

www.ifrc.org
Saving lives,
changing minds.

Emergency appeal operation update

Haiti: Earthquake

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRHT008 GLIDE n° EQ-2010-000009-HTI Operations update n°28 – Eighteen months Progress Report 2 November 2011

Period covered by this Ops Update: January 2010 to June 2011.

Appeal target (current): CHF 314,329,971 is the amount in cash, kind and services (including costs of ERUs) presented in the plan of action of October 2010 required to support the Haitian Red Cross (HRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) in the provision of 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. ***This budget has, however, now been amended and is in the amount of CHF 252,801,332 (not including the costs of the Emergency Response Units).***



The Haiti Earthquake Health and Care department continues to implement psychosocial support activities targeting the population affected by the devastating January 2010 earthquake. Children are a key target group. IFRC

Appeal coverage: Coverage currently stands at 89%.

[<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- Disaster Relief Emergency Fund (DREF): CHF 500,000 was initially allocated from the Federation's DREF to support the National Society to respond
- A preliminary emergency appeal for CHF 10.1m was launched on 12 January 2010 to support the HRC to immediately deliver life-saving assistance to some 20,000 families for nine months
- A revised preliminary emergency appeal with a revised budget of CHF 105.7m to assist up to 60,000 families for three years was issued on 26 January 2010
- On 9 February 2010, Operations Update 5 was published, reflecting revised objectives for the six-month relief phase of the operation under the plan of action, as well as a revised budget of CHF 218.4m, of which CHF 2.07m was designated to support the IFRC's inter-agency coordination for the Shelter and Non-food items (NFI) Cluster
- A summary of the revised plan of action was issued on 5 October 2010, with a total budget of CHF 314,329,971 and can be accessed by following the link below:
<http://www.ifrc.org/docs/appeals/10/MDRHT008SummaryPoA.pdf>
- A revised plan of action with a related budget of CHF 252,801,332 is being drafted to reflect the transition from the emergency relief to the recovery phase, and will cover the period July 2011 to December 2012.

Summary: The IFRC Haiti Earthquake operation remains the largest single-country operation in the history of the Red Cross. Twenty-one Emergency Response Units (ERU) along with delegates, staff and volunteers from 59 Red Cross Red Crescent national societies were deployed to respond to the basic needs of the earthquake affected population. As the operation transitions after seventeen months to the recovery phase in line with the Federation-wide Strategic Framework, approved in March of this year, the focus will be on the integrated neighbourhood approach (INA) - a strategy encouraging integration of key programmes in targeted, urban neighbourhoods. In addition to direct implementation of key services (shelter, water and sanitation, livelihoods support, community health and risk reduction), the IFRC will provide support services to the Red Cross membership to enable them to meet their objectives in neighbourhoods where they are providing an integrated package of services. In this way, the IFRC will be working with other Red Cross partners to coordinate and focus the recovery operation to generate greater impact. The INA approach will be reflected in the revised plan of action covering the period July 2011 to December 2012 currently being developed.

This document is the last report that will reflect progress on the plan of action published on 5 October 2010 (<http://www.ifrc.org/docs/appeals/10/MDRHT008SummaryPoA.pdf>), structured around three related pillars identified in cooperation with the Haitian Red Cross Society as follows:

The three pillars approach

Earthquake Operation Pillar One	Disaster Preparedness Pillar Two	Strengthening the Haitian Red Cross Society Pillar Three
Support affected households with their immediate post earthquake needs and help them move towards recovery	Introducing key community-based disaster risk reduction and disaster preparedness measures, bearing in mind the potential impact that the rains and hurricanes can have on an annual basis upon this already weakened nation	Strengthened organizational capacity to deliver integrated services with a focus on disaster response, health and organizational development

After seventeen months, the operation has made noteworthy progress in meeting the unprecedented needs resulting from the January 2010 earthquake:

- 560,000 hygiene kits distributed
- 214,544 households received multiple tarpaulins throughout 2010 and 2011
- 2,998 transitional shelters constructed
- 1,500 households received resettlement grants
- Since the beginning of the operation, the IFRC has distributed a total of 693,993,690 litres of drinking water.
- 814 latrines installed in 27 camps
- 36,045 persons with access to sanitation services (handwashing points, showers, garbage disposal, drainage etc.)
- 39.5 million SMS delivered to 1.2 million persons

These accomplishments could not have been achieved without significant innovations to adapt to the situation in the field. The application of technology has made distribution of relief items a much more efficient process, and has also allowed the IFRC to extend its reach and timeliness in terms of dissemination of critical messages to the target population. The earthquake generated an enormous amount of rubble, and this is being used by the shelter team as an input to the construction process. The water and sanitation team continues to work closely with national and municipal authorities in practical ways to provide long-term institutional and financial support to ensure that responsibility for delivery of basic water and sanitation services is transferred to the public sector. The health team has reached out to non-traditional social actors to dispel the fears, stigma and violence surrounding the October 2010 cholera outbreak. To date, working in partnership with Red Cross and external partners has allowed the IFRC to do more, do better and reach further.

This document highlights the progress to date, and draws attention to the key innovations developed within the Haiti Earthquake operation.

The situation

On 12 January 2010 a devastating earthquake measuring 7.0 on the Richter Scale struck Haiti. The earthquake's epicentre was 15 km south-west of the country's capital Port-au-Prince in proximity to the city of Léogane. According to the latest statistics from the Government of Haiti, the earthquake and the subsequent aftershocks that occurred during the weeks that followed the initial impact left some 300,000 people dead and 2.3 million people displaced. At the same time, 300,000 people were reported to have been injured.

Some seventeen months after the earthquake, according to data from the International Organisation for Migration (IOM), despite a sharp decrease in the camp population from some 1.5 million last year, over 600,000 Haitians still live in approximately 1,000 displacement camps scattered mostly around the capital, Port-au-Prince.¹ In addition, cholera remains a concern as the epidemic which started in October 2010, continues. According to the World Health Organisation Health Cluster Bulletin of 27 May 2011, the cumulative number of reported cases of cholera was 302,401, including 5,234 deaths.² The disease will remain in Haiti for years to come, but is a particular concern due to the number of displaced persons, poor access to safe water and sanitation, and the Atlantic hurricane season which runs from June to November. The predictions for 2011 are an estimated 14 to 19 named storms and 7 to 10 hurricanes.³

Since the inauguration of the current president on 14 May 2011, there have been some challenges in the selection of a prime minister and appointment of a cabinet. Over the course of the past seventeen months, political instability and demonstrations related to the national electoral process and final announcement of official election results, among other issues, led to the IFRC security team imposing movement restrictions, very often interrupting the schedule of planned activities.

Coordination and partnerships

Cooperation among Red Cross Red Crescent actors was essential to the Haitian Red Cross assuming a lead role in this operation. Following the earthquake, the HRC with the support of international delegates, staff and volunteers originating from 59 Red Cross Red Crescent National Societies, 21 Emergency Response Units as well as Red Cross Red Crescent emergency response teams from Colombia, Mexico, Qatar and the Republic of Korea worked together to deliver water, non-food items and emergency shelter, and health and sanitation services to hundreds of thousands of individuals in affected communities throughout Port-au-Prince and other affected areas.

From 10 February 2010, the IFRC convened the Inter-agency Standing Committee⁴ Shelter/NFI Cluster, taking over this responsibility from the International Organization for Migration. The Cluster Coordination Team coordinated Shelter/NFI activities across all affected areas, including hubs in Port-au-Prince, Jacmel, Petit Goâve and Léogane. Participation was drawn from the Government of Haiti, UN agencies, the Red Cross Red Crescent membership, NGOs, IOM, the military and donor organizations. The IFRC handed over coordination of the Shelter/NFI Cluster to UN Habitat in November 2010.

