it is separately reported within the livelihoods sector (indicator 37).

4. Total number of households provided with food assistance

A household is counted as provided with when a member of the household has received food assistance at least once. Food assistance is supplementary food for an emergency situation, normally distributed only once to a household.

**Healthcare**

5. Total number of patients treated in Red Cross Red Crescent emergency healthcare facilities

This includes the number of people who have received treatment in the Red Cross Red Crescent mobile units, fixed clinics or field hospitals during the relief and early recovery phase. This indicator does not cover the patients treated in permanent clinics or hospitals which were built or renovated by the Red Cross Red Crescent.

6. Total number of communities that have developed a community-based health and first-aid plan of action based on identified priorities

This includes each community that has developed a community-based health and first-aid plan based on discussions about the priorities of the community. The word
‘community’ is generally defined in the Red Cross Red Crescent as the lowest official administrative unit; in the context of Haiti, this can be adapted to the neighbourhood/village level. A community-based health and first-aid plan of action should be:

1) developed by the community health committee and local branch volunteers/staff
2) approved and adopted by the committee representing community-based health and first aid
3) include: purpose, tasks, resources, timeframe, and responsible person.

7. Total number of people reached by community-based health and first-aid services

This is the number of people who have received community-based health and first-aid services from the Red Cross Red Crescent (training in community-based first-aid; promotion of maternal, newborn and child health; HIV prevention and anti-stigma messages; malaria, dengue and other vector-borne disease prevention; psychosocial support; or other intervention). It does not include people who have only received a health message via a text message or people reached through mass media. The same person is counted only once during the reporting period, regardless of the number of services provided. People reached through hygiene promotion activities are reported under a separate indicator within the water and sanitation sector (indicator 21). Community-based health and first-aid services aim at raising awareness about health priorities and their prevention and control and promoting behavioural change, using an approach that engages communities and their volunteers to address the priority needs and to empower them to be in charge of their own development.

8. Total number of Haiti Red Cross Society volunteers trained in epidemic control

This includes Haiti Red Cross Society volunteers trained in epidemic control in the different branches of the Society.

9. Total number of cholera treatment centres or units supported by the Red Cross Red Crescent at the end of the reporting period

This includes the cholera treatment centres or units supported by the Red Cross Red Crescent as a response to the outbreak of this disease in Haiti in October 2010. This indicator is not cumulative; it reports the number of cholera treatment centres or units as they stand at the end of the reporting period.

10. Total number of patients hospitalized in the cholera treatment centres or units supported by the Red Cross Red Crescent

This includes the number of people who have been hospitalized in the cholera treatment centres or units supported by the Red Cross Red Crescent. ‘Hospitalized’ refers to hospital admissions. People who receive treatment by means of oral rehydration salts but are not admitted to the hospital are not counted here.

11. Total number of oral rehydration points operated by the Red Cross Red Crescent at the end of the reporting period

This includes the oral rehydration points provided by the Red Cross Red Crescent as a response to the cholera outbreak in October 2010. Oral rehydration points are sites at a community level that provide rapid access to this treatment.

12. Total number of blood collection centres newly built or rehabilitated

This indicator is disaggregated as follows:

- Completed: this is the number of blood collection centres where building work has been finished and the building can be used for the collection of blood units.

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1 Cholera treatment centres are stand-alone facilities with an average capacity of 100 to 200 beds, whereas cholera treatment units are typically in or next to healthcare facilities and have a smaller capacity than cholera treatment centres.
• Under construction: this is the number of blood collection centres to be newly built or rehabilitated that have begun the process, with some form of preparatory work at least.
• In a planning phase: this is the number of blood collection centres for which plans have already been developed or commitments have been made but construction has not yet started.
• Total number of blood collection centres to be newly built or rehabilitated: this is the total number of blood collection centres to be supported by the Red Cross Red Crescent.

Water and sanitation

13. Total number of people provided with daily access to drinking water at the peak of the emergency operation
This includes the number of people to whom the Red Cross Red Crescent provided water daily, through water trucking or other emergency water set-up during the relief phase. Longer-term solutions where water systems have been installed or renovated and improved water sources were built are not reported here. This indicator is not cumulative; it reports the number of people who were being provided with daily access to drinking water at the peak of the operation.

