



Haiti earthquake

# Five-year progress report

January 2015

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Saving lives, changing minds.

 International Federation  
of Red Cross and Red Crescent Societies

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The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network. Together with our 189 member National Red Cross and Red Crescent Societies worldwide, we reach 97 million people annually through long-term services and development programmes as well as 85 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

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

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people.

The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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Cover photo: Gennike Mayers, IFRC.

*Haitian Red Cross nurse Thattia Augustave, explains to children the proper way to wash their hands in order to prevent diseases like cholera.*

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*Rebuilding Haiti is an ongoing process and the La Rosée block factory is part of that reconstruction effort. This block factory was set up through a joint project of the Red Cross and the Haitian Foundation for the Rehabilitation of Haiti (FHRD in French), in an effort to provide income-generating opportunities for the people of Lilavois.*



## 12 January 2010

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

## January 2010

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



# Welcome note



The earthquake that struck Haiti in January 2010 was one of the biggest natural disasters in recent history, resulting in over 1.5 million internally displaced people, unprecedented human losses and material damage.

This report spans the Red Cross Red Crescent operations from January 2010 to November 2014, marking five years of emergency and recovery operations.

The emergency phase focused on saving lives through emergency hospitals, providing emergency shelter and distributions of safe water and relief items. The next phases focused on the provision of integrated services including vocational training, financial support to small businesses, a large camp decongestion programme offering more sustainable shelter solutions, the provision of health services and improved infrastructure to affected neighbourhoods including schools and health centres.

The scaling down of the operation marks the end of a chapter but the story of Haiti's recovery is ongoing and the Haitian people will be supported by a stronger Haitian Red Cross Society. The development of the National Society has been a priority including enhancing the Haitian Red Cross' auxiliary role to the state, as well as collaboration with external actors to ensure remaining resources are effectively managed and to avoid vulnerable groups being overlooked.

From the start of the operation, the Red Cross Red Crescent programmes have been planned in close communication with affected communities, ensuring the right type of assistance has been delivered. It is by working closely with the Haitian people and genuinely engaging them as real partners that we can be sure of maximizing the impact of our work.

Dr. Guiteau Jean-Pierre  
President  
Haiti Red Cross Society

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

## February 2010

In the Montreal Declaration, the IFRC Secretariat, 23 National Societies and ICRC commit to undertake a coordinated, coherent and comprehensive approach to meeting Haiti's immediate and longer-term needs.

## February 2010

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



## April 2010

The Red Cross Red Crescent water trucking operation reaches its peak through the provision of daily access to drinking water for 320,000 people.

# A note on reading this report

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

The report consists of programmatic data, collected in Haiti, and financial data, collected from the headquarters of National Societies. Updated programmatic data was provided by 13 National Societies and the IFRC's secretariat for this report. The programme information and indicators illustrate the principal activities carried out during the relief and recovery phases of operations through to 30 September 2013, but do not reflect the full portfolio of each Federation member. The indicators and methodologies used to gather information on programmes will continue to be refined to reflect future phases of the operation.

The financial data reported as of 30 September 2013 shows an analysis of the funds received and expended for the operation in response to the earthquake. The financial information presented in each Federation-wide progress report is reflective of the number of National Red Cross and Red Crescent Societies reporting into it. For this fourth public report, 19 National Societies and the IFRC Secretariat provided updated financial information. Fourteen National Societies had already accounted for all their funds raised for the operation, therefore no updated data was requested from them. A further two Red Cross or Red Crescent Societies have not submitted updated data for this reporting period, and in all cases their most recent past submission of data was used. The report tries to also capture data regarding activities funded by the Red Cross and Red Crescent, but implemented through external partners.

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

**International Federation of Red Cross and Red Crescent Societies (IFRC):** refers to the Federation secretariat and all member National Societies, collectively. The term Red Cross Red Crescent is used interchangeably with IFRC. Note that this is different

## June 2010

The interim Haiti Recovery Commission (IHRC) is established



## October 2010

A deadly cholera epidemic breaks out, leading to 596,389 cases and 8,568 deaths (as of June 2014). The IFRC launches a first cholera appeal.

