

Operations update



International Federation
of Red Cross and Red Crescent Societies

Haiti: Earthquake Twelve Months Progress Report

Emergency Appeal n° MDRHT008
GLIDE n° EQ-2010-000009-HTI
Operations update n° 25
1 April 2011

Period covered by this Progress Report:

13 January 2010 to 31 January 2011

Appeal target (current): 314,329,971 Swiss francs in cash, kind, or services are required to support the plan of action of the Haitian Red Cross (HRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) to provide basic non-food items and emergency/transitional shelter to 80,000 beneficiary families and provide emergency health care, fulfilment of basic needs in water and sanitation and livelihoods support for vulnerable populations in the earthquake-affected region.

Appeal coverage: coverage currently stands at approximately 81 per cent. The 2,560,967 Swiss francs requested to support the International Federation of Red Cross and Red Crescent Society's inter-agency coordination of the Shelter and Non-Food Items Cluster has been covered by different donors.

Summary: A 7.0 magnitude earthquake struck Haiti on 12 January 2010, affecting 3 million people. The earthquake directly affected Port-au-Prince, Léogane, Petit and Grand Goâve and Jacmel, causing over 222,570 deaths and 300,572 injuries. Widespread destruction in Port-au-Prince left over 1.5 million people homeless and in Léogane and Gressier 70 per cent of homes were destroyed or damaged.

The response effort began a few hours after the earthquake, representing vast challenges. The country's densely populated capital city, Port-au-Prince, was effectively disabled; the full human cost would not be known for weeks and the real number of those who died may never be identified. Thousands of bodies started to pile up in the streets and outside hospitals. More were found trapped beneath the rubble days and even weeks later. The Haitian Red Cross staff and volunteers also suffered terrible personal losses but continued to work around the clock helping individuals in affected communities throughout Port-au-Prince and other affected areas. The United Nations suffered its largest single loss of life in its peacekeeping history and many humanitarian agencies already present in Haiti were unable to access their warehouses for relief supplies. The Presidential palace and many government buildings collapsed, hampering the central government, and are still in ruins to this day. Coordination efforts were disrupted by frequent power cuts and communications outages. Port-au-Prince's international airport was at first crippled by the quake, before being overloaded with the influx of humanitarian assistance and cargo. Even airports in the Dominican Republic struggled to cope with the number of aid flights that quickly began to arrive. The main port in Port-au-Prince was closed due to serious damage and many roads were blocked by rubble and crushed vehicles in the first hours of the earthquake. In response, the Red Cross Red Crescent immediately deployed a Field Assessment and Coordination Team to assess needs. This led to the deployment of an unprecedented number of Emergency Response Units (ERUs) – self-contained specialized units which provide essential services for fixed periods of time. ERUs deployed to Haiti included field hospitals, water treatment plants, logistic bases, portable operational centres, emergency telecommunication infrastructure and sanitation supplies with a total of 21 ERUs and 3 response teams which were deployed to Haiti in order to deliver critically needed items and services to the affected families.

In the emergency phase, the focus was firmly on urgently needed shelter, health care, relief items and water and sanitation. The IFRC Earthquake response programme has made significant progress. At the end of January 2011, the relief teams had distributed 347,436 tarpaulins, 263 947 blankets, 294,268 hygiene kits and 139,574 mosquito nets. The transitional shelter programme has been moving forward with the completion of 848 shelters by the end of January 2011. In the health sector, more than 150,000 people have been reached by the community based health services and the health unit has been particularly involved in the cholera operation during this month. 218,910 people have been reached with daily water distribution by the end of January 2011 and 597,711 cubic metres water have been delivered; in addition, 144,316 people have been provided with sanitation facilities.

The Disaster Preparedness/Disaster Risk Reduction programme has strengthened the capacity of 13 Haitian Red Cross Branches to respond to disasters and 25,000 vulnerable households have been covered by pre-positioned stocks as of the end of December 2010. Since the beginning of the operation, the beneficiary communication unit has delivered 33.1 million messages and reached 1.2 million Haitians through SMSs. 30 hours of radio shows have also been broadcasted during the past year.

Twelve months on, needs are still great and many people are still vulnerable. As per the latest information from the Camp Coordination and Camp Management Cluster, there are currently 1,061 IDP camps in Haiti and 680,494 IDPs living in these camps. As a result, non-food relief items continue to be distributed with a focus on replacing emergency shelter materials.

Emphasis on recovery programmes is steadily increasing within the IFRC and other agencies present in Haiti and achievements are being made in supporting the affected population towards the recovery phase. Housing the earthquake-affected population still presents challenges as land issues persist in hampering progress, but gradually transitional shelter is replacing emergency shelter and a number of alternative solutions are proving successful in the country. In collaboration with other humanitarian agencies, the Red Cross Red Crescent has supported the alleviation of the huge strain placed on local authorities in health care, water and sanitation, and civil protection. Capacity-building activities aimed at strengthening competence are a crucial element of the Red Cross Red Crescent plan of action supporting the public authorities in reclaiming full control in their respective sectors. The main aim of the IFRC approach to disaster recovery and disaster risk reduction is to address the local vulnerabilities that lead to disaster. When an unexpected outbreak of cholera occurred in October 2010, an integrated approach focusing on health care and water and sanitation was adopted to encompass hygiene promotion, cholera prevention and treatment. Furthermore, in November 2010, as Hurricane Tomas threatened, tens of thousands of people were reached through disaster-preparedness activities in dozens of camps and communities.

1. GENERAL DATA

Country: Haiti	Type of disaster: Earthquake	GLIDE number: EQ-2010-000009-HTI
Target number of beneficiaries: 80,000 beneficiary families	Expected duration: 3 years	Budget: 314,329,971 Swiss francs

2. ANALYSIS OF THE CURRENT SITUATION

2.1. CURRENT RESPONSE

Looking back at the previous 12 months, the operation has achieved much. The Haiti Earthquake operation has ensured prompt response and has reached many of the most vulnerable affected by the disaster. To date, the relief operation alone has reached over 160,000 families with emergency shelter and relief items. Since the early days of the deployment of Emergency Response Units, there has been ongoing provision of clean drinking water and as a result of the exponentially growing shelter programme, the Haiti Earthquake operation is working to gradually assist families to move out of camps.

The Earthquake Response Operation is an example of the collective achievements of the Red Cross Red Crescent Movement when all resources are working together. Since the early days of the operation and throughout the last 12 months, the Federation has innovated in various ways to ensure an appropriate and robust response. Innovations were achieved in various areas, including relief, in which Red Cross National Societies from the Americas were deployed and actively took part in the provision of food and non-food items. Communications used recent technology to reach millions of beneficiaries with messages and to establish dialogue. Furthermore, the support services in the area of finance and HR adapted new systems to deal with the scope of the operation. The logistics operation set up the largest logistics team ever. These are just some examples of the way in which the IFRC has adapted its response to meet the extraordinary needs of the affected population of the Haiti Earthquake. These activities continue, and now will transition to the recovery process.

In late October, the International Federation launched an Emergency Appeal for cholera response and preparedness to provide support to 500,000 people (100,000 families) in Haiti for up to a year and 150,000 people (30,000 families) in the Dominican Republic for up to six months. This Appeal aims to support the affected and vulnerable population within a four-pronged strategy in accordance with the Haitian Red Cross' Cholera Response plan of action and with the Ministry of Public Health (MSPP) directives: **Group activity I) water supply, Group activity II) sanitation, Group activity III) preventive health and hygiene promotion and Group activity IV) curative health facilities.** The Appeal aims to support the coordinated response of the International Red Cross and Red Crescent Movement to the outbreak, thus increasing the synergy and efficiency of the operation. The proposed activities include the strengthening of the Haitian Red Cross volunteer network to improve resilience capacity in communities through cascade training and key messages on cholera treatment and prevention. The overall strategy of this Emergency Appeal focuses on the provision of services within the four aforementioned group activities at three different levels: in the communities, in Cholera Treatment Units (CTUs) and Cholera Treatment Centres (CTCs).

The main activities carried out by the IFRC with support from the Haitian Red Cross are in the areas of water supply, sanitation, preventive health and hygiene promotion, curative health and logistics. In addition, Partner National Societies (PNS) in the country including the American Red Cross, the British Red Cross, the Canadian Red Cross, the Danish Red Cross, the Finnish Red Cross, the French Red Cross, the German Red Cross, the Japanese Red Cross Society, the Norwegian Red Cross, the Netherlands Red Cross, the Spanish Red Cross and the Swiss Red Cross have been contributing to the cholera response. PNSs have been conducting extensive hygiene promotion activities with support from the Haitian Red Cross. Other activities include managing and supporting Cholera Treatment Centres and Cholera Treatment Units, distributing visibility material with cholera related messages, transporting cholera patients, training Haitian Red Cross volunteers, and promoting sanitation focusing on latrines.

In the coming weeks the IFRC team will be working with the HRC and other partners to define the mid to longer term strategy for cholera operations in Haiti.

3. REPORTING ON THE OPERATION

3.1. RELIEF DISTRIBUTION (Non Food Items and Emergency Shelter)

3.1.1. Report on indicators

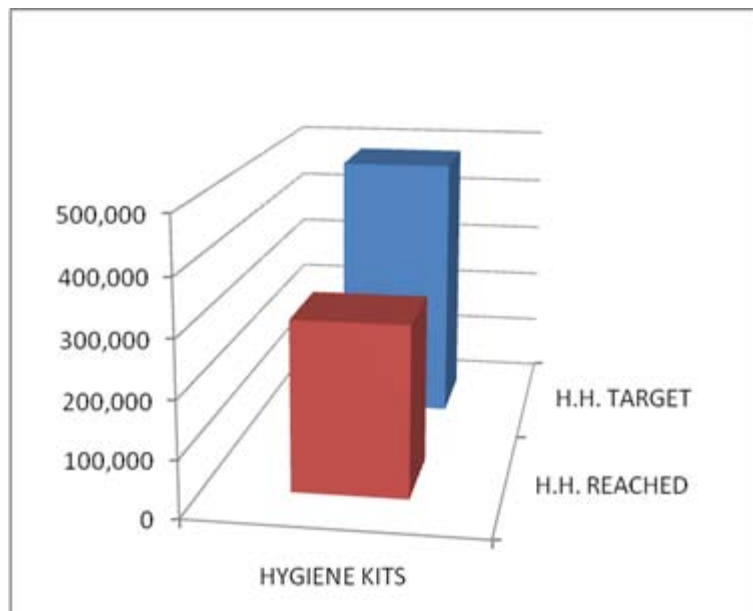
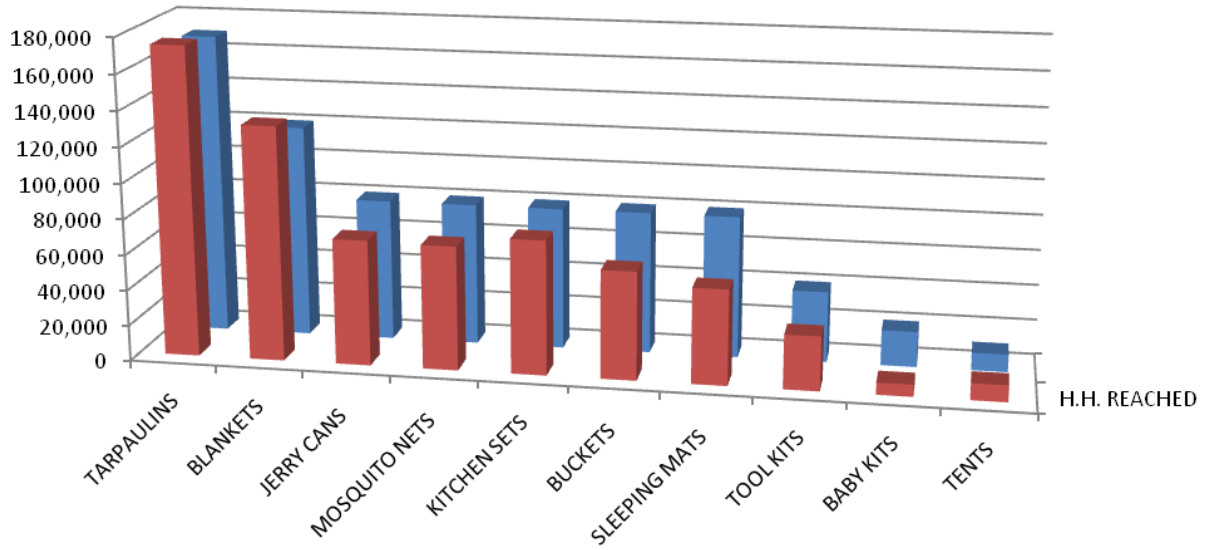
Indicators