14. Total amount of drinking water distributed (emergency set-up)
This refers to the total amount of drinking water distributed since the earthquake through emergency water trucking.

15. Estimated number of households with increased availability of drinking water through the rehabilitation of water systems and/or creation of new improved water sources
This includes the number of households with increased availability of drinking water as a result of Red Cross Red Crescent interventions that have rehabilitated pre-existing water systems and/or created new improved water sources. An improved water source is one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter. This takes into account household connection, public standpipe, borehole/tube well, protected dug well, protected spring, rainwater collection and vendor-provided water. Although vendor-provided water is not considered an improved water source according to industry-standard definitions (WHO-UNICEF Joint Monitoring Programme), vendor-provided water will often be the most common drinking water solution in the context of Haiti, and as such it is included in the list of improved water sources.

16. Total number of water systems newly constructed or rehabilitated
This includes the number of new water systems (see indicator 15) created and the number of pre-existing water systems that have been rehabilitated by the Red Cross Red Crescent.

17. Total number of water points newly constructed or rehabilitated
This includes the number of new water points (see indicator 15) or pre-existing water points that have been rehabilitated by the Red Cross Red Crescent.

18. Total number of households provided with access to an improved sanitation facility
This includes the number of households provided with access to an improved sanitation facility, either used by a single household or shared between a group of households in a single plot, compound or building. An improved sanitation facility
is one that hygienically separates human excreta from human contact. This takes into account the provision of flush/pour flush toilets or latrines connected to a sewer, septic tank or pit; ventilated pit latrines; pit latrines with a slab or platform of any material which covers the pit entirely except for the drop hole; and composting toilets/latrines.

19. Total number of improved sanitation facilities newly built or rehabilitated
This includes the number of improved sanitation facilities (see definition in indicator 18) newly built or rehabilitated by the Red Cross Red Crescent.

20. Total number of water and sanitation committees set up and trained
This includes the total number of water and sanitation committees set up and trained to maintain community water and sanitation facilities. Each committee member receives basic training on the structure of the committee, the roles of committee members, and education in the technical skills corresponding to the role of the individual committee member.

21. Total number of people reached through hygiene promotion activities
This includes the total number of people reached through hygiene promotion activities. It does not include those reached through mass media. The same person is counted only once during the reporting period, regardless of how many times that person was targeted with hygiene promotion.

Shelter

22. Total number of households provided with emergency shelter materials
This refers to all households that have received at least one type of emergency shelter material (two tarpaulins, a tent or a shelter toolkit). If a household receives several different types of emergency shelter materials, it is still only counted once.

23. Total number of host families provided with cash or voucher assistance for shelter enhancement
Host families are those who are providing shelter in their house or property to people affected by the earthquake. This indicator covers cash or voucher assistance given to host families to improve their living conditions. It does not include emergency cash assistance or longer-term livelihoods assistance which are accounted for in other indicators.

24. Total number of households reached with tarpaulin replacement
This refers to all households that have received at least two tarpaulins to replace those which have deteriorated due to Haiti’s tough climate.

25. Total number of households reached with reinforcement/improvement of emergency shelter
This includes all households that have been supported with interventions to improve/upgrade the emergency shelter in order to offer a more secure environment and a healthier living area. For example, where work has been carried out to ensure that the roof is pitched and rain resistant or where the shelter has been fitted with sturdy frame posts and secured well into the ground.

26. Total number of households provided with safe and improved shelter solution
This includes shelter solutions that provide better resistance to the elements as well as greater privacy and security than emergency shelter or people’s current living situations. It covers temporary as well as more permanent solutions, including transitional or upgradable shelters, provision of settlement or relocation grants to ensure
that families have access to safe shelters, as well as house repairs and the building of permanent houses. Transitional or upgradable shelters are temporary but solid structures which can house families until they are able to move into, or return to, permanent houses. For families living on land they own, transitional shelters can be expanded and upgraded with additional materials to become permanent. A household is reported in this category once the shelter has been handed over to them. A household is defined as a group of people who live together and share resources and intend to do so in future. This indicator is disaggregated as follows:

- total number of households provided with a transitional or upgradable shelter
- total number of households provided with a settlement or relocation grant
- total number of households provided with permanent shelter (i.e., those where the house has been repaired as well as ones provided with a newly built permanent house).