## March 2011

The Community Education and Awareness Training Centre of the Haiti Red Cross Society is officially set up.



from 'the International Red Cross and Red Crescent Movement' which would include the International Committee of the Red Cross (ICRC) in addition to the Federation secretariat and member National Societies.

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

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



The Sainte Pierre Square has regained an air of normalcy after housing a sprawling IDP camp following the earthquake. Today, flower vendors ply their trade, making fresh floral bouquets for all occasions in the heart of Pétion Ville, Port-au-Prince.



### September 2011

The Haitian government initiates the 16/6 project to allow the closure of six internally displaced people's camps and facilitate the return of nearly 5,000 families to 16 neighbourhoods of origin. The Red Cross Red Crescent offers its support.

### October 2011

The IHRC mandate ends; the responsibilities of guiding the reconstruction are to be turned over to the Haiti Development Agency (RDH)



### December 2011

2011 The Haiti Red Cross Society releases its 2012-2015 operational plan

## Operational overview

January 2015 marks the fifth year of the multiphase Red Cross Red Crescent 'Haiti Earthquake Operation'. As the news emerged that Port-au-Prince and the surrounding areas had been devastated by the 7.0-magnitude earthquake that struck on 12 January 2010, the Red Cross Red Crescent was quickly mobilized and partnered with the Haiti Red Cross Society to provide critically needed relief items and services. From the inception of the Haiti Earthquake Operation, the Red Cross Red Crescent laid the foundation to address the compound needs of the affected population and enhance the capacity of the Haiti Red Cross.

In addition, the Red Cross Red Crescent has responded to additional health threats and natural disasters that have occurred in the country in parallel with this operation: significantly, the cholera epidemic, which commenced in October 2010, as well as Hurricanes Irene (2011) and Sandy (2012).

The situation in Haiti, and in Port-au-Prince in particular, exemplifies the critical challenges currently facing the world's most impoverished countries: urban risk, inequality, violence, poor infrastructure, degradation of natural resources and lack of access to basic health and social services.

When the earthquake hit, the majority of the city's population was concentrated in dense, precarious settlements and was coping with challenges such as pervasive unemployment and insufficient access to electricity, clean water and sanitation services. Within minutes, the earthquake transformed the streets of Port-au-Prince into a chaotic scene of millions of affected people, who were processing the shock of witnessing complete devastation of entire neighbourhoods, and a fertile ground for epidemics. Human loss and extensive damage to infrastructure, government buildings and medical service systems shattered national response and coordination mechanisms, further complicating the situation.

The experience and programming developed from responding to large-scale natural disasters in the past allowed the Red Cross Red Crescent to respond quickly to immediate needs in an effective manner. However, the context and conditions of the operation – those associated with urbanization – had not been addressed previously on such a large scale and in an emergency situation and did not involve the level of coordination with so many partners. The Red Cross Red Crescent was required to respond to the devastation in Haiti with new ways of working and the methods of problem-solving that have been adopted in Haiti over the past five years will benefit communities facing similar challenges elsewhere.

### March 2012

Inter-American conference in Montrouis, Haiti, gathering all the representatives of the Red Cross societies of the continent and some guest National Societies.



### March 2012

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



### October 2012

Camp population decreases to 357,785.

# Building better sheltered communities

From the beginning of the earthquake recovery operation, shelter was identified as the most important requirement for the affected population. Providing shelter has been the most effective use of the substantial financial and human resources which were available to the Red Cross Red Crescent and other key humanitarian agencies. Red Cross Red Crescent has worked through formal mechanisms, such as UN clusters, and less-formal bilateral relationships, and in cooperation with the Government of Haiti and key humanitarian agencies, to ensure that shelter activities were conducted in a coordinated manner and aligned with the Government's 2010 *Action Plan for National Recovery and Development of Haiti*.

As at the close of 2014, 30 per cent of total Red Cross funds received for the Haiti earthquake operation have been used to provide safe and improved shelter to more than 44,000 households within the designated Red Cross Red Crescent operating areas.

The impact of the various shelter interventions during the Haiti earthquake operation has extended far beyond the immediate benefits and protection obtained from the shelter materials and educational activities. In 2011, the Red Cross Red Crescent shelter programme emerged as the operation's backbone for shifting the project's overall approach. It expanded the emphasis on participation of beneficiaries and designed interventions made up of several interdependent components.

The operating context in Haiti was complex and new elements had to be integrated into existing protocols to support affected households in finding stable and productive living situations. The Red Cross Red Crescent needed to adapt a large international operation to be relevant at the household level; it was necessary to remain committed to ensuring that the programme was implemented with integrity, transparency and neutrality while allowing individuals to voice their priorities and have front-line roles in determining the shape of the project's final outcome.



Community sensitization sessions regarding proper construction techniques are an integral part of the Red Cross integrated Neighbourhood Approach (INA) programme. Interested persons from the communities are exposed to theoretical as well as practical building techniques to ensure that they build safer, earthquake and hurricane resistant houses in the future.

## November 2012

Hurricane Sandy. The IFRC launches appeal to meet humanitarian needs.



## May 2013

"Haiti 3 years +" meeting in Haiti, gathering RC National Societies, the Secretariat and ICRC to revisit humanitarian needs and confirm identified priorities.



## September 2013

More than 80,000 households have been reached with increased availability of safe water through the rehabilitation and/or creation of water sources.

The evolution of Red Cross Red Crescent activities over the past five years, and the reason that the efforts to provide shelter in particular defined the operation's outcomes, are best understood by revisiting the underlying facts of the situation.

On the morning of 12 January 2010, the uneven dirt paths that linked the homes in Port-au-Prince's poorer neighbourhoods were crowded with children going to school and vendors selling daily provisions like biscuits and limes. By the time the sun set, the earthquake, which struck just before 17:00 that evening, had destroyed those homes or made them too dangerous to use. Fighting heat, thirst and hunger, the population was in a state of shock that was exacerbated by widespread fear of another earthquake and grief over human loss.

For those who lost their homes, there were three options: leave Port-au-Prince, seek refuge with host families or set up makeshift shelters in one of the 1,354 spontaneous settlements which emerged in the spaces that became available during the weeks immediately following the earthquake. The capacity to maintain safe personal living spaces in the crowded settlements was limited as the settlements were not well lit at night and lacked appropriate water and sanitation facilities.

The situation was further complicated by the fact that, for the majority of people displaced by the earthquake, there was no clear and established place to return to. Port-au-Prince is the textbook example of the 21<sup>st</sup>-century trend of urbanisation and that trend's associated challenges. Every year, thousands of people with minimal resources, migrate to Haiti's capital city from poor rural areas seeking job opportunities. Upon arrival, they establish their homes in the city's unplanned neighbourhoods, living in one of the unregulated and poorly built structures which dominate Port-au-Prince's landscape.

These conditions were not present in Port-au-Prince and developing a plan for shelter using a model developed for rural areas could not have worked. This was because land entitlements were tenuous and households needed to be established within dynamic communities with income-generating opportunities and with access to schools and other essential services. Also, the people who received the emergency shelter materials indicated that assistance with temporary or longer-term shelter was not sustainable if that support was provided in isolation. Beneficiaries who had

### December 2013

The IFRC launches appeal in support of a ten-year strategy to eliminate cholera from Haiti and the Dominican Republic.



### December 2014

The IFRC Secretariat earthquake appeal is closed and Haitian Red Cross assumes full management of base camp facilities, selected assets and services.



### June 2014

More than 43,000 households have been provided with safe and improved shelter solutions.



## Gladys Joachin, beneficiary, Delmas 11

“I didn’t know anything about masonry but thanks to Red Cross today I know how to put up blocks, bind steel bars, and take measurements. I’m not a big boss but I know the basics,” explains 38 year old Gladys Joachin, resident of Delmas 13, one of the districts of Port-au-Prince where the Red Cross has been implementing an integrated neighbourhood approach to renovating, rehabilitating and constructing houses in addition to conducting much needed infrastructure works.

Not only has Gladys learnt some basic construction skills but she has been able to apply these skills in housing projects in her neighbourhood. “I was part of the community mobilisation team in Delmas 9 that received training with the Red Cross. They needed people and I was interested in helping my community and learning at the same time.”

After the Red Cross apprenticeship experience and having successfully passed her practical exams, Gladys was chosen to build a septic tank. “It was really a tricky construction because of where it was located. There was a lot of water and mud so I had to figure out how to get around that problem to be able to build, but when I finished the construction chief congratulated me. I’m so proud because people said women don’t work in construction, but I enjoy this work and I feel at ease.”

Life has changed drastically since January 2010 when the earthquake struck Haiti, “January 12th 2010, I was living in Delmas 17 but my house was destroyed. Eight people died in that house but by the grace of God, I came out alive. My son too survived. That really marked me but I’ve never lost hope.”

Five years have passed and as painful as the memories are, Gladys apprehends the future with optimism. “When I had no place to go, nowhere to live, Red Cross built a house for me and allowed me to participate in different activities, in rubble removal, construction. Today I’m going to school and I want to learn more so I can make a better life for myself and my son.”

Gladys’ video testimony can be viewed through the web address <http://youtu.be/NiQFZNv6-h8>



Gladys Joachin

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*“When I had no place to go, nowhere to live, Red Cross built a house for me and allowed me to participate in different activities: in rubble removal and construction. Today, I’m going to school and I still want to learn more so I can make a better life for myself and my son.”*



*Gladys Joachin and her 6 year old son Jean-Cleef Lucien, share a loving hug at her home in Delmas. Little Jean-Cleef dreams of becoming a footballer while his mom is taking Information Technology (IT) classes in pursuit of her dream of becoming an IT technician.*

Concrete house constructed by the Red Cross in Delmas 11, a district of the capital Port-au-Prince. Residents occupy the temporary shelter built of ply-wood while awaiting termination of works on their new home built of concrete and reinforced steel.



come to Port-au-Prince looking for work confirmed that finding jobs remained their highest priority. Also, the benefits of a shelter are rapidly diminished if the shelter is situated on a street is prone to constant flooding or to increased risks of violence.

The shelters needed to be located in productive environments where there were livelihood opportunities to cover basic needs. The shelters needed to be close to schools, and have access to water and appropriate facilities for disposing of garbage and human waste. They would have to be easy to maintain and appropriate for local customs and conditions.

The Red Cross Red Crescent approach to shelter was based on two premises. First, shelter assistance could not be treated as an isolated activity. In order for beneficiaries to obtain the maximum benefit from shelter assistance, shelter materials had to be provided as part of an integrated package, which also included other interdependent interventions intended to create a safer environment. Second, the interventions would encourage participation from all stakeholders, from inception to completion of the programme.

Total number of households provided with safe and improved shelter solution

**43,752**



-  Number of households provided with a transitional or upgradable shelter **24,609**
-  Number of households provided with a settlement or relocation grant **14,207**
-  Number of households provided with permanent housing solution **4,936**

Volume of rubble removed

**134,499 m<sup>3</sup>**



Volume of rubble recycled

**14,373 m<sup>3</sup>**

# Building healthier communities

## Water and Sanitation

Basic access to water and reliable sanitation facilities is essential for promoting and maintaining good health. In the wake of an emergency, water is one of the first needs which must be addressed to avert the rapid spread of disease and maintain a minimum standard of health among the affected population. Once the situation is stabilized, water and sanitation are the most important considerations when developing initiatives for sheltering individuals for any significant period of time. Therefore, all shelter projects had to consider the water and sanitation components which, based on available resources and context, could then be managed through the Red Cross Red Crescent or by forming strategic relationships with other organizations that are prepared to fill those gaps.

Arguably, addressing the Haitian population's needs for water and sanitation during the emergency and recovery phases was the greatest challenge posed in what was an extremely challenging operation. Even before the 2010 earthquake, the lack of access to clean water was a public health threat, with diarrhoeal disease the second-most-frequent cause of death in Haiti.

Haiti's sewer and piped water systems are scarce and more than 3 million Haitians lack access to safe water, while the number of people without sanitation services is nearly double that figure.<sup>1</sup> Port-au-Prince is home to one-third of the country's entire population and is very densely populated; open-air defecation is common practice in the constantly growing slum areas and is associated with obvious health risks.<sup>2</sup> The combination of damage from the earthquake and the impact of urbanization has resulted in Haiti being the only country in the world where access to sanitation has deteriorated during the past ten years.<sup>3</sup> At the same time, clean drinking water is available only through commercial vendors (it is trucked in and/or sold in small packets) at prices that are affordable for just a small percentage of the country's population.



This boy fills up his bucket of water at the community managed water source in the Acra Nord camp. The water source was installed by the Red Cross and training was provided to the members of the camp water committee in order to manage this precious resource while generating income to ensure the sustainability of the service.

- 1 [water.org/country/Haiti](http://water.org/country/Haiti)
- 2 [docs.unocha.org/sites/dms/CAP/HNO\\_2014\\_Haiti-July\\_2014\\_Update.pdf](http://docs.unocha.org/sites/dms/CAP/HNO_2014_Haiti-July_2014_Update.pdf)
- 3 [www.huffingtonpost.com/alan-ricks/a-haitian-solution-to-eliminate-diarrhea\\_b\\_4059565.html](http://www.huffingtonpost.com/alan-ricks/a-haitian-solution-to-eliminate-diarrhea_b_4059565.html)

People reached by CBHFA

**2,817,154**



 Maternal, newborn and child health	<b>191,664</b>
 HIV prevention	<b>597,719</b>
 Anti-stigma messages	<b>339,221</b>
 Prevention of malaria, dengue and other vector-borne diseases	<b>527,785</b>
 Training in community-based first-aid	<b>11,511</b>
 Psychosocial support activities	<b>362,076</b>
 Other services (mainly general health promotion)	<b>1,368,192</b>

Estimated households with increased availability of drinking water

**91,385**



Households provided with access to an improved sanitation facility

**39,010**



 Number of water points newly constructed or rehabilitated	<b>6,931</b>
 Number of water systems newly constructed or rehabilitated	<b>63</b>
 Number of improved sanitation facilities newly constructed or rehabilitated	<b>21,318</b>
 Water and sanitation committees set up and trained	<b>397</b>

To contribute to the resilience of communities, Red Cross Red Crescent implemented water supply and sanitation improvement projects in communities, schools, markets and health centres. As of 2014, a total of 397 water and sanitation committees have been formed to ensure that the newly installed systems are maintained and to address new issues which may arise from any sudden natural disasters. Water was an integral part of shelter activities and the result is that water is more readily available to more than 91,000 households have benefited from increased access to safe water. Also, household sanitation needs were addressed and more than 39,000 households have access to improved sanitation facilities.

All of the water and sanitation interventions have been accompanied by educational initiatives such as house-to-house health and hygiene messaging conducted by community members and Haiti Red Cross volunteers. These volunteers have demonstrated that the skills acquired through the earthquake operation are being applied to raise awareness about new health threats, such as cholera and the chikungunya virus.

**Pierre-Ednel Toussaint, Administrative Council of the Communal Section (CASEC in French) member, Gaillard**

“I have to say that life with the Health Committee and the Community-Based Health and First Aid (CBHFA) outreach programme has been working well. Our role is to sensitize people in the community so they don’t get sick, especially with this cholera epidemic. We talk to them about washing their hands after using the toilets, after feeding their animals, and different things they should do to stay healthy. We sensitize them about what to do after a hurricane passes, so they don’t fall victim to a series of epidemics,” says Pierre-Ednel Toussaint, member of the Administrative Council of the Communal Section (CASEC in French) of Gaillard, a district in the South-Western department.

The Red Cross Red Crescent provided CBHFA training for Health Committees in the south-eastern province including that of Gaillard, then subsequently trained supervisors. However, the health committee was responsible for selecting the community facilitators who would be sent out to the community. Pierre Ednel explains, “If we send people out without training they will not be effective. So the Health Committee received training first then we trained the supervisors who then trained the community facilitators then they trained the population. It’s a logical chain.”

“Red Cross is doing a great job together with the community but as in any project, the general objective is sometimes difficult to achieve. We can say, for those who received latrines, they were really in need. Unfortunately everybody could not get latrines, there was such a great demand and not enough supply,” explains Pierre-Ednel with some regret.

The Red Cross Red Crescent aims to build 5,000 latrines by June 2015 in the South-Eastern department of Haiti as a follow-up to the CBHFA programme where communities were first sensitized to proper health and hygiene practices so they could make best use of the new sanitation solutions being built.

Pierre’s video testimony can be viewed through the web address <http://youtu.be/eNG2JZrAbWw>



Pierre-Ednel Toussaint is a member of the CASEC of Gaillard.

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*“If we send people out without training, they will not be effective. So the Health Committees received training first; then we trained the supervisors, who then trained the community facilitators; then they trained the population. It’s a logical chain.”*

Access to medical care in Haiti is severely limited with earthquake-related damage to hospitals and medical facilities further exacerbating the situation. Following the earthquake, when the need for medical attention was at its highest, access to health facilities and the availability of trained medical professionals were at their lowest. To this end, Red Cross Red Crescent identified the need to support the reconstruction and rehabilitation of hospitals and clinics. As of December 2014, 25 health centres have been newly built, rehabilitated or strengthened, serving an estimated 1.6 million people.

The Red Cross Red Crescent is playing a vital role in educating communities about important health issues and to date an estimated 2.8 million people have been reached with community-based health and first-aid services. Given the shortage of medical professionals in the country, the Red Cross Red Crescent is supporting the development and education of volunteers to work at grassroots level to prevent, identify and address basic health issues which are common in Haiti. For example, a network of community health officers from the Ministry of Health and volunteers from the Haitian Red Cross will perform several functions in selected communities. These networks will be in close contact with the population and will promote health education, manage cases, follow up patients and refer them to appropriate health care. Also, they will gather health data and monitor for possible epidemic outbreaks. This programme will leverage the wide reach of the Haiti Red Cross volunteer network to support the work of the Ministry of Public Health to offer health services in remote areas.

# Cholera



The construction of this water kiosk was a joint project of the Red Cross, ACF, the local Water Authority DINEPA and the European Union. "Dlo se lavi" or "Water is life" in English is a concrete solution to the lack of running water in the Delmas 13 district.

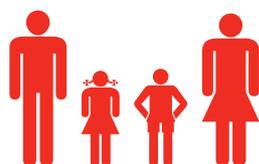
According to the most recent statistics, since October 2010 there have been 707,000 suspected cases of cholera reported and about 8,600 cholera-related deaths.<sup>1</sup> Cholera is a controllable and curable illness but, in Haiti, lack of public awareness about the prevention and treatment of the disease and limited access to safe water and sanitation facilities have been the primary elements contributing to the current epidemic.

Red Cross Red Crescent programming to address the cholera epidemic included measures to provide affected communities with access to cholera treatment and offered community-based health education to raise awareness about how to identify and prevent cholera. Since the peak of the outbreak in 2010 and 2011, the spread of the disease and the risks posed by the epidemic in Haiti have been reduced significantly.

The Red Cross Red Crescent cholera response has embraced the operation's commitment to working in partnership with other organizations and local community leaders to implement measures that will slow down the spread of the disease and create better access to medical care. Of note is the Red Cross partnership with UN agencies and local actors to create the Coalition to Eliminate Cholera from Hispaniola<sup>2</sup>.

Number of patients treated in cholera treatment centres or units supported by the Red Cross Red Crescent

**52,656**



<sup>1</sup> [www.un.org/apps/news/story.asp?NewsID=49333#.VHedDuDAtRE](http://www.un.org/apps/news/story.asp?NewsID=49333#.VHedDuDAtRE)  
<sup>2</sup> <http://www.paho.org/coleracoalicion/>

## Building safer communities

All of the earthquake operation activities sought to answer the same fundamental question: What is required for an individual to feel safe in their home and community? The 2010 earthquake, as described by the Haitian government and UN officials, was the largest “urban natural disaster” in history, which meant that existing disaster preparedness and risk-reduction protocols needed to be expanded and modified to address the urban context.

Following the 2010 earthquake, according to statistics published by the Canadian Red Cross<sup>1</sup> the rates of interpersonal violence, including sexual abuse, rose in the informal settlements of internally displaced persons throughout Port-au-Prince.

Up to 70 percent of women in selected settlements in Port-au-Prince indicated that their fear of being subject to sexual violence had escalated in the post-earthquake environment. Even though cases of rape and gender-based violence (GBV) are not reported due to fear of retaliation and stigma, in a survey conducted after the 2010 earthquake, as many as 14 per cent of women and girls living in the camps did report one or more experiences of sexual abuse.

From the early phases of the operation, it became apparent that a safe living environment was necessary pre-condition for efficient relief distributions. Therefore, the issue of violence in Haiti had to be addressed in Red Cross Red Crescent programming, in order to support affected households to re-establish themselves in a way that allowed for growth and development. While both males and females are exposed to the risk of sexual violence, the particular focus of the Red Cross Red Crescent violence prevention initiatives in Haiti has been on the specific vulnerability experienced by women and girls in a post-disaster context and on the pre-existing conditions that make females more susceptible.

Building relationships and partnerships was essential for violence prevention initiatives. These included advocacy and coordination efforts within the Red Cross Red Crescent, and among external partners, local authorities and communities. Joint collaboration with private companies such as Digicel has been important, where the provision of solar-powered street lamps have greatly contributed to safer living conditions for the beneficiary communities.

The nature of activities initiated to support victims of violence and increase awareness included setting up referral networks for reported violence cases, mentoring of teenage girls, literacy programming, sensitization of the community and the strengthening of women’s organizations.



The Red Cross Red Crescent has conducted community-based risk reduction activities in isolated rural communities such as in Gerin in the Nippes department. Here the school students and teachers were targeted as a priority since schools are often the hub of activity in these areas. By sensitizing children to the risks of different disasters and ways to prevent and reduce risk, the Red Cross is also able to reach their parents and share life-saving information.

<sup>1</sup> Why Does Violence Escalate After Disasters? [www.redcross.ca/who-we-are/red-cross-stories/2013/why-does-violence-escalate-after-disasters-\(2013\)](http://www.redcross.ca/who-we-are/red-cross-stories/2013/why-does-violence-escalate-after-disasters-(2013))



Dieuseul Etienne, Community Intervention Team (CIT)

### **Community Intervention Team coordinator, Dieuseul Etienne relates how his community has partnered with the Red Cross to reduce risk, build community resilience and save lives.**

Dieuseul Etienne is the coordinator of the Community Intervention Team in Duclos, a rural area in the North-Western department of St. Marc. He is a well-known and well respected member of the community who plays a key role in mobilising his neighbours to work together with the Red Cross to reduce the risk of disaster and improve conditions in their community.

“We are doing mitigation here. Normally, without this activity, the area is flooded,” says Dieuseul pointing to the hive of activity behind him as his neighbours shovel cement and set boulders into place.

Through ongoing discussions with the community, it was decided that some infrastructural work needed to be done in order to protect residents from the disastrous effects of flooding. After some training in project development provided by the Red Cross, the community came together to build a bridge and retaining walls in areas where the soil was heavily eroded.

“We acquired skills to design this project and the Red Cross helped us to implement the little project. Once this project is implemented, it will prevent the road from flooding.

The Red Cross has been working in this region for more than three years and has provided a wide range of training to the community members and they have renewed their commitment to serving as community intervention teams in their neighbourhood.

According to Dieuseul, “The Red Cross trained us on various topics for example, community-based first aid, project evaluation, disaster and risk management, cholera prevention and a lot more. Each year the Red Cross does a refresher training for the teams. In times of a disaster there should be well-trained people to help the population.”

In a nutshell, Dieuseul echoes the essence of the Red Cross risk reduction and community resilience programmes, “The Red Cross trained us in preparing a community response plan and they set up an early warning alert system for the area. The Red Cross did their best in order for us to be independent in the future, this means that when the Red Cross leaves, we will be able to live without any problem since they already taught us enough to take care of ourselves.”

Dieuseul’s video testimony can be viewed through the web address <http://youtu.be/ubtI2FhmJfc>

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*“The Red Cross trained us on various topics for example, community-based first aid, project evaluation, disaster and risk management, cholera prevention and a lot more. Each year the Red Cross does a refresher training for the teams. In times of a disaster there should be well-trained people to help the population.”*



Community intervention team during a simulation exercise.



*There's no better way to reach children than through games. Here Bruno Gilner, a Red Cross community mobilizer, engages with the children of Gerin in an educational game called "Riskland" ("Tè Malè" in Haitian creole). This very popular game developed by UNICEF and the International Strategy for Disaster Reduction (ISDR) has been adapted for use in Haiti by the Red Cross as a fun way to learn how to prevent disasters.*

### **Disaster Preparedness and Risk Reduction**

Rehabilitation of the earthquake-affected area was carried out while annual natural disasters continued to occur in Haiti.

Within the first two years of the earthquake operation, Haiti and the affected areas endured heavy rains and flooding associated with the country's rainy seasons, Hurricanes Sandy and Isaac, and a cholera epidemic. At present, the country is suffering from a severe food shortage which was triggered in 2013 by a combination of drought in parts of the country and the two major hurricanes in 2012. Consequently, disaster preparedness and risk-reduction activities had to be integrated into other forms of assistance to: (i) maximize the effectiveness of other recovery activities and allow them to continue; and (ii) improve the level of community resilience. That resilience involves the sustained ability of a community to use available resources to withstand, respond to and recover from adverse situations.

The pragmatism behind employing an integrated, participatory and neighbourhood approach was most apparent in the neighbourhoods where community members were frustrated by annual flooding or difficulties with access. Often, they were more interested in receiving support that addressed a collective need and in interventions which reduced the risk posed by annual flooding than in proposed schemes which served independent families.

Community resilience was therefore developed in several ways as simultaneous work was performed to repair, retrofit or construct new households to withstand floods and earthquakes. At the same time, people were trained to prepare for and respond to disasters. The projects also offered opportunities for on-the-job training and employment for the communities being served.

An emphasis was placed on delivering training and providing key equipment to community members and leaders. The Red Cross Red Crescent employed a participatory approach for working with communities to improve the communities' preparation and response capacity by creating local disaster response plans and teams. To date, more than 220 communities have their own disaster response plans in place while more than 430 community response teams have been set up, in some cases, readiness has been tested through simulation exercises.

# Building more economically resilient communities

**82,320** Households that have received livelihood support grants, loans or other forms of financial support



**36,065** Number of people trained and/or provided with necessary equipment to provide relevant services in their communities

**90,699** Number of people supported through the provision of short-term employment opportunities – cash-for-work activities



**103** Small and medium enterprises provided with training, equipment or financial support

Prior to the earthquake, more than two-thