Haiti earthquake 2010
Two-year progress report

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All International Federation of Red Cross and Red Crescent Societies efforts seek to adhere to the code of conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in disaster relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The International Federation of Red Cross and Red Crescent Society’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The International Federation of Red Cross and Red Crescent Society’s work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.
# Table of contents

- **Welcome note**  
  3

- **A note on reading this report**  
  5

- **Operational overview**  
  6

- **The transition to recovery phase**  
  8

- **Shelter**  
  10

- **Livelihoods**  
  13

- **Water and sanitation**  
  15

- **Healthcare**  
  17

- **Cholera**  
  20

- **Disaster preparedness and risk reduction**  
  21

- **Community and social infrastructure**  
  24

- **Beneficiary communications**  
  25

- **Looking ahead**  
  27

- **Programmatic analysis**  
  29

- **Financial overview**  
  34

- **Annex 1. Notes and methodology regarding the programmatic progress indicators**  
  39

- **Annex 2. Notes and methodology regarding presentation of combined financial data**  
  48

- **Annex 3. Red Cross and Red Crescent National Societies and organizations involved in the Haiti relief and recovery efforts**  
  52
Welcome note

Recovery from Haiti’s 2010 earthquake is now firmly under way.

This report spans the Red Cross Red Crescent operations from January 2010 to November 2011, with a focus on the second year of the operations, marking the end of the prolonged emergency phase and a transition into more sustainable, community-driven solutions.

The emergency distributions of tarpaulins, hygiene kits and safe drinking water that dominated the Red Cross Red Crescent operation during the first year have given way to financial support to small businesses, vocational training to help people back into the job market, a large camp decongestion programme offering rental support and relocation grants, and the provision of transitional shelters to tens of thousands of people.

The winding down of relief distributions in 2011 marks the end of one chapter but the story of Haiti’s recovery is far from over. Basic humanitarian needs remain for many of Haiti’s most vulnerable communities, including the thousands who remain in camps. Supporting families to move home is a priority but this will take time and the needs of the most vulnerable must not be forgotten.

Through 2012 and beyond, the Red Cross Red Crescent remains committed to continuing to work side by side with local communities to build resilience, strengthen recovery and protect livelihoods.

It is only by working closely with the Haitian people and genuinely engaging them as real partners in their own recovery that we can be sure of paving the road to a better future.

Dr. Michâele 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

Marie Lourdes Augustin, aged 50, lives in Les Cayes. Displaced by the earthquake, she has been one of the beneficiaries supported by the Red Cross through cash grants. After receiving her first grant of 250 US dollars, Marie Lourdes opened a restaurant.
In La Piste camp, in Port-au-Prince, thousands of people were left homeless after the earthquake and are now living in tents. Volunteers are working with the community on hygiene promotion, HIV risks and family planning.
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 or Red Crescent National Societies and organizations around the world. This is the second 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 15 National Societies for this report. The programme information and indicators illustrate the principal activities carried out during the relief and recovery phases of operations through to 15 November 2011, 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 reveal future phases of the operation.

The financial data reported as of 30 September 2011 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 Red Cross or Red Crescent National Societies reporting into it. For this second public report, 25 National Societies provided updated financial information. Five 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.

Terminology

**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 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 operations – the Secretariat also performs an operational role in the implementation of programmes. For the purpose of Federation-wide reporting, the Secretariat must report income, expenditure and the programme results of its operations in the field.

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

The year of 2011 has been a time of significant transition in Haiti. Nearly a million displaced people have left camps, a new government is in power, an overall decrease in the number of cholera cases is reported and estimates from the Early Recovery Cluster show that nearly half of the 10 million cubic metres of debris generated by the earthquake has been cleared.

Signs of progress are clearly visible but the humanitarian situation remains precarious. Despite the immediate material needs of beneficiaries increasingly being met, violence and crime continue to threaten the lives and livelihoods of the most vulnerable segments of society, particularly women, youth and children, people with disabilities or sickness, and older people.

The camp population, once estimated to be up to 1.5 million people, had reduced to less than 550,560 people by September 2011 according to the International Organization for Migration (IOM). This significant decline reflects the rapid increase in the pace of shelter solutions but humanitarian support to leave the camps cannot account for the complete decline. Concerns remain regarding where people have moved to and if they are receiving the support they need.

Haiti’s hurricane season continues to pose a threat to vulnerable communities,
and this requires an ongoing focus on disaster preparedness activities and the stockpiling of emergency supplies for thousands of families countrywide. Emergency response capacity has been maintained with Red Cross Red Crescent teams responding to several minor floods following heavy rains. However, overall in 2011, teams responded to very few severe weather-related emergencies, despite the potential threats of Tropical Storm Emily and Hurricane Irene.

While a new Haitian president was sworn into power in May 2011, political instability continued to affect the pace of recovery efforts in early 2011. The appointment of a prime minister in particular was subject to intense political debate and subsequent delays, meaning that many other key positions also remained unfilled. With both the president and prime minister now in place, progress towards a stronger, more stable government is evident allowing for increased collaboration between the many recovery actors in Haiti and the relevant national departments.

The coordination of the efforts of the vast multitude of international, national, governmental and non-governmental partners working together in Haiti is a huge task. To date, and in part due to the limited capacity of the Haitian government, the Interim Haiti Recovery Commission has provided a vital multi-lateral platform by which these organizations can engage collectively. The future of the commission, of which the Red Cross Red Crescent is a member, is currently uncertain but, as the new Haitian government increases its capacity to govern, new ways of working will be defined. The Red Cross Red Crescent is committed to working together with the Haitian government and other recovery partners on the urban development of Port-au-Prince and other developmental priorities, to ensure a collective understanding and coordination of reconstruction efforts.
The transition to recovery phase

The unprecedented scale of devastation caused by the Haiti earthquake meant that much of 2010 was focused on meeting survivors’ emergency needs such as medical aid, food, water and basic shelter. In 2011, the focus of Red Cross Red Crescent programmes has shifted to supporting peoples’ recovery, so they can move out of emergency shelters in informal makeshift camps, to safer housing and neighbourhoods.

This has required a gradual shift of resources, away from providing relief items such as tarps and blankets, to supporting communities to build resilience and take ownership of their recovery. In addition to providing improved shelter, Red Cross Red Crescent recovery programmes are working hand in hand with local communities to ensure resettled families and their neighbours have access to basic services such as water and sanitation, employment or livelihoods opportunities and education.

But recovery takes time: time to clear rubble, time to rebuild homes and community infrastructure, time to repair broken water sources and time to restart livelihoods. All the while, the needs of hundreds of thousands of vulnerable Haitians living in camps have remained.

In response to these needs, Red Cross Red Crescent relief distributions continued in 2011, gradually scaling down towards the end of the year as services in nearby communities scaled up. More than 226,000 households had been reached with at least one type of essential non-food item each such as blankets, mosquito nets, a kitchen set, jerry cans, a bucket or a hygiene kit. Close to 194,000 households had each been provided with at least one hygiene kit.

Emergency needs have also been exacerbated by the ongoing cholera epidemic and the arrival of the rainy season which brings increased risk for vulnerable groups; subsequently, in 2011, there was a peak in the number of cholera cases reported. Without access to clean, potable water and basic sanitation, this vulnerability would be even higher and so the critical provision of emergency water and sanitation services by the Red Cross Red Crescent, which would normally last no longer than 6 to 12 months, has continued considerably longer.

With the support of the international community, the Haitian people have made considerable progress over the last 12 months as they have strived to recover from the effects of the earthquake and rebuild their lives. Significant challenges remain, such as insecurity and political instability but, thanks to the experience and commitment of thousands of Red Cross Red Crescent volunteers, humanitarian services have continued with minimal disruption.