27. **Total number of community members trained in shelter activities**
This includes the total number of community members that have been trained in shelter activities since the beginning of the operation. The same person is counted only once during the reporting period, regardless of the number of trainings received.

28. **Total number of shelter beneficiary households with access to an improved sanitation facility**
This includes the total number of shelter beneficiary households that have access to an improved sanitation facility. The access can be to a pre-existing sanitation facility, to a facility newly built or rehabilitated by the Red Cross Red Crescent, or to a sanitation facility newly built or rehabilitated by another organization. Improved sanitation facility is one that hygienically separates human excreta from human contact. A sanitation facility is considered improved if it is private or shared, but not for communal or public use.

29. **Total number of shelter beneficiary households with access to improved water source**
This includes the total number of shelter beneficiary households that have access to an improved water source. The access can be to a pre-existing water source, to a source newly created or rehabilitated by the Red Cross Red Crescent, or to a water source created or rehabilitated by another organization. Improved water sources comprise household connection, public standpipe, borehole/tube well, protected dug well, protected spring and vendor-provided water. Although vendor-provided water is not considered an improved water source according to industry-standard definitions (WHO-UNICEF Joint Monitoring Programme), vendor-provided water will often be the most common drinking water solution in the context of Haiti, and as such it is included in the list of improved water sources. It is acknowledged, however, that the Red Cross Red Crescent is not ensuring access to drinking water through that channel, since access would also mean making sure the water supply is affordable; the Red Cross Red Crescent’s involvement in this regard is about increasing the availability of water through the construction or rehabilitation of water kiosks. Therefore in this indicator the households covered by a water kiosk will not be counted. However, such households are accounted for within the indicator ‘Estimated number of households covered with increased availability of drinking water’, listed under the water and sanitation section.

30. **Volume of rubble removed**
This includes the total volume of rubble removed (in cubic metres).
31. Volume of rubble recycled
This includes the total volume of rubble recycled or reused (in cubic metres).

Community and social infrastructure

32. Total number of schools newly built, rehabilitated, equipped or strengthened
This indicator is disaggregated as follows:
Newly built or rehabilitated:
- Completed: this is the number of schools where building work is complete and the school building can be used.
- Under construction: this is the number of schools to be newly built or rehabilitated that have begun the process, with some form of preparatory work at least.
- In a planning phase: this is the number of schools for which plans have already been developed or commitments have been made but construction has not yet started.
Equipped or strengthened:
- Planned: this is the number of schools planned to be provided with teaching and learning materials, equipment or with financial and/or technical support.
- Reached: this is the number of schools provided with teaching and learning materials, equipment or with financial and/or technical support.
- Total number of schools to be newly built, rehabilitated, equipped or strengthened: this is the total number of schools to be supported by the Red Cross Red Crescent.

33. Estimated catchment population of newly built, rehabilitated, equipped or strengthened schools
This is the total of the estimated catchment population of newly built, rehabilitated, equipped or strengthened schools.

34. Total number of clinics or hospitals newly built, rehabilitated, equipped or strengthened
Methodology similar to indicator 32 has been applied.

35. Estimated catchment population of newly built, rehabilitated, equipped or strengthened hospitals or clinics
This is the total of the estimated catchment population of newly built, rehabilitated, equipped or strengthened hospitals or clinics.

36. Total number of other community buildings and infrastructure newly built or rehabilitated
Methodology similar to indicator 32 has been applied.

Livelihoods

37. Total number of households that have received livelihood support grants, loans or other forms of financial support
This is the number of households that have directly received some form of financial support to restart or strengthen their productive activities. It does not include those that have indirectly benefited from the financial support or that have received asset or in-kind support.

38. Total number of children who received grants for the payment of school fees and other educational expenses during one school year (2010-2011)
This is the number of children who received grants for the payment of school fees and other educational expenses. This support is reported under the livelihoods sec-
tor since it provides families with free resources to enable them to prioritize their income for other recovery activities.

39. Total number of people trained and/or provided with equipment to provide relevant services in their communities

This is the number of people who received a series of training sessions, aimed at acquiring the necessary skills and knowledge, and/or necessary equipment to offer services matching the demand in the community.

40. Total number of small and medium enterprises provided with training, equipment or financial support

This is the number of small and medium enterprises provided with support in the form of training, provision of equipment or financial support. The same enterprise is counted only once during the reporting period, regardless of how many types of support it received.