A Memorandum of Understanding defining the coordination mechanisms and their responsibilities at all levels was signed by the HRC, the IFRC and the ICRC on 20 April 2010. All PNSs were invited to adhere to this MoU through the signature of the declaration annexed to it, as was stated in the Joint Statement signed by the HRC, the IFRC and the ICRC on 28 January 2010. The following coordination mechanisms for operating on a day-day basis in Haiti were agreed upon are all in operation unless otherwise indicated:

- The Movement Platform ensures the strategy and coherence of the Movement's response in Haiti to meet relevant and appropriate humanitarian needs with a focus on supporting the HRC to build sustainable programmes and services.
- The Movement Operational Committee meets on a weekly basis and coordinates the management and implementation of the Plan of Action for the Haiti Operation

¹ Source: From Camps to Communities – Camp Coordination and Camp Management Cluster in Haiti: http://www.cccmhaiti.info/z_Overwhelming_Majority_of_Haitians.php

² Source: World Health Organisation Health Cluster Bulletin: http://www.who.int/hac/crises/hti/sitreps/haiti_health_cluster_bulletin_27may2011.pdf

³ National Oceanic and Atmospheric Administration, United States Department of Commerce, <http://www.cpc.ncep.noaa.gov/products/outlooks/hurricane.shtml>

⁴ The Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners. <http://www.humanitarianinfo.org/iasc/>

- The Technical Committees usually meet monthly or more frequently, as needed, to manage coordination and implementation between partners of the Plan of Action according to technical areas – shelter, health, water and sanitation, disaster risk reduction, livelihoods.

Representatives of the HRC, the IFRC, the ICRC and PNSs participate in these mechanisms. Three additional mechanisms for maintaining close and effective coordination and leadership within the Movement were also agreed upon:

- The Strategic Coordination Committee assures strategic coherence among all partners involved in the Haiti operation and raises awareness of any high level problems or risks in the coordination or implementation of the operation.
- The Performance and Accountability Working Group to ensure Movement coordination and leadership in performance and accountability. This group has not yet been formed, but is expected to be operational in the third quarter of 2011.
- The Virtual Communications Working Group ensures Movement coordination and leadership in communication and reputation issues.
- The High Level Board Focus Group (HLBFG) assists the Governing Board to overview the collective accountability of the International Federation. Within this reporting period, the HLBFG undertook two missions to Haiti, after which positive feedback on the direction of the operation was forthcoming.

In addition, in May 2011, a Technical Movement Coordination unit was set up to promote effective partnership, programme synergies, and collective action amongst the Red Cross membership to support learning and enhance community resilience. The unit's four main responsibilities are coordination, representation, provision of technical support, and documenting good practice and lessons learnt. At the close of this reporting period the membership began giving feedback on how to improve these coordination mechanisms and on how to re-invigorate National Society development. This will be addressed beginning in the third quarter of 2011.

In Haiti, the IFRC continues to participate actively in the relevant Cluster meetings, and works in close collaboration with the Red Cross membership, NGOs, donor agencies, as well as national and municipal authorities. In addition, the Haiti team maintains good communication with colleagues at the Americas Zone Office in Panama, as well as at the Secretariat in Geneva.

National Society Capacity Building: The gains made within the earthquake operation could not have materialized without the commitment of Haitian Red Cross volunteers. They were the first to respond in the immediate aftermath of the disaster, and continue to be a core strength of the operation. Each one of the programmatic areas ensures that volunteers and Haitian Red Cross staff are given training to enhance and broaden their technical skills, to ensure that the skills remain in Haiti when the operation ends and the international staff depart. With the support of the IFRC, relief items have been strategically pre-positioned across the country to meet the needs of 25,000 families in the event of a disaster. An operational and logistics Disaster Management Operations Centre has been established in Hinche, strategically located to decongest the current activities in Port-au-Prince and provide support for regional branches. During the October 2010 cholera outbreak, the Centre assisted with field coordination in affected areas. In addition, the Disaster Risk Management department of the Haitian Red Cross is staffed with international delegates embedded in critical functions of the department's middle management, with the objective of strengthening its capacity.

Red Cross and Red Crescent action

Progress towards outcomes

Pillar One: Earthquake Operation

Relief distributions (food and basic non-food items)

Progress: In the days immediately following the earthquake, priority was given to the distribution of food, water and basic non-food items. Given the level of destruction there was also an urgent need for emergency shelter items. Relief activities therefore focused preliminary distribution efforts on a basic kit of essential non-food items. The first relief packages of non-food items, based on the immediate priorities, contained tarpaulins, blankets, kitchen sets, hygiene kits, and water containers (jerry cans or buckets). The secondary priorities were sleeping mats, mosquito nets and baby kits.

In early February 2010, shelter materials, along with mosquito nets, hygiene kits and jerry cans, became the main priorities, and distributions were re-organized accordingly. As the months progressed, based on the needs in the IDP camps, rounds of tarpaulin replacement and hygiene kit replacement distributions were undertaken.

The communities identified to receive assistance were selected based on assessments conducted by the IFRC and the HRC. Priority was given to families whose homes were uninhabitable. Within this group, priority was then given to female-headed households, the disabled, elderly and otherwise disadvantaged.

The commitments made by the IFRC in October 2010 were:

- 80,000 families will have received basic non-food items (including emergency shelter) within the preliminary six months following the disaster.
- 20,000 additional families will have been identified in the affected area and have received emergency shelter items
- 80,000 families will have received further emergency shelter items (tarpaulins and ropes) to replace those damaged through use or by the weather, etc.
- 80,000 families will have received a hygiene kit on a monthly basis until December 2010

The number of households targeted was subsequently revised based on the needs observed in the field, as reflected in the statistics presented below. As at June 2011, the relief team has achieved the following:

Table 1: distribution of non-food items as at June 2011

items per H.H. ⁵	ITEM	TOTAL DISTRIBUTED	H.H. REACHED	H.H. TARGETED	H.H. BALANCE	% DELIVERED	% PENDING
2	BLANKETS	264,527	132,264	120,000	0	110%	0%
2	JERRY CANS	141,980	70,990	80,000	9,010	89%	11%
2	MOSQUITO NETS	140,514	70,257	80,000	9,743	88%	12%
1	KITCHEN SETS	76,158	76,158	80,000	3,842	95%	5%
2	BUCKETS	122,623	61,312	80,000	18,689	77%	23%
2	SLEEPING MATS	107,199	53,600	80,000	26,401	67%	33%
1	TOOL KITS	30,524	30,524	40,000	9,476	76%	24%
1	BABY KITS	7,109	7,109	20,000	12,891	36%	64%
1	TENTS	9,381	9,381	10,000	619	94%	6%

⁵ Unless stated otherwise, the abbreviation H.H. is defined as households

Table 2: distribution of tarpaulins as at June 2011. Persons displaced by the January 2010 earthquake congregated in spontaneous settlements wherever land was available, and found shelter under tarpaulins distributed by humanitarian organizations. Seventeen months later, over 600,000 Haitians still live in approximately 1,000 displacement camps. Over the months, the tarpaulins degenerated due to the weather conditions and general wear and tear. To provide for the continuing shelter needs in the displacement camps, the IFRC has undertaken three rounds of tarpaulin replacement distribution, and has extended its reach to new camps, as shown below.

TYPE OF DISTRIBUTION	TARPAULINS DISTRIBUTED	TARGET	% DELIVERED	% BALANCE
EMERGENCY	239,598	140,000	171%	0%
REPLACEMENT 2010	85,770	160,000	54%	46%
REPLACEMENT 1 2011	98,512	120,000	82%	18%
REPLACEMENT 2 2011	-	52,000	0%	100%
NEW CAMPS	5,648	40,000	14%	86%
TOTAL	429,528	512,000	84%	16%

Table 3: distribution of hygiene kits as at June 2011. Despite the original December 2010 cap on this commitment, monthly distributions of hygiene kits continued to the end of this reporting period – June 2011. Assessments were undertaken to identify camps in need of multiple rounds of hygiene kit distribution

# of Distributions	# of camps	H.H	# of hygiene kits
1	198	110,546	110,546
2	23	11,937	23,874
3	14	9,224	27,672
4	11	9,656	38,624
5	7	7,060	35,300
6	22	10,654	63,925
7	14	7,395	51,764
8	22	12,029	96,232
9	11	10,325	92,925
10	3	2,121	21,210
TOTAL			562,072

The on-going participation of HRC volunteers was crucial to the effort, not only in terms of their participation in assessments and relief distributions, but as an essential component of outreach activities, to ensure that the most vulnerable segments of the population received assistance, and that the communities clearly understood the selection process. Over the past months, the HRC relief distribution volunteers were supported by IFRC relief delegates and Regional Intervention Team (RIT) members. Distributions of selected relief items will continue into the third quarter of 2011, based on item availability and the needs observed.

