

FINAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

HAITI: FLOODS

10 June 2005

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

In Brief

Appeal No. 22/2004; Interim Final Report; Period covered: September 2004 to March 2005; Final appeal coverage: 88.1%. ([Click here to go to the Final Financial Report](#)).

Appeal history:

- Launched on 22 September 2004 for CHF 4,246,000 for 6 months to assist 40,000 beneficiaries.
- Budget revised and increased to CHF 11,673,000 (USD 9,246,529 or EUR 7,515,212) to assist 50,000 beneficiaries for 6 months
- Plan of action revised and timeframe extended until 22 September 2005
- Disaster Relief Emergency Funds (DREF) allocated: CHF 150,000
- Outstanding Needs: CHF 1,391,825

Related Emergency or Annual Appeals: Caribbean Annual Appeal(01.51/2004); Caribbean Annual Appeal 2005(05AA041); Haiti Annual Appeal 2005 (05AA042); Haiti: Social Unrest Emergency Appeal (07/2004) and Dominican Republic & Haiti: Floods Appeal (13/2004)

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For longer-term programmes, please refer to the Federation's Annual Appeal.

Background and Summary

This interim final report on the Haiti floods relief operation following Hurricane Jeanne is accompanied by an interim final financial report to be attached shortly. The operation has been extended to 22 September 2005 and the final narrative and financial reports will therefore be issued in December 2005.

On 18 September 2004, heavy rains brought by the passage of Tropical Storm Jeanne caused violent flash floods in north-western Haiti. The official death toll stands at 1,800, while more than 800 remain unaccounted for. Deforestation, poverty and a lack of preparedness were the major causes of the disproportionately high loss of life as high waters drowned hundreds of people and buried a large region in mud. An estimated 300,000 people in at least eight communes in the region have been affected as a result of these devastating floods. The vulnerable, overcrowded town of Gonaïves and its environs, which has a population of approximately 200,000, has been hardest hit. Homes and possessions were swept away in the floods, sewers and latrines overflowed and vast areas of economically vital agricultural land were destroyed. Estimates are that at least half the population in Gonaïves was severely affected. Flooded latrines and sewers contaminated the few available sources of fresh water. In addition, Gonaïves' main hospital as well as over 90 percent of the private clinics sustained considerable damage due to the flooding. A high water table and fragile organization have stymied efforts to remove the remaining stagnant water from the streets and vacant lots which are still covered in mud and debris. Many of Gonaïves' water channels and aqueducts are still clogged with mud and refuse.

The Federation's revised Emergency Appeal, launched on 5 October 2004, is based on the plan of action designed by the joint Haitian National Red Cross Society (HNRCS) / Federation Field Assessment and Coordination Team (FACT) which conducted a four-day assessment of the affected regions. The plan of action prioritizes emergency relief distributions of food and non-food items in addition to shelter, health and water and sanitation interventions. The plan also includes activities to strengthen the capacity of the HNRCS, which is now facing the third consecutive catastrophe in Haiti in only one year.

At the beginning of 2005 a temporary funding shortage was lifted and allowed the Federation to fully initiate the implementation of the relief programmes. Simultaneously, the Federation, in cooperation with the HNRCS, revised the overall appeal and worked on a detailed revised plan of action with a view to enhancing the objectives set out in the Emergency Appeal and to redirect efforts from relief to rehabilitation. The HNRCS and the Federation have drawn up a new timeframe, and implementation of the operation is scheduled for completion by 22 September 2005. The revised plan of action continues to target the most vulnerable communities in urban and rural sectors affected by the floods. It includes additional activities within the area of water and sanitation, disaster management and health and an innovative pilot project in the field of reconstruction-action research. It is anticipated that this six months' extension of the operation will provide a timeframe so that all the objectives of the appeal can be met and the projects be completed, thereby leaving the HNRCS well equipped to respond to future events.

During the course of the operation to date, several external factors hampered the relief activities of the appeal, the most severe of which are the precarious security situation, social tension and the absence of community structures. During the first months of the operation in particular, every distribution of relief aid was a major risk: trucks were looted or hijacked by armed persons when entering Gonaïves, leaving the warehouse or approaching a distribution point; food and non-food rations were reportedly being stolen from beneficiaries and armed gang members intimidated people heading home from distributions. As a consequence, each distribution of relief goods had to be carefully planned with the ICRC and the United Nations Stabilization Mission in Haiti (MINUSTAH) to guarantee an adequate level of security for the Red Cross and the beneficiaries, before, during and after distributions. However, the capacity of MINUSTAH soon became stretched to the limit and a rotation schedule for humanitarian organizations distributing relief aid was set up, thus restricting the number of weekly distributions for the Red Cross. In addition, despite preventive measures taken, relief items disappeared during transportation from the Federation warehouse to distribution points and at distributions.