41. Total number of people supported through the provision of short-term employment opportunities – (e.g., cash-for-work activities)

This is the number of people who have been able to access increased resources to meet their basic needs by means of cash-for-work activities in community-driven projects.

Disaster preparedness and risk reduction

42. Total number of households covered by pre-positioned non-food relief stock for Haiti

This is the number of households that could be served with non-food relief stocks, in the aftermath of a disaster in Haiti.

43. Total number of communities with a community disaster response plan in place

This is the number of communities that have developed a plan for responding to potential disasters. A community is generally defined in the Red Cross Red Crescent as the lowest official administrative unit; in the context of Haiti, this can be adapted to the neighbourhood/village level. The process of developing this plan should include identifying disaster risks, vulnerabilities, potential impact, community resources and capacities, and determining roles and responsibilities in responding to a disaster.

44. Total number of community members trained in vulnerability and capacity assessment or community-based disaster management

This refers to the number of people who have successfully completed training in vulnerability and capacity assessment or community-based disaster management. Ideally this would include some sort of quality control check allowing verification of ‘successful completion’, e.g., pre- and post-training tests, skills demonstration or other form of quality measure resulting in provision of a certificate or recognition of skills transfer. This indicator is disaggregated as follows:

- Haiti Red Cross Society volunteers
- community volunteers: these are the volunteers forming the community response teams (or vigilance committees in camps)
- DPC/CASEC members: members of the Haitian civil protection agency (Direction de la Protection Civile) or the administrative councils of the communal sections2 (Conseil d’Administration de la Section Communale)
- others.

2 Haiti is divided into 568 communal sections, each of them having an administrative council (CASEC).
45. Total number of community response teams set up and equipped
This refers to the number of community-based teams trained to be first responders in case of a disaster. In camp settings these teams are often called vigilance committees. A team is considered set up when its members have received the basic training units such as vulnerability and capacity assessment, disaster risk reduction, community early-warning systems, first aid, damage assessment and needs analysis, and education about the role and mandate of the community response team, CASEC, the Red Cross and DPC at community level. A team is considered equipped when it has been provided with at least the following equipment for early warning and first response: whistle, megaphones, radio, emergency kit and visibility T-shirts.

46. Total number of camps or communities reached with mitigation micro-projects
This includes the number of camps or communities reached with at least one mitigation micro-project such as: tent reinforcement; strengthening of banks, pathways and small-scale infrastructure; improving water and sanitation; digging drainage channels or clearing blocked drains; or addressing other specific needs identified by the communities. If more than one mitigation activity has been implemented in one community, this community is counted only once.

47. Total number of camps or communities reached with awareness-raising activities on disaster risks
This includes the number of camps or communities reached with activities aimed at increasing awareness on disaster risks. If more than one awareness-raising activity has been implemented in one community, this community is counted only once.

48. Total number of Haiti Red Cross Society regional branches with strengthened capacity for risk and disaster management
A branch can be reported as strengthened if at least one of the following criteria is met:
• It has a contingency plan in place.
• It has participated in a disaster simulation exercise.
• It has been supported with reliable access to electricity and Internet.
• It has an operational radio station in place.

Strengthening the Haiti Red Cross Society

49. Total number of Haiti Red Cross Society regional branches rebuilt or rehabilitated
This indicator is disaggregated as follows:
• Completed: this is the number of Haiti Red Cross Society regional branches where building or rehabilitation work has been completed.
• Under construction or rehabilitation: this is the number of Haiti Red Cross Society regional branches for which the building or rehabilitation process has begun, e.g., site prepared, materials delivered or some form of preparatory work commenced.
• In a planning phase: this is the number of Haiti Red Cross Society regional branches for which plans have already been developed or commitments have been made but work has not yet been started.
• Total number of Haiti Red Cross Society regional branches to be rebuilt or rehabilitated: this is the total number of regional branches to be rebuilt or rehabilitated, summing completed, under construction and in a planning phase.
50. Total number of Haiti Red Cross Society local committees strengthened or rebuilt
Methodology similar to indicator 49 has been applied.

Programme support and coordination

51. Total number of Red Cross Red Crescent expatriate staff in Haiti at the end of the reporting period
This includes all expatriate staff working in Haiti for the Red Cross Red Crescent at the end of the reporting period.