To meet the targets set, the relief distribution process was adapted through the development of the *Mega V* software, to significantly improve efficiency and accountability in the distribution process. Box 1 below details the software development process, and the gains made through its use.

Box 1: Mega V software used in the IFRC Haiti Earthquake relief distributions

In 2010, the Mexican Red Cross deployed three relief teams to support the Haiti Earthquake Operation. During the first days of distributions, several challenges with the paper-based beneficiary distribution cards were faced – it was possible for beneficiaries to present the same card multiple times, it was difficult to identify stolen cards, duplication of cards was fairly easy. In addition, using the paper-based system, verification of beneficiary cards took, on average, two minutes per person.

In response to these challenges, the Mexican Red Cross developed a more efficient system of registration of beneficiaries and distribution of relief items, using a bar-code reader and a bar code, which served as a unique identifier per beneficiary. Not only was this system **quickly developed** in the field, and **adaptable** to the locally available resources, it introduced **greater accountability** through generation of more timely and accurate reports, and reduced the time taken for verification of beneficiary cards to 10 seconds per beneficiary – significantly **reducing the waiting time of the beneficiaries**. It also reduced the likelihood of the same beneficiary card being used more than once within the same distribution. The system was pilot tested in camp Mega V, from where the software got its name. At this camp, a relief distribution to 100 families took 10 minutes. When the Mexican Red Cross ended its mission in Haiti, the IFRC continued to use the Mega V software in its relief distributions. In addition to the barcode, holes are manually punched into the card to reflect the number of distributions the card-holder has received.



Bar-codes as unique identifier



Beneficiary card



Card scanned by barcode reader



Card being punched

Shelter

Some 17 months after the earthquake, according to the International Organisation for Migration (IOM) data, despite a sharp decrease in the camp population from some 1.5 million last year, over 600,000 Haitians still live in approximately 1,000 displacement camps scattered mostly around the capital, Port-au-Prince. IOM-Haiti polled over 15,000 camp dwellers to find out why they are still there despite the discomfort and insecurity posed by living in tents or under tarpaulins, through a cholera epidemic and two consecutive hurricane seasons. The Intentions Survey found that 94% of people living in camps would leave if they had alternative accommodation. Most of those surveyed said if they had to depart immediately, they would not have the means to pay rent or the resources to repair or replace their damaged or destroyed homes.⁶

Progress:

To contribute to meeting the shelter needs of the affected population, the IFRC and Partner National Societies committed to the implementation of a transitional shelter programme to meet the needs of 30,000 families within 24 months. The IFRC is currently planning to provide 7,500 shelter solutions with multilateral funding, although these numbers will continually be reviewed as the Partner National Societies revise and finalize their commitments. Water and sanitation facilities are included with all shelters provided by the IFRC and bilateral partners. To date, the IFRC has constructed transitional shelters in 3 sites, is supplying transitional shelter material to three PNSs and is offering alternative shelter solutions to persons living in the camps.



Transitional shelter units constructed at La Piste
Source: IFRC

For the period January 2010 to 30 June 2011, the IFRC shelter programme provided shelter solutions for 3,286 households. The programme is implemented by providing safe and improved shelter solutions through three distinct areas – provision of transitional shelter material kits and technical support to Partner National Societies, through direct implementation of transitional shelters by the IFRC shelter team, and by addressing alternative shelter solutions. Each of these areas is described in further detail below.

A. Provision of transitional shelter material kits and technical support to 3 Partner National Societies (Canadian Red Cross, French Red Cross and Norwegian Red Cross)

On 11 May 2010, the IFRC signed a Memorandum of Understanding (MoU) with the Canadian Red Cross to supply timber transitional shelters. On 27 July 2010, the IFRC also signed an MoU with the French Red Cross to supply 2,500 timber transitional shelters. The IFRC has subsequently signed an MoU with the Norwegian Red Cross for the supply of 700 shelters. These are contributions to the multilateral component of the IFRC shelter programme in Haiti. The table below reflects progress to date with respect to the support given to the Partner National Societies.

TABLE 4: IFRC Shelter Programme Progress – Transitional Shelters delivered to Partner National Societies			
Updated: 30 June 2011			
Work Description	IFRC Shelter Programme Progress		
	Actual progress	Target	% Complete
	volume		
Canadian Red Cross — IFRC	195	195	100%
Norwegian Red Cross — IFRC	227	700	32%
French Red Cross — IFRC	917	1500	61%
Total	1339	2395	56%

⁶ Source: From Camps to Communities – Camp Coordination and Camp Management Cluster in Haiti: http://www.cccmhaiti.info/z_Overwhelming_Majority_of_Haitians.php

B. Through direct implementation of transitional shelters by the IFRC shelter team

The IFRC has constructed transitional shelters in 3 sites as follows:

La Piste

The Ministry of the Interior approached the Haitian Red Cross in late June 2010 with the option of constructing shelters on the La Piste site. All beneficiaries selected for the IFRC's transitional shelter programme were officially selected by the Ministry of the Interior, based upon vulnerability criteria defined by IFRC. Multiple community and stakeholder meetings were held in order to secure buy-in from all parties concerned. The IFRC employed and trained over 667 local community members and provided them with the knowledge and skills to construct safe shelters.

Construction of 372 transitional shelters in La Piste is now complete and shelters have been handed over to the beneficiaries. In addition, flood mitigation work, drainage installation and general site preparation was done. This included the removal of excess debris on the site, grading to ensure water run off flooding is avoided. Some drainage canals were dug to help remove this excess water. Furthermore, installation of a security fence and warehouse facilities were undertaken.

Annexe de la Mairie was identified in February 2010 as a camp in which the IFRC could construct transitional shelters. The Mayor of the area signed an MoU with the IFRC in March 2010 agreeing to allow construction of transitional shelters on the municipal land currently in use as a camp. Construction of transitional shelters started on 26 June 2010. As of June 2011, 340 transitional shelters have been completed. The IFRC also continues to work with the community in an effort to provide alternative solutions - repairing an existing structure, providing material and training, or through a number of other options discussed later in this document. The construction of shelters for the Annexe de la Mairie project is completed, while drainage works are ongoing.

Saint Marc

The construction of transitional shelters in Saint Marc started in June 2010. Land was provided to the IFRC by a local religious group on a 3-year lease with an initial plan for 15 shelters. During the registration of the first 15 families, IFRC shelter teams identified an additional 21 families who were vulnerable and in need of shelter assistance. The teams included these 21 families to the programme and to date 36 transitional shelters have been completed and handed over to the families. Nineteen prototype transitional shelters have been constructed in Port-au-Prince. In an effort to decongest the displacement camps and return families to communities, the IFRC offers construction of a transitional shelter to families who either own a plot of land or have the opportunity to move to a plot of land. Such decongestion of camps is being undertaken at Annexe de la Mairie and Carradeux. In addition, construction of transitional shelters has been done in the community of Carrefour Feuille.

Box 2: Vulnerability criteria defined by the IFRC and used for selection of transitional shelter beneficiaries

- Families affected by the earthquake of 12 January 2010
- Families currently residing in the emergency shelters in 'La Piste'
- Families who rented property before the earthquake
- Families with no house or plot to which they can return
- Most vulnerable families which are headed by children or women or with members with disabilities
- Elderly persons living alone, amputees or persons disabled as a result of the earthquake

The table below reflects progress made to date through direct implementation of transitional shelters by the IFRC Shelter team.