Other challenges were presented by the short term deployment of members of the logistics Emergency Response Unit (ERU), who at times remained for less than two weeks. However, the most serious issue was the constant lack of delegates in the field as a result of which the implementation of some activities were delayed while others were postponed to the recovery and rehabilitation phase. In addition, the availability and quality of trucks together with

truck owners' lack of respect of agreements added to the aforementioned difficulties in distributing relief aid to beneficiaries as planned.

Coordination

The Federation and Partner National Societies in Haiti continue to coordinate their support to the Haitian National Red Cross Society in order to ensure adherence to the framework for the operation and to avoid duplication of efforts. In Port-au-Prince, the ICRC is consulted daily in connection with the security situation. At the field level, a close working relationship with the ICRC, which has supported the Federation in the design of security and evacuation plans, has been established. In addition, the Federation is ensuring close cooperation with UN agencies and other external partners in its effort to make the best use of available resources.

From the onset of the disaster, the Panama Regional Delegation and the Pan American Disaster Response Unit (PADRU) have been working closely with the Federation delegation in Port au Prince and the Gonaïves Floods response office. The Federation Secretariat deployed a Field Assessment and Coordination Team (FACT) consisting of a team leader supported by technical delegates. As an example of cooperation with external actors, MSF/Belgium supplied the Federation with three bladders of 15,000 litres which were transported to Gonaïves by the French Red Cross. CARE and Action against Hunger assisted the Federation-deployed mass water team with the provision of water for distribution until the French Red Cross mass water and sanitation ERU was able to produce sufficient potable water. As a result of coordination with the World Food Programme, maximization of resources was ensured with regard to the distribution of food parcels.

In the field, the French Red Cross mass water and sanitation ERU participated in coordination meetings with other water and sanitation actors, such as OXFAM, Action against Hunger, CARE and the local water agency (SNEP). In addition, the field hospital's Norwegian Red Cross administrative staff were accommodated at the Federation's flood response office, while the ICRC delegate deployed to Gonaïves and French Red Cross delegates have frequently used the Federation's office facilities. In addition, close cooperation continues with the UN agencies and other humanitarian actors in the field.

The ICRC and partner National Society delegates in Gonaïves continue to participate in the daily meeting chaired by the Federation. During the entire operation this forum has proved to be an important tool for planning, coordination and information sharing.

Analysis of the operation - objectives, achievements, impact

This interim final report analyzes the objectives and activities set for the first six months of the Emergency Appeal.

Until February 2005 objectives had to be significantly reduced in terms of beneficiaries as a result of a temporary funding shortage and a lack of human resources in the field. The availability of new funds and delegates then allowed the Federation and the HNRCS to expand the areas of intervention as envisaged in the Emergency Appeal. Direct assistance activities carried out within the Appeal include the provision of food and non-food aid and shelter material to beneficiaries. An important health component was the establishment of a fully equipped 100-bed field hospital, jointly sponsored by the Canadian and Norwegian Red Cross Societies, and the rehabilitation of some of the buildings at La Providence, the region's main referral hospital, which was severely damaged by the floods. Other activities include water and sanitation initiatives, such as the provision of drinking water to the population of Gonaïves for three months and the start of rehabilitation of latrines.

HNRCS branch volunteers, themselves affected by the floods, played a key role in relief activities such as conducting surveys and distributing food and non-food aid. Volunteers will continue to be actively involved in the implementation of community based rehabilitation and recovery efforts.

Emergency relief (food and basic non-food items):

Objective 1: 50,000 beneficiaries (10,000 families) will have benefited from the provision of non-food items delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

A total of 7,000 families in Gonaïves and 3,000 families in the outlying 7 communes have been identified by the Federation assessment as being in need of non-food assistance. Surveys were conducted by the Federation and a team of HNRCS volunteers, beneficiary families were registered and received ration cards. Between October 2004 and March 2005, 10,794 beneficiary families in Gonaïves, Ennery, Anse Rouge and Port-de-Paix received non-food relief items that helped them to cope better and recover from the material losses they suffered from the floods. The beneficiary families have been assisted through regular distributions corresponding closely to their practical needs. In addition, several orphanages and a home for elderly people received personal hygiene articles, while 41 mattresses were distributed to an orphanage, where the floods had destroyed the sleeping quarters. At the end of March 2005 the Federation has a very limited stock left some of which some articles may be distributed on an ad hoc basis to individual vulnerable groups and also used in the build up of a small emergency relief stock for the Gonaïves branch (please see objective under strengthening of response capacity).