52. Total number of Red Cross Red Crescent national staff in Haiti at the end of the reporting period
This includes all national staff working in Haiti for the Red Cross Red Crescent at the end of the reporting period. It does not include daily workers.

53. Total number of project, programme and operations evaluations in Haiti
This includes all evaluations planned, under way or undertaken by the Red Cross Red Crescent in Haiti. For those evaluations referred to as planned, this covers those in a planning phase, under way and already undertaken.

54. Total number of Red Cross Red Crescent National Societies or organizations operating in Haiti at the end of the reporting period
This refers to Red Cross Red Crescent National Societies or organizations that have set up their presence and operations in Haiti. This indicator is not cumulative; it reports the number of Red Cross and Red Crescent National Societies or organizations operating in Haiti at the end of the reporting period.

55. Total number of Red Cross Red Crescent National Societies or organizations supporting the Haiti operation with people, cash or in-kind
This figure refers to all Red Cross Red Crescent National Societies or organizations that have supported the Haiti operation with people, cash or in-kind donation.
Annex 2. Notes and methodology regarding presentation of combined financial data

1. The combined income and expenditure data in this report was generated based on financial data collected from the International Federation Secretariat and the 35 Red Cross or Red Crescent Societies referenced in the report. This data was collected and compiled over a period of four weeks, from 12 October to 9 November 2012. The method developed to obtain financial data considered the flows of income and expenditure and eliminated multiple counting (within the Red Cross Red Crescent network) of income and expenditure.

2. This report is a combined cumulative portrait of IFRC financial information. All of the reports received from the Red Cross and Red Crescent National Societies and organizations and used to generate this collective portrait reflected data through 30 September 2012, with the following exceptions: six National Societies had already accounted for all their funds raised for the operation, therefore no updated data was requested from them. A further four Red Cross or Red Crescent Societies with remaining balances have not submitted updated data for this reporting period and, in all cases, their most recent past submission of data was used.

3. Included in the reporting of income are in-kind goods and services (non-cash contributions). Due to variations in the way that in-kind goods are treated by IFRC members, the value of income and expenditure related to in-kind goods and services (non-cash contributions) may not be fully represented in this consolidation, due to the different accounting treatments of these non-cash items. As a result the report possibly under reports the income and expense values for these in-kind goods and services. However, these values are estimated to be small, and immaterial to the overall report.

4. The exchange rates used to combine the financial data during this round of reporting are shown in the table below.

<table>
<thead>
<tr>
<th>Forex rate</th>
<th>Income</th>
<th>Expenditure</th>
<th>Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUD</td>
<td>0.9556</td>
<td>0.9422</td>
<td>0.9488</td>
</tr>
<tr>
<td>CAD</td>
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<td>0.9453</td>
<td>0.9559</td>
</tr>
<tr>
<td>CHF</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>CNY</td>
<td>0.1511</td>
<td>0.1459</td>
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</tr>
<tr>
<td>DKK</td>
<td>0.1877</td>
<td>0.1718</td>
<td>0.1621</td>
</tr>
<tr>
<td>EUR</td>
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<td>1.2875</td>
<td>1.2089</td>
</tr>
<tr>
<td>GBP</td>
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<td>0.0076</td>
</tr>
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<tr>
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<tr>
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<td>0.7362</td>
<td>0.7811</td>
</tr>
<tr>
<td>USD</td>
<td>1.085</td>
<td>0.9572</td>
<td>0.94</td>
</tr>
</tbody>
</table>
5. Some Red Cross and Red Crescent National Societies and organizations report operating on a cash accounting basis, while others work on an accrual basis. Working on a cash accounting basis means that the reported financial income and expenditure include only income received and expenditure paid at 30 September 2012. Accrual basis means that the reported financial income and expenditure include all income received and receivable and expenditure paid or payable as at 30 September 2012.

6. Treatment of interest income: each Red Cross or Red Crescent National Society or organization’s treatment of interest earned on donations is governed by their own financial policies. In the cases where interest is not allocated back to the Haiti operation, Red Cross and Red Crescent Societies report interest being allocated to future international and emergency operations or to general headquarters’ operations.