TABLE 5: IFRC Shelter Programme Progress – Transitional shelter units implemented by the IFRC			
Updated: 30 June 2011	IFRC Shelter Programme Progress		
Work Description	Actual progress volume	Target	% Complete
IFRC prototypes	19	19	100%
Saint Marc	36	36	100%
Annexe de la Mairie	340	340	100%
Annexe de la Mairie — decongestion of the camp	61	200	31%
La Piste	372	378	98%
Carradeux — decongestion of the camp	90	200	45%
Carrefour Feuille	59	56	105%
Total	977	1229	79%

C. By addressing alternative shelter solutions

The settlement approach in the IFRC shelter programme offers support to communities through the integration of shelter with other services such as water and sanitation and livelihoods. This approach acknowledges that shelter support is not limited to provision of a shelter unit, and rather that several key supports are needed in order for people to restore a semblance of normal life. The options available to affected populations under this approach include support to host families and financial support to persons to rent accommodation, among others.

In July 2010 the IFRC began the process of registering internally displaced households living in four of the camps that make up Carradeux. The Red Cross developed interventions based on assessments and discussions with the families. These discussions led to identification of three areas that would help the families move forward:

- an improved shelter solution
- support for livelihoods to allow them to take care of immediate needs and plan for the future
- an option to help their children to return to school

Based on the results of the discussions with the community, the IFRC currently provides five options to internally displaced households. Each household is offered a 'livelihoods grant' in the sum of 250 US dollars, as well as Health Insurance provided by *Développement des Activités de Santé en Haïti* (DASH)⁷. Some options provide a resettlement grant of 500 US dollars (20,000 Haitian Gourdes). The options of the alternative shelter solutions are described in Box 3 below.

⁷ A study conducted by OXFAM in 2010 revealed that in Haiti, a household's biggest expenditure is on medical care. The IFRC made a commitment to pay the *Développement des Activités de Santé en Haïti* (DASH) 1 United States dollar per month for each beneficiary of the shelter programme for a period of 12 months. In return, DASH commits to providing access to medical care, preventative medical care and other health care services, at specific locations in Port au Prince, with the beneficiaries of the programme bearing the cost of the services.

Box 3: Alternative shelter solutions offered to households displaced by the January 2010 earthquake

Option	Description	Resettlement Grant	Livelihoods Grant	DASH
1. Families who own land on which they can build a transitional shelter	Some persons have the option to move back to where their house was or to a piece of land to which they can show ownership. They are given access to a transitional shelter and a small unconditional grant to help them to re-enter the employment market. They are also provided with health insurance for one year.	No	Yes	Yes
2. Families who have the opportunity to move to a plot of land	Some people living in the camps know someone who has a plot of land who has agreed that they would be able to reside on the plot for two years. They must produce a document signed by their friend stating that they can live on the land for two years, and a copy of the ownership documents and their identification to have access to a transitional shelter, a small unconditional grant to help them to re-enter the employment market. They are also provided with health insurance for one year.	No	Yes	Yes
3. Families who have “green” houses that require simple work to make them habitable	Some persons have houses classified as “green” and would return to their homes if they had the resources to do the repairs. They are offered cash or a voucher to access the needed materials and also an unconditional grant that would allow them to buy tools and/or set up a business. Training on earthquake resistant construction will be offered to enable them to take the learning into consideration for future construction projects. They receive a small unconditional grant to help them to re-enter the employment market. They are also provided with health insurance for one year.	Yes	Yes	Yes
4. Families resettling in Port-au-Prince	Families identify accommodation within Port-au-Prince that they can rent. If the accommodation sought is deemed to be secure, has water and sanitation facilities and is seen as a safe dwelling, the IFRC will pay up to 500 US dollars (20,000 GHT) for a family to resettle. This sum covers a year’s rent. Often, people move towards the areas they lived in previously as they are familiar with the area. They receive a small unconditional grant to help them to re-enter the employment market. They are also provided with health insurance for one year.	Yes	Yes	Yes
5. Families who can move to a host family	Some families return to the provinces from which they came. They receive a resettlement grant, a small unconditional grant to help them to re-enter the employment market and are also entitled to receive health insurance for one year.	Yes	Yes	Yes

The table below reflects progress to date through the provision of alternative shelter solutions.

TABLE 6: IFRC Shelter Programme Progress – Alternative Shelter Solutions			
Updated: 30 June 2011			
Work Description	IFRC Shelter Programme Progress		
	Actual progress	Target	% Complete
	volume		
Carradeux — provision of settlement grants	264	500	52%
Carradeux – return to provinces	224	500	44%
Annexe de la Mairie — provision of settlement grants	212	400	53%
Annexe de la Mairie — move to a host family	0	100	0%
Collège Saint Louis de Gonzagues — provision of settlement grants	162	400	40%
Collège Saint Louis de Gonzagues – return to provinces	108	200	54%
Total	970	2100	46%

Through the IFRC shelter programme, 3,286 households have been provided with shelter solutions for the period January 2010 to 30 June 2011. In addition, five families who had a 'green' house that required repairs received a grant of 500 US dollars (20,000 GHT) to buy materials and pay the labour to repair their homes. These families have left the camp and have repaired or are repairing their homes.

The first families moved to alternative accommodation in September 2010. Initially they found accommodation in Port-au-Prince and a resettlement grant of 500 US dollars (20,000 GHT) was given to the host family. People tended to go to areas near where they were living before the earthquake as these are areas with which they are familiar. This process involved the shelter team visiting the proposed site and then through a bank transfer system, taking the head of household to the bank to receive the funds and then passing them on to the host family. After the families had resettled for a month there was a follow-up meeting during which they filled out a small business form and talked about how they would like to move on with their lives. They were then given a cash transfer of 250 US dollars which they could use for livelihoods or for their most pressing needs.

The resettled households were asked to attend monthly meetings with the IFRC team and, to date, all households have attended. When asked how they feel about their move they state that they are more relaxed and feel that they have a more secure future. They also state that now they are out of the camp they do not fear for their safety and think that their family is in a healthier state and frame of mind. Some have already begun to save funds to pay for the rental of accommodation in a year's time.



This family poses at the entrance to their home in a district of Port-au-Prince. The family was able to rent this two-bedroom house with a resettlement grant from the IFRC.

Source IFRC

The households who had settled in the provinces were in much better condition, some living in large rural homes with extended families. They had also been able to start income generating activities with the funds that they had received.

Families who have resettled have stated that now their objectives are to have their home in the province, to use further funds to buy land, to help them support their family, to finish the construction of their house and send their children to school. They also want to be able to save money on a regular basis to ensure that they have money available for the future.

The monitoring and evaluation strategy of the alternative shelter solutions process involves regular check-in with beneficiaries to monitoring their progress and support their initiatives. In the first instance, the beneficiary receives funds for payment to their landlord. One month later IFRC visits the beneficiary and offers small business training, along with a grant of 250 dollars, and discusses with them ideas for how the money will be spent; vocational training opportunities are also discussed with the beneficiary. IFRC attempts to visit each beneficiary in third month, though this visit sometimes takes place in the 3 month to 6 month period, to monitor the beneficiary's progress and to follow up vocational training discussions. Any beneficiary opting to take up the training is contacted on a monthly basis. A mid-term review of the alternative shelter solutions project is planned for late 2011 and a final evaluation will be undertaken in 2012, which will assess the progress of beneficiaries 12 months following their first participation in the project.

The shelter team is also exploring use of the Interactive Voice Recognition (IVR) hub that is being established at Red Cross Base Camp in Haiti, to undertake sample surveying of beneficiaries of all shelter interventions.