The following table shows the distribution and stock status of Federation relief items as of 19 March:

Beneficiary families receiving non-food items	10,794	Stock available
Items	Number Distributed	
Kitchen sets	7,977	206
Kerosene stoves	7,987	197
Family hygiene kits	30,547	1
Individual hygiene kits (male)	5,351	70
Individual hygiene kits (female)	6,690	4
Cleaning kits A (brooms, mops)	3,231	459
Cleaning kits B (cleaning products)	4,126	466
Blankets	19,395	15
Plastic sheeting (tarpaulins)	4,989	80
Plastic sheeting (rolls)	400	564
Jerry cans, 20 litres	13,108	4
Jerry cans, 10 litres	23,252	450
Buckets	4,767	18
Mosquito nets	8,716	16
Soap (bars)	1,867	1,761
Mattresses	41	0

The following table shows the geographic distribution of beneficiary families as of 19 March:

Area	Number of beneficiary families
Gonaïves	8,486
Ennery	660
Anse Rouge	910
Port de Paix	738
TOTAL	10,794

Objective 2: 7,000 people (1,400 families) will have benefited from the provision of food items delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

Initial Federation assessment results outside Gonaïves confirmed that in the communes of Chansolme and Ennery a total of 1,400 families required food assistance as a result of massive damage to agricultural land. However, since a total of 3,000 people in the commune of Chansolme received food rations from the World Food Programme the community was not targeted by the Federation's distributions. Early funding shortages and the WFP presence in Chansolme made it more practical for the Federation to concentrate its efforts in other areas. As a result, nearly all food relief resources have been directed towards the commune of Ennery and the nearby community of Passe-Reine. 1,390 beneficiary families received food aid intended to supplement individual family members' food supplies during three months and improve overall nutrition. Each food parcel was designed to provide an individual with at least 1,000 calories per day for a period of one month, which represents about half of the SPHERE standard food intake per person.

In addition, 150 beneficiary families in Gonaïves that support orphans received a total of 750 food parcels, which represent over half of the standard food intake per family member for a period of one month. These families were identified in collaboration with CARITAS. Finally, several separate one-time food distributions were carried out to orphanages and homes for the elderly, identified as being in need. According to the World Health Organization, the overall nutritional situation in the affected areas has not deteriorated. This situation is considered a result of food aid distribution.

The following table shows the distribution status of the Federation food relief items as of 19 March:

Beneficiary families in the commune of Ennery receiving food items	1,390	
Beneficiary families in Gonaïves receiving food items	150	
Items	Number distributed	Stock available
Food parcels (>1000 kCal for 30 days)	20,823	0
Corn flour, 20 & 25 kg units	331	0
Rice (50 kg bags)	29	1
Macaroni (bag)	312	0
BP-5 High Protein biscuits (box)	8,100	2,435
Coffee (instant/glasses)	2,543	3,181
Chocolate (bar)	1,800	1,305

Shelter

Objective: 15,000 beneficiaries (3,000 families) will have benefited from the provision of shelter materials delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

Due to the damage that thousands of homes sustained as a direct result of flooding, the joint HNRCS and Federation assessment team identified some 3,000 families in need of materials for temporary shelter and other construction activities. Tarpaulins and plastic sheeting stored at the Federation warehouse have been distributed in collaboration with the local HNRCS branch and the German Red Cross, which has been implementing a rehabilitation project in the area between Port-de-Paix and Anse Rouge. Through the Federation's Appeal, 1,366 beneficiary families have received shelter material to complement rehabilitation kits containing wood, zinc sheets, nails and tools. Additionally, 2,102 beneficiary families, who were identified as in serious need of shelter in the communes of Mandrin, Anse Rouge and Port de Paix received plastic sheeting for home repair. The fragile walls made of a mixture of bamboo and mud will thus be better protected against winds and rains during the rainy season which started in April. For the most part, beneficiaries received two tarpaulins per family while one roll of plastic sheeting is shared between two families.

The following table shows the distribution status of the Federation shelter material as of 19 March:

Area	Items	Number of beneficiary families	Stock available
Mandrin	Plastic sheeting (tarpaulins)	154	
Anse Rouge	Plastic sheeting (tarpaulins)	410	
Port de Paix	Plastic sheeting (tarpaulins)	738	
Gonaïves	Plastic sheeting (tarpaulins)	1,366	80
Anse-Rouge	Plastic sheeting (rolls)	800	564
	TOTAL	3,468	

More beneficiary families may be identified during the reconstruction-action research assessment. In addition, plastic sheeting will be used in the Federation's efforts to build up a small relief stock at the HNRCS branch in Gonaïves. (please see objective: strengthening of response capacity).

Health:

Objective 1: To rehabilitate Gonaïves' only referral hospital, La Providence, serving the primary and secondary health care needs of the population.

Progress/Achievements (activities implemented within this objective)

Seven months after La Providence Hospital, the region's main referral hospital, was refurbished by the ICRC with the support of the Norwegian Red Cross, floods severely damaged the hospital, rendering it unusable. An important component of the plan of action was to rehabilitate the key buildings of La Providence. In the meantime, a fully equipped 100-bed field hospital, jointly sponsored by the Canadian and Norwegian Red Cross Societies, was set up and run by existing local staff supported by expatriate medical and administrative staff from Canada and Norway. Expatriate staff was gradually phased out and by mid December 2005, the La Providence's hospital administration, which had been accommodated in a tent in the Red Cross compound, was able to take over all of the field hospital's operations. The proposed plan of action for restarting work in La Providence Hospital was approved by La Providence Hospital administration and endorsed by the Ministry of Health. The massive rehabilitation project, which has been managed by the Federation and the Canadian and Norwegian Red Cross Societies, working in concert with the French Red Cross water and sanitation team, was underway for nearly two months. In the main buildings, flood damaged walls were repaired and repainted, interior plumbing renewed and fixtures such as tiles, toilets and sinks installed. Extensive work to the hospital's water and plumbing system was carried out and electrical wiring installed and damaged roofs repaired. In addition, 130 meters of a two-meter high compound wall that surrounds the hospital was reconstructed.

The reconstruction of the main buildings of La Providence has been tremendously challenging. Given Haiti's crumbling infrastructure, social and political volatility, and enduring economic depression, materials are limited and often unavailable. This situation led to higher costs and resulted in lengthy delays.

During more than five months, until the repair work and basic rehabilitation was completed, the population of Gonaïves and surrounding areas has had access to free primary and secondary health care services through the field hospital.

At the end of February 2005, the appeal objectives were met: the field hospital was dismantled and all medical equipment and services, such as the operating theatre, radiology, obstetrics, internal medicine, gynaecology, paediatrics services, the laboratory, outpatient department and the laundry, transferred to renovated buildings at La Providence. The medical services provided by the same staff as at the field hospital, are now, in principle, available to patients at La Providence Hospital. However, a week after equipment and activities were transferred from the field hospital to La Providence, boxes remained unpacked, sterilizers and fridges were not connected. Consequently no operations were carried out and patients were referred to hospitals 20-25 kilometres from Gonaïves. In addition, the maternity ward was closed down and patients turned away since waste disposal facilities were not operational. To compound matters, Haitian medical staff initiated an indefinite strike, which according to information from the La Providence administration was in protest against inadequate working conditions and lack of support from the Ministry of Health in Port-au-Prince. However, at the time of issue of this report, the strike had ended and the hospital is functioning once again.

Appeal title: Haiti: Floods; Appeal no. 22/2004; Interim Final Report

The hospital tents were donated by the Canadian and Norwegian Red Cross Societies to the HNRCS headquarters, which will decide in which branches it will be most appropriate to use them. A land cruiser, a pick up, a fork lift and a generator have also been donated to the Federation's operation in Gonaïves.

Objective 2: To reduce the impact of water/vector borne diseases (typhoid, malaria and diarrhoeal diseases) in the affected areas.

Progress/Achievements (activities implemented within this objective)

The objective of this component was to reduce the impact of water/vector borne diseases through the provision of oral rehydration salts (ORS) to dispensaries in all 8 affected communes, together with mosquito nets and water purification tablets to families in the outlying communes. In addition, a new emergency health kit (NEHK) would be supplied to the hospital in Pilate.

A Federation medical consultant assisted by the water and sanitation delegate gave basic training in rapid-impact health promotion campaigns to a group of volunteers from the HNRCS branch in San Marc. Two basic New Emergency Health Kits (NEHK) were supplied to the Hospital de l'Espoir in Pilate to assist efforts to reduce the impact of water and vector borne diseases. The contents of the two kits cover the basic health care needs of 2,000 people in Pilate for three months. In view of the fact that families residing in Gonaïves had access to safe drinking water provided by the French Red Cross and other actors working in the area of water, there was no need to distribute packets of ORS salts to dispensaries in Gonaïves. The distribution of ORS and water purification tablets to the outlying communes was hampered by the security situation and the lack of a health delegate to coordinate this project and, therefore, no activities were carried out. At a training session in rapid-impact health promotion related to water and sanitation, the use of water purification tablets was demonstrated to volunteers. No further activities have been carried out as a health delegate was not identified to manage this project.

The following table shows the stock status as of 19 March:

Item	Distributed	In stock
Basic Emergency Health Kit	2 Pilate Hospital	2
Supplementary Emergency Health Kit		4
Oral Rehydration Salt (ORS), packets		19,000
Water Purification tablets	Volunteer training	299,000
Cloramine tablets		7,911

Part of the remaining stock will be used will be used in the forthcoming activities in the promotion of hygiene, sanitation and community management of water and sanitation facilities. (please see water and sanitation objective 5).

Objective 3: To contribute to enhancing health conditions, in particular for women and children, in the affected areas in Gonaïves.

Progress/Achievements (activities implemented within this objective)

The purpose of this component of the health and care programme is to link volunteers from the Gonaïves branch of the HNRCS to the existing health infrastructure. Activities will be carried out through community workshops, home visits and other awareness activities to promote hygienic practices among beneficiaries and to create a closer link between the Red Cross and local communities. The focus for this intervention will be on awareness campaigns for vaccination and preventive health, environmental sanitation and vector control. In addition, volunteers will be active in the fight against HIV/AIDS and related stigma through peer education and the creation of a theatre group.

This component is part of the revised plan of action which will be implemented between March and September 2005. Therefore, this interim final report does not reflect activities carried out. However, following the departure in early May of the previous delegate, the Federation is in the process of recruiting a new health delegate to be based in Port au Prince, who will also assist in monitoring the implementation of health activities in Gonaïves.

Water and Sanitation

Objective 1: To provide 450,000 litres of water in accordance with WHO water quality standards, affording 30,000 people (6,000 families) in Gonaïves with 15 litres per day.

Progress/Achievements (activities implemented within this objective)

In Gonaïves, city water became unavailable as a direct result of the flooding and a total of 6,000 families had been identified by the Federation assessment as being in need of clean water. The focus of this component of the Emergency Appeal was on the production, storage and distribution of water at a minimum of WHO quality standards. In order to accomplish the objective, a French Red Cross mass water and sanitation emergency response unit was deployed to Gonaïves immediately in the aftermath of the disaster. Despite a funding and human resource shortage, the Federation, in cooperation with the French ERU team, succeeded in meeting and exceeding the needs of the target population. At its peak, production reached 780,000 litres of potable water per day, which was distributed in Gonaïves by the French Red Cross, OXFAM, CARE and Action against Hunger. In November, two months after the floods, a common exit strategy for all NGOs working with water distribution was established. The plan was to gradually reduce production and to close down distribution by 20 December 2004. In the weeks leading to this date, part of the public water system had become rehabilitated with support from humanitarian partners and had started supplying citizens with water. In addition, humanitarian organizations, coordinated by Médecins sans Frontières, started rehabilitating community and private wells. Four local ERU staff members who were trained by OXFAM formed part of the team which cleaned and tested the water quality of the wells. At the end of December, when the water production plants were closed down, the teams had reached the target of rehabilitating 800 wells. By March, approximately 1,200 wells had been cleaned.

In spite of assistance provided by humanitarian agencies, the public network, managed by the local water agency (SNEP) is reportedly not able to meet more than fifty per cent of the needs of the population connected to it. The Federation is concerned about the chronic needs and the subsequent humanitarian impact. In its efforts to direct relief to rehabilitation and recovery, the Federation will carry out an assessment of the existing water supply system in Gonaïves. The assessment will analyze whether the SNEP has difficulties in responding to the damages because of the overwhelming state of disarray of the network or whether it is due to a lack of commitment on the part of the SNEP and the authorities, responsible for the provision of clean drinking water to the citizens. If the results of the analysis reveal a lack of resources, then the most cost-effective initiatives that will have a truly long-term impact on the beneficiaries will be proposed and undertaken by the Federation. The current Federation water and sanitation delegate completed the assessment at the end of April and the recommendations are currently being analyzed together with the water and sanitation delegate from the Panama Regional Delegation and specialized staff from the Secretariat headquarters.

Objective 2: To improve the transport and storage capacity at household level of clean water for 50,000 people (10,000 families)

Progress/Achievements (activities implemented within this objective)

As many of the affected population lost most of their possessions, including the means to both store and transport water, the provision of water containers is vital. During the first six months of the floods operation, 9, 915 families received collapsible jerry cans. For the most part, families received either two 20-litre jerry cans or four 10-litre jerry cans.

Items	Number distributed	Stock available
Jerry cans, 20 litres	13,108	4
Jerry cans, 10 litres	23,252	450

The number of jerry cans received at the warehouse did not always correspond to the number indicated on the box. This situation created problems for the logistics staff. In addition, the 10 litre jerry cans arrived without nozzles attached. Consequently volunteers and Federation staff spent much time in correcting this flaw before distributions.

Objective 3: To supply the Gonaïves field hospital and living compound with sufficient water that is in accordance with the WHO standards for quality water.**Progress/Achievements (activities implemented within this objective)**

Prior to the arrival of the field hospital in Gonaïves, the Spanish Red Cross specialized water and sanitation ERU had conditioned the site; in addition, the well in the area was cleaned in order to ensure a water source. The ERU team installed the first water treatment line, consisting of a 30,000 litre collection tank, a water treatment plant, a 10,000-litre bladder container and three water hose distribution units, supplying the field hospital with approximately 40,000 litres of high quality water per day. In addition, the ERU team, assisted by HNRCS volunteers, installed pre-fabricated latrines. Until the end of the operation of the field hospital, high quality water and healthy surroundings were ensured for the field hospital and for staff living quarters. The hospital was fumigated each morning and showers and latrines disinfected. Waste was collected and burned in the incinerator at the former referral hospital, La Providence. In addition, two tap stands were established in the street outside the hospital compound to give its neighbours access to clean drinking water.