As the new government continues to strengthen and increases its capacity to effectively govern, national urban development and reconstruction plans will be a priority. The Red Cross Red Crescent will work collaboratively with government departments in the coming years to support long-term...
national recovery plans. This includes supporting the 16/6 plan, the first comprehensive plan put forward by the new government, which is prioritizing the closure of six camps in Port-au-Prince – Place Saint Pierre, Place Boyer, Primature, Canapé Vert, Stade Silvyo Cator and Mais Gaté. The aim of the programme is to support those displaced by the earthquake to return to their original communities or to settle nearby where more rental opportunities may be available. The Red Cross Red Crescent is already working in camp Mais Gaté to support this initiative, offering a variety of shelter options and livelihoods support.

The foundations for Red Cross Red Crescent recovery programmes are now firmly in place with teams working in communities across Haiti, helping to decongest camps, working with local communities to renovate their neighborhoods and ensuring people have access to economic support so they can provide for themselves and their families.

Recovery programmes will continue to reach hundreds of thousands of people in the coming years but significant basic needs will still exist. Ensuring continuity of support to the most vulnerable while simultaneously pushing forward with recovery projects will be the focus for the Red Cross Red Crescent in the upcoming months.
At the end of 2010, large-scale construction efforts continued to be hampered by barriers concerning land and space, and providing a safe place to live for the nearly one million displaced people remained the top humanitarian priority in Haiti.

Fast-forward 12 months and enormous progress has been made. By September 2011, the camp population had reduced to less than 550,560, according to IOM, meaning hundreds of thousands of people have been able to leave camps. While this reflects the massive increase in shelter support provided, humanitarian concerns persist regarding people leaving camps due to forced evictions, poor living conditions and insecurity.

Helping families to leave camps in a safe and supported way is a Red Cross Red Crescent priority and, to date, more than 21,000 households have been reached with safe and improved shelter solutions, over 80 per cent of which were provided over the last 12 months. Overall in Haiti, the shelter cluster reports approximately 116,000 shelter solutions provided. Almost one in five of these has been provided by the Red Cross Red Crescent.

Much of this is thanks to the significant groundwork laid in 2010. The time and resources spent training community construction teams resulted in a dramatic increase in outputs, the production pipelines put in place ensured

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**Shelter**

Bertha Henri (right) is a beneficiary of the Red Cross Red Crescent shelter programme in La Piste camp of Port-au-Prince. Bertha, aged 17, owns a beauty shop.
the speedy and effective transport of materials around the country and the painstaking process of identifying and, where possible, securing land was carried out meaning that construction could finally scale up.

With the foundations firmly in place, the production of shelter units in particular rapidly progressed and provided desperately needed places to live for thousands of vulnerable families. To date the Red Cross Red Crescent has provided 19,068 households with a transitional or upgradable shelter.

At the same time, it has been necessary to continue to provide emergency shelter support, particularly ahead of the hurricane season. Since August 2010, in total, 4,511 households were reached with reinforcement or improvement of emergency shelter and 67,251 households received replacement tarpaulins.

Due to the complexities – the lack of housing solutions pre-earthquake, ongoing land tenure issues, massive overcrowding in Port-au-Prince and the lack of a national reconstruction plan – meeting the varying shelter needs of the earthquake-affected population requires a flexible approach. The Red Cross Red Crescent has continually adapted its shelter programme to provide a range of shelter solutions including provision of emergency shelters, transitional shelters, housing repairs and permanent housing.

A comprehensive camp decongestion programme has also been implemented. Together with displaced communities, a series of options has been identified from which families can choose, depending on what would best enable them to return to a semblance of normal life. These include paying people’s rents and supporting them to live with host families. Over 2,505 families have benefited from this innovative approach with more than 600 returning to communities of their choice in the provinces. In addition to these options, the Red Cross

Mackinson Saint-Louis has received a transitional shelter from the Red Cross Red Crescent in La Piste camp, Port-au-Prince. Mackinson, aged 26, owns an internet cafe.
Red Crescent offers to build transitional shelters for families who own or have access to a plot of land.

Camp decongestion work will continue in 2012 through Red Cross Red Crescent support of the Haitian government’s 15/6 plan. Red Cross Red Crescent teams are working with hundreds of displaced families in camp Mais Gaté in Port-au-Prince, providing support to enable them to move out of camps and into nearby neighbourhoods.

Long-term shelter solutions are vital for Haiti’s recovery. Working with local residents to renovate their neighbourhoods and to strengthen communities will be a priority for Red Cross Red Crescent programmes in the coming months. Overall, this will mean a shift in emphasis from transitional shelters to more permanent solutions, particularly in Port-au-Prince, and will include permanent reconstruction and the repair of houses where possible, integrated with other key services such as water and sanitation and livelihoods support. Projects are already under way in targeted neighbourhoods and this work will continue to scale up in the future.

**A rental solution**

In August 2010, the Red Cross carried out an assessment in Caradeux camp, in Tabarre municipality in Port-au-Prince, to identify the needs and possibilities for relocation of the camp residents. According to Junitte Ceide, “they asked lots of questions then went away. Shortly after, they came back and told us that they would pay rent for us for one year. All we had to do was find a safe place to live.”

For Ceide, a safe place was a rented house in the district of Juvenat, the place she calls home. “I lived here before the earthquake. When I heard that Red Cross was offering to pay rent I called my former landlord and was able to return. I wanted to come back here because I know the area and my friends are here.”

Since September 2010, the Red Cross has been providing resettlement grants of 20,000 Haitian gourdes (500 US dollars) to the most vulnerable persons identified within camps to support people to move to safer housing and neighbourhoods. Additional livelihoods grants are also being given to families to invest in an income-generating venture or to meet their most urgent needs.

“Now we have a place to rest and peace of mind. We have plenty of space with two bedrooms and our own toilet, a yard, a kitchen and a place to dry my clothes.”

Speaking of the camp neighbours she left behind, Ceide says: “Some people didn’t want to leave the camp but my family and I wanted better for ourselves.”

Junitte Ceide and her family pose at the entrance to their home at Merilus Street, Juvenat, a district of Port-au-Prince. Ceide was able to rent this two-bedroomed house with a resettlement grant from the Red Cross Red Crescent.
Livelihoods

The slow economic recovery of earthquake-affected populations has continued to have wide-reaching implications throughout 2011, preventing people from taking full control of their lives and affecting their access to food, housing and education.

Recognising that people have different priorities, challenges and opportunities, a diverse range of livelihoods support, meaning support to generate and maintain an income, has been provided by the Red Cross Red Crescent based on the capacities and interest of communities.

Providing employment opportunities is the most requested form of assistance to date and, where possible, the Red Cross Red Crescent has employed staff from local communities on all earthquake-related programmes. In total, 82,693 people have been supported through the provision of short-term employment opportunities and the Red Cross Red Crescent has also provided on-the-job training and skill-building activities to enhance people’s job prospects in the future.

Red Cross Red Crescent livelihoods support, to date, has focused on providing cash inputs, to help people meet their immediate needs and to restore their ability to generate an income. By November 2011, almost 69,000 households had been assisted through cash grants or loans.
Cash inputs have been provided in a variety of ways. As a first step, unconditional grants have been distributed, giving people the opportunity to set their own priorities. For some it may be buying food; for others it may be paying debts or replacing equipment previously used to make a living. For all, it is an essential part of rebuilding their lives.

In addition to meeting basic needs, Red Cross Red Crescent livelihoods support has also included conditional grants complemented with training and technical advice. This includes vocational training in skills such as carpentry, sewing or masonry. Business training is also being carried out, helping people understand how to calculate a profit and manage capital.

In rural areas, families hosting displaced family members have also received cash support from the Red Cross Red Crescent. The aim is to ease the increased financial burden placed on the already poor host families.

“Yesterday the situation was bad. Today it is another story.”

Marianne and Eduard, living in Coteaux in the Sud department of Haiti, have just received the first of two cash grants of 250 US dollars from the Red Cross Red Crescent, as part of a programme that supports people displaced by the earthquake or the families providing them with help and shelter.

Marianne, clearly a good businesswoman, talks about what they are going to do with the money, after making sure their sick relative has enough to eat. “We need to make this money last for us as long as we can. So we will use it for a combination of increasing our agricultural production and buying things to resell. For example, with the first grant we have decided to buy coffee in the high season, and then wait to resell it when there is not as much coffee around, so we can get a better price for it.”

Eduard talks about what they plan to do with the second of the two grants that they will receive, conditional to a business plan: “We will spend the second grant on agriculture and invest it to grow crops to eat and to sell, for example corn, sorghum beans and peanuts. We will have to wait for the rainy season to plant though, because it is too dry now. I will have to get people to help me in the field because I can’t manage it all myself. Then we can share the harvest together.”

When asked how she feels just after collecting the money, Marianne replies: “We feel that life will be more comfortable now. Yesterday the situation was bad. Today it is another story.”

Marianne and Eduard Rosin are in their 70s and come from the village of Débauchée, Coteaux, in the Sud department of Haiti. They have received two cash grants of 250 US dollars from the Red Cross Red Crescent, as part of a programme that supports people displaced by the earthquake or the families providing them with help and shelter.
Prioritizing the need for continued education for earthquake-affected populations, the Red Cross Red Crescent has also paid the school fees of 17,898 children for one school year.

Debt relief and access to credit are consistently stated as urgent needs for Haiti’s earthquake-affected population. Future Red Cross Red Crescent livelihoods activities will also include micro-credit programmes aimed at strengthening community credit groups, enabling them to provide credit to the people at an affordable interest rate and with minimum red tape.

The development of Red Cross Red Crescent livelihoods programmes will continue over the upcoming months, with a concerted focus on supporting small- to medium-sized enterprises through financial and training assistance. These will be chosen on the basis of community need, capacity to succeed, potential for job creation and market opportunities. The overall aim is to create as many jobs as possible – an essential component of strengthening communities.

Water and sanitation

Access to water and sanitation saves lives and, throughout 2010, ensuring people had access to safe water, latrines and showers was a priority. Each day, at the peak of the operation, the Red Cross Red Crescent provided clean water to over 317,000 people and distributed close to 2.5 million litres of safe drinking water.

These emergency services have continued into 2011 (lasting considerably longer than most operations would) as Haiti’s water and sanitation network, already weak pre-earthquake, struggled to recover and take on the provision of these key services. Even prior to the earthquake, access to water and sanitation in Haiti was minimal; only 63 per cent of Haitians had regular access to drinking water with only 17 per cent accessing sanitation services. The situation has been further compounded in 2011 by the cholera outbreak.

In the Delmas 19 neighbourhood, in Port-au-Prince, the Red Cross Red Crescent provides water and sanitation services to the residents. The organization has been working with local communities to empower them to take control and manage their own water supplies and sanitation facilities. A water committee has been created to manage each water point.
To address the complexity of the context in both rural and urban settings, the Red Cross Red Crescent has developed a wide range of water and sanitation activities, aimed at supporting the existing services. These include institutional support to key water and sanitation actors, the rehabilitation of existing infrastructure, water trucking and desludging services, and hygiene promotion and community mobilization activities.

Transitioning water and sanitation services back to the authorities, communities, water committees and private sectors, has been a key part of the recovery strategy for Red Cross Red Crescent water and sanitation programmes over the last 12 months and significant progress has been made.

In July 2011, an agreement was finalized between the Red Cross Red Crescent and the governmental agency for water and sanitation – Direction Nationale de l’Eau Potable et de l’Assainissement (DINEPA) – to transition the provision of water supply back to the authorities and to provide capacity-building and training support, along with the handover of Red Cross Red Crescent water trucks.

Red Cross Red Crescent programmes have also focused on supporting people to leave camps and to return to their neighbourhoods by ensuring local communities have access to drinking water and that basic sanitation support continues. To date, 8,273 households have been provided with access to an improved sanitation facility and an estimated number of 14,678 households have now increased availability of drinking water.

In the district of Pierre Louis, in Léogane, the Red Cross Red Crescent installed sanitation facilities. Elisianne Sylvestre, aged 30, is one of the beneficiaries.

Jean-Norbert Printemps looks on as Red Cross workers assemble a permanent 11,000-litre water tank on his land in Cazeau, a district of Port au Prince.

Printemps has been living there since the earthquake destroyed his house. “After the earthquake there was no water in this area so I contacted the Red Cross so the people could have water,” he says.

The Red Cross responded to the request by installing a 10,000-litre soft bladder on Printemps’ property and delivered water every day, with Printemps acting as a water guardian to oversee its distribution.

“I used to be a water guardian when the Red Cross delivered free water to the community. I liked that,” he says. “The population depended on me for safe water. I felt responsible for helping them and I want to continue helping.”

Now that he has a permanent tank, Printemps will continue to oversee his community’s water needs, but from now on he will buy and sell the water he provides. During the transition period, the Red Cross will deliver water free of charge to the newly-built kiosks for one week to allow the community water vendors to establish themselves and build up initial funds to sustain the business.

“I drink this water, so I have no problem selling it now,” says Printemps. “Depending on the cost of water from the truck, I can sell it at 3 gourdes per bucket. Normally it is 5 gourdes but the Red Cross built the tank for me, so I don’t have to pay that cost.”

Jean-Norbert Printemps offered a portion of his land for the Red Cross Red Crescent to install a water tank in order to continue providing this important service. Formerly a community water guardian, Printemps is now able to sell water to the residents of the Cazeau area.
To ensure the sustainability of the facilities provided, the Red Cross Red Crescent has been working in neighbourhoods, together with the local communities, to empower them to take control and manage their own water supplies and sanitation facilities. One essential part of this has been the creation of committees and 76 community water and sanitation committees have been formed and trained to take on this responsibility.

Building on the hygiene promotion work of 2010, reinforcing good practices in relation to safe water, sanitation and hygiene has remained paramount this year. Over the last two years, more than 3.3 million people have been reached through Red Cross Red Crescent hygiene promotion activities with a variety of channels being used to reach as many people as possible. These range from high-tech mobile SMS and radio campaigns, through to simple leaflets, posters and door-to-door awareness-raising.

The future of Red Cross Red Crescent water and sanitation programmes will focus on working collaboratively with the relevant authorities to continue to support DINEPA, recognizing that their knowledge and experience makes them best placed to serve the needs of the Haitian population.

Healthcare

In the months following the earthquake, responding to the immense physical and psychological damage suffered by millions of Haitians took priority. During the first year of the operation, Red Cross Red Crescent medical teams reached 230,000 people through the provision of emergency healthcare services.

But Haiti’s health threats are not just earthquake related; diarrhoeal diseases, malaria, HIV and AIDS, and tuberculosis have long had a devastating effect on vulnerable Haitian communities. This vulnerability has significantly increased since the earthquake due to issues such as increased poverty, mass displacement, overcrowded living conditions, decreased governmental capacity to deal with the myriad problems facing the country and an increase in social problems manifested by increasing levels of violence – in particular, gender-based violence.