D. Rubble removal and recycling

Since the earthquake, there is rubble everywhere in Port-au-Prince and neighbouring areas. The removal of debris remains a major obstacle to both the return and temporary resettlement of affected households as well as the beginning of re-planning and reconstruction activities. Rubble removal began with an ad hoc approach, including large scale cash for work programmes. However, the lack of sufficient mechanized assets, technical expertise, among others, limited activities to date. In June 2011, the IFRC began piloting new ways to recycle

rubble. Sand and gravel from processed rubble is used to make paving bricks for footpaths, pre-cast concrete products and concrete blocks. The target is to remove 25,000m³ of rubble from Port-au-Prince, and recycle or reuse a minimum of 50% of the rubble removed. Already, 330m³ of rubble has been removed and recycled for the manufacture of 5 pavers and 10 pre-cast drain covers.

Challenges:

The major challenge relating to the shelter programme continues to be a lack of access to land and property rights. Factors such as shortages of jobs, education, food and shelter in areas not directly affected by the earthquake result in constant population movements from outside of Port-au-Prince to the capital, or movement within Port-au-Prince from one camp to another due to evictions. Over 600,000 Haitians still live in approximately 1,000 displacement camps scattered mostly around Port-au-Prince. These people have been living in these camps for seventeen months, and the IFRC and Partner National Societies have committed to meet the needs of 30,000 families in 24 months. The Caribbean Hurricane Season, with predictions of several hurricanes and named storms, may also prove challenging.

Land availability is a significant constraint, with very few appropriate land sites available for transitional shelter construction.

The shelter team is also working to resolve drainage problems at the Annexe de la Mairie t-shelter site that has been causing flooding during periods of heavy rain. The team is investigating engineering solutions to rectify the problem.

Health and Care

Prior to the earthquake, the health status of the Haitian population was poor. According to statistics from the Pan-American Health Organization (PAHO), 40% of the population had no real access to basic health care, 76% of deliveries were made by non-qualified personnel, more than half of the population had no access to drugs, and only half of the children were vaccinated. Haiti had the highest infant and maternal mortality, the worst malnutrition and the worst HIV and AIDS situation in the Americas. Approximately 120,000 adults and 6,800 children under 15 years were living with HIV. Acute respiratory infections and diarrhoea caused half of the deaths in children under 5 years of age. The child mortality rate was 80 per 1,000 live births (2006)⁸ and there were complications in a quarter of the deliveries.

Only about 20% of health care was provided by the public sector, with many people accessing both traditional and non-traditional health services simultaneously. Haiti had limited human resources for health and a weak in-service and pre-service training infrastructure, both of which were exacerbated by the earthquake, leaving an even bigger human resource gap in the health sector. In the immediate aftermath of the earthquake, an estimated 1.5 million displaced people were living in a variety of different situations with limited access to health care.

The immediate health risks identified after the earthquake by WHO included:

- wounds and injuries, wound infection and tetanus, and gangrene;
- water, sanitation, hygiene-related and food-borne diseases (diarrhoea, typhoid fever, hepatitis A and E);
- diseases associated with crowding (acute respiratory infections, measles, diphtheria, pertussis, pandemic influenza (A H1N1), meningococcal disease, tuberculosis);
- vaccine-preventable diseases (tetanus, measles, diphtheria, pertussis, polio, hepatitis A);
- vector-borne diseases and zoonotic diseases (dengue/dengue haemorrhagic fever, malaria, human rabies, leptospirosis).

Progress:

Since the earthquake Red Cross Red Crescent Emergency Response Unit (ERU) hospitals in Petit Goâve and Carrefour and Basic Health Care clinics and mobile clinics provided medical care to over 135,000 people in Red Cross Red Crescent health care facilities at four fixed sites and 41 mobile sites covering a population of approximately 700,000 people. Care given in the respective facilities was complemented by community-based health and hygiene promotion activities and SMS messaging campaigns implemented by the communications department.

In addition, more than 150,000 people benefitted from the emergency vaccination campaign which was initiated by the Haitian Ministry of Health, UNICEF and the Pan American Health Organization. The Haitian Red Cross mobilised over 100 volunteers in the implementation of this campaign, together with the IFRC and Partner National Societies.

Given the precarious health situation, and the status of public health services, the ERUs and mobile health clinics continued to function to the end of 2010⁹. The activities and achievements of these ERUs and mobile health clinics can be found in earlier publications of the Haiti Earthquake Emergency Operations Updates located at <http://www.ifrc.org/en/publications-and-reports/appeals/>.

As the operation evolved, the Health and Care Department has structured its operations to reflect four main areas of implementation for longer-term programming: A. Community Health, B. Emergency Health, C. Psychosocial Support Programming, and D. HIV and AIDS/Sexual and Reproductive Health.

A. Community Health

The Red Cross Red Crescent's main area of strength is in its community participation approaches to health activities facilitated by volunteers at the local level. These approaches are designed to help people understand and take ownership of their health concerns and through relevant activities, build community resilience and help

⁸ WHO World Health Statistics, 2008

⁹ The **German-Finnish Red Cross** Field Hospital in Carrefour, a referral hospital providing primary, secondary and tertiary level health care to a population of approximately 250,000; the **Japanese Red Cross Society** delivered services via mobile health and basic health care clinics in Port-au-Prince and then Léogane; the **Finnish Red Cross**, the **Icelandic Red Cross** and the **Swedish Red Cross** basic health clinic operated in Parc Jean Marie Vincent (La Piste) and also had mobile clinics in four locations in Port-au-Prince; the **Canadian Red Cross** and the **Norwegian Red Cross** in Petit Goâve operated with one surgical team and worked closely with Haitian gynaecologists and doctors. An important service offered by the ERU was the ability to transfer patients with the two ambulances when necessary.

empower people to live healthier lives and prevent disease. Working through the HRC, and in close collaboration with the Haitian Ministère de la Santé Publique et de la Population (MSPP), the Red Cross is rolling out Community Based Health and First Aid *in action* (CBHFA) as the preferred approach to community health interventions. Significant investment has been made in planning and human resource development in preparation for community level health interventions. A draft CBHFA Plan of Action was developed and shared with Red Cross Red Crescent partners before being approved by the HRC Governing Board. In addition, a one-day CBHFA monitoring & evaluation meeting attended by HRC, IFRC, several PNS partners and the Haitian School for Community Health was facilitated by the Senior Health Officer, CBHFA. Tools were shared and agreement reached on the importance of adequate mechanisms being put in place early to plan, monitor, evaluate and report back on the Red Cross collective activities in CBHFA. Furthermore, a six-day CBHFA Facilitators Workshop was held to train community-level health personnel from HRCS, IFRC and PNS on the methodology.

B. Emergency Health



Haitian Red Cross staff and volunteers participate in an Epidemic Control for Volunteers training session. Source: IFRC

This component is focused on epidemic control activities, using a specific methodology – Epidemic Control for Volunteers. In early 2011, this methodology was adapted to the Haitian cultural context in terms of language (translation into Haitian Creole) and graphics. Given that the HRC has 13 branches country-wide, with an active volunteer network, training of these volunteers in epidemic control is key to preventing outbreaks in rural areas, and are a good early warning system in the event of an outbreak. The Emergency Health team continues to work towards having at least 5 staff/volunteers in each of the HRC branches trained in Epidemic Control for Volunteers; training for 7 of the 13 Haitian Red Cross branches has already been done. The target is to train 1,000 staff/volunteers across the country.

In parallel to the Haiti Earthquake Operation, the IFRC is also running a cholera operation, which continues to receive support from the emergency health component of the Earthquake Operation health and care team. The cholera operation comes to an end in February 2012, and responsibility for health in emergencies will then be assumed by the emergency health team within the Health and Care Department.

C. Psychosocial Support Programming (PSP)

This is a priority sector for the Haitian Red Cross and considerable work has been undertaken to build capacity through a programme approach and fostering HRC leadership of the programme. Red Cross Red Crescent support for the programme has been achieved through a coordinated approach, with partners (Canadian Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Italian Red Cross, Icelandic Red Cross, Norwegian Red Cross, Swedish Red Cross and the ICRC) contributing financially and technically to a single, coherent plan and harmonized training.