A team of four HNRCS volunteers have been trained in vector control and waste disposal and carried out this job without supervision. In addition, eleven Haitian nationals working at the specialized water and sanitation unit servicing the field hospital received thorough training in maintaining high-quality water systems. One person has already been trained in water treatment and replenishing water supplies.

When the remaining Spanish Red Cross ERU team member completed his mission at the end of November, it was agreed between the Federation team and the Spanish and French Red Cross Societies that the French Red Cross ERU team would take over monitoring of the water supply system at the field hospital. In addition, one of the French Red Cross water and sanitation delegates has been in charge of monitoring the ongoing repairs to La Providence hospital's water supply system, which has included rehabilitation of the water supply network, installation of new pipes in the principal buildings and rehabilitation of the smaller reservoirs connected to the individual wards.

Objective 4: To provide materials and technical assistance in latrine reconstruction for 1,000 families living in areas where the risk of uncontrolled disease is high.**Progress/Achievements (activities implemented within this objective)**

The Federation assessment identified the need to reconstruct existing latrines and build new latrines for clusters of families that have never had latrines in order to prevent additional water contamination. The reconstruction of as many latrines as possible will contribute to the prevention of waterborne diseases. In view of major needs for improving the unsanitary conditions of the population, this project has been extended for six months to include the emptying and rehabilitation of an additional number of latrines in a community yet to be defined.

The project includes emptying full latrines, mostly filled with mud, and/or rehabilitation of damaged latrines. The project proposes to build new latrines for clusters of families where the SPHERE standards of a maximum of 20 persons per latrine are exceeded, and to rehabilitate latrines that were destroyed by the floods. As of 19 March, 219 latrines had been completely rehabilitated, which includes the construction of a walled and roofed area, while 107 latrines are in various stages of repair.

The following table gives the status of the latrine rehabilitation project as of 19 March:

Phase 1: Zones A,B,C,D,E		Status
Total number of families in the area	1,277	
Number of latrines to be emptied during phase 1	500	300 latrines emptied. List of 200 additional latrines is currently being drawn up.
Number of emptied latrines identified as in need of rehabilitation	300	Rehabilitation of 193 latrines completed. 107 latrines in various stages of repair.
Number of latrines emptied by owners identified as in need of rehabilitation	26	Rehabilitation of all 26 latrines completed.
Number of households without access to latrines	117	Latrines will be built during phase 2.

Phase 2:		
Number of latrines to be emptied	300	
Number of latrines to be constructed	100	Includes households identified during phase 1.

The number of latrines to be rehabilitated was initially constrained by a temporary funding shortage, which was alleviated in February. The rehabilitation is progressing as scheduled and the first phase, which started on 18 January, was completed in mid April. In addition, there are two more obstacles which, until now, have postponed the reconstruction of latrines: the water table has remained high in the flooded areas, and the rehabilitation of latrines, which requires the active participation of the affected population, was perceived as a secondary priority when compared with the more immediate need to rebuild destroyed or damaged homes. As the immediate needs of the population are being attended to, this component of the project has been made a higher priority.

Objective 5: To reduce the risk of the spread of disease due to poor hygiene and sanitation in vulnerable communities in Gonaïves.

Progress/Achievements (activities implemented within this objective)

This component is new and has been included in the revised plan of action with a view to initiating a community based programme the objective of which is to improve unsanitary conditions and to create health awareness and understanding by involving all members of society in a participatory process. Trained HNRCS volunteers will use the Participatory Hygiene and Sanitation Transformation (PHAST) methodology to promote hygiene, sanitation and community management of water and sanitation facilities. The methodology aims to empower communities to manage water and to control sanitation-related diseases by promoting health awareness and understanding which, in turn, leads to environmental and behavioural improvements. At the time of reporting the Federation water and sanitation delegate has initiated the process of recruiting an experienced PHAST trainer of trainers.

Reconstruction-Action Research

Objective: to assess the feasibility of construction a limited number of family homes for families whose houses were completely destroyed by the floods, without damaging the fragile cohesion of the local community or endangering the beneficiaries.

Progress/Achievements (activities implemented within this objective)

This new component of the appeal aims to examine the possibility of implementing a pilot programme in Gonaïves. The fundamental design of the project will be based on methodologies aimed at reducing jealousy and tension, such as the Better Programming Initiative (BPI), with regard to the selection of beneficiaries, mobilization of groups within the community, and construction methods and approaches. At the time of writing this interim final report, the Federation has identified a technical consultant who will be deployed to the area for one month. Depending on the recommendations of the assessment, a separate housing construction programme for Gonaïves will be developed.

Strengthening of Response Capacity

Objective: to reinforce the HNRCS with its mandate to respond to catastrophes within a country with a fragile political context and during the hurricane season.

Progress/Achievements (activities implemented within this objective)

Until recently, the focus of the relief operation has been on the immediate needs of the affected population. Now that the emergency phase has come to a close, proposals to enhance the capacity of the HNRCS to respond more effectively to disasters and strengthen its role as a humanitarian actor have been examined. The focus of this component will be on pilot activities in the Gonaïves area which could be replicated in other areas, depending upon results and lessons learned. At the time of writing this interim final report, the Federation has re-advertised the position of a disaster management delegate to coordinate the programme.

Red Cross and Red Crescent Movement -- Principles and initiatives

Appeal title: Haiti: Floods; Appeal no. 22/2004; Interim Final Report

- Relief activities being carried out are based on the Fundamental Principles of the Red Cross and Red Crescent Movement.
- Beneficiary selection criteria focus on the vulnerability of those affected.
- Relief operations are being conducted with respect for the culture of beneficiaries, ensuring gender sensitivity and prioritizing assistance to children and the elderly.
- Activities are based on the SPHERE Project humanitarian charter, the Better Programming Initiative (BPI) and the code of conduct for emergency response.
- Transparency is being ensured through the production of regular reports and news bulletins.
- All objectives put forward in the appeal are in line with Strategy 2010, as well as the Strategy for the Movement and the Principles and Rules of the Movement.

National Society Capacity Building

The Federation expects to leave the affected communities and the National Society better organized and prepared for disasters. As a first step, the participation of branch volunteers in activities such as conducting surveys and assessments, distributing relief supplies, installing and maintaining water supplies has provided volunteers with additional skills and capacities to respond to disasters. The next step will be to assess the present disaster management capacities of the Gonaïves branch of the HNRCS, identify training needs within various groups of volunteers and follow up with relevant training. In addition a small emergency relief stock will be pre-positioned in Gonaïves.

Lessons learned

- The operation is an opportunity for the National Society to measure and improve its capacity to react to a humanitarian crisis. However, the occurrence of the social unrest and two consecutive natural disasters in less than a year has stretched the capacity of the HNRCS to the limit and left little room for planned capacity building activities at the headquarters and branch levels. Nevertheless, improved communication and relations between HNRCS headquarters and the Gonaïves branch is required in order to adequately accomplish the objectives jointly set by the National Society and the Federation team for the extended operation.
- The National Society – and in particular the Gonaïves branch - raised its profile during the operation and volunteers demonstrated their commitment and interest in learning new skills.
- While HNRCS volunteers and staff gained and displayed a reasonable level of experience in the delivery of relief materials, more focused technical training as well as programme oriented direction is needed if such activities are to be carried out again.
- It is important that the volunteer base be increased and a national volunteer training programme developed so that volunteers feel a stronger sense of ownership within the National Society.
- Effective Federation support to HNRCS activities was impacted by the security situation and the shortage of human resources such as delegates and the lack of National Society counterparts. As a result, not all objectives of the emergency appeal were adequately and addressed in a timely manner.
- Difficulties and delays in recruiting experienced delegates to Haiti, particularly French-speaking delegates, must be taken into consideration in future programming.
- Cooperation between components of the Movement and external partners proved effective, thus maximizing efforts.

Outstanding Needs

Appeal title: Haiti: Floods; Appeal no. 22/2004; Interim Final Report

The recruitment of a team leader, a logistics delegate, and a construction delegate are urgently required for the Gonaïves operation. In addition, a disaster management delegate to be based in Port-au-Prince, is urgently sought in order to work partially with the HNRCS headquarters towards objectives outlined in the revised 2005 Annual Appeal, and partially for the Gonaïves operation.

Final Financial report below;
[click here to return to the title page.](#)

International Federation of Red Cross and Red Crescent Societies

M04EA022 - HAITI: FLOODS

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2004/1-2007/09
Budget Timeframe	2004/1-2006/12
Appeal	M04EA022
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		11,673,000				11,673,000
B. Opening Balance		0				0
Income						
Cash contributions (received)						
American Red Cross		475,600				475,600
Barbados Red Cross		8,773				8,773
Belgian Red Cross (French)		13,841				13,841
British Red Cross		433,976				433,976
Canadian Red Cross		247,308				247,308
Czech private donors		57				57
Danish Red Cross		76,660				76,660
Ecuadorian Red Cross		596				596
France - Private Donors		303				303
Haiti Government		1,547				1,547
Icelandic Red Cross		601				601
Irish Government		232,875				232,875
Japanese Red Cross		140,253				140,253
Luxembourg Red Cross		76,475				76,475
Microsoft		17,175				17,175
Monaco Red Cross		12,420				12,420
Netherlands Red Cross		808,843				808,843
New York Office		17,011				17,011
On Line donations		62,631				62,631
Swedish Red Cross		169,000				169,000
Swiss Red Cross		49,780				49,780
Switzerland - Private Donors		16,541				16,541
Trinidad & Tobago Red Cross		1,920				1,920
United States - Private Donors		21,067				21,067
USAID		1,286,010				1,286,010
C1. Cash contributions		4,171,263				4,171,263
Reallocations (within appeal or from/to another appeal)						
American Red Cross		-18,543				-18,543
Barbados Red Cross		-338				-338
British Red Cross		-4,468				-4,468
Canadian Red Cross		-7,848				-7,848
Czech private donors		-2				-2
Danish Red Cross		-2,229				-2,229
Ecuadorian Red Cross		-17				-17
France - Private Donors		-9				-9
Irish Government		-11,098				-11,098
Japanese Red Cross		-7,590				-7,590
Luxembourg Red Cross		-2,947				-2,947
Microsoft		-501				-501
Monaco Red Cross		-362				-362
Netherlands Red Cross		-7,984				-7,984
New York Office		-656				-656
On Line donations		-1,825				-1,825
Swedish Red Cross		-4,399				-4,399
Switzerland - Private Donors		-482				-482
Trinidad & Tobago Red Cross		-56				-56
United States - Private Donors		-614				-614
USAID		-97,515				-97,515
C3. Reallocations (within appeal or from/to another appeal)		-169,481				-169,481
Inkind Goods & Transport (received)						
Belgian Red Cross (French)		396,367				396,367