The Haiti Red Cross Society, working as an auxiliary to the Ministry of Health, has always played an important role in offering targeted health services to vulnerable populations, with a particular focus on social mobilization and prevention activities.
This support has been scaled up in 2011 as Red Cross Red Crescent health programmes have focused on strengthening the capacity of communities to prevent and manage common health problems with a focus on maternal, newborn and child health, HIV and AIDS, prevention of malaria and other vector-borne diseases and psychosocial support.

Bolstering a community’s resilience to common health problems requires the training of community volunteers, providing them with the knowledge and skills needed to address the health issues affecting their families, friends and neighbours. The community-based health and first-aid approach encourages communities and their volunteers to address their priority needs, putting them in charge of their own development. Red Cross Red Crescent health programmes are supporting communities in rural and urban settings, reaching a significant number of households. To date, approximately 1,050,000 people have been reached with community-based health and first-aid services, including general health promotion activities. Also, more than 350 volunteers have been trained throughout the country in epidemic control, allowing the Red Cross Red Crescent to respond quickly to outbreaks – especially cholera.

Red Cross Red Crescent health teams have also continued to support those exposed to acute stress and psychological trauma over the last 12 months; they have reached on average 15,000 people each month with activities such as informal schools where vulnerable children are given an education, offered vital social skills and kept in a safe environment. Specialized services are also offered to other vulnerable groups such as women who have been victims of violence and to communities who have suffered distress due to the earthquake and its aftermath, the cholera outbreak and natural disasters.
HIV and AIDS activities have also continued in 2011 with an emphasis on prevention, anti-stigma and anti-discrimination and by focusing on gender-based violence as a cross-cutting issue.

Longer-term initiatives to help rebuild blood collection capacity are also underway following a significant decrease in capacity after the earthquake. In collaboration with the Ministry of Health, a number of sites where blood collection centres need to be newly built or renovated have been identified. With Red Cross Red Crescent support, these will be equipped with blood collection and transport vehicles and testing and processing-related equipment and will contribute to increasing blood supply in the country.

“If they have a health problem they know they can come to me.”

Esther Louis, 36 years old, has learnt a lot over the last year. Trained by the Red Cross to be a community health volunteer, she is now responsible for regularly visiting her neighbours in Modsol, Leogane, to help address some of their key health concerns.

“During my training, they taught us about different illnesses such as malaria, tuberculosis and sexually transmitted infections. Some I already knew about but it deepened my understanding,” she says.

Esther plays an important communications role in her community, providing information that previously people struggled to access.

“Before we were trained as volunteers, sometimes people could get information from the radio or by word of mouth but there weren’t a lot of ways for people to get the details they needed.”

This includes providing information to new mothers and as Esther continues her house visits she soon comes to Jenny, aged 26, whose eight-day-old son is lying peacefully under a mosquito net. The community health volunteers have been visiting Jenny throughout her pregnancy to discuss the importance of breastfeeding as well as share basic advice on newborn care. They are delighted to see that their guidance regarding placing her sleeping baby under a mosquito net has paid off.

“I like the fact that I am helping people,” continues Esther. “If they have a health problem they know they can come to me.”
Cholera

Over the last 12 months, and in part due to the massive humanitarian response mounted, there has been an overall decrease in the number of cholera cases in Haiti.

However, the need to stay vigilant has remained, as vulnerable hot-spot areas continue to exist and, as predicted, the arrival of the 2011 rainy season brought with it a significant rise in cases, particularly in the southern departments.

From October 2010 to October 2011, the Ministry of Health of Haiti reported 439,604 cases with 233,427 hospitalizations and 6,266 deaths. In 2011, Red Cross Red Crescent has continued to provide medical support and treatment facilities to help the authorities respond to the epidemic. To date, 25,090 people have been hospitalized in the cholera treatment centres or units supported by the Red Cross Red Crescent.

It is widely accepted that cholera will be present in Haiti for many years to come. But cholera is preventable and, while it is present in the country, the impact of this deadly disease can be minimized. Red Cross Red Crescent cholera activities moving forwards will continue to prioritize the critical aspect of prevention focusing on the need for increased public health education. Community-based volunteers have played a vital role in spreading health messages to date along with mass communications campaigns using SMS, radio and sound trucks which have reached millions of people with simple information on how to avoid contracting cholera. These vital Red Cross Red Crescent hygiene promotion activities will continue in communities throughout Haiti in 2012 and beyond, as cholera prevention will be fully integrated into the long-term health programmes of the Haiti Red Cross Society.
Disaster preparedness and risk reduction

Helping communities to prepare for and manage disasters remains a key priority for the Red Cross Red Crescent in Haiti, where the yearly rainy and hurricane season brings hardship to thousands of people. Even without a direct hit by a hurricane, heavy rains bring the risk of flooding, landslides and cholera outbreaks, threatening people’s lives, livelihoods and homes, and also infrastructure. The situation is even more dangerous for the hundreds of thousands of people who are still living in camps in emergency shelters that offer little protection against the elements.

However, despite these challenges and thanks to the efforts of Red Cross Red Crescent disaster preparedness and risk reduction programmes across the country, we have taken some steps to improve the situation.

Drainage measures have been put in place in the camp of Annexe de la Mairie, in Port-au-Prince, where transitional shelters had been built by the Red Cross Red Crescent. The drainage ditches are for channelling water during rains and for keeping the area clean.
country, Haiti was significantly better prepared for the 2011 hurricane season than it had been in the previous year.

Several minor floods and landslides occurred during the 2011 hurricane season, which were successfully managed by local branches of the Haiti Red Cross Society as volunteers assisted the Civil Protection Directorate with the evacuation of families and also provided pre-positioned emergency stocks.

During 2010 and 2011, Red Cross Red Crescent teams worked with more than 100 communities in camps and neighbourhoods to identify simple actions that could minimize the impact of storms and floods. Red Cross Red Crescent preparedness activities included emergency first-aid courses, training in early-warning systems and disaster preparedness training in camps. Throughout Port-au-Prince, ‘vigilance committees’ were trained on what to do in the event of a disaster.

**Teaching Haiti’s children how to better prepare for disasters**

In a large, dirt-floored classroom at a hillside school near Cabaret, less than 50 kilometres north of Port-au-Prince, Mirlande Ostana is leading students through a lesson in how to prepare for natural disasters. Through a combination of songs, skits and readings, Ostana, a Red Cross instructor, covers topics ranging from hurricanes and floods to earthquakes. All of them are very real threats in Haiti.

The children, who range in age from 6 to 17, are clearly engaged thanks to Ostana’s high-energy teaching style. She calls groups of students and individuals to the front of the class to act out scenes, imparting entertaining lessons about what they can do to reduce risks to themselves and their families.

“This has been a great programme for our students,” says the school’s director, Daniel Sejour, who is thrilled with the instruction and workbooks the Red Cross has provided to his students.

This class is one of hundreds the Red Cross has taught about disaster preparedness in Haiti. Through a variety of outreach activities – in schools, churches, markets and camps – the Red Cross is working to increase public awareness about the steps that individuals, families and communities can take to reduce their risks and lead healthier lives.

Mirlande Ostana, a Red Cross instructor, is teaching Haitian children how to prepare for disasters such as floods and hurricanes.
of a disaster and helped to set up early-warning systems using flags and loudspeakers.

Communities were also supported to start mitigation projects, such as digging ditches, clearing canals and sandbagging hillsides. In Léogane, the Red Cross Red Crescent embarked on a project to reforest the hillsides and slopes to reduce the risk of landslides.

Disaster preparedness awareness-raising sessions were also carried out in more than 300 local communities countrywide, with volunteers calling door to door and events taking place in public places such as health centres, markets, schools and churches, and on public transport.