7. Categories and definitions used for the classification of expenditure are the following:

**Cholera response:**
- water and sanitation expenditure related to cholera response
- health Emergency Response Units (ERUs) and other health expenditure for cholera response
- costs related to procurement, transport, warehousing, distribution of emergency food parcels, non-food items or cash in response to the cholera outbreak.

**Water and sanitation:**
- water and sanitation ERUs
- water trucking and other temporary water supply activities
- construction of sanitation facilities (latrines and bathing facilities) in camps and makeshift settlements
- hygiene promotion, if not included in health activities
- environmental sanitation interventions: vector control, solid waste management, camp and house cleaning, trainings
- repair and replacement of water systems
- installation of water systems or sanitation facilities as part of shelter initiatives (if not included in shelter expenditure)
- promotion of hygiene, sanitation and community management of water and sanitation facilities in line with the Participatory Hygiene and Sanitation Transformation (PHAST) approach
- long-term water and sanitation programming through the Global Water and Sanitation Initiative (GWSI).

**Health:**
- health ERUs
- first aid, emergency clinical services
- education and health promotion campaigns; hygiene, if not included above in water and sanitation category
- psychosocial and disaster mental health
- disease control; vaccination programmes, and mosquito net distributions (if not included below in relief category)
- prosthetics programmes
• community-based health programming
• long-term health programming
• enhancement of blood banking and ambulance services.

Shelter:
• shelter supplies for immediate or temporary use, including tools and kits, tarpaulins, tents, sheeting, rope, etc.
• training and support to improve emergency shelter solution
• assistance to host families for shelter enhancements: cash, vouchers (if not listed below in relief cash assistance category)
• transitional shelters (with intended duration of 12 to 60 months)
• assistance (in kind or cash) to improve or repair houses
• permanent shelter construction (housing specific).

Relief assistance – food:
• costs related to procurement, transport, warehousing and distribution of emergency food parcels for earthquake-impacted or host families.

Relief assistance – non-food:
• costs related to procurement, transport, warehousing and distribution of items such as blankets, hygiene kits, kitchen sets, jerry cans, mosquito nets and baby kits for earthquake-impacted or host families.

Relief assistance – cash:
• total value of emergency cash assistance distributed to date for earthquake-impacted or host families.

Community and social infrastructures:
• short-term community services such as day care, child-friendly spaces and elderly care
• protection activities
• repair, refurbishment or new construction of schools, clinics, hospitals, community centres and other infrastructure such as roads, bridges and other community assets.

Livelihoods:
• ‘cash-for-work’ programmes
• livelihoods support grants, loans or other forms of financial support
• economic resiliency and development programmes
• livelihoods strengthening and diversification programmes
• asset replacement programmes, if not already included in the other categories
• payment of school fees to free resources to be used for economic recovery activities
• long-term livelihoods programming.

Disaster preparedness:
• all mitigation activities in any sector related to hurricane preparedness: building drainage ditches, community mobilization and awareness-raising
• hurricane shelters, if not included in shelter or community and social infrastructures
• tracing services and capacity-building of tracing staff, if not included in other categories
• pre-positioning of stocks
• setting and working towards improved disaster management standards
• building new/enhanced disaster response mechanisms
• setting and working towards improved disaster management standards
• risk reduction programmes
• early-warning systems
• community-based disaster preparedness
• international disaster response law (IDRL) programming.

**Capacity building in support of the Haiti Red Cross Society:**
• costs related directly to supporting the Haiti Red Cross Society’s earthquake re-
response
• volunteer support, if not reflected in other categories
• short-term support to Haiti Red Cross Society for salaries, equipment, supplies,
transportation or rent
• refurbishment and construction of earthquake-impacted Haiti Red Cross Society
branches and headquarters
• developmental support: for example, to enhance financial, reporting and man-
agement systems
• humanitarian values programming
• provision of technical assistance, training materials and professional develop-
ment
• volunteer capacity-building.