Objective	Indicator	Non-Food Items	Target (no of items)	Year to Date Actual	% to date	Overall %
Output 1.1 80,000 families will have received basic non-food items (including emergency shelter) within the first six	1.1 a) Total number of households provided with a set of Non-food items.	Blankets (2 per family)	240,000 ¹	263,947	110 %	87%
		Jerry cans (2 per family)	160,000	141,424	88%	
		Mosquito nets (2 per family)	160,000	139,574	87%	

¹ The previous report indicated target of 120 000 households, the target no of blankets is therefore 240 000

months following the disaster.		Kitchen sets (1 per family)	80,000	75,581	94%		
		Buckets (2 per family)	160,000 ²	121,822	76%		
		Sleeping mats (2 per family)	160,000	107,199	67%		
		Baby kits	20,000	6,283	31%		
	1.1 b) Total number of households provided with emergency shelter items.		Tarpaulins (2 per family)	140,000	239,492	171 %	<u>147%</u>
			Tents	10,000	9,381	94%	
			Shelter tool kits	40,000	30,471	76%	
Output 1.2 20,000 additional families will have been identified in the affected area and have received emergency shelter items	1.2 # households provided with emergency shelter items	Tarpaulins - New camps	40,000	5,648	14%	<u>14%</u>	
Output 1.3 80,000 families will have received further emergency shelter items (tarpaulins, and rope) to replace those damaged through use or by the weather, etc.	1.3 Total number of households provided with emergency shelter items.	Replacement Tarpaulins	160,000	102,296	64%	<u>64%</u>	
Output 1.4 80,000 families will have received a hygiene kit on a monthly basis until December 2010	1.4 Total number of households reached with hygiene kits at least six times	Hygiene kits (1 per family for 6 months)	480,000	294,268	61%	<u>61%</u>	

² Households targeted for buckets are 80,000, therefore the target number of items are 160 000



Analysis of implementation

Key accomplishments

In the days immediately following the earthquake, priority was given to the distribution of food, water and basic non-food items. It was apparent that given the level of destruction there was also an urgent need for emergency shelter items. IFRC/HRC relief activities during the initial months following the earthquake therefore focused on meeting the overwhelming needs for non-food items (NFIs) and emergency shelter in Port-au-Prince and outlying areas such as Léogane, which were directly affected by the earthquake. The IFRC, through the Relief Emergency Response Units and the Haitian Red Cross focused preliminary distribution efforts on a basic kit of essential non-food items. The first packages of prioritized non-food items included: tarpaulins, blankets, kitchen sets, hygiene kits, water containers (jerry cans or buckets). The secondary priorities were sleeping mats, mosquito nets and baby kits. In early February, shelter materials (tarpaulins, tents, shelter tool kits), along with mosquito nets, hygiene kits and jerry cans, became the main priorities, and distributions were re-organized accordingly.

One year after the operation began; most items of relief distributions have achieved more than 100% coverage of the targets in relation to the initial Plan of Action. As per the end of January in the area of emergency shelter, tarpaulin distribution has achieved 171% of the target set, and coverage for distribution of tents stands at 94% and of shelter tool kits at 76%. Overall, the IFRC has achieved 87% of non food relief item distribution. In accordance with the decision made in August to replace the first round of tarpaulins distributed at the beginning of the operation since they were worn out due to the drastic weather patterns of the country, 64% of the tarpaulins which were distributed in the initial phases of the emergency response have now been replaced.

Relief distributions which slowed down in November and December 2010 due to the elections period and the unstable security situation were back on track in the month of January 2011, with the distribution of hygiene kits and replacement of tarpaulins. During this round of distribution, IFRC relief teams have been able to successfully reach more than 10,000 households in one day in the La Piste area.

The on-going participation of HRC volunteers has been crucial, not only in terms of their tireless involvement in relief distributions, but as an essential component of outreach activities to ensure that the most vulnerable segments of the population are receiving assistance, and that communities in general are clear as to the selection process. The relief distribution process continues to be adapted to improve efficiency. At present, the HRC relief distribution volunteers are supported by the IFRC and are divided into six teams, each supervised by two to three HRC team leaders.

The IFRC/HRC relief distributions take place in three phases:

Step 1: Assessment

- Assessments are performed to determine the actual number of people and their needs.
- All target IDP camps are assessed before the provision of assistance.

Step 2: Registration/Ticketing

- Target households/beneficiaries are registered prior to receiving relief assistance.
- Registration of the household is carried out when the HRC assessments identify that the household meets the criteria for beneficiary selection.
- The initial screening is carried out by the HRC relief coordination team. The team –formed by HRC volunteers, Regional Intervention Teams/Regional Disaster Response Teams (RITs/RDRTs), Emergency Response Units and delegates– goes to the camp to conduct a visual evaluation. During this evaluation, notes are made of the living conditions, materials used for shelter, water and sanitation issues and health conditions.
- The team meets the camp committee and discusses with them the number of families living in the camp, their needs, living conditions and whether there are NGOs working with them in the camp.
- After the visit, a de-briefing is carried out at the base camp and an assessment report is developed detailing the needs and priorities in the camp. The assessment is shared with the camp committee.
- With all the targeted camps assessed, the Relief Coordination Unit meets to analyze and prioritize needs, and selects the most vulnerable camps for distributions.
- Those that meet the criteria are provided with ration cards or distribution tickets.
- Only those registered are issued distribution cards or tickets and are entitled to receive relief items.

Step 3: Distribution (Direct)

- A distribution plan is developed showing the number of households and addresses of the camps to be reached on each distribution day.
- A requisition is forwarded to the logistics unit for the loading of the exact number of NFIs required for each distribution and sent to the distribution sites.
- The beneficiaries are informed of the distribution through the camp president/committee a day in advance of the distribution.
- The distribution sites are identified together with camp committees and relief teams.
- The HRC volunteers are grouped in 6 teams of 40 volunteers each, supervised by 2 team leaders and relief delegates.
- On distribution days, the registration of heads of household is conducted first, and then cards are issued to the eligible beneficiaries. Details of the households are recorded and a ration card is issued to the head of household.
- The camp president with team leaders identifies beneficiaries to act as security personnel for the distribution. The security personnel are issued uniforms and they help with crowd control.
- The beneficiaries queue in order to receive the distributions.
- As ration cards and tickets are bar coded, beneficiaries present their cards and the validity of the card is checked by using bar code scanners. If the cards are valid, they are stamped (date of the distribution) then the household head or his/her representative proceeds to receive the relief item(s).
- Each distribution team is provided with one computer and a bar code scanner.
- Each team leader prepares a daily distribution report (database recorded by the bar code scanners).
- The bar code system helps in keeping better statistics, facilitates rapid distributions and promotes accurate distribution reporting.

A brief review was undertaken in late January to better understand the situation in camps, the future plans of camp residents and the impact of relief inputs on the household economy of the camp population. Those both within and outside the camp settings are using a variety of coping mechanisms to meet their needs. The need for livelihoods and a means to generate income remains a top priority today, as it was before the earthquake and a month after - at the time of the Haiti Recovery Assessment report in March 2010. This request for the *means to earn* takes precedence over immediate needs for food or money, expressing a desire to take control of recovery.

Household expenditure on hygiene was seen as important and the distribution of the hygiene kits appreciated. Many people used the contents, while some sold all or part of the kit. People are buying drinking water despite the provision of water. Water does not come up as a major expenditure within the household income and this is perhaps because it is inexpensive and accepted that drinking water is bought (as it was pre-earthquake). Sanitation facilities were rarely if ever mentioned in the interviews with affected populations (even if it is a preoccupation with humanitarian agencies). Tarpaulins will be needed for a decreasing camp population for the next few rainy seasons and are also a much-appreciated input.

When people are asked, *Se kisa ou t'ap fè ?* (What will you do?), the answers are consistent: wait for a shelter, generate income and keep faith in God that things will get better. Expectations from the government are very low to non-existent and the expectations from the international community very high. There appears to be anxiety within the camp populations over the lack of information.

Key challenges

The security situation continues to be a key challenge in distribution sites. The security department of the IFRC in Haiti has been closely working with the relief department, in order to constantly monitor the situation of the camps where IFRC relief teams carry out distributions and is providing guidance and assistance during distributions.

3.2. SHELTER

EMERGENCY SHELTER

Outcome 1: In cooperation with IFRC relief and water and sanitation teams, technical support has been provided to 3,000 families with training on how to optimize the use of existing emergency shelter resources and improve site conditions.

SHELTER SOLUTIONS

Outcome 2: In parallel to rapidly meeting the emergency shelter needs, provide shelter solutions to

7,500 Households within the next 24 months.

3.2.1. Report on indicators

<p>Output 1.1 3,000 families will have received guidance on how to make best use of available materials.</p> <p>Output 1.2 Improvements will have been made to the physical site(s) where the 3,000 families are temporarily settled.</p>	<p>Training</p>	<ul style="list-style-type: none"> No. of people receiving carpentry training. No. of people receiving masonry training. Total number of community members trained Number of improved emergency shelters 	<p>331 0 331 222</p>
<p>Output 2.1 1,000 families will have received assistance with improving their shelter having elected one of five options</p>	<p>Support to “yellow” household owners</p>	<ul style="list-style-type: none"> No. of households (yellow) who were able to return home. <p><i>** (estimates of the number of families have been made based on the official percentage of HH which were classified as red, yellow or green by the Government) The IFRC cannot specify how many families will be found per group. The definitive figures will be adapted and informed as a result of constant assessment.</i></p>	<p>0</p>
	<p>Site preparation for “Red” household owners</p>	<ul style="list-style-type: none"> No. of households (red) who were able to return home. 	<p>0</p>
	<p>Households are supported to move to a new Government planned camp</p>	<ul style="list-style-type: none"> No. of households who are supported with moving to Government planned camps. No of settlements grants 	<p>707 247</p>
	<p>Host Communities</p>	<ul style="list-style-type: none"> No. of households who have settled into a host community. 	<p>212</p>
<p>Output 2.2: 6,500 families will have received a timber or steel frame transitional shelter</p>	<p>Transitional Shelter</p> <p>Households are supported with site preparation</p>	<ul style="list-style-type: none"> No. of households supported with site preparation for transitional shelters. 	<p>848</p>
<p>.</p>		<ul style="list-style-type: none"> Number of families who received a transitional shelter 	<p>445</p>
		<ul style="list-style-type: none"> Number of families who received a steel frame transitional shelter 	<p>0</p>
		<ul style="list-style-type: none"> Number of families who received a wood frame transitional shelter 	<p>445</p>
		<ul style="list-style-type: none"> Total number of households that are no longer living in camps/tents. 	<p>702</p>

Analysis of implementation

Key accomplishments

EMERGENCY SHELTER

The tragic outcome of the January 2010 earthquake is that more than 220,000 lives were lost, 1.5 million displaced and as many as 80 to 90 per cent of buildings destroyed in Léogane and up to 60 or 70 per cent of buildings in some districts of Port-au-Prince. There are currently 1,061 IDP camps in Haiti and 680,494 IDPs living in these camps, according to the latest estimates of the Camp Coordination and Camp Management Cluster, with some of the most congested locations still accommodating more than 1,000 households.

12 months on, housing the earthquake-affected population presents enormous challenges. Progress has been made but continues to be slower than hoped. However, along with enormous challenges comes scope for innovation. The biggest challenge at the moment is land. Access to land has often been blocked due to a complex and informal system of land tenure making it unclear who actually holds the title to a piece of land since Haiti lacks almost all of the key attributes of a functional civil land system. The earthquake did not create land issues but it has certainly exacerbated them. As a result, plans to build shelters have been seriously impacted. The humanitarian community has no control over land ownership and efforts to secure sufficient amounts of land have taken much longer than expected with only a handful of identified settlements having been established over the past months. The IFRC has so far successfully built transitional shelters on available land for 848 families who were chosen based on criteria to identify the most vulnerable households. A second challenge is that of rubble removal from potential building sites. While a more straightforward task than the one above, there is an estimated 20 million cubic metres of debris in the earthquake-affected areas and clearing it requires equipment, manpower and a place to dump the debris. Clearing available land of debris is one solution. Rubble can also be processed and transformed into construction material, ready to use on site. Rubble crushers are already being used to this end. One innovative prototype currently under development, the gabion house, uses caged rubble as building blocks and is now being assessed for earthquake and hurricane resistance; this is one innovative shelter solution that IFRC is looking at this year.

Outcome 1.1

3,000 families will have received guidance on how to make best use of available materials.

Outcome 1.2

Improvements will have been made to the physical site(s) where the 3,000 families are temporarily settled.

Annexe de la Mairie

306 families received emergency shelter material during the second phase of distributions which was carried by the Danish Red Cross in May 2010 which gave each household the possibility of leaving the camp of Annexe de la Mairie and returning home or moving to a camp closer to their original place of residence.

222 families have so far received additional emergency shelter material and technical support as part of the programme for relocating families within the camp so as to make space for transitional shelters within the camp.

Outcome 2.1

1,000 families will have received assistance with improving their shelter having selected an option

Annexe de la Mairie

35 families have received an initial settlement grant that has allowed them to leave the camp and move into more suitable and safer living conditions. These settlement grants will be followed up with a livelihoods programme involving several grants that will be distributed over the following 12 months with a possibility of expanding this programme to 24 months.

Carradeux

212 families have received an initial settlement grant that has allowed them to leave the camp and move into more suitable and safer living conditions. All these households will receive livelihoods support in the form of grants and trainings for a minimum of 12 months. The possibility of expanding the livelihoods programme for 24 months in total is being reviewed.

Intervention	Target Beneficiaries	No. of Beneficiaries	Remarks
Livelihoods grant (500 US dollars)	Shelter solution beneficiaries (Rental)	3,500 households	Ongoing 132 families have received the grant

Outcome 2.2

6,500 families will have received a timber or steel frame transitional shelter

As of January 2011 IFRC and partners have constructed a total of **710** shelters in Jacmel, Léogane and Port-au-Prince; in addition to this an additional **247** households have the opportunity to relocate from the camps into a safer and more secure shelter option through the settlement and livelihood grant programme.

Transitional Shelters supplied to Partner National Societies

- Supplied **197** transitional shelters provided to the Canadian Red Cross in Jacmel and Léogane
- Supplied **3** transitional shelters for the Norwegian Red Cross in Petite Goâve
- Supplied **191** transitional shelters for the French Red Cross in Port-au-Prince

IFRC Implemented Transitional shelter programme

Prototypes

- **14** prototypes have been constructed in various locations around Port-au-Prince

Saint Marc

- **15** shelters have been constructed in St Marc for families who had left Port-au-Prince after the earthquake of January 2010. Water and sanitation facilities including a communal kitchen area have also been provided for the 15 families.

Annexe de la Mairie

- **132** houses have been completed to date and 32 shelters are currently occupied. Drainage and flood mitigation works are continuing

Annexe de la Mairie - decongestion

- **3** houses have been constructed on plots of land provided by the beneficiaries and all are occupied.

La Piste

- **196** houses have been completed to date with **146** beneficiaries occupying completed shelters.

Carradeux

- **16** houses have been constructed on land provided by the beneficiaries and all 16 houses are currently occupied.

3.3. HEALTH AND CARE

Outcome 1

Health risks posed by the emergency are reduced through the provision of curative and preventive basic health, emergency evacuation services, targeted community-based health education and psychosocial support for the affected population.

3.3.1. Report on indicators

Output 1.1	At least 200,000 people in affected communities, including IDP camps, have been reached through health education programmes and increased their capacity and skills in epidemic control, hygiene promotion, vector control, first aid and psychological support.	<ul style="list-style-type: none"> Total no. of people reached by community based health services (community outreach). Total # of people reached with community health awareness text messages 	<p>>150,000</p> <p>More than 1.2 million</p>
Output 1.2	Curative and preventive health care services provided by Haitian Red Cross Society and Red Cross Red Crescent partners have been effectively coordinated to ensure the optimal use of resources and timely and appropriate service delivery to beneficiaries.	<ul style="list-style-type: none"> Total no. of sites where RCRC health facilities provide services. Total no. of HRCS volunteers involved in health activities 	<p>7</p> <p>763</p>

Analysis of implementation

Key accomplishments

(a) Community Based Health

In the Health and Care programme, the IFRC has transitioned from the delivery of curative services, which were the main focus of the immediate emergency phase, to an emphasis on more long-term health programming, through the introduction and gradual roll-out of the Community Based Health and First Aid (CBHFA) approach. Over the period September to December 2010, the focus was on undertaking activities in preparation for a coordinated roll-out of CBHFA. However, during this period, the country experienced the beginnings of a cholera outbreak, redirecting the focus from CBHFA towards meeting the more immediate needs, which entailed implementation of curative and prevention activities.

By January 2011, the Haitian Red Cross, with support from the IFRC and PNSs, were better positioned to focus once again on the roll-out of CBHFA. To this end, the Health Department organized a series of workshops, the first of which was a sensitization meeting on CBHFA for Red Cross and some non-Red Cross partners, followed by a working session with the objective of developing a 5-year Plan of Action for CBHFA. In late February 2011, the IFRC Health Department organized the first Haitian Red Cross CBHFA Master Facilitators Workshop. The training was facilitated by 4 master trainers from Cameroon, Canada, Haiti and Central African Republic. Participants included Haitian Red Cross representatives from all 13 branches, and key personnel from HRC headquarters. These individuals will now be tasked with cascading the methodology to priority communities within the framework of the CBHFA 5-Year Plan of Action.

Health education activities at the community level have been scaled-up through the transmission of key health messages to vulnerable communities. The focus of these messages has been on disease prevention. The Finnish, Icelandic and Swedish Red Cross Societies have continued to work in health and hygiene promotion with the support of volunteers in four locations - Delouse, Place Jeremy, St Marie and Place Harry, and have collectively reached 41,568 beneficiaries. The Finnish Red Cross is presently in discussions with ICRC, HRC and IFRC regarding expanding the community health work to Cité Soleil with an emphasis on community health and sexual violence.

In January 2011, the Léogane IFRC health team undertook vulnerability and capacity assessments in 6 selected communities. A community health project with a reproductive health focus was also started. Additionally, there are plans for collaboration with hygiene promotion teams to expand the project focus to include water/vector-born communicable diseases. Earlier in the year, a questionnaire and for reproductive health was undertaken. Analysis of the data is still in process.

With the systematic roll-out of CBHFA the IFRC health team is confident that numbers of communities and individuals reached with community health interventions will significantly increase in 2011.

(b) Psychosocial Support Programme

Since January 2010, psychosocial support services have been provided by HRC volunteers, with the support of Red Cross Red Crescent Psychosocial teams from the Emergency Response Units deployed to Port-au-Prince, Carrefour, Petit-Goâve and Pétionville in the very early stages of the earthquake operation. Following the emergency phase, the HRC defined psychosocial support as one of the priority areas for its health programme and subsequently, in mid-July 2010, embarked on a psychosocial support programme planning and implementation process.

In the immediate aftermath of the earthquake the Psychosocial Support units of the health ERUs were deployed in order to support, foster and enhance the Haitian Red Cross response to the psychosocial needs of the affected population of Haiti. Psychosocial first aid, as well as recreational and psycho-educational activities were provided to vulnerable communities. These activities began on 15 January 2010 and continued throughout the first four months of the emergency.

Activities facilitated by the Haitian Red Cross staff and volunteers have included:

- Awareness / sensitization sessions on stress and its effects in two field hospitals;
- Psychosocial support for the hospital inpatients with mobile teams providing psychosocial first aid in two field hospitals;
- Non-formal schooling for more than 300 children a day;
- Recreational activities for pre-school children and young adolescents from IDP camps and neighbourhoods;
- Indoor and outdoor recreational activities for adolescents and adults from IDP camps and neighbourhoods;
- Referrals;
- Management of a mourning tent in a field hospital;
- Coordination and networking with Restoring Family Links (RFL) teams;
- Coordination and networking with other humanitarian actors through MHPSS clusters;
- Support groups for volunteers;
- Training was completed in Basic Psychosocial Support, interview techniques, data collection and needs assessment processes, orientation on Red Cross Red Crescent Principles and the Movement, training of trainers for referral of victims of sexual abuse and violence.

The Psychological Support Programme has, over the past year, continued to work towards developing a 5-year Plan of Action, while at the same time addressing the immediate needs of the Earthquake and Cholera response operations. Already, the Psychosocial Support team has completed a needs assessment that will form the basis for the drafting of the Haitian Red Cross 5-year programme strategy. This assessment included the interviewing of some 2,400 community members (children, adolescents, adults and elderly) from six communities throughout the country. This needs assessment was the first one carried out to date in the area of psychosocial support and will therefore be shared with other humanitarian actors through the MHPSS and Health Clusters. In the last quarter of 2010, data processing was delayed due to the need for focus on the cholera operation, but work resumed on this activity at the end of January 2011. The five year Plan of Action will be developed, based on the findings of the needs assessment data analysis exercise.

To ensure the long term support and capacity building of the HRC psychosocial support programme, the IFRC has been facilitating the establishment of an integrated Movement coordination mechanism. Thus far, the German, Icelandic - Finnish Red Cross and Italian Red Cross, as well as the ICRC, are willing to join the coordination mechanism, while the American, French, and Norwegian Red Cross are also giving consideration to this approach. A Memorandum of Understanding is currently being discussed.

In an effort to safeguard long-term in-country technical support to the psychosocial support programme, the HRC has approached the Universities of Social Sciences and Psychology/Ethnology in order to create a technical working group that will give technical advice and validate tools and methodologies. Discussions have also been held regarding the development of a partnership agreement with the universities that will see Masters students in psychology, social work, sociology, anthropology and ethnology participating in internships as facilitators of HRC psychosocial programme activities. In addition to this, the HRC has approached the Haitian Centre for Psycho-Trauma regarding the establishment of a referral system for beneficiaries identified through community programme activities in need of clinical services.

On-going activities are being carried out in four areas - Léogane, Carrefour, Petit-Goâve and Port-au-Prince.

Beneficiaries Reached:

Period	Activities	Public	Number	Location / Origin of Beneficiaries
January-April 2010	Psychosocial first aid Sensitization on stress Recreational activities Psycho-education Non-formal schooling	Children adults, elderly persons	32,000	Port-au-Prince, Pétionville, Carrefour, Petit-Goâve
July 2010 – Mid January 2011	Group discussion on psychosocial aspects of cholera; Cholera prevention campaign; Psychological first aid in CTCs; Recreational and psycho-educational activities in camps and neighbourhoods Non-formal schooling	Children, adults, elderly persons	56,953	Lafferonay (Légoane), Petit-Goâve, Carrefour, Sainte-Marie (Canapé Vert)

(c) Emergency Health

Initially the **Norwegian-Canadian Red Cross Societies' rapid deployment hospital** was situated at the Port-au-Prince general hospital but was later relocated to Petit Goâve to respond to the surgical and emergency medical needs in that area. Psychological support services were included from the beginning of the operation, with support offered to adults and an extensive psychological support programme for children. Hygiene promotion outreach activities were also commenced from Petit Goâve.

The **German-Finnish Red Cross field hospital**, located in the football stadium in Carrefour acted as a referral hospital for the surrounding area until the end of 2010. Services provided included psychosocial support, paediatric, medical, surgical care and an outpatient department. An important resource was the ambulance service provided by both of the field hospitals, to complement the country's national ambulance service.

Basic Health Care clinics and mobile clinics provided medical care to over 85,000 people. These basic health care clinics were initially located at four fixed sites in Port-au-Prince, and also supported mobile clinics in 41 locations. One fixed site which was serviced by the **Japanese Red Cross Society** initially in Port-au-Prince at the Automeca camp, was relocated to Léogane and included mobile clinic services. The **German Red Cross fixed Basic Health Clinic** was set up in one of the worst quake affected areas, Delmas in Port-au-Prince, and also provided mobile clinic services to the population in that area. The **Finnish, French and Swedish Red Cross consortium Basic Health Care clinic** set up in Parc Jean Marie Vincent (La Piste) in Port-au-Prince, continued to provide health services. The teams also had mobile clinics in four locations in Port-au-Prince. **The Finnish Red Cross's mobile clinics** continued to work in Delouise, Place de Jeremie, St Marie, La Piste, Fond Brache, Croix Deprez and Place Harry, having reached a cumulative total of 31,993 beneficiaries, while the **French Red Cross Basic Health Care clinics** provided medical services in 29 sites in Port-au-Prince. Subsequently, the French Red Cross withdrew from the provision of clinical health care in order to conduct capacity building activities with the Ministry of Health.

The ICRC trained and supported large numbers of hygiene promotion volunteers in Haiti. Since May 2010, the Finnish Red Cross has assumed the responsibility of supporting hygiene promotion volunteers in three locations in Port-au-Prince.

In addition to the personnel who were part of the Emergency Response Units, support to the Haiti Earthquake response operation was provided by medical personnel from the following Red Cross/Red Crescent/Red Crystal National Societies: Chile, Colombia, Cuba, the Islamic Republic of Iran, Israel, Mexico, Qatar, the Republic of Korea, Spain and Turkey.

The IFRC Medical Logistician continues to ensure that the supplies used by the Federation health programmes meet international standards. All supplies arriving at the warehouses are checked and advice on best practice offered in the view of handling, storage, transportation and usage. Procurement of essential medicines and renewable supplies is done locally at PROMESS, the Ministry of Health (MSPP) Central Pharmaceutical Warehouse, and internationally through procurement department in the IFRC Secretariat headquarters.

Alongside activities implemented in response to the earthquake, work is also being undertaken to prevent the outbreak of certain diseases, such as malaria, through community sensitization activities. HRC volunteers sensitized 346 families with messages on malaria prevention, as well as the appropriate use of bed nets in camps where the IFRC relief teams had distributed mosquito nets. IFRC health teams also worked with the Shelter Programme to ensure that beneficiaries of transitional shelters also received mosquito nets. All distributions of mosquito nets were preceded by sensitization sessions. As the shelter teams construct more transitional shelters, and as the 2011 rainy season approaches, it is envisaged that distribution of mosquito nets and the accompanying community sensitization activities will increase.

(d) Blood Programme

The National Blood Bank Consortium (the German Red Cross, the Republic of Korea National Red Cross and the Swiss Red Cross) Memorandum of Understanding has been signed by the Haitian Red Cross and a technical working group has been formed. This group continues to dialogue with the Ministry of Health. A temporary building for the Blood Bank has been secured. It is presently under renovation. The tendering process for the purchase of the necessary equipment is already underway.

Beneficiaries Reached in Health Programme:

Training Carried Out	Number of Staff and Volunteers Trained	Beneficiaries Reached	Geographical Location	Comments
Psychosocial Support Programme	150	88, 953	Port-au-Prince, Pétionville, Lafferonay (Légoane), Petit-Goâve, Carrefour, Sainte-Marie and (Canapé Vert)	Numbers of beneficiaries reached will increase as trained volunteers reach more communities and as PSP Plan of Action is implemented
Community Health	154		Bureau communal de DELMAS CTC Lamentin	Numbers of beneficiaries reached will increase as trained volunteers reach more communities and as CBHFA Plan of Action is implemented
Malaria	10	2,017	Saint Louis Caradeux and Mon Repos 40 and Carrefour.	Beneficiaries reached with malaria sensitization and bed nets.
Epidemic Control	10 staff and 20 Volunteers			

Cholera Response Operation

October 2010 marked the beginning of a cholera outbreak in the Haitian Department of Artibonite. The number of cases quickly spread across all 10 Departments, including the areas affected by the January 2010 earthquake. The following section documents the actions taken by the health team in response to the cholera outbreak.

In the area of community health, the focus of the Haitian Red Cross was primarily on cholera treatment and prevention. Sensitization activities were carried out in the 66 locations in Port-au-Prince in which the IFRC was providing water and sanitation services. Subsequently, it was learnt that 29 additional camps were receiving neither key cholera prevention messages, nor water and sanitation services and these camps were also targeted by the IFRC hygiene promotion team. 120 community mobilizers were trained in these camps and received follow-up and support. The hygiene promotion team worked directly in the camps, and extended their coverage to a 2 block radius around the camps. In addition, the messages were also taken to areas where people congregate, such as markets, around food vendors, other areas where there were suspected cholera outbreaks, and other places where needs were identified. Very close coordination with the WASH/Health Cluster and PNSs was maintained to ensure a coordinated response.

In early December 2010, the number of the cholera cases in Léogane began to increase rapidly. A decision was taken to distribute aqua tabs accompanied by cholera sensitization activities, to ensure that persons living in cholera affected areas had safe drinking water. In order to facilitate this, on 6 and 7 December, a training session for 81 hygiene promoters from 15 camps and communities was conducted, in order for them to be able to conduct cholera sensitization and aqua tab distribution effectively, and to minimize misuse of aqua tabs.

During the second week of January, representatives of the Japanese Red Cross Society working in Léogane carried out assessments in 15 camps and communities, and distributed one month's supply of aqua tabs to 4,374 families. Simultaneously, the Leogane team sensitized the beneficiaries on cholera prevention and the appropriate use of aqua tabs.

Overall, over 500 HRC volunteers from Port-au-Prince and 61 from the regions and other community groups were trained in cholera prevention and response. Information, education and communication (IEC) materials, such as a cholera information brochure was developed, while other IEC materials were adapted and translated into Creole from existing IFRC tools, such as the Epidemic Control for Volunteers. Cholera sensitization sessions were also given to national staff at the IFRC Base Camp and training was given to HRC volunteers and staff to enable them to disseminate information at oral rehydration centres. Training in cholera treatment and prevention was also provided to medical staff of the MSPP. Further to this, a specific cholera training module was developed to facilitate medical staff becoming trainers. An ambulance training module was also developed.

To complement the work of the volunteers in the camps and communities, four million SMS messages were dispatched, reaching at least 250,000 Haitians with critical messages on cholera identification, prevention and treatment.

In January 2011, the Haitian Red Cross formulated a 4-month Plan of Action for cholera response and preparedness with a focus on capacity building as follows:

- Training 104 trainers at a regional level on sensitization / prevention including the psychosocial dimension of the disease and water treatment;
- Training 65 volunteers on the disinfection process and on water purification;
- Training 65 volunteers on the management of the dead bodies;
- Training 39 Trainers of Trainers on cholera prevention and on delivering key messages and the psychosocial dimension of the disease; and
- Training 26 finance officers at the regional level on financial and administrative procedures

During this reporting period, the focus was on sensitizing and informing the population on cholera prevention and on oral rehydration solution (ORS) preparation in each of the 10 departments through the 13 regional branches and at the level of the 108 local branches and 400 *relais* (Disaster Risk Reduction Networks). The HRC also focused on strengthening the national ambulance service; detection, referral, and transfer of cholera cases; setting up of hand washing points in strategic locations; making ORS available to the most vulnerable

and setting up 108 ORS distribution posts, training staff from municipalities in the management of dead bodies and also facilitating training in water purification and disinfection in local branches and communes; as well as enhancing the awareness of staff from branches and local branches on the psychosocial dimensions of disease.

With respect to PSP, the Psychosocial Support teams were fully mobilized in order to respond to the cholera outbreak as part of the Haitian Red Cross cholera response plan. Volunteers and coordinators were trained to transmit MSPP prevention messages. Overall, PSP volunteers reached 43,393 beneficiaries through psychosocial support activities.

The cholera outbreak presented humanitarian agencies responding to the cholera outbreak with challenges of public perception of the disease and its transmission and prevention, leading the psychosocial support programme team to be involved in a number of activities within the cholera response including:

- addressing beliefs and perceptions through group discussions;
- participating in the prevention campaign, in schools and in the community;
- providing support to cholera patients and relatives in Cholera Treatment Centres (a pilot intervention was done in the Red Cross CTC of Camp Lamentin and was also replicated in La Piste and Canapé Vert);
- Mediating with communities in the planning process leading to the siting of Cholera Treatment Centres within their geographical space;
- assisting with reduction of myths and stigmatization related to the disease and its spread
- sensitising journalists to the psychosocial dimensions (fear, beliefs, stigmatization) of the cholera outbreak
- training trainers of HRC regional committees to the psychosocial dimensions of the cholera outbreak

A concept note on "*Cholera: beliefs and perceptions*" was also drafted by the HRC and IFRC psychosocial support team. It was positively welcomed and commented on by humanitarian actors, discussed in clusters and published on the UN and DSO (Department Sanitaire de l'Ouest) website. An article based on the concept note will be published in '*Intervention*', the journal of the War Trauma Foundation.

In the area of Emergency Health, a separate warehouse for the cholera response operation was set up at the beginning of January 2011 to facilitate easier access to supplies by the cholera teams and foster greater efficiency to meet the continually mounting demands for supplies. In the reporting period, **10** cholera kits, **30,000** Ringer lactate solution, and **400,000** ORS have been distributed to the cholera affected areas. **400,000** IEC materials to create awareness and prevent the spread of cholera and **1,575** body bags for dead body disposal were also distributed.

In July 2010, 11 persons were trained as trainers in the Epidemic Control for Volunteers, and a refresher course held in October of that same year. Participants in this training were able to put their skills to use quite quickly during the cholera outbreak, which began in October 2010. Training in Epidemic Control for Volunteers was conducted with 26 community volunteers in Camp Jerusalem whilst in Lemartin 20 community volunteers were trained and participated in community sensitization sessions in Carrefour supporting the work of the Canadian – Japanese Red Cross Societies' Cholera Treatment Centre. The IFRC and HRC facilitated training for 66 volunteers in Lamentin who conducted hygiene promotion and cholera sensitization in the communities. Four nurses working at the German Red Cross CTC in Archaie also received cholera prevention, treatment and training which was delivered jointly with HRC and German Red Cross and with support from the IFRC.

Challenges

Some of the difficulties encountered during this period are the harmonization of volunteer conditions, as volunteers working with PNS and those working with the NS received differing level of benefits. Technical supervision of volunteers has also been a challenge. Responding to the cholera emergency, while sustaining the gains made against the longer term plan of action has also proved challenging, as the cholera outbreak resulted in resources being channelled into prevention and curative activities, resulting in some activities falling behind schedule.

In addition, the high costs incurred for the transportation of medical supplies procured outside of Haiti remains the biggest challenge to health programme in the Haiti Earthquake operation.

Partnerships

Within the Red Cross Red Crescent Movement, the Health Team continues to work in close collaboration with the ICRC and PNS implementing health activities, and hosts a monthly Technical Working Group meeting which brings together the health focal points of each organization. In addition, with respect to partners external to the Movement, the health team participates in Ministry of Health and WHO/PAHO meetings, and maintains communication with other key international organizations. The IFRC health team continues to emphasize the importance of building and maintaining partnerships – especially with the Ministry of Health, to ensure that all approaches and activities being considered are in line with the national strategy, as well as to identify areas for collaboration and joint implementation. In the area of psychosocial support, the health team has engaged with institutions in-country, such as the Centre for Psycho Trauma, as well as tertiary level academic institutions to ensure that local experts and resources are part of the development process.

3.4. WATER, SANITATION AND HYGIENE PROMOTION

Outcome 1: The risk of waterborne and water related diseases in affected areas has been reduced through the provision of safe water

3.4.1. Report on indicators

	Objectives	Indicators	Year end actual
Output.1.1	Safe water is available to up to 200,000 people in camps, makeshift settlements and surrounding neighbourhoods, in Port-au-Prince over a 18 month period, with a minimum of 5l/p/d of drinking water, aiming for 10 l/p/d and SPHERE standards in long-term camps	Total # of people provided with daily access to drinking water (emergency set up)	218,910
		Total amount of drinking water distributed (# of litres)	597 711 m3
		Total # of (emergency) water distribution sites set up	93
Output 1.2	Safe water is available for up to 40,000 people in outlying areas and including host families through the improvement/rehabilitation of water supply networks and/ or creation of new water sources, as appropriate – including the drilling of boreholes, springs and small network development.	Total # of people provided with access to an improved water source through the rehabilitation of water systems and/ or creation of new water sources.	0

Outcome 2: Meet the sanitation needs of the beneficiary population including the provision of latrines in areas where digging is feasible, as well as where digging is not feasible

Output 2.1	Excreta disposal facilities and washing facilities are available to up to 280,000 people in temporary settlements, planned settlements and/or to the affected population in general. <i>**Facilities will include pit latrines and raised tank latrines. Services will include sludge removal.</i>	Total # of people provided access to sanitation facilities	143,036
		Total # of community and social infrastructure provided with improved sanitation facilities	303
		Total # of settlements where an environmental sanitation intervention has been conducted.	34
Output 2.2	Up to 200,000 people living in temporary settlements and camps have access to improved drainage and vector control.	See narrative	

Output 2.3	Existing septic tanks and latrines in schools, hospitals and other public infrastructure which remain occupied by earthquake victims, or which have now resumed their ordinary functions has been emptied.		
Output 2.4	Red Cross Red Crescent Basic Health Care Units have improved medical waste management and disposal.		
Output 2.5	Alternatives such as manual de-sludging, or cost recovery for use of the HRC de-sludging trucks have been evaluated; and an exit strategy for the Red Cross to gradually discontinue de-sludging activities has been developed, and the responsibility for these services has been assumed by the government.		

Output 2.2: IFRC has distributed cleaning kits to 16 camps where the camp cleaning committees are taking care of the drainage clearance and IFRC teams are regularly visiting the sites in order to ensure quality control.

Output 2.3: IFRC water and sanitation teams are not currently working in schools or in hospitals to carry out sanitation activities.

Output 2.4: One incinerator has been provided to the Canadian Red Cross CTC in Carrefour.

Output 2.5: This is in process. IFRC water and sanitation teams are in dialogue with UNOPs with regard to de-sludging.

Outcome 3: Improved hygiene practices – targeting in particular women and children – through hygiene promotion activities, dissemination of key health and hygiene messages on water and excreta-related diseases, hygiene practices during emergency and by building capacity for participatory health and hygiene promotion through CBHFA

Output 3.1	Water and sanitation interventions for people living in Port-au-Prince and outlying areas and/or with host families (approximately 300,000 people) are supported through the creation, training and support of water committees and accompanied by hygiene promotion and household sanitation practices.	Number of people reached through hygiene promotion activities.	55 025
Output 3.2	Community based health and first aid committees are in place in selected IDP camps (40,000 people) and accompanied towards self-supporting and empowered community for HP, disaster preparedness, vector control.		This activity is currently not being implemented
Output 3.3	Households living in IDP camps at risk for flood, hurricane and other natural disasters are prepared for potential emergencies through adapted HP messages.		

Outcome 4: The IFRC support to up to 3,600 households with shelter solutions is complemented with water and sanitation interventions to ensure that families are situated in a safe and sustainable environment.

Output 4.1	A sustainable sanitation system has been built in newly identified and previously approved existing sites in coordination with the shelter programme.	Total # of people provided access to sanitation facilities.	143,036
Output 4.2	6,500 households who have received shelter support from the IFRC have a reliable source of water and have received water through water trucking for up to three years.	Total # of people provided with access to an improved water source through the rehabilitation of water systems and/ or creation of new water sources.	218,000
Output 4.3	New water sources (groundwater and surface water) have been constructed for households located in newly identified and approved pre-existing sites in coordination with the shelter programme.	Number of people reached through hygiene promotion activities.	53,626
Output 4.4	Community based health and hygiene promotion activities have been provided to up to 6,500 beneficiary families of the Red Cross Red Crescent Core/Transitional Shelter programme.		The water and sanitation department carried out hygiene promotion activities for 142 families in La Piste under the shelter programme

Outcome 5: The national water authority (DINEPA) is applying the three year strategy for water which has been developed in cooperation with the HRCS and the IFRC, to assume full responsibility for water trucking, and is providing water to communities through the network, and using equipment donated by the HRCS and the IFRC.

Output 5.1	The sanitation needs of 1,000 families (5,000 people) living in the streets close to their damaged houses have been met,		This activity is not currently being implemented.
Output 5.2	The water needs of 1,000 families (5,000 people) living in the streets alongside their damaged houses are met, based on assessments, and including increased water storage capacity and establishment of water points.		30 water points of a total of 93 IFRC water points are located in neighbourhoods.
Output 5.3	The national water authority (DINEPA), with technical and material support from the IFRC, is able to truck water or supply water through repaired networks or new water sources to communities in Port-au-Prince, including poor communities who were unable to access water prior to the earthquake.		An MoU is being prepared and is now under finalization in order to be signed with DINEPA.

Analysis of implementation

Key accomplishments

The water and sanitation programme in Port au Prince increased its team with an additional sanitation delegate in December 2010. The water and sanitation team is further supported by four Regional Intervention Team members.

As of 30 January 2010, the IFRC is distributing 60,500 million litres of water per month. This distribution is carried out by 27 trucks. In the last week of December the water and sanitation department obtained 20 additional trucks to increase the total amount of litres provided per person per day due to the cholera situation and until the end of January. At the moment, the water and sanitation department is starting to put together an exit strategy from the camps, beginning by assessing the camps and looking to close any ghost camps. Thirty four camps are covered by sanitation activities and the IFRC has constructed 496 tank latrines. A total of 556 m³ of solid waste had been disposed of by the IFRC as of December 2010 and 51 drainage kits have been distributed in Port au Prince.

Sanitation

Focus is now being placed on the construction of latrines for transitional shelter projects in La Piste and Annexe de La Mairie. The number of carpenters in the work shop has been increased from 16 to 26 to fulfil the construction and assembling of prefabricated latrines, increasing the production from 2 to four latrines per day and 10 showers daily. Sanitation activities are taking place in several sites; for example, work on the construction of latrines in Clercine 24, Bel, Charbonniere. The construction of elevated tank latrines is also well underway; these tank latrines are more suitable to the type of land to avoid flooding. As of 30 January 496 tank latrines have been built. Moreover, de sludging services are provided to 34 camps with a combined total of 501 latrines.

Privacy, security and gender based violence prevention continue to be taken into consideration when constructing latrines. Separate latrines are constructed for men, women and when the situation allows, for children. The current ratio of latrines to beneficiaries is 1:113, This is not the case in the La Piste transitional Shelter project in which each latrine serves a family 1:5.

Water Distribution

A total of 93 sites located in 66 camps are provided with daily distributions of safe water. Quality control is implemented by 93 water-point caretakers who ensure that water deliveries are made on time, and are responsible for checking the chlorine content, and quantity of water distributed. A fleet of 47 trucks in rotation was used from the last week of December to 1 February for water distribution, which has helped to increase the water distribution level to 9.9 litres per day; however, this is still below the WASH Cluster's Strategic Advisory Group (SAG) recommendation of 15 litres per day. This is due for the most part to security, road access and geographic challenges.

Assessments have started since the beginning of January to start to identify ghost camps in order to close services in these sites, not before taking into consideration possible alternative solutions that could be arranged with the community as an exit strategy. This will be a parallel strategy that will come together with the DINEPA MoU that will be signed shortly. An analysis of the situation is to take place now that water has been provided for one year in comparison to the situation in the aftermath of the earthquake and looking forward to plans for 2011.

Hygiene Promotion

Hygiene promotion activities continue to be carried out with support of HRC volunteers. One hundred hygiene promoters have facilitated sessions for a total of more than 2,000 beneficiaries, NGO staff and camp committee members since the start of the programme. Positive feedback has been received on the programme thus far and an invitation has been extended by the International Organization for Migration (IOM) to participate in radio shows.

During the month of January HRC volunteers have undertaken 24 spraying activities and have sprayed latrines with HTH (highly concentrated chlorine solution) for disinfection in 14 IFRC camps.

Sanitation facilities assessments have been done by the hygiene promotion team in 12 IFRC camps. 2 new HRC volunteers have been trained in HTH disinfection spraying in order to replace 2 former volunteers and complete the team of 6 volunteers.

Collaboration with the IFRC shelter team for the Annexe de la Mairie and La Piste projects continue. The designs for latrines and showers and the water supply network have been completed, while the plans for the construction phase are being finalized.

There is constant information-sharing and coordination between the water and sanitation and shelter programmes and also among other stakeholders. The IFRC organizes weekly Movement coordination meetings to share information with Red Cross partners in the field. Collaboration with the Haitian Red Cross is continuous to increase the capacity of its volunteers and support activities under this programme: for example, 19 volunteers have signed up for the hygiene promotion activities.

Moreover, regular participation in the Water, Sanitation and Hygiene (WASH) Cluster meetings continues to take place. The IFRC and the HRC continue to provide technical support to the National Directorate of Water Supply and Sanitation to assist the authorities with the transition from the emergency phase to recovery of the water supply system.

3.5. BENEFICIARY COMMUNICATIONS AND GENDER BASED VIOLENCE

3.6.1 OUTCOMES AND OUTPUTS – Beneficiary Communications

<p>Outcome 1: The capacity of the IFRC and the HRCS to communicate with disaster affected communities using media and advocacy tools has been developed.</p>	
<p>Output 1.1 Partnerships and mechanisms. Agreements which are in line with the IFRC's procedures have been formed with local media and print providers.</p>	<p>Ongoing: contract in place with Radio 1. Relationships established with radio stations through cholera advertising. 75 Haitian Radio stations out of 115 are playing the Red Cross cholera advert for free.</p>
<p>Output 1.2 Infrastructure. The necessary infrastructure (office and radio broadcast and video production studios) has been built to allow beneficiary activities to commence within the IFRC structure.</p>	<p>Ongoing: AV container and equipment has been set-up. Radio studio equipment is currently being ordered through logistics. Radio show is now broadcasting weekly from Red Cross base camp.</p>
<p>Output 1.3 Employment and training. Operational staff for television, radio, print media and SMS, has been hired and provided with training in all aspects of beneficiary communications.</p>	<p>Ongoing: 3 national staff recruited to work on SMS and Radio and this will continue to increase during 2011 as operational needs require and the project grows. Additional community mobilization support acquired through a partnership with the shelter programme.</p>
<p>Outcome 2: The necessary partnerships and mechanisms to allow the Red Cross to deliver beneficiary activities to the people of Haiti have been developed.</p>	
<p>Output 2.1 SMS Gateway. Field representatives have managed information received through SMS, and field representatives have directly assisted with the facilitation and resolution of issues raised by or on behalf of both individuals and communities.</p> <p><i>**The SMS Unit will use an SMS gateway to receive information from beneficiaries.</i></p>	<p>Ongoing: Major focus on dissemination of information following cholera outbreak. More than 27 million SMS were issued in 2010. Assessments using SMS are planned for relief in early 2011 and other programmes are expected to use this tool.</p>
<p>Output 2.2 Print Media Programming. A more effective layout has been designed for the HRCS quarterly newsletter and the publication's distribution is increased and the audience expanded.</p>	<p>No longer applicable or required.</p>

<p>Output 2.3 Electronic media programming (Television/Radio). Programming through a network of local radio stations and TV service providers in Haiti has accelerated and interfaced with HRCS outreach.</p> <p><i>**Electronic Media programming will include a weekly 60 minute “talk back” radio show, and 15 minutes per week of TV. Ongoing management of *733 information line with VOILA.</i></p>	<p>Ongoing: Radyo Kwa Wouj broadcast 30 1-hour shows in 2010. The show is presented by Haitian Red Cross, with the majority of guests coming from the Haitian Red Cross. This show will continue to broadcast in 2011 with possible expansion to 2 hours per week.</p> <p>In December alone, the *733 recorded information line handled 29,535 calls.</p> <p>Television at this stage is not a priority as much of the population does not have access to a TV.</p>
<p>Output 2.4 Media based events for the community. Outdoor community events have taken place supported by outside interactive radio broadcasts which have accelerated and interfaced with HRCS and community outreach and advocacy efforts.</p>	<p>Planned: When the radio equipment arrives, these are planned for 2011.</p>
<p>Outcome 3: A mentor programme to assist in building the capacity of participating volunteers in beneficiary communications, to improve the capacity of HRCS in conducting accountability and beneficiary communications within the framework of the HRCS/IFRC management efforts has been developed.</p>	
<p>Output 3.1 Mentor programme. Project mentors have been identified and have commenced the initial inductions and training of HRCS volunteers to support future activities.</p>	<p>Postponed: Currently HRC does not have capacity to provide volunteers to beneficiary communications. This will be looked at again in 2011.</p>
<p>Output 3.2. Working with local organizations. The HRCS is working closely with local, regional and international groups including the Communicating with Disaster Affected Communities (CDAC) working group, the Emergency Information System (EIS), USHAHIDI (crowd sourcing and crisis information) and local media outlets and is also working with other Red Cross projects to assist in their communicating with beneficiary needs.</p>	<p>Ongoing: Haitian Red Cross communications capacity is stretched so their engagement with outside partners such as CDAC is limited. However the beneficiary communications project team is coordinating with CDAC network and individual CDAC members, such as IOM, on behalf of HRC.</p> <p>The Haitian call centre – Noula - used for the pilot questions and complaints system is the local provider who took over from Ushahidi. This relationship is developing well, with possible expansion to other shelter sites following a review in early 2011.</p> <p>EIS is no longer operational in Haiti. HRC are kept informed of this activity and it is expected their involvement will grow over time.</p>
<p>Output 3.3 Partnerships and networking. Beneficiary Communications representatives have attended CDAC and all meetings relevant to beneficiary communications strategies per sector.</p> <p><i>**Beneficiary Communications representatives will work closely with HRCS/RCRC/PNS. The Beneficiary Communications project will be evaluated.</i></p>	<p>Ongoing: CDAC meetings are attended when possible and useful. Red Cross is coordinating well with CDAC members on individual projects.</p>

Key accomplishments

Overall facts and figures for beneficiary communications in 2010.

FACT BOX – BENEFICIARY COMMUNICATIONS – FROM JANUARY 2010 TO 31 DECEMBER 2010

SMS DELIVERED: 33.1 MILLION

PEOPLE REACHED: 1.2 MILLION

RADIO HOURS: 30 HOURS

CAMPS REACHED BY SOUNDTRUCK: 207

CALLS TO RED CROSS INFO LINE: 877,000

Communications with beneficiaries saw notable growth and feedback with the development and streamlining of several communications channels including radio, notice boards and SMS. A weekly radio programme hosted by the Haitian Red Cross was launched on 14 July with 30 hours successfully broadcast live in 2010. An important feature of the programme is the immediate and direct feedback from the beneficiaries served thanks to SMS and live telephone calls. During the first week of the cholera outbreak the show was broadcast daily.

In collaboration with IFRC shelter, health and disaster preparedness departments, notice boards have been installed in camps where the IFRC is at work. These boards feature information about the Red Cross, the shelter programme in the respective camp, disaster preparedness information and hygiene promotion, all useful to the residents of these camps.

The IFRC continues to pursue partnerships with other humanitarian agencies. A notable achievement is an agreement in principle negotiated by the International Organization of Migration (IOM) from Digicel to put out the IFRC/HRC disaster preparedness SMS campaign to Digicel subscribers. IFRC and IOM together launched the campaign in the same areas at the same time. 95% of the Haitian population received Red Cross preparedness messages during the latter months of the hurricane season.

Disaster preparedness and alerts

FACT BOX – DISASTER PREPAREDNESS

SMS SENT: 5.5 MILLION

PEOPLE REACHED: 0.5 MILLION

RADIO HOURS: 7

CAMPS REACHED BY SOUNDTRUCK: 26

CALLS TO RED CROSS INFO LINE: 710,000

More than 5.5million SMS were successfully delivered to Haitians to both prepare them for the hurricane season and give warning when extreme weather was forecast. Messages provided simple, practical tips such as keep your documents in a plastic wallet and be aware there could be flash flooding so to be ready to move to a safe place. More detailed information is available on a recorded free information phone line; furthermore sound trucks were sent to camps and Radyo Kwa Wouj covered the topic 7 times.

Cholera

FACT BOX – CHOLERA PREVENTION

(FIGURES AS AT 08 January when mass campaign completed)

SMS SENT: 10.5 MILLION

PEOPLE REACHED: 1/2 MILLION

RADIO HOURS: 17 (ongoing)

SOUNDTRUCK CAMPS: 180 (ongoing)

CALLS TO RED CROSS INFO LINE: 130,000

HAITIAN RADIO STATIONS 75
PLAYING RED CROSS
ADVERT:

From 21 October until 8 January, daily SMS were sent Haiti-wide with information on recognizing, treating and preventing cholera. In the later stages messages also tackled issues around aqua tab misuse, stigma and fear of cholera treatment centres. More detailed information was also posted on the free information line and this was accessed 130,000 times during the campaign period. 75 radio stations continue to play a Red Cross cholera advertisement free of charge and 17 editions of Radyo Kwa Wouj have focused on cholera, taking questions from around the country.

Shelter

A tailored beneficiary communications plan supports the shelter project at Annexe de la Mairie by keeping residents informed of the project process and giving them a chance to ask questions and raise complaints through a partnership with Haitian call centre and software company, Noula. The plan includes notice boards, sound trucks, suggestions boxes, access to the Noula call centre and involves close working relations with the community mobilization team.

Gender-based violence

A three-day SMS campaign saw 1.1 million SMS sent in Port au Prince condemning violence against women and children and encouraging women who had been raped or attacked to seek medical help. A list of clinics where women could go for help were uploaded to the Red Cross information line and Radyo Kwa Wouj focused on the topic in more detail.

Interviews with recipients of the SMS on disaster preparedness, cholera and gender based violence indicate that the different messages have been well received and understood by the population. A more in-depth review of the impact of the messaging will be undertaken.

Key challenges

Ensuring communications is 2-way

While there have been big successes in getting vital information out to communities, more focus is needed in 2011 on making sure they can communicate back with the Red Cross. This will require commitment from operational teams, who will ultimately be the ones responsible for using this feedback to influence their programs. Steps to achieve this will include; broadcasting the radio live from camps; expanding the relationship with Noula call centre and mapping team to cover more projects and camps and utilising the 2-way function of the SMS system.

Impact of Hurricane Tomas and cholera outbreak

As with all programmes, preparedness in view of Hurricane Tomas and cholera has had a significant impact on beneficiary communications. Diverting time and resources to provide communication support to tackle these issues, while successful and worthwhile, has meant less opportunity to focus on developing the beneficiary communications programme.

4. DISASTER PREPAREDNESS AND RISK REDUCTION

Outcome 1: The capacity of the Haitian Red Cross to prepare, respond and recover from disasters has progressively improved.

4.1.1. Report on indicators

	Objective	Indicators	Year end actual
Output 1.1	The HRC with support from the Red Cross Red Crescent has implemented and delivered a contingency plan in line with the National and Interagency contingency plans.	Total number of HRC branches with strengthened capacity to respond to disasters. Total number of households covered by pre-positioned stock for Haiti.	13 25,000
Output 1.2	An operational and logistics Disaster Management Operations Centre has been established in Hinche.		The land was purchased and the construction of the office in Hinche housing the Disaster Management Operations Centre has been completed.
Output 1.3	Regional Branches of the Haitian Red Cross have been progressively strengthened over a period of 24 to 36 months.		Logisticians from 13 braches have been trained. Office furniture for 11 branches had been provided; improvement of the radio system for the branches of Hinche and Les Cayes has commenced.
Output. 1.4	Emergency relief supplies have been pre-positioned for 25,000 families.		All supplies are in Haiti. The stocking of the supplies in Jérémie, Les Cayes, Jacmel, Gonaives, Port-de-Paix, and Anse à Veau has been carried out.
Output 1.5	The Information Technology and telecommunication system have been progressively strengthened over a period of 24 to 36 months.		Repair and installation of the information system in 8 branches has taken place

Outcome 2: The preparedness of communities has been progressively strengthened through risk reduction.

Output 2.1	High risk communities and makeshift camps in Léogane, Jacmel and Port-au-Prince have been identified and assessed within a 12 month period.	Total number of people trained in vulnerability and capacity assessment or community based disaster management.	47
-------------------	---	---	----

Output 2.2	Simple early warning systems for hurricanes, flooding and epidemics in identified communities and makeshift camps have been established.	Total number of camps/communities reached with mitigation activities (in temporary camps as well as communities in high risk areas outside the earthquake affected area)	90
Output 2.3	High risk communities and makeshift camps have progressively improved their level of preparedness for disasters.	Total number of camps/communities with early warning systems in place. Number of people reached with text messages on steps to take to prepare for disasters.	90 5.5 million
Output 2.4	Mitigation activities have been carried out in high risk communities outside the earthquake affected area.		Yet to take place
Output 2.5	100 safe community facilities have been built in high risk areas.		Yet to take place

Outcome 3. The IFRC and the HRC (in its role as an auxiliary to the government) are working with the government on strengthening the legal framework for International Disaster Assistance in line with IDRL guidelines.

Output 3.1	The GoH is better prepared to receive and coordinate international assistance for relief and recovery.		The DP DRR teams of the Haitian Red Cross and the IFRC have been working closely with the Civil Protection (DPC) during the periods of heavy rain and Tropical Storm Tomas in order to assist and strengthen the capacities of the DRC.
-------------------	--	--	---

Analysis of implementation

Key accomplishments

Before the earthquake response operation in Haiti, the disaster preparedness and risk reduction programme was recognized as a necessity due to two reasons:

- The high vulnerability due to more than 1.3 million people living in IDP camps
- The frequent passage of high winds with a heavy rains that always affect the lives and livelihoods of people on the island

The Haitian Red Cross, in the past, took part in a series of programmes in order to reduce the risk of disasters in the country.

The HRC with support from the International Federation has developed a plan of action covering disaster preparedness and risk reduction by targeting areas of activities at community and institutional level in order to help 450,000 persons covering the areas of high vulnerability during the hurricane season, the rainy season and possible situations of civil disorder.

This programme started in May 2010 and priority has been given to activities that enable the HRC to be immediately operational in case of any new major event with the possibility of support to 25,000 of the most vulnerable families during the first phase of the emergency period. During November, a series of activities has been achieved in terms of disaster preparedness and risk reduction:

- Prepositioning of contingency stocks in Port-au-Prince and at branch level
- Strengthening the risk reduction capacity of the Haitian Red Cross
- Reinforcement of Disaster Risk Reduction coordination mechanisms at headquarters and regional level

Haiti is a multi-risk disaster prone country, and in order to help extremely vulnerable communities in strengthening their security and resilience, in 2011 the HRC with support from the IFRC will continue to deliver activities at both levels (community and institutional) while emphasizing community based longer term disaster preparedness and risk reduction activities.

The Haitian Red Cross has been the key implementer of the proposed operation (Pillar 2) as leading institution, and was fully involved and committed from the assessment phase (March and April 2010). It fully endorsed the Assessment Team's recommendations for the country and facilitated the necessary contacts with the relevant competent authorities.

Haitian Red Cross supported the DP DRR team in its visits to field locations and made key officers and volunteers available for the implementation of the operation. Haitian Red Cross was in charge of identifying the beneficiaries in the most vulnerable regions with the technical support of IFRC delegates.

The regular activities include planning meetings and the DP/RR teams periodically meet with all involved actors: Haitian Red Cross, the American Red Cross, the Canadian Red Cross, the French Red Cross, the German Red Cross, and the Spanish Red Cross and regular contact is ensured with the DPC and other stakeholders including OCHA and IOM.

Thus, it was possible to identify areas of intervention and activities regarding disaster preparedness and risk reduction carried out by each partner to ensure complementarities between the actors who give support to the National Society and to avoid duplication. This synergy of effort has ensured the identification of tools and methodologies for disaster preparedness and risk reduction developed in the Americas Zone and adapted to the context of Haiti.

Analysis of these tools will take place with the support of the Centre of Reference in Costa Rica in order to classify them and give more opportunity and flexibility in their use in the view of the leading role to be played by the HRC at community level.

Another coordination mechanism to be set up in 2011 is a platform including all partners involved in DRR activities. The meeting in December 2010 led by the DPC provided initial inputs for this.

Heavy rain and storm response in September 2010

On Friday, 24 September at around 15:00 hours a storm with strong winds and rain struck the capital city of Port-au-Prince metropolitan area for approximately 30 minutes. The storm was not predicted and as such no warnings were raised. According to the United States National Hurricane Center, the storm was not part of any tropical system, but was a standard early autumn storm caused by cold and dry conditions in the upper atmosphere. The Red Cross base camp in Port-au-Prince was moderately affected with some power outages, and the loss of some tents and equipment. Preliminary reports showed that multiple IDP camps had been affected. On 24 September, the Shelter Cluster reported that 2,000 tents had been damaged or lost in Port-au-Prince and the Civil Protection Department then estimated that 7,878 tents were no longer usable in the entire affected area.

The HRC and the IFRC dispatched three ambulances on the evening of 24 September. Two ambulances were mobilized with Colombian Red Cross Society (CRCS) paramedic teams and one with a HRC paramedic team. The teams provided pre-hospital care to two injured people and transported them to local hospitals. The IFRC Haiti delegation activated the Emergency Response Team (ERT) system. ERT teams are composed of Partner National Society staff, IFRC staff and Haitian Red Cross staff and volunteers. The emergency assessment team roster has been maintained since the beginning of August, and training of teams began in late August.

Deployments on this occasion were carried out in coordination with OCHA and the IFRC-convened Shelter Cluster.

After the completion of damage and needs assessments by the teams, the following response activities were organized:

Commune	Section Communale	Site of Distribution/Camp Name	N° of households (Planned number for redistributions)	Tents 1/HH	Tarpaulins 2/HH	Shelter kits	Blankets or Sheets	Wood
Delmas	1ère-Saint-Martin	Caradeux	780		1560	780		
Delmas	1ère-Saint-Martin	La Piste / Ancien Aéroport Militaire	4		18	5		
Delmas	1ère-Saint-Martin	La Piste / Camp for those with hearing disabilities	110	50	150		330	
Delmas	1ère-Saint-Martin	Petit Place Cazeau / Parc Sainte Claire	91		182			182

Institutional based Preparedness Activities

In order to increase the National Society storage capacity, fifteen 40 foot containers and thirteen 20 foot containers have been purchased, transported and adapted as Tropical Mobile Storage Units (TMSU). These are now available for several years and will increase the Haitian Red Cross's response capacity in remote Regional Branches.



TMSUs in Barbancourt warehouse (Port-au-Prince)

A Disaster Management Operations Centre has been set up in Hinche and the branch office has been entirely renovated. This operational and strategic location has helped to decongest the current activities in Port-au-Prince and the Centre has provided relevant support for regional branches and assisted with field coordination during the cholera outbreak in affected areas.

In addition to tropical mobile storage units, a warehouse with a storage capacity for non-food items for up to 5,000 families has been constructed in Hinche where the Disaster Management Operations Centre is based.

The propositioning of the emergency relief stocks (non food items) for 17,000 families in Haiti has been increased to 25,000. The backup stocks for 8,000 families in Panama will be transported to Port-au-Prince in order to avoid long processes with customs and administration when they are needed.

Emergency stocks prepositioning progress

ARTICLE & QUANTITY BY FAMILY		Planned	Items Delivered	Items to deliver	Received items (%)	
FAMILY EMERGENCY KIT	MOSQUITO NET	2	50,000	30,900	19,100	61.80%
	JERRY CAN	2	50,000	31,100	18,900	62.20%
	BLANKET	5	125,000	77,270	47,730	61.82%
	WATER BUCKET	1	25,000	15,400	9,600	61.60%
	KITCHEN SET	1	25,000	16,154	8,846	64.62%
	TARPAULIN	2	50,000	63,900	13900	127.80%
	HYGIENE KIT	1	25,000	18,378	6,622	73.51%
SHELTER KIT		1	25,000	15,450	9,550	61.80%
Community tent (1 tent for 10 families)		250		100	150	60.00%

A strategy and intervention plan with clearly defined levels of responsibility is in place in case of a new disaster. The programme has set up alert, information management and coordination mechanism systems. Five teams have been trained to undertake field assessments and the development of standard operating procedures for quick and efficient response in case of a major disaster took place during the hurricane season.

In collaboration with the British and Danish Red Cross Societies, the Haitian Red Cross branch in Les Cayes benefited from support for office rehabilitation and equipment. In addition, equipment has been provided as follows for the 13 regional branches in order to enhance their level of capacity for emergency response:

- Eight additional VHF radio bases for some of the most vulnerable, remote areas not covered by public communication facilities
- Two additional repeaters in order to improve and extend the VHF coverage
- 45 handset radios for the emergency kit for when deployment is needed
- Computers (1 desktop and 1 laptop for each branch), printers and office furniture
- A free phone connection network between the regions and the headquarters through the VOILA company

Several trainings have been organized for the 13 Haitian Red Cross regional branches in order to reinforce the National Society's human resource management capacity: 26 resource persons were trained in effectiveness and efficiency in the management of relief assistance and 26 volunteers were trained in IT and information management.

Community based disaster preparedness and risk reduction activities

In order to train community members in first aid, basic techniques of search and rescue, risks/needs assessment and to help set up early warning systems, 37 volunteers from Haitian Red Cross regional branches and 16 volunteers from PNSs have been trained as trainers in various areas as follows:

- Teaching methods relating to basic skills of trainers

- Education and organization in community preparedness for Risk Reduction
- Vulnerability and Capacity Assessment
- Community Based First Aid
- Development and management of micro projects

In coordination with IOM and UNOPS, 90 of the camps which are most vulnerable to flooding and landslides have been identified and 16 Haitian Red Cross water and sanitation volunteers with others from 35 NGOs working in camps received training of trainers sessions in the field of preparedness and risk reduction and were immediately deployed to reach 14,000 extremely vulnerable families.

Deployment of trained volunteers (28 working in camps and 26 from regional branches) in community hygiene and integrated health promotion and preparedness to cope with epidemics served as the basis for initial concrete emergency actions at community level during the first weeks of the cholera outbreak. A feedback mechanism with 2-way communication with beneficiaries through mass communication (radio, television, SMS and posters) was developed.

International Disaster Response Law

In September 2010, The Federation through the IDRL Delegate initiated a technical assistance project in Haiti to support the Haitian Red Cross in advising the government on how best to strengthen its legal framework for international disaster response, particularly in the context of the response to the Haiti earthquake. It is based on the "Guidelines for the domestic facilitation and regulation of international disaster relief and initial recovery assistance" ("IDRL Guidelines") unanimously adopted by the state parties to the Geneva Conventions at the 30th International Conference of the Red Cross and Red Crescent in November 2007.

5. NATIONAL SOCIETY CAPACITY BUILDING

The acquisition of land in Port au Prince for the construction of the Headquarters of the Haitian Red Cross, the blood bank and other facilities can be considered as a major achievement. Support was provided in December to the Haitian Red Cross in order to prepare the National Society's communications plan.

In the area of National Society development, activities have also taken place in rehabilitation of the ambulance centre of the Haitian Red Cross. This has been a prominent need of the National Society since the beginning of the year. The Haitian Red Cross blood bank was another priority of the National Society and office furniture has been purchased in order to put in place the temporary office of the Haitian Red Cross blood bank in Port au Prince.

The governing board meeting of the Haitian Red Cross took place from the 12 to 14 August 2010 in Côtes des Arcadins. In this meeting the 6 months progress report of the operation was presented to the governing board and the new strategic plan of the Haitian Red Cross for 2010 – 2015 was presented and approved.

6. PROGRAMME SUPPORT

6.1. Logistics

The way in which the Movement sets up and operates logistics for its programmes have a direct impact on how effectively the assistance programmes are implemented. To efficiently support the programmes, the IFRC has set-up a substantial logistics infrastructure in Haiti, which represents the biggest logistical operation in one single country.

Key Statistics for the period 12 January 2010 to 11 January 2011

Activity	Total to date
Total value (in CHF) of In-kind donations mobilized to date (coordinated by Regional Logistics Unit (RLU) Panama)	Approx. CHF 62,920,300
Procurement:	

Cost of requisitions processed by Haiti Cost of requisitions processed by RLU Panama, Dubai, Kuala Lumpur and Geneva	Haiti: 2,157,656 US dollars Approx. 65,000,000 Swiss francs
Air consignments received	268
Sea consignments received	255
Total tons of IFRC consignments received (air, road and sea)	More than 20,000 tons
IFRC-owned light vehicles and trucks in Haiti	145
IFRC's Vehicle Rented Program vehicles	346
Local rental vehicles	245
Total warehousing space occupied	6706 m2 covered and 38,118 m2 uncovered
Human resources: # of IFRC internationals on staff	Average of 20 international delegates at any one time
Total number of IFRC Logistics staff (including drivers)	190

From the early days of the earthquake operation, the major supply routes into Haiti were:

- Air: into Port au Prince's Toussaint Louverture Airport, which was initially managed by the US military until 2 months after the earthquake, and into Las Americas Airport in the Dominican Republic;
- Sea: into Caucedo and Rio Haina in the Dominican Republic, and, when the port in Haiti was operational and resumed receiving ships, into Port-au-Prince
- Road: from the Dominican Republic.

The incoming arrivals into Haiti were received by the IFRC logistics team on the ground, reinforced by two logistics ERUs, one from the Swiss Red Cross and the other from the British Red Cross. The Swiss Red Cross ERU was dispatched immediately to Port-au-Prince and the British Red Cross ERU was sent to Santo Domingo. Following receipt of supplies in Haiti, the goods were stored in the warehouse at Batimat and subsequently dispatched to the many IDP camps where Relief Teams received and distributed them to the beneficiaries. Initially, the logistics teams set up a "just in time" inventory. That is, the logistics teams received goods, logged them into the Logic system for accountability, and immediately dispatched them for distribution, using commercially contracted vehicles.

After the departure of both the Swiss and British ERU teams the Federation's logistics team took over, complemented by the Haitian Red Cross's logistics team. In Haiti, a team of logistics coordinators and delegates from the IFRC and the HRC has been formed, international logistics delegates work alongside Haitian Red Cross staff and daily workers, who are now better equipped to respond to the needs of the earthquake and cholera operations. The team is supported by Regional Logistics Unit in Panama where a Haiti logistics cell has been created and the global logistics team (Geneva, Kuala Lumpur and Dubai RLUs).

The Logistics team in Haiti includes IFRC delegates and HRC staff members who:

- Plan, coordinate, purchase, dispatch, receive, track and deliver the supplies needed by the Relief, Shelter, Health, Water and Sanitation, Cholera and Disaster Preparedness projects in Haiti
- Prepare forecasts and procure goods and services in country, supported by the Regional Logistics Unit in Panama for regional procurement and the global logistics team for international procurements in coordination with regional and headquarters-based procurement delegates
- Track and manage the pipeline of goods coming into the country, to include relief non-food items (NFI), transitional shelter kits, water and sanitation supplies, medical items and supplies, supplies to prepare for hurricanes and cholera medicines and supplies
- Obtain clearance for these goods from the Haitian Customs Authority in compliance with Government of Haiti regulations
- Provide light vehicles and trucks to the operation and to Participating National Societies (PNS)
- Receive, store, handle and dispatch goods from the warehouses
- Deliver goods from the warehouses to the distribution sites
- Receive returned goods in the warehouses from distribution sites (reverse logistics) when they are not used
- Track the movements of stock for full accountability and for a point of comparison against the physical stock

- Provide bilateral services to the HRC and cost recovery services to PNS in logistics

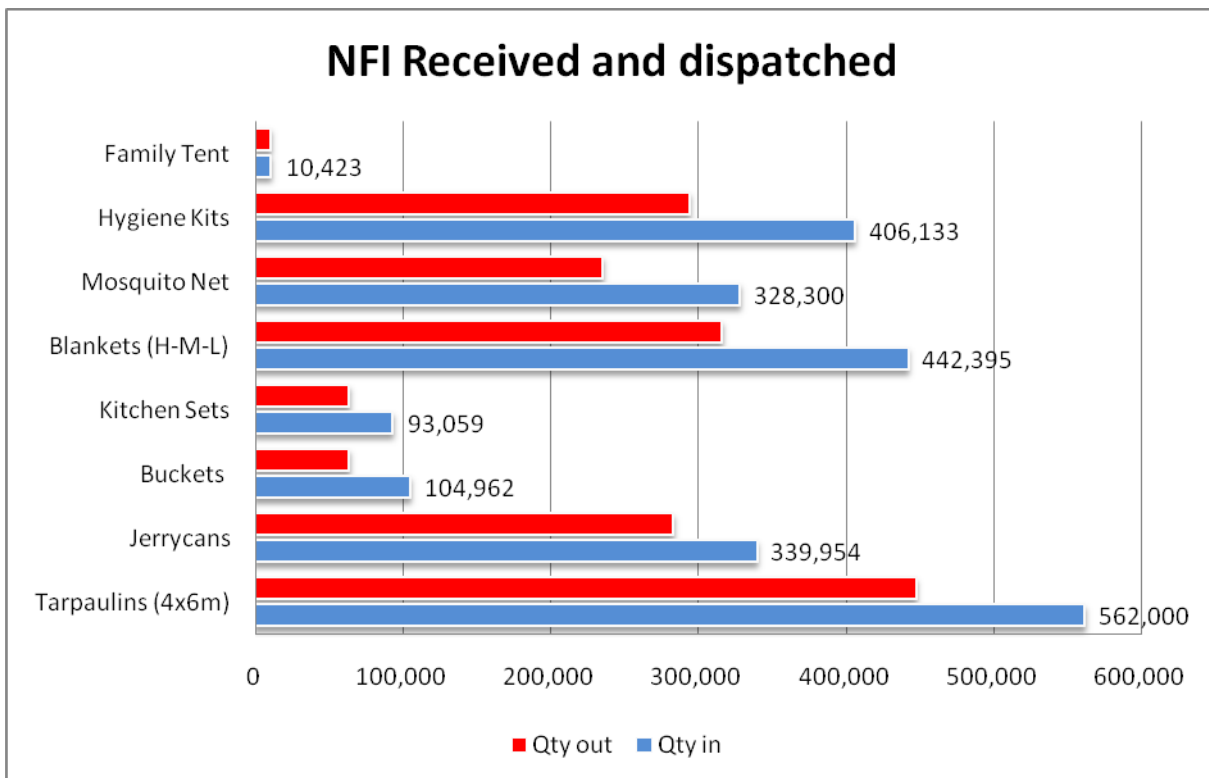
The procurement delegates in Haiti and the global procurement delegates have completed 1,248 requisitions for goods and services. In Haiti alone, 232 requisitions have been processed and 2,157,656 US dollars worth of goods and services have been procured in the past year; The remaining balance was processed through the global logistics team (please refer to Key Statistics). These consist of everything from vehicles to construction works, to relief kits, tarpaulins, shelters and sanitation equipment to cholera treatment kits for the beneficiaries.

As noted above, IFRC logistics has received approximately 20,000 tons of commodities into Haiti for the Federation, ranging from telecommunications equipment to NFI to pre-positioned supplies used in disaster preparedness for hurricanes to cholera kits and canulas that were urgently needed by the beneficiaries. In order to be prepared to receive these commodities, a pipeline delegate obtains mobilization data from the Regional Logistics Unit in Panama for each consignment and then tracks the consignments until they clear customs and are received in the warehouses.

Customs clearing is a lengthy and bureaucratic process that requires the active participation of the HRC. Since the HRC is the only Red Cross partner who has a legal status in Haiti, they are the only organization to whom the consignments can be shipped and their contribution in customs clearing is critical to the success of the operation. The time for goods to clear customs has been reduced from two to three months per consignment to a matter of weeks per consignment.

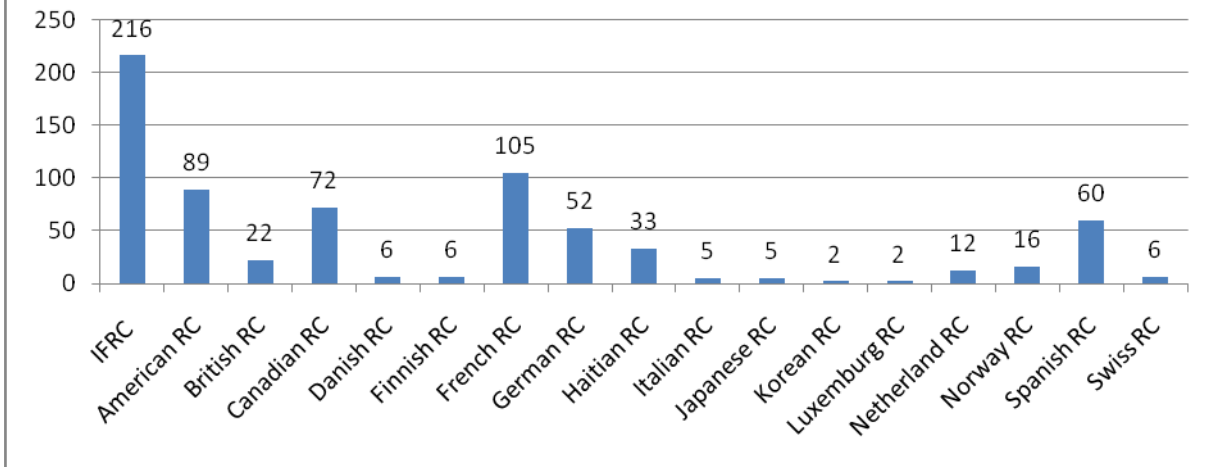
Once the goods are cleared from customs, they are then stored in 4 warehouses, where relief, shelter, water and sanitation, health, disaster preparedness and cholera supplies are kept for rapid deployment to the beneficiaries. As noted below, more than 200,000 items of NFI have been dispatched.

The following figure displays the major items of NFI that received and dispatched from Federation warehouses.



The IFRC fleet is composed of 216 vehicles, including trucks and rental vehicles. In addition, 493 vehicles for the PNS have been imported and cleared from customs. This makes the total number of vehicles in the fleet 709. The figures below show the number of IFRC vehicles held by the Federation and the PNS.

Vehicles for the Red Cross Red Crescent Movement



The Ambulance Centre is a new addition to the fleet and was set up in December by the HRC with the participation of the IFRC to transport sick patients to the cholera treatment centres in Port au Prince. Over 1,200 cholera patients and 554 non-cholera emergencies have been transported to date in 18 ambulances.

The IFRC heavy fleet comprises 25 cargo trucks, 58 water trucks, 8 vacuum trucks, 1 dump truck and 1 recovery truck and began to transport goods in May 2010. To date, the heavy fleet has transported approximately 3,500 metric tons of NFI and construction materials, and delivered 876,000 gallons of water.

In the first 3 months after the earthquake, there was a critical shortage of fuel in Haiti. Since that time, the fuel situation has improved dramatically and a fuel station is now available for the Federation that is supplied by a local fuel dealer. The Federation, the HRC and the PNS have consumed 125,760 gallons of diesel this year.

The Logistics Department is in the process of building a workshop for IFRC vehicles where a contractor will service and repair the fleet. This contractor, as yet to be determined, will ensure the provision of spares and repair parts for Mercedes, Nissan, Toyota and Land Rover vehicles.

The Logistics department will continue to support the programmes, adjusting its structure to ensure adequate logistics support as the operation transitions from emergency to recovery programmes.

6.2. Security

The security situation in Haiti still has the potential to deteriorate dramatically and rapidly due to the unresolved issues relating to the November 28 Presidential election.

Managing the fluid nature of the security environment has been challenging for the security team. Travel restrictions have been put in place on numerous occasions. There have also been periods where the delegation had to 'hibernate' due to roads in Port-au-Prince being blocked by burning tires, improvised barricades and large groups of demonstrators who were throwing stones and firing guns.

Security incident statistics for the period 12 January 2010 – 31 December 2010 indicate 137 reported incidents involving the IFRC. There is an estimated 29% of under-reporting. Petty theft, vehicle accidents and incidents associated with relief distributions account for the majority of the reported incidents.

The IFRC security framework for Haiti is regarded by some as being restrictive. Programmes have been impacted when travel restrictions have prevented delegates from attending meetings, working in communities and so forth. However, the IFRC delegation has not experienced any of the serious incidents that some international organizations have reported, for example, kidnapping, car-jacking or armed robbery. This is the result of a security framework that responds to changes in the security environment and an increase in the level of threat.

This is a large and complex operation that has required the security unit in Haiti to face many unusual situations. This unique environment is forcing the Federation to constantly adjust the security framework. It is also providing an environment that facilitates learning and that knowledge will benefit the IFRC in future operations in different countries.

6.3 Communication

During the first 12 months of the operation, the Federation has published 87 news stories and 21 press releases on the Haiti earthquake operation. Media packages including facts and figures, questions and answer guidance, issues briefs and audiovisual products have been prepared and distributed to National Societies on a regular basis. The IFRC online digital newsroom is also regularly updated with new materials and can be accessed by anyone upon completion of a simple registration process. There was extensive interest from all major media and from IFRC membership with dozens of visitors downloading material from the digital newsroom for broadcast.

These audiovisual products were made possible mainly due to the recruitment of an audiovisual delegate in Haiti in October 2010. This is the first time such a position has been created within the Federation for a field operation. This new resource significantly boosted internal capacity to produce and disseminate high quality audiovisual products for use by National Societies and the media particularly in the run-up to the first anniversary of the earthquake. These products are accessible through the digital newsroom (high definition for media) but also on You Tube for the general public.

Additionally a photo gallery is accessible on Cumulus: <http://av.ifrc.org/standard/>. Most recently a newsletter specific to diplomatic missions has been developed as part of the humanitarian advocacy strategy.

Over the period, a special report was published after one month of the operation "Haiti – From Tragedy to Opportunity". At the six month anniversary of the occurrence of the earthquake, an advocacy report was published focusing on the challenges relating to sanitation. Most recently, the one year progress report was published in 4 languages. These reports can be found on the Federation's web site at the following link: <http://www.ifrc.org/what/disasters/response/haiti/index.asp>

Media interest and requests from European National Societies peaked in the last quarter of 2010 and the first weeks of January 2011. The communications team responded accordingly facilitating field visits and interviews on a range of topics.

In August 2010, the communications department adopted a new monthly thematic focus for the preparation of media materials. Apart from these regularly scheduled materials, the communications team captured the IFRC's response to a freak storm in September and the cholera outbreak in October. Since then cholera has remained the focus of communications including radio shows, SMS prevention messages and web stories. Local and international media interest has also been very focussed on cholera response with many field visits being organized to cholera treatment units and centres.

The communications team focussed increasingly on the impact of Red Cross work on the beneficiaries. As a result, communications with beneficiaries saw notable growth and feedback with the development and streamlining of several communications channels including radio, notice boards and SMS. A weekly radio programme hosted by the Haitian Red Cross was launched on 14 July and climaxed with the one year anniversary show on 12 January 2011 which highlighted the successes and challenges of the Red Cross operations during the year. An important feature of the programme is the immediate and direct feedback from those served thanks to SMS and live telephone calls. The show has grown from a half-hour broadcast to an hour long programme aired by Radio 1 and extended to two hours on the anniversary of the earthquake. In response to the cholera outbreak mid-October, the radio show was broadcast daily. It can be accessed on 90.1FM within Haiti or on-line at: <http://bit.ly/91fnU1>.

In collaboration with IFRC shelter, health and disaster preparedness departments, notice boards have been installed in camps where the IFRC is at work. These boards feature information about the Red Cross, the shelter programme in the respective camp, disaster preparedness information and hygiene promotion, all useful to the residents of these camps.

Responding to the needs of the beneficiaries has been a constant theme explored in the audiovisual (photo and video) and web work of the communications team. Through web stories and case studies the team has strived to reflect the diversity in backgrounds of those affected by the quake and to give them a voice. In line

with Red Cross Principles and Values, the aim has been to dignify their situation by representing not only their gratitude but also their concerns and suggestions for more pertinent assistance.

The Communications team has also given greater priority to the contribution of the Haitian Red Cross volunteers – the backbone of the Red Cross Red Crescent. Through web stories, profiles and photo galleries their remarkable response to the quake has been conveyed. All of them have to a greater or lesser extent been affected by the earthquake – losing family members, friends, their property and sense of well being, yet they have still managed to help fellow Haitians. The IFRC communications team has worked closely with PNS communicators to ensure that they convey the scale of the Red Cross response to the quake through the media to donors, public and governments. Every fortnight, Red Cross communicators in Haiti meet to share information, exchange ideas and address common concerns in an aim to ensure that the Red Cross speaks with one voice on the impact of the work carried out.

The IFRC communications team has also supported a number of film crews who travelled to Haiti. This includes the Canadian documentary crew, PTV, for a documentary film “Inside Disaster” which was screened in Canada on 11, 12 and 13 July to coincide with the first anniversary. Support has also been provided to film crews and journalists whose trips were initiated by National Societies such as the British, Japanese, Korean, Norwegian, Swedish and Swiss Red Cross National Societies.

Finally international media coverage of the one year anniversary, linked to the Red Cross Red Crescent was predominantly positive. In total there were 259 articles *on the day* of the anniversary (duplicate versions brings this total to almost one thousand). In terms of media analysis, while some harsh editorializing about the perceived failed aid effort was likely it was less severe in both quantity and tone than expected. The Red Cross Red Crescent was not implicated in any instance in negative coverage. Locally, in the run-up to the earthquake anniversary the Haitian Red Cross hosted a successful cholera awareness seminar for local media attended by 60 journalists from media houses across the country. Other such media seminars are planned for 2011 in an effort to sensitize the media to the progress and challenges faced by the Red Cross and in turn to further strengthen the image and reputation of the Haitian Red Cross as a credible and reliable force in the humanitarian response in Haiti.

6.4 Risk management, fraud/corruption prevention and audit

During the initial stages of the operation, and in discussion between the Risk Management and Audit Department (RM&A) and the Americas Zone Office, it was decided to place one member of the RM&A team in Haiti to facilitate the implementation of the IFRC risk management framework, and to increase fraud and corruption risk awareness. Starting in May 2010, an RM&A team member were assigned to the operation based in Port-au-Prince. In addition to coordinating internal and external audits of the operation, and working towards improving the internal control environment, two workshops modules were developed at the beginning of the operation which focused on Risk Management and Fraud and Corruption awareness. The two workshop modules were successfully piloted during the months June and July 2010 after which the roll-out of the sessions to all staff started in August and continued until December 2010. Sessions were held in Port-au-Prince, Léogane, and Petit Goâve in Haiti and were also delivered to the Haiti Support Team in the Americas Zone office in Panama.

In total, 12 workshops were delivered where 96 national and international staff members were trained in **fraud and corruption awareness**. This workshop module included a mix of theory, discussion, case studies and statistics. The objective was to provide introductory knowledge of fraud and corruption, its impacts, its causes and its mechanisms, especially in a humanitarian context.



Fraud and Corruption Awareness Workshop held on 10 September 2010 with members of the relief teams.

It also explored signs of potential fraud, effective deterrents and detective measures and discussed staff responsibilities and various methods for reporting suspected cases. In addition, the workshops served as a platform to discuss subject that is often difficult to discuss openly.

In addition, 15 workshops were delivered where 112 national and international staff members were trained on the Federation's **risk management framework**. The purpose of these sessions was to increase staff and management awareness in relation to their role and responsibility in risk management, and to promote an open dialogue, when discussing risks and challenges, between various levels of the organization, including Red Cross/Red Crescent members. The main benefit of adopting the risk management strategy is to increase efficiency when using scarce resources by proactively minimizing the likelihood and impact of potential risks. In doing so, achieving objectives and implementing strategies can be done more effectively. Although the main tangible output of the workshops is the Haiti operation risk register, the integration of the methodology in the day-to-day activities, and the honest discussions around potential risks, has encouraged and increased accountability and transparency within the operation. As such, the principles learned during these workshops should remain and continue to be applied long after the workshops have stopped

Contact information

In Haiti:

- Eduard Tschan, Country Representative for Haiti; email: eduard.tschan@ifrc.org
- Stephen McAndrew, Head of Operations in Haiti: email: stephen.mcandrew@ifrc.org

In the Dominican Republic:

- Alexandre Claudon, Regional Representative for the Latin Caribbean; e-mail: alexandre.claudon@ifrc.org

In Panama:

- Ruben Cano, Haiti Support Team Coordinator; phone: (507) 380 0250; cell phone: (507) 65505289; email: ruben.cano@ifrc.org
- Thierry Schweitzer, Logistics Mobilization Coordinator, Pan American Disaster Response Unit (PADRU); phone (507) 316 1001; fax (507) 316 1082; e-mail thierry.schweitzer@ifrc.org
- Sandra Lombardo; Resource Mobilization Officer – Haiti Operation: email: sandra.lombardo@ifrc.org; phone: (507) 317 3050; fax: (507) 317 1304.

In Geneva:

- Pablo Medina, Operations Coordinator for the Americas; phone: (41 22) 730 42 74; fax: (41 22) 733 03 95; email: pablo.medina@ifrc.org

[< click here to return to the title page >](#)