A team of 102 volunteers conduct interventions in four geographical earthquake affected areas - Carrefour, Petit-Goâve, Léogane and Canapé Vert. The volunteers also provided psychosocial support in the aftermath of disasters, such as localized flooding and land-slides, in addition to on-going support to cholera patients and their families at cholera treatment centres. In the first 3 weeks of June 2011 alone, the PSP team reached over 25,000 beneficiaries with psychological support services. In addition, the team has been recognized for its support to



Participants in PSP activities
Source: IFRC

Box 4: The PSP team reaches out to non-traditional actors – the Haitian Hougan (voodoo priests)

Due to rising fear and anger associated with the cholera outbreak, people increasingly suspected that the disease may have been spread by *Hougan* (voodoo priests) and *Vaudouizan* (voodoo believers) using magic powder (poud kolera) in order to infect sources of water. In December 2010 at least 45 male and female voodoo priests were murdered after being blamed for causing the country's deadly cholera outbreak.

Voodoo leaders contacted Haitian Red Cross requesting training in regards to the early detection of cholera and its prevention and treatment. The training was carried out for the Voodoo fraternity who have consequently become active in cholera prevention at a national level. Given the importance of the Voodoo religion and its broad following (it was commented that there are, in all probability, more voodoo priests than doctors in Haiti) having this group of trained individuals active in confronting cholera is highly significant. Another important aspect of this strategic alliance is that they are now seen as part of the solution to the cholera outbreak and will, it is hoped, experience decreased levels of stigmatization and violence.

the community of voodoo priests during the height of the cholera epidemic.

The programme received strong support from UNICEF, which provided material for recreational activities for the 13 HRC branches to facilitate training on emergency psychosocial intervention. There is positive collaboration with institutions offering local expertise, such as the Centre for Psycho Trauma, and the Faculty of Human Sciences and the Faculty of Ethnology, which train students in the fields of psychology, sociology, anthropology, ethnology, social work and social communication.

D. HIV and AIDS/ Sexual and Reproductive Health

The HRC is a member of the Red Cross Global Alliance on HIV and AIDS and has a solid history of HIV and AIDS programming, especially in youth peer education, and is currently an *ex-officio* member of the country coordinating mechanism (CCM), placing it in a privileged position in regards to advocating country-wide for more emphasis on HIV and AIDS, as well as malaria and tuberculosis. At present, the IFRC Health and Care department does not have an HIV and AIDS delegate in place and, given HRC's long experience in HIV and AIDS programming in Haiti, filling this vacancy is a priority for the third quarter of 2011.

Water, sanitation, and hygiene promotion

Prior to the earthquake, access to water and sanitation in Haiti was poor. No Haitian city had a centralized sewage system, and regular access to drinking water was only available to 63% the country's population, with a mere 10 to 12% of the population having access to piped water connections with intermittent service. The majority of the population was dependent on trucked in water, and water packaged in bottles or small plastic bags. According to statistics released on 23 March 2010 by UNICEF, prior to the earthquake the sanitation services in Haiti reached only 17% of the population. Waste disposal facilities in the country are inadequate, with only one dumpsite "Trutier" in Port-au-Prince which houses trash, rubble, excreta and biomedical waste. The remaining trash remains piled up in the city's streets and water ways.

Progress:

The IFRC water and sanitation team has adapted to the Haitian context in order to meet the water, sanitation and hygiene promotion needs of the earthquake affected population. In the immediate aftermath of the earthquake, displaced persons established spontaneous settlements in open spaces - schools, churches, parks, plazas, football grounds, the car parking areas of private companies, and public fields, among others, where the ground could be pavement, rocks, tarmac or grass. This posed a challenge for meeting the sanitation needs of the population, where the high ground-water table, the paved areas, and the instruction of land-owners prevented installation of classic emergency pit latrines. The sanitation team responded by installing over-ground tank latrines, accompanied by desludging services and community mobilization to develop community-run solutions for daily cleaning of latrines, the management of excreta disposal, organic and solid waste.

The table to the right presents the number people reached through the IFRC water, sanitation and hygiene promotion interventions in June 2011. Since the beginning of the operation, the IFRC has distributed a total of 693,993,690 litres of drinking water.

Table 7: Number of people reached through IFRC water, sanitation and hygiene promotion interventions in June 2011

Number of people provided with daily access to drinking water	94,000
Number of people provided access to sanitation facilities	36,045
Number of people with access to sanitation services (hand washing points, garbage disposal, drainage)	38,470
Number of people with access to desludging services	32,165
Number of people reached through hygiene promotion activities	43,649

A. Water Distribution

The earthquake further weakened already fragile water services. In areas near the epicentre more than a million vulnerable people were left with limited access to safe drinking water. Since the earthquake, Haiti's water network has not been able to provide for the estimated three million people lacking access to safe water.

The Red Cross Red Crescent and its partners worked closely with the Haitian government's water and sanitation authority *Direction Nationale de l'Eau Potable et Assainissement* (DINEPA) to address this critical need. Water trucking was identified as the best solution to supply drinking water to the affected population. In January 2011, the Red Cross Red Crescent was serving 66 camps in this regard. However, provision of free water to the camps is not sustainable in the long-term, and in January 2011 the IFRC undertook a survey of all 66 camps to determine the best exit strategy from water trucking. The key objectives were to ascertain the exact number of people living in each camp, determine the availability of alternative water sources, identify the presence of a functional camp committee, assess whether the camps would continue to exist, and confirm the quantity of water supplied *vis-a-vis* the camp population. The survey results were analyzed and indicated that the population of most camps was over-estimated, while in other instances, some camps no longer required the water distribution services of the IFRC. A key action arising from the survey results was a reduction of water supplied to most of the camps. This led to a reduction in the number



Delivery of safe drinking water to a camp in Port-au-Prince.

Source : IFRC

of camps serviced and the number of beneficiaries reached, accounting for the reduction in the numbers of beneficiaries receiving water on a daily basis from 218,910 at the end of January 2011 to 94,000 at the end of June 2011. At the end of June 2011, the IFRC provided water to 48 camps and the 94,000 beneficiaries were receiving an average amount of 6.0 litres per person per day. Some 543,484 litres of water were delivered every day by a fleet of 16 water trucks. Water quality standards remain high and water samples are rigorously tested to retain these high standards.

Table 8: Scaling down of IFRC water distribution operation: December 2010 to June 2011

Activity	December	January	March	April	June
No. of camps serviced	66	66	60	54	48
No. of persons receiving water on a daily basis	218,910	218,910	108,455	101,875	94,000
No. of litres of water distributed	46,013,800	11,305,232*	32,574,000	29,042,398	16,848,000

*The amount of water distributed in January 2011 is considerably low. Movement restrictions due to the security situation in-country significantly reduced the number of rotations of water trucks, resulting in a reduction in the number of litres of water distributed in this month.

As the IFRC continues its exit from free distribution of water, it is critical that camps previously provided with this free service are empowered to access water on their own. To facilitate this, the IFRC has been constructing water reservoirs, which support private vendors to provide water to the IDP camps. The support is done over a period of three weeks of free distribution of water to the vendors. In week one, the IFRC provides water to the vendor at no cost. The vendor, in turn distributes the water to the camps at no cost. In weeks two and three, free water is provided to the vendor, who is allowed to distribute the water to the camps at a cost of 3 Haitian Gourdes per bucket (5 gallon). The funds gained from the sale of water in weeks two and three allow the vendor to purchase water from suppliers for resale to persons in the camps at the market cost. In this way, camps are assured a sustainable supply of water over the long term. As at June 2011, IFRC was working through this process with 5 vendors, and the plan is to reach 19 vendors in total by the end of the year.