The Red Cross Red Crescent prioritized the use of mass media and telecommunication networks to sensitize communities about the imminent risk of rains and storms and to help them prepare using the Red Cross Red Crescent radio show Radyo Kwa Wouj, radio adverts, sound trucks and mass-SMS campaigns.

In coordination with Haitian authorities and other humanitarian actors, the Red Cross Red Crescent also pre-positioned emergency supplies capable of helping up to 150,000 people in vulnerable regions across the country in the event of a disaster.

The Haitian government’s national system for disaster risk management has been supported by the Red Cross Red Crescent, which created community response teams, since communities are the first to face disasters, linked to the local structures of the national system. These community response teams will be supported by Haiti Red Cross branches, committees and volunteers and are trained to respond to the frequent, everyday disasters in their communities, as well as major events like hurricanes, floods and earthquakes.

The Red Cross Red Crescent has also been supporting the Haiti Red Cross National Training Centre to develop its capacities to offer training services on community-based disaster risk management. The Centre has a key role in contributing to the national system for disaster and risk management with community intervention and education methodologies.

The results of these combined preparedness, mitigation and response efforts were clear when heavy rains, Tropical Storm Emily and Hurricane Irene hit Haiti in June, July and August 2011. A ‘crisis centre’ was set up at the Red Cross Red Crescent base camp in Port-au-Prince, emergency response teams were put on standby and community responders were activated to share life-saving information and updates with their neighbours.

While the vulnerability of both earthquake and non-earthquake-affected communities remains high, the work undertaken in both 2010 and 2011 by the Red Cross Red Crescent will ensure that the resilience of these communities can continue to grow.
Community and social infrastructure

The earthquake caused colossal damage to Haiti’s infrastructure. In the most affected regions, many schools, hospitals, health centres and clinics were destroyed resulting in overcrowding of the few structures still operational. During the emergency phase of the operation, relief teams and equipment were sent into Haiti to provide emergency healthcare in the absence of functioning hospitals and clinics, and temporary school buildings sprang up, housed in tents or other available spaces.

In 2011, Red Cross Red Crescent programmes have focused on increasing access to these key services, such as schools and health centres, for all shelter sites and renovated neighbourhoods.

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The health centre SNELAK has been rehabilitated by the Red Cross Red Crescent in Descayettes, in the Carrefour Feuille neighbourhood of Port-au-Prince.
In order to address some of the structural and long-term issues, the Red Cross Red Crescent has also focused on the actual building and rehabilitation of schools, clinics and hospitals. To date, 29 schools and 9 clinics or hospitals have been built, rehabilitated or strengthened thanks to Red Cross Red Crescent support.

Additional support to ensure the effective day-to-day running of these services has included school equipment and training for teachers, and the provision of medical equipment and stocks of drugs to health centres.

The Haiti Red Cross Society’s infrastructure was also devastated by the earthquake and rehabilitation work has been carried out throughout the country to help strengthen the network of regional and local committees. This has included constructing new offices for local committees and financial support to ensure training centres and warehouses are repaired and ready to be used. In total, two Haiti Red Cross Society regional branches and seven local committees have been rebuilt or rehabilitated.

**Beneficiary communications**

The Red Cross Red Crescent has prioritized communication with beneficiaries from the outset of the Haiti operation. Over the last year, the programme has increased its focus on two-way communication and accountability as a way of giving Haitians a voice, ensuring that their needs and opinions are represented in the recovery process.

Radyo Kwa Wouj, the Red Cross Red Crescent radio show, expanded to two shows per week in July 2011 and toll-free telephone lines increased audience participation from a few calls per show to an average of 50 calls per month.
By the end of October 2011, nearly 500 listeners’ calls had been answered live on the air.

SMS continued to play a role in meeting the information needs of the population. Primarily used in the past to distribute vital health and disaster preparedness messages, in 2011 the system was further developed to engage people in short surveys, the results of which were used to inform relief and livelihoods programmes.

The pilot questions and complaints phone line was made permanent this year with answers given to more than 1,000 questions from Haitians keen to learn more details and to provide feedback on key Red Cross Red Crescent activities.

Also, a new toll-free telephone line will be launched in early 2012. The line will allow Haitians to give their opinions simply by pressing buttons on their phones and will also provide a wealth of recorded information on health, family planning, disaster preparedness and Red Cross Red Crescent services.

Integrated, targeted campaigns combining the power of radio, SMS, posters and sound trucks have helped to reach even more people this year with practical, life-saving information on topics from malaria, through first-aid tips to violence prevention. Nearly 65 million SMS messages were successfully delivered by the end of October 2011. The reactions to these are encouraging – 96 per cent of people in a recent survey said that Red Cross Red Crescent information was useful, 83 per cent reported taking action and 73 per cent shared it with others.
Looking ahead

The process of rebuilding Haiti has begun, but rebuilding what was destroyed and repairing what was already broken will take years.

The Red Cross Red Crescent will be in Haiti for years. While many programmes will inevitably scale down over the upcoming months, Red Cross Red Crescent support will focus on longer-term sustainable programmes which empower Haitians to take control of the services in their communities.

Helping people to move back into their neighbourhoods will be at the centre of all Red Cross Red Crescent programmes in future years. Working with local residents and local government, Red Cross Red Crescent programmes are integrating the key services needed for a community to thrive. Where possible, this will include shelter, sanitation, water, livelihoods, health, education and risk reduction solutions.

The aim is to create stronger, more resilient communities which are able to prepare for and respond to the multiple threats they face. To achieve this, disaster preparedness and health programmes will be a key focus in 2012, as the Haiti Red Cross Society continues to strengthen its role as auxiliary to the Haitian government.
The community of La Piste and Annexe de la Mairie camps came together to take part in a football match organized by the Red Cross Red Crescent. Entertained by dancers and football ‘tricks’, posters and information materials on violence prevention were shared to an audience of cheering supporters.

The recovery of Haiti will be reliant on long-term development planning led by the Haitian government. The Red Cross Red Crescent, with its thousands of local volunteers, can play a vital role within this development, ensuring community-level engagement which recognizes the needs of the most vulnerable. Support of government reconstruction intentions, such as the 16/6 project plan, will be essential in the years to come as the Red Cross Red Crescent will endeavour to partner with public authorities on development plans and implementation.

The progress made over the last 12 months is encouraging and leads to an optimistic outlook for Haiti’s future. But empowering communities to take control of their own development cannot be rushed. Time must be allowed for national reconstruction and recovery plans to be delivered by a fully functioning Haitian government, for neighbourhood reconstruction to take hold completely and for communities and households to absorb new behaviours related to minimizing health and disaster-related risks. The Haitian population must be the architects of their own recovery.
# 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 15 November 2011.

### Table 1. Analysis of programmatic performance indicators

Figures represent progress achieved up to 15 November 2011.

<table>
<thead>
<tr>
<th>Programme area</th>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relief distributions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Estimated number of households provided with at least one type of essential non-food relief item</td>
<td></td>
<td>226,030</td>
</tr>
<tr>
<td>1b</td>
<td>Total number of households provided with additional relief items</td>
<td></td>
<td>6,818</td>
</tr>
<tr>
<td>2</td>
<td>Total number of households provided with at least one hygiene kit</td>
<td></td>
<td>193,720</td>
</tr>
<tr>
<td>3</td>
<td>Total number of households reached with emergency cash distributions</td>
<td></td>
<td>1,839</td>
</tr>
<tr>
<td>4</td>
<td>Total number of households provided with food assistance</td>
<td></td>
<td>195,160</td>
</tr>
<tr>
<td>5</td>
<td>Total number of patients treated in Red Cross Red Crescent emergency healthcare facilities</td>
<td></td>
<td>229,977</td>
</tr>
<tr>
<td>6</td>
<td>Total number of people reached by community-based health and first-aid services</td>
<td></td>
<td>1,050,118</td>
</tr>
<tr>
<td></td>
<td>Disaggregated by category of service</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal, newborn and child health</td>
<td></td>
<td>218,056</td>
</tr>
<tr>
<td></td>
<td>HIV prevention</td>
<td></td>
<td>40,000</td>
</tr>
<tr>
<td></td>
<td>Anti-stigma messages</td>
<td></td>
<td>114,994</td>
</tr>
<tr>
<td></td>
<td>Prevention of malaria, dengue and other vector-borne diseases</td>
<td></td>
<td>2,369</td>
</tr>
<tr>
<td></td>
<td>Training in community-based first-aid</td>
<td></td>
<td>167,208</td>
</tr>
<tr>
<td></td>
<td>Psychosocial support activities</td>
<td></td>
<td>524,556</td>
</tr>
<tr>
<td></td>
<td>Other services (mainly general health promotion)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Total number of Haiti Red Cross Society volunteers trained in epidemic control</td>
<td></td>
<td>354</td>
</tr>
<tr>
<td><strong>Cholera response</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Total number of cholera treatment centres or units supported by the Red Cross Red Crescent at the end of the reporting period</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>9</td>
<td>Total number of patients hospitalized in the cholera treatment centres and units supported by the Red Cross Red Crescent</td>
<td></td>
<td>25,090</td>
</tr>
<tr>
<td>10</td>
<td>Total number of oral rehydration points operated by the Red Cross Red Crescent at the end of the reporting period</td>
<td></td>
<td>768</td>
</tr>
<tr>
<td><strong>Blood services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total number of blood collection centres newly built or rehabilitated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Under construction</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>In a planning phase</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Total number of blood collection centres to be newly built or rehabilitated</td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

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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, Danish 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, the Netherlands Red Cross, and the Republic of Korea National Red Cross.

2. The methodology of tracking households reached has been refined and the number of households provided with hygiene kits has been adjusted accordingly. All households that have received at least one hygiene kit have been reported.

3. 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.
<table>
<thead>
<tr>
<th>Programme area</th>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water and sanitation</td>
<td>12</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></td>
<td>13</td>
<td>Total amount of drinking water distributed (emergency set-up)</td>
<td>1,232,001,470 litres</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>Total number of camps where the governmental agency for water and sanitation has taken over water trucking</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Total number of camps being served through emergency sanitation services at the end of the reporting period</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>16</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>14,678</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Total number of households provided with access to an improved sanitation facility</td>
<td>8,273</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Total number of improved sanitation facilities newly built or rehabilitated</td>
<td>8,036</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Total number of water and sanitation committees set up and trained[4]</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Total number of people reached through hygiene promotion activities</td>
<td>3,301,164</td>
</tr>
<tr>
<td>Shelter</td>
<td>21</td>
<td>Total number of households provided with emergency shelter materials</td>
<td>179,645</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Total number of host families provided with cash or voucher assistance for shelter enhancement</td>
<td>10,000 7,690</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>Total number of households reached with tarpaulin replacement</td>
<td>67,251[5]</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>Total number of households reached with reinforcement/improvement of emergency shelter</td>
<td>4,511</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>Total number of households provided with safe and improved shelter solution</td>
<td>36,953 21,658</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disaggregated by type of shelter solution</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of households provided with a transitional/upgradable shelter</td>
<td>25,968 19,068</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of households provided with a settlement/relocation grant</td>
<td>5,077 2,505</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of households provided with permanent shelter</td>
<td>5,908 85</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; House repair</td>
<td>5,000 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; Permanent house</td>
<td>908 85</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>Total number of community members trained in shelter activities</td>
<td>16,482</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>Total number of shelter beneficiary households with access to an improved sanitation facility</td>
<td>5,703</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>Total number of shelter beneficiary households with access to improved water source</td>
<td>9,963</td>
</tr>
</tbody>
</table>

4. 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.

5. The methodology of tracking households reached has been refined and the number of households provided with emergency shelter materials for replacement has been adjusted accordingly.

6. 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.
<table>
<thead>
<tr>
<th>Programme area</th>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29</td>
<td>Total number of schools newly built, rehabilitated, equipped or strengthened</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Newly built or rehabilitated</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Under construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In a planning phase</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Equipped or strengthened</td>
<td>Planned</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of schools to be newly built, rehabilitated, equipped or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>strengthened</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>Estimated catchment population of newly built, rehabilitated, equipped or</td>
<td>7,170</td>
</tr>
<tr>
<td></td>
<td></td>
<td>strengthened schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>Total number of clinics or hospitals newly built, rehabilitated, equipped</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>or strengthened</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Under construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In a planning phase</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Equipped or strengthened</td>
<td>Planned</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of clinics or hospitals to be newly built, rehabilitated,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>equipped or strengthened</td>
<td></td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>Estimated catchment population of newly built, rehabilitated, equipped or</td>
<td>305,463</td>
</tr>
<tr>
<td></td>
<td></td>
<td>strengthened hospitals or clinics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>33</td>
<td>Total number of other community buildings and infrastructure newly built or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>rehabilitated</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Under construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In a planning phase</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of other community buildings and infrastructure newly built or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>rehabilitated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>Total number of households that have received livelihood support grants,</td>
<td>Planned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>loans or other forms of financial support</td>
<td>Reached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Earthquake- affected family</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>51,185</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Host family</td>
<td>17,768</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>Total number of children who received grants for the payment of school</td>
<td>17,898</td>
</tr>
<tr>
<td></td>
<td></td>
<td>fees and other educational expenses during one school year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>Total number of people trained and provided with necessary equipment to</td>
<td>1,137</td>
</tr>
<tr>
<td></td>
<td></td>
<td>provide relevant services in their communities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>Total number of people supported through the provision of short-term</td>
<td>82,693</td>
</tr>
<tr>
<td></td>
<td></td>
<td>employment opportunities - cash-for-work activities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Livelihoods</th>
<th></th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34</td>
<td>72,737</td>
<td>68,953</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Earthquake- affected family</td>
<td>51,185</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Host family</td>
<td>17,768</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>17,898</td>
<td></td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>1,137</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>82,693</td>
<td></td>
</tr>
</tbody>
</table>
### Disaster preparedness and risk reduction

<table>
<thead>
<tr>
<th>Programme area</th>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38</td>
<td>Total number of households covered by pre-positioned non-food relief stock for Haiti</td>
<td>30,046&lt;sup&gt;7&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>39</td>
<td>Total number of community members trained in vulnerability and capacity assessment or community-based disaster management</td>
<td>3,214</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>Total number of community response teams set up and equipped&lt;br&gt;<strong>Disaggregated by target population</strong>&lt;br&gt;Temporary camps (vigilance committees)&lt;br&gt;Communities in high-risk areas</td>
<td>226</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>Total number of camps or communities reached with mitigation micro-projects&lt;br&gt;<strong>Disaggregated by target population</strong>&lt;br&gt;Temporary camps&lt;br&gt;Communities in high-risk areas</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>Total number of camps or communities reached with awareness-raising activities on disaster risks&lt;br&gt;<strong>Disaggregated by target population</strong>&lt;br&gt;Temporary camps&lt;br&gt;Communities in high-risk areas</td>
<td>340</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>Total number of Haiti Red Cross Society regional branches with strengthened capacity for risk and disaster management&lt;br&gt;<strong>Disaggregated by the following:</strong>&lt;br&gt;– with a contingency plan in place&lt;br&gt;– have participated in a simulation exercise&lt;br&gt;– supported with reliable access to electricity and internet&lt;br&gt;– with operational radio station in place</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>Estimated total number of Haiti Red Cross Society volunteers involved in the earthquake operation&lt;sup&gt;9&lt;/sup&gt;</td>
<td>1,239</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>Total number of Haiti Red Cross Society volunteers trained&lt;sup&gt;10&lt;/sup&gt;</td>
<td>3,029&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>Total number of Haiti Red Cross Society regional branches rebuilt or rehabilitated&lt;br&gt;Completed&lt;br&gt;Under construction&lt;br&gt;In a planning phase</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>47</td>
<td>Total number of Haiti Red Cross Society local committees strengthened or rebuilt&lt;br&gt;Completed&lt;br&gt;Under way&lt;br&gt;In a planning phase</td>
<td>7</td>
</tr>
</tbody>
</table>

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<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> This estimated figure includes only the Haiti Red Cross Society volunteers involved in relief distributions, healthcare, water and sanitation, shelter, disaster preparedness and risk reduction, community and social infrastructure or livelihoods activities during the last three months of this reporting period. It does not include volunteers who have provided general support to the operation or other activities not directly linked to those in these sectors.

<sup>10</sup> This figure was calculated by aggregating the number of volunteers engaged in the different programme areas. In some cases double counting was eliminated, however in other cases, there was no credible estimate available on double counts, and therefore not all double-counting issues could be addressed.

<sup>11</sup> The main source of information for this indicator was the participant list of different training events. It was not possible to eliminate double counting of volunteers this time. Efforts will be made to refine the data collection method for this indicator in the future.

<sup>12</sup> The figure was corrected during this reporting period as a result of a review of previous estimations.
### Programme area

<table>
<thead>
<tr>
<th>Ind. no.</th>
<th>Indicators</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Total number of Red Cross Red Crescent expatriate staff in Haiti at the end of the reporting period</td>
<td>277</td>
</tr>
<tr>
<td>49</td>
<td>Total number of Red Cross Red Crescent national staff in Haiti at the end of the reporting period</td>
<td>2,603</td>
</tr>
<tr>
<td>50</td>
<td>Total number of project, programme and operations evaluations in Haiti</td>
<td>Planned 62, Under way 6, Undertaken 22</td>
</tr>
<tr>
<td>51</td>
<td>Total number of Red Cross Red Crescent National Societies or organizations operating in Haiti</td>
<td>15</td>
</tr>
<tr>
<td>52</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>124</td>
</tr>
</tbody>
</table>

13: A list of these 124 Red Cross and Red Crescent National Societies and organizations is included as Annex 3 in this report.
Financial overview

The International Federation of Red Cross and Red Crescent Societies (IFRC) has raised a total of 1,182.6 million Swiss francs in support of its response operation in Haiti.

As of 30 September 2011, a total of 568.0 million Swiss francs, or 48 per cent of the total income, has been spent for relief and recovery operations in Haiti. Additionally, an estimated 118.3 million Swiss francs were projected to be spent in the last three months of 2011.

Figure 1. Total funds donated to the Red Cross Red Crescent by original sources

in millions of Swiss francs (CHF)

- General public: CHF 781.2 M (66.1%)
- Corporations: CHF 185.8 M (15.7%)
- Other Red Cross Red Crescent partners: CHF 19.2 M (1.6%)
- NGOs/Foundations/Trusts: CHF 46.3 M (3.9%)
- Interest earned: CHF 7.1 M (0.6%)
- Government and governmental institutions: CHF 143.1 M (12.1%)

Figure 2 reflects spending by programme area through to 30 September 2011. The largest amounts spent by the Red Cross Red Crescent are in the areas of relief assistance (132.1 million Swiss francs), shelter (158.8 million Swiss francs) and programme support and coordination (84.0 million Swiss francs). The amount reported for cholera response (16.2 million Swiss francs) represents the amount that has been spent on cholera-related activities from the funds raised for the earthquake response, and does not capture the overall expenditure of the Red Cross Red Crescent on cholera response.

1 The financial information in this report combines unaudited data from 34 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, Finnish Red Cross, French Red Cross, Haiti Red Cross Society, Icelandic Red Cross, Irish Red Cross Society, Italian Red Cross, Japanese Red Cross Society, Luxembourg Red Cross, New Zealand 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, the Republic of Korea National Red Cross, and Turkish Red Crescent Society. Five other National Societies (Chilean Red Cross, Costa Rican Red Cross, Mexican Red Cross, Qatar Red Crescent Society and the Thai Red Cross Society) had already accounted for all their funds raised for the operation, therefore no updated data was requested from them. A further four Red Cross and Red Crescent National Societies (Dutch Red Cross, German Red Cross, Red Crescent Society of the United Arab Emirates, and Slovak Red Cross), with remaining balances, 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) or 31 March 2011 (third 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 are as follows: the exchange rate to translate income is the weighted average of IFRC income receipts from 13 January through 30 September 2011; the exchange rate to translate expenditure is the average rate from 13 January through 30 September 2011; and the rate as of 30 September 2011 is used for projected expenditure. The summary table of rates used is included in the financial reporting methodology notes, annexed to this report.

3 Expenditure reporting has been restricted to 12 categories. Each Red Cross or Red Crescent National Society and organization has its own unique accounting and financial reporting structures. Therefore, for the purposes of consolidating expenditure 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.
Figure 3 reflects expenditure by organization, including the IFRC’s secretariat, the 34 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 22.3 per cent.

Figure 3.1. Implementers of Red Cross Red Crescent funding
in millions of Swiss francs (CHF)

Figure 3.2. Total expenses spent by external agencies
in millions of Swiss francs (CHF)

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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 income, expenditure and projections up to 28 February 2010 (first round) or 31 March 2011 (third round).

5 The costs of Emergency Response Units (ERUs) are reflected in National Society expenditures. In-kind expenditure distributed by the IFRC’s secretariat is attributed to the contributing National Society. This adjustment during the consolidation of figures reduces the actual expenditures attributed to the IFRC’s secretariat by approximately 3.9 million Swiss francs.
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 2014 and possibly longer. Estimated spending projections are shown in Figure 4, Table 2 and Figure 5.

Figure 4. Red Cross Red Crescent expenditure and forecast combined (2010 to 2014+)
in millions of Swiss francs (CHF)

Financial reporting for this consolidated report has been restricted to a five-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.

The forecasts are not to be considered as formal commitments, but estimates of expenditure that are subject to adjustments as details of plans and budgets in certain programme areas become available.
Table 2. Red Cross Red Crescent expenditure and projected expenditure by year and by category (2010 to 2014+)

<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 2011</td>
<td>Last quarter of 2011</td>
<td>2012</td>
</tr>
<tr>
<td>Cholera response</td>
<td>16.2</td>
<td>3.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Water and sanitation</td>
<td>50.6</td>
<td>15.8</td>
<td>23.6</td>
</tr>
<tr>
<td>Health</td>
<td>66.7</td>
<td>18.1</td>
<td>19.6</td>
</tr>
<tr>
<td>Shelter</td>
<td>158.8</td>
<td>36.3</td>
<td>71.9</td>
</tr>
<tr>
<td>Relief — Food</td>
<td>56.9</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Relief — Non-food</td>
<td>63.8</td>
<td>2.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Relief — Cash</td>
<td>11.4</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Community and social infrastructure</td>
<td>4.4</td>
<td>2.9</td>
<td>17.4</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>28.6</td>
<td>6.7</td>
<td>11.6</td>
</tr>
<tr>
<td>Disaster preparedness</td>
<td>6.8</td>
<td>8.1</td>
<td>11.6</td>
</tr>
<tr>
<td>Capacity building</td>
<td>19.8</td>
<td>4.7</td>
<td>10.1</td>
</tr>
<tr>
<td>Programme support and coordination</td>
<td>84.0</td>
<td>19.4</td>
<td>46.4</td>
</tr>
<tr>
<td>Total</td>
<td>568.0</td>
<td>118.3</td>
<td>213.2</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>
</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.

Figure 5. Red Cross Red Crescent expenditure and projected expenditure per category
The Red Cross has built transitional shelters in Annexe de la Mairie, a camp on the fringes of Cité Soleil, in Port-au-Prince. Juirda Caseuse, aged 25, lives here with her three children. Her husband recently died and she is unemployed.
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 34).

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 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 20). 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.

7. 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.

8. Total number of cholera treatment centres or units supported by the Red Cross Red Crescent
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.

9. 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.

10. Oral rehydration points operated by the Red Cross Red Crescent
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.

11. 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.
- 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.

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8 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.
**Water and sanitation**

12. **Total number of people provided with daily access to drinking water at the peak of the 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.

13. **Total amount of drinking water distributed**
   This refers to the total amount of drinking water distributed since the earthquake through emergency water trucking.

14. **Total number of camps where the governmental agency for water and sanitation has taken over water trucking**
   This is the total number of camps where the governmental agency for water and sanitation (Direction Nationale de l’Eau Potable et de l’Assainissement) has assumed the responsibility of trucking water with support provided by the Red Cross Red Crescent.

15. **Total number of camps being served through emergency sanitation services at the end of the reporting period**
   This includes the total number of camps where emergency sanitation services, such as maintenance of latrines and environmental sanitation interventions including vector control measures, solid waste management, drainage, and camp and house cleaning are being provided by the Red Cross Red Crescent. This indicator is not cumulative; it reports the number of camps being served at the end of the reporting period.

16. **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.

17. **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.
18. Total number of improved sanitation facilities newly built or rehabilitated
This includes the number of improved sanitation facilities (see definition in indicator 17) newly built or rehabilitated by the Red Cross Red Crescent.

19. 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.

20. 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**

21. 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.

22. Total number of host families provided with cash or voucher assistance for shelter enhancement
Host families are those that 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.

23. 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.

24. 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.

25. 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).

26. **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.

27. **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.

28. **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.
Community and social infrastructure

29. 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.

30. 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.

31. Total number of clinics or hospitals newly built, rehabilitated, equipped or strengthened
Methodology similar to indicator 29 has been applied.

32. 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.

33. Total number of other community buildings and infrastructure newly built or rehabilitated
Methodology similar to indicator 29 has been applied.

Livelihoods

34. 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.

35. Total number of children who received grants for the payment of school fees and other educational expenses during one school year
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 sector since it
provides families with free resources to enable them to prioritize their income for other recovery activities.

36. Total number of people trained and 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 necessary equipment to offer services matching the demand in the community.

37. 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

38. 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.

39. 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 sections (Conseil d’Administration de la Section Communale)
- others.

40. 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.

9 Haiti is divided into 568 communal sections, each of them having an administrative council (CASEC).
41. **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.

42. **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.

43. **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**

44. **Estimated total number of Haiti Red Cross Society volunteers involved in the earthquake operation**
This refers to the estimated total number of Haiti Red Cross Society volunteers who have worked freely to support the delivery of services of the Red Cross Red Crescent for at least four hours during the last three months of the reporting period. As it is a common practice in Haiti to pay a daily per diem amount to the volunteers, the definition allows the inclusion of volunteers who receive such payment during the course of their activities.

45. **Total number of Haiti Red Cross Society volunteers trained**
This includes the total number of Haiti Red Cross Society volunteers trained by the Red Cross Red Crescent. The same volunteer is counted only once during the reporting period, regardless of the number of trainings received.

46. **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.
47. Total number of Haiti Red Cross Society local committees strengthened or rebuilt
Methodology similar to indicator 46 has been applied.

Programme support and coordination

48. 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.

49. 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.

50. 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.

51. Total number of Red Cross Red Crescent National Societies or organizations
operating in Haiti
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.

52. 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 34 Red Cross or Red Crescent Societies referenced in the report. This data was collected and compiled over a period of four weeks, from 10 October to 11 November 2011. 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 used to generate this collective portrait reflected data through 30 September 2011, with the following exceptions: five 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 underreports 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>0.8868</td>
</tr>
<tr>
<td>CAD</td>
<td>1.0312</td>
<td>0.9965</td>
<td>0.9409</td>
</tr>
<tr>
<td>CHF</td>
<td>1.0000</td>
<td>1.0000</td>
<td>1.0000</td>
</tr>
<tr>
<td>DKK</td>
<td>0.1877</td>
<td>0.1743</td>
<td>0.1640</td>
</tr>
<tr>
<td>EUR</td>
<td>1.3954</td>
<td>1.2586</td>
<td>1.2201</td>
</tr>
<tr>
<td>GBP</td>
<td>1.6468</td>
<td>1.5068</td>
<td>1.4029</td>
</tr>
<tr>
<td>HKD</td>
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<td>0.1297</td>
<td>0.1151</td>
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<tr>
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<td>0.0077</td>
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<td>KRW</td>
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<td>0.0009</td>
<td>0.0008</td>
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<tr>
<td>NOK</td>
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<tr>
<td>NZD</td>
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<td>0.7048</td>
</tr>
<tr>
<td>USD</td>
<td>1.1007</td>
<td>0.9969</td>
<td>0.8974</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 2011. 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 2011.

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 make-shift 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 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 management systems
• humanitarian values programming
• provision of technical assistance, training materials and professional development
• 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 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 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

The information portrayed in this report is reflective of contributions from the following Red Cross and Red Crescent National Societies and organizations.

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  
Belize 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  
Ecuadorean Red Cross  
Egyptian Red Crescent Society  
Estonian Red Cross  
Ethiopian Red Cross Society  
Finnish Red Cross  
French Red Cross  
German Red Cross  
Grenada Red Cross Society  
Guatemalan Red Cross  
Red Crescent Society of the Islamic Republic of Iran  
Red Crescent Society of the United Arab Emirates  
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  
Liberian Red Cross Society  
Libyan Red Crescent  
Liechtenstein Red Cross  
Lithuanian Red Cross Society  
Luxembourg Red Cross  
Malaysian Red Crescent Society  
Mauritius Red Cross Society  
Mexican Red Cross  
Moroccan Red Crescent  
Namibia 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  
Portuguese Red Cross  
Qatar Red Crescent Society  
Swiss Red Cross  
Syrian Arab Red Crescent  
Red Cross of Benin  
Red Cross of Cape Verde  
Red Cross of Monaco  
Red Cross of Montenegro  
Red Cross of Viet Nam  
Red Cross Society of China  
Red Cross Society of China — Hong Kong Branch  
Red Cross Society of China — Macau Branch  
Red Cross Society of Georgia  
Red Cross Society of Côte d’Ivoire  
Red Cross Society of Panama  
Rwandan Red Cross  
Saint Kitts and Nevis Red Cross Society  
Saint Lucia Red Cross  
Saint Vincent and the Grenadines Red Cross Society  
Salvadoran 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  
The Bahamas Red Cross Society  
The Barbados 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  
The Turkish Red Crescent Society  
The Ukrainian Red Cross Society  
The Uruguayan Red Cross  
The Zambia Red Cross Society
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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