International Federation of Red Cross and Red Crescent Societies

M04EA022 - HAITI: FLOODS

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2004/1-2007/09
Budget Timeframe	2004/1-2006/12
Appeal	M04EA022
Budget	APPEAL

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<i>Other</i>		41,856				41,856
<i>Swiss Red Cross</i>		180,392				180,392
C4. Inkind Goods & Transport		618,614				618,614

Inkind Personnel

<i>Belgian Red Cross (French)</i>		10,706				10,706
<i>Canadian Red Cross</i>		13,200				13,200
<i>Danish Red Cross</i>		20,253				20,253
<i>Icelandic Red Cross</i>		9,093				9,093
<i>Netherlands Red Cross</i>		21,706				21,706
C5. Inkind Personnel		74,958				74,958

C. Total Income = SUM(C1..C6)		4,695,354				4,695,354
D. Total Funding = B + C		4,695,354				4,695,354

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		4,695,354				4,695,354
E. Expenditure		-4,695,354				-4,695,354
F. Closing Balance = (B + C + E)		0				0

International Federation of Red Cross and Red Crescent Societies

M04EA022 - HAITI: FLOODS

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2004/1-2007/09
Budget Timeframe	2004/1-2006/12
Appeal	M04EA022
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		11,673,000					11,673,000	
Supplies								
Shelter - Relief	2,546,489		134,759				134,759	2,411,730
Construction Materials			120,104				120,104	-120,104
Clothing & textiles	861,393		113,263				113,263	748,130
Food	152,958		361,579				361,579	-208,622
Water & Sanitation	2,314,437		192,954				192,954	2,121,482
Medical & First Aid	15,493		8,915				8,915	6,578
Teaching Materials			296				296	-296
Utensils & Tools	539,292		176,818				176,818	362,474
Other Supplies & Services	876,344		482,249				482,249	394,095
Total Supplies	7,306,405		1,590,937				1,590,937	5,715,468
Land, vehicles & equipment								
Vehicles	3,777							3,777
Computers & Telecom	59,803		26,596				26,596	33,206
Office/Household Furniture & Equipm.			11,984				11,984	-11,984
Medical Equipment	76,000							76,000
Total Land, vehicles & equipment	139,580		38,580				38,580	100,999
Transport & Storage								
Storage	1,250,803		95,704				95,704	1,155,099
Distribution & Monitoring			408,405				408,405	-408,405
Transport & Vehicle Costs	339,982		486,775				486,775	-146,792
Total Transport & Storage	1,590,786		990,884				990,884	599,902
Personnel Expenditures								
International Staff Payroll Benefits	1,351,354		982,549				982,549	368,805
Regionally Deployed Staff	94,333		11,253				11,253	83,080
National Staff			302,643				302,643	-302,643
National Society Staff			10,938				10,938	-10,938
Consultants	31,475		62,512				62,512	-31,037
Total Personnel Expenditures	1,477,162		1,369,894				1,369,894	107,267
Workshops & Training								
Workshops & Training	213,366		12,825				12,825	200,541
Total Workshops & Training	213,366		12,825				12,825	200,541
General Expenditure								
Travel	49,966		91,320				91,320	-41,354
Information & Public Relation	44,593		14,928				14,928	29,666
Office Costs	22,662		135,886				135,886	-113,224
Communications	69,735		65,384				65,384	4,350
Professional Fees			19,387				19,387	-19,387
Financial Charges			73,104				73,104	-73,104
Other General Expenses			6,237				6,237	-6,237
Total General Expenditure	186,956		406,246				406,246	-219,290
Program Support								
Program Support	758,745		285,987				285,987	472,758
Total Program Support	758,745		285,987				285,987	472,758
TOTAL EXPENDITURE (D)	11,673,000		4,695,354				4,695,354	6,977,646
VARIANCE (C - D)			6,977,646				6,977,646	