IFRC completed construction of this water reservoir, enabling private vendors to provide water to camp residents
Source: IFRC

There is a clear need for a sustainable water and sanitation infrastructure in Haiti. In this regard, the IFRC has partnered with the public authorities to re-establish pre-earthquake conditions. Over the past months, negotiations were on-going with DINEPA, the public authority which will resume responsibility for providing water to the population through water trucking as well as through the network, which will be progressively repaired. The Red Cross Red Crescent will transfer institutional capacity to the public authorities through technical advice, training and the provision of 15 water trucks and 3 desludging trucks, 1 back hoe, 1 bob cat and one pick-up truck, including maintenance, fuel consumption and spare parts for the trucks for one year. Also included in the package is the salary of the truck drivers. In Port-au-Prince all water supply is related to network-piped water and water truck delivery; however, in the rural areas the strategy will be focused on rehabilitating drawdown wells and boreholes and eventually disrupted springs, creating new water points when necessary. The MoU with DINEPA will be signed in mid-July 2011.

In addition to the distribution of safe water, the IFRC has upgraded water distribution points to ensure a safe and reliable supply of water to beneficiaries. In the emergency phase, bladders were installed in the camps for storage of water. Water teams have replaced these bladders (capacity: 5000L) with tanks (capacity: 11,000L) - a more sustainable solution for longer-term water storage. The IFRC supported the construction of new stands for the tanks, reinforcement of stands at water points, and undertook repairs to existing water stands through replacement of valves and pipes.



Emergency bladder to be replaced by a water tank at a camp in Port au Prince



Repairs being done to tank stand and water stands in Port au Prince
Source: IFRC



From the beginning of the operation until February 2011, the IFRC distributed 220m³ of water per day to Hospital Ofatma in Cité Militaire, and this service has now concluded.

B. Sanitation

The earthquake also impacted the sanitation infrastructure of Port-au-Prince, which was already unable to meet the demands of the capital's growing population. The IFRC's sanitation team responded by installing over-ground tank latrines, accompanied by desludging services and community mobilization to develop community-run solutions for daily cleaning of latrines, the management of excreta disposal, organic and solid waste.



Tank latrine under construction
Source: IFRC



Tank latrines and showers installed at a camp
Source: IFRC

As at 30 June 2011, the IFRC sanitation team has made available 814 community latrines installed and available for use.

From January 2010 to June 2011, the team has overseen the desludging of 8,017.7m³ of excreta, in addition to removing 1,599.5 m³ of solid waste from camps.

The team continues to provide sanitation services to the camps, and at the same time, is developing an exit strategy from sanitation. Discussions continue regarding hand-over of desludging services to DINEPA by the end of October 2011. In addition, the team is negotiating an agreement with the Municipal authorities in the areas in which the IFRC provides sanitation services to camps. The IFRC proposes to provide shelter cleaning tool kits to the municipal authorities to facilitate their taking responsibility for solid waste collection and drainage works needed in the camps. They are also examining options for some camp committees to take on this responsibility through user fees and private vendors.

C. Hygiene Promotion

In the crowded camps that sprang up in the days and weeks following the January 2010 earthquake, it was vital to ensure that camp residents understood and practised good hygiene. Seventeen months

later, the number of displaced persons may be fewer, but the needs and concerns with respect to hygiene promotion remain. Participatory hygiene and sanitation promotion is essential to facilitate behaviour change in hygiene practices. The IFRC team of hygiene promoters conduct awareness-raising activities in camps based on the PHAST methodology, and in the month of June 2011 alone, has reached 43,649 persons with key hygiene promotion messages.

Door-to-door visits are ongoing and are undertaken to ensure reach to every household in the targeted community. This has been used to spread messages on the hurricane season and the risks of outbreaks of diarrhoeal diseases, especially cholera. Other issues addressed are malaria prevention and how to use the mosquito nets, the importance of consuming safe water and appropriate ways of excreta disposal. In addition, camp residents are encouraged to clean their living areas with the aim of reducing public health risks.

The hygiene promotion team also monitors the residual chlorine in household drinking water and the usage and maintenance of latrines. The aim is to ensure that the beneficiaries are putting into practice key hygiene messages to prevent diarrhoeal diseases. The teams also conduct activities targeting children. They were trained in the recycling of plastic materials to contribute to camp cleanliness. Messages related to the dangers of open defecation and the appropriate usage of latrines were reinforced.

Challenges:

Over the course of the operation, there have been significant challenges affecting the pace of implementation of water distribution activities. A major obstacle to smooth implementation has been a dynamic security situation, often leading to IFRC movement restrictions, interrupting the regular schedule of delivery of water and sanitation services, and the community work of the hygiene promotion team.

An internal IFRC challenge has been the turnover of technical staff in the water and sanitation office in 2011, and some difficulties in recruiting water and sanitation professionals with the skills required.

The national water and sanitation authority, DINEPA, was created just a few months before the earthquake and thus established structures and procedures were not yet in place when the earthquake occurred. As a consequence, negotiations with DINEPA on handover of IFRC water and sanitation services to the national authority have been protracted, and resulted in longer than anticipated consultation processes to develop and agree to a Memorandum of Understanding, which is now to be signed in July 2011. Sanitation remains a huge challenge, with no national strategy for sanitation in Haiti. Nonetheless, DINEPA remains one of the strongest state agencies, and IFRC continues to work closely with DINEPA and the WASH cluster to identify possible and appropriate sanitation exit strategies from camps.

Another constraint has been the reluctance of landowners to authorize construction of sanitation facilities as well as permanent water facilities on their land that is being used as IDP camps. As a consequence, water delivery and desludging services have had to continue for far longer than expected.

Box 5: The PHAST methodology

Participatory hygiene and sanitation transformation (PHAST) is an approach to promoting hygiene, sanitation and community management of water and sanitation facilities. It involves participatory learning, building on people's innate ability to address and resolve their own problems. It aims to improve hygiene, prevent diarrhoeal diseases and encourage community management of water and sanitation facilities. It does this by demonstrating the relationship between sanitation and health status, increasing the self-esteem of community members, empowering the community to plan environmental improvements and to own and operate water and sanitation facilities.



Hygiene promoters in action in the community. Source: IFRC

Pillar Two: Disaster Preparedness

Haiti has historically been subject to tropical storms and hurricanes and is prone to flash flooding in the riverine and coastal floodplain communities. Prior to the earthquake response operation, the HRC was involved in a number of disaster risk reduction programmes with the bilateral support of PNSs. As part of the Haiti Earthquake Operation, the objective was to build on existing capacities to ensure that the most disaster prone areas of Haiti are well prepared to address the country's future challenges. The focus has been on institutional disaster preparedness, as well as community based disaster risk reduction.



The Disaster Management Operations Centre in Hinche.
Source: IFRC

By June 2011, the results achieved are as follows:

- 24 communes in 11 regions have had their information technology and telecommunications system progressively strengthened. These inputs included provision of a laptop and a desktop computer, a printer, and either maintenance of their VHF radio station or a new VHF or HF radio station installed.
- Country-wide there is emergency relief stock strategically pre-positioned to support the needs of 25,000 families. The items are stored in Tropical Mobile Storage Units or TMSUs.
- An operational and logistics Disaster Management Operations Centre has been established in Hinche and the branch office has been entirely renovated. This Centre was strategically located to decongest the current activities in Port-au-Prince and provide support for regional branches. During the October 2010 cholera outbreak, the Centre assisted with field coordination in affected areas.
- Logisticians from all 13 HRCS branches have been trained
- The Haitian Red Cross Community Education and Awareness Training Centre was officially set up on 30 March 2011, with technical support to the Haitian Red Cross coming from the Regional Centres of Reference for Community Education for the Prevention of Disasters (CRREC), in Costa Rica and the Regional Centre of Reference for Disaster Preparedness (CREPD) located in El Salvador. The Training Centre exists as a structure within the Haitian Red Cross, parallel to the Disaster Risk Management Department. Already, the Training Centre has identified three new modules of recreational games for application in Haiti. These have been translated into Haitian Creole, and adapted to the Haitian cultural context. The new modules are:
 - Safe schools (Lecol An Sekirite)
 - Preparedness for Flooding (Aprann Pandan n' ap jwe inondasyon)
 - Community First Aid (Aprann Pandan n' ap jwe Premye Swen Kominote)

Furthermore, technical community based disaster preparedness modules have also been adapted to the Haitian cultural context, translated into Haitian Creole. These new technical modules are:

- Community Education, Organization and Preparation for Risk Reduction (Edikasyon, oganizasyon epi preparasyon koninote pou rediksyon risk)
- Community First Aid (Premye swen kominote)
- Shelter Management (Jesyon abri pwovizwa)
- Social Micro-projects (Mikwoproje sosyal yo)

In addition, the Training Centre has delivered 10 trainings to Red Cross and external partners.