**Programme support and coordination:**
• operations support and assessment (staffing or transport), if not included in the
other categories above
• headquarters and field management and staff costs such as local or international
staff costs
• planning, reporting staff and associated costs like workshops and trainings
• monitoring and evaluation (surveys or assessments), and other quality and ac-
countability activities
• communications and advocacy staff; publications
• human resources – recruitment and support
• logistics functions
• coordination and direction
• accounting, audit and other financial services
• cross-cutting themes such as gender, environment, sustainability, beneficiary
participation and risk reduction
• fund-raising costs and processing of donations
• head office costs (service fees and similar)
• other indirect support
• foreign exchange loss and gain.
Annex 3. Red Cross and Red Crescent National Societies and organizations involved in the Haiti relief and recovery efforts

Albanian Red Cross
American Red Cross
Andorran Red Cross
Antigua and Barbuda Red Cross
Argentine Red Cross
Armenian Red Cross Society
Australian Red Cross
Austrian Red Cross
Bangladesh Red Crescent Society
Baphalali Swaziland Red Cross Society
Belarus Red Cross
Belgian Red Cross - Flanders French speaking community
Belize Red Cross Society
Botswana Red Cross Society
Brazilian Red Cross
British Red Cross
British Red Cross – Cayman Islands Overseas branch
Bulgarian Red Cross
Cambodian Red Cross Society
Chilean Red Cross
Colombian Red Cross Society
Costa Rican Red Cross
Croatian Red Cross
Czech Red Cross
Danish Red Cross
Dominica Red Cross Society
Dominican Red Cross
Ecuadorian Red Cross
Egyptian Red Crescent Society
Estonian Red Cross
Ethiopian Red Cross Society
Finnish Red Cross
French Red Cross
German Red Cross
Ghana Red Cross
Grenada Red Cross Society
Guatemalan Red Cross
Haiti Red Cross Society
Hellenic Red Cross
Honduran Red Cross
Hungarian Red Cross
Icelandic Red Cross
Indian Red Cross Society
Indonesian Red Cross Society
Irish Red Cross Society
Israel – Magen David Adom in Israel
Italian Red Cross
Jamaica Red Cross
Japanese Red Cross Society
Kenya Red Cross Society
Kuwait Red Crescent Society
Latvian Red Cross
Lebanese Red Cross
Libyan Red Cross Society
Libyan Red Crescent
Liechtenstein Red Cross
Lithuanian Red Cross Society
Luxembourg Red Cross
Malaysian Red Crescent Society
Malta Red Cross Society
Mauritius Red Cross Society
Mexican Red Cross
Moroccan Red Crescent
Namibian Red Cross
Nepal Red Cross Society
New Zealand Red Cross
Nicaraguan Red Cross
Nigerian Red Cross Society
Norwegian Red Cross
Pakistan Red Crescent Society
Palau Red Cross Society
Papua New Guinea Red Cross Society
Peruvian Red Cross
Polish Red Cross
Portuguese Red Cross
Qatar Red Crescent Society
Red Crescent Society of the Islamic Republic of Iran
Red Crescent Society of the United Arab Emirates
Red Cross of Benin
Red Cross of Cape Verde
Red Cross of Monaco
Red Cross of Montenegro
Red Cross Society of China
Red Cross Society of China – Hong Kong Branch
Red Cross Society of China – Macau Branch
Red Cross Society of Côte d’Ivoire
Red Cross Society of Georgia
Red Cross Society of Panama
Romanian Red Cross
Rwandan Red Cross
Saint Kitts and Nevis Red Cross Society
Saint Lucia Red Cross
Saint Vincent and the Grenadines Red Cross
Salvadorean Red Cross Society
Sao Tome and Principe Red Cross
Seychelles Red Cross Society
Singapore Red Cross Society
Slovak Red Cross
Slovenian Red Cross
Spanish Red Cross
Suriname Red Cross
Swedish Red Cross
Swiss Red Cross
Syrian Arab Red Crescent
The Bahamas Red Cross Society
The Barbados Red Cross Society
The Canadian Red Cross Society
The Gambia Red Cross Society
The Guyana Red Cross Society
The Netherlands Red Cross
The Netherlands Red Cross – Curacao Overseas branch
The Red Cross of Serbia
The Red Cross of The Former Yugoslav Republic of Macedonia
The Red Cross Society of Bosnia and Herzegovina
The Republic of Korea National Red Cross
The South African Red Cross Society
The Sri Lanka Red Cross Society
The Sudanese Red Crescent
The Thai Red Cross Society
The Trinidad and Tobago Red Cross Society
Turkish Red Crescent Society
Ukrainian Red Cross Society
Uruguayan Red Cross
Vietnam Red Cross
Zambia Red Cross Society
Zimbabwe Red Cross
Notes
The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.
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