Challenges

During the earthquake response there was no established disaster risk management (DRM) team within the HRC, and therefore it was a challenge to implement Disaster Preparedness Disaster Risk Reduction (DPDRR) activities while concurrently building a HRC DRM team. This process and the time required to develop a new DRM team was under-estimated in the DPDRR project design. Consequently, timely implementation as outlined in the project was challenged and more so as a result of the emergencies of 2010, such as the anticipated hurricane season and the unexpected cholera disaster in October.

Pre-positioning of contingency non food items (NFIs) was hampered through logistics-related delays and difficulty in finding long term storage solutions for the regional branches, and this prevented having all the planned items in place for the 2010 hurricane season. It is expected that all the required items will be in place for the 2011 hurricane season.

There has been great interest from Red Cross and Red Crescent partners and other partners in the National Training Centre (NTC) and positive demands for training services. A challenge is to develop NTC capacity sufficiently to balance the demand for training services with supply of training programmes. The objective moving forward is to develop the centre so that it is able to deliver quality and timely training services on a regular basis.

Pillar Three: Strengthening the Haitian Red Cross National Society

The Haitian Red Cross Society was founded in May 1932 and under its Statutes is mandated to provide a wide range of services to the Haitian population. In December 2009, the Haitian Red Cross General Assembly adopted the Plan of Action 2010-2012, presenting an ambitious list of objectives for the following two years. It was developed in alignment with the Inter-American Plan 2007-2011 and Strategy 2020. This plan has been adjusted to reflect changes in the National Society's responsibilities and needs following the earthquake and has since evolved into a Strategy for the period 2010- 2015. There are three main pillars to the Haitian Red Cross National Strategic Plan; these are Disaster Preparedness and Response, Community and Emergency Health and Blood Services, and Organizational Development as a cross-cutting issue including governance development in a decentralized National Society and improvement of performance in support systems and structures. All these sectoral and functional sub-strategies are guided by an overall vision of reducing risks to society and people.

Several actions have been taken in support of the Haitian Red Cross (HRC) objectives as follows:

- A National Society development working group has been established and monthly meetings are held, with participation of the President of Haitian Red Cross, representatives of the HRC Governing Board, the IFRC Regional Representative for the Latin Caribbean, the IFRC Country Representative, a representative of the ICRC, and representatives of the 10 PNSs currently working in Haiti. Sub working groups are focusing on resource mobilization, branch development, risk reduction, and volunteer management. The mandate of the working groups is to determine capacity building needs and make Movement-wide decisions regarding strengthening the Haitian Red Cross in implementing its 5-year strategy.
- The policy of embedding international delegates in critical functions of HRC middle management has been adopted: in March 2011, a technical advisor to the HRC President was in place. Since then, international delegates have been embedded to support in the areas of human resource management and disaster risk management. These delegates are developing sector strategies, assuming line management functions and supporting the decentralization efforts of HRC as regional and branch level capacities are developed.
- Compound development: a study of the future use of the compound is ongoing, which will determine the physical needs of HRC to re-establish and grow its activities including establishing a training centre, warehouse, fleet facilities, income generating use of office buildings and establishing a headquarters.
- Technical support is being provided to planning and budgeting of the HRC Strategy 2015 involving continuous efforts in developing longer term work plans and budgets that will inform capacity strengthening at all levels of the National Society.

Communications – Advocacy and Public Information

Since January 2010, the IFRC has developed news stories and press releases on the Haiti earthquake operation. These can be found at <http://www.ifrc.org/en/news-and-media/>. In addition, 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. 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. 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 at <http://av.ifrc.org/standard/>.

A special report was published after one month of the operation, titled, "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. In addition, the Federation-wide progress report marking the one-year anniversary of the Haiti earthquake 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>

Beneficiary Communications

Working with Trilogy International Partners' wireless subsidiary in Haiti – Voilà, the IFRC pioneered the use of text messaging technology in humanitarian operations. The new messaging application, developed by Voilà and the first of its kind globally, allowed the Red Cross to send customized text messages via SMS (short message service) to reach users in defined geographic areas. Using the new service, the Red Cross provided Haitians with advice and offers of aid relevant to their particular circumstances. The IFRC has been able to disseminate life-saving text messages on topics such as hurricane preparedness, cholera prevention and health promotion, and has used the technology to involve beneficiaries in the process of hand-over of transitional shelters.



An SMS message received on a mobile phone.
Source: IFRC

In addition, the weekly Radyo Kwa Wouj show, is broadcast nationally live for one hour on the Radio 1 network (90.1FM) and streamed live on <http://bit.ly/91fnU1>. The show usually includes interviews with expert guests and the chance for listeners to phone in and have their questions answered live on air or to raise complaints. In addition, a sound truck is often employed in the camps to disseminate key messages, while persons can access the Red Cross information line - *733.

A Haitian call centre and mapping company, Noula, was enlisted to answer standard questions posed by beneficiaries. Questions not answered by Noula are forwarded to the relevant technical teams (shelter, disaster risk management, health and care etc.) for further investigation. A free phone line is available for residents to call Noula.

Table 9: Beneficiary Communications from January 2010 to June 2011

39.5m SMS delivered
1.2m people reached with SMS
47 radio hours (Radyo Kwa Wouj - Radio 1 (90.1FM))
113 calls answered on the radio show (Radyo Kwa Wouj - Radio 1 (90.1FM) (from 1 January 2011))
207 camps reached by sound truck
924,987 calls made to Red Cross information line (*733)
687 calls made to NOULA hotline

The benefits of the Red Cross Red Crescent's community outreach in Haiti have been significant, not just in terms of providing well targeted life-saving information, promoting dialogue or deepening understanding of the key issues affecting people's recovery. Beneficiary communication is paving the way for humanitarian organizations to truly partner with people affected by disaster and to improve both the quality and accountability of support. Next steps will ensure that the experience of beneficiary communications in Haiti will be documented and assessed, and the lessons learned replicated and rolled out globally.

Contact information

For further information specifically related to this operation please contact:

- **In Haiti**
 - Eduard Tschan, Country Representative for Haiti; email: eduard.tschan@ifrc.org
 - Chris Jackson, Head of Operations in Haiti; email: chris.jackson@ifrc.org
- **In the Dominican Republic**
 - Alexandre Claudon, Regional Representative for the Latin Caribbean; e-mail: alexandre.claudon@ifrc.org

- **In Panama**

- Lorenzo Violante, Haiti Support Team Coordinator; phone: (507) 317 3050; email: lorenzo.violante@ifrc.org
- Florent Del Pinto, Haiti Operation Programme Advisor: (507) 317 3050; email: florent.delpinto@ifrc.org
- Henrik Ortved, Logistics Mobilization Coordinator for Haiti, PADRU; phone (507) 316 1001; fax (507) 316 1082; e-mail: henrik.ortved@ifrc.org
- Sandra Lombardo, Resource Mobilization Senior Officer - Haiti; phone: (507) 317 3050; email: sandra.lombardo@ifrc.org

- **In Geneva**

- Pablo Medina, Operations Quality Assurance Senior Officer; phone: (41 22) 730 42 74; fax: (41 22) 733 03 95; email: pablo.medina@ifrc.org



[Click here](#)

1. Click [here](#) to return to the title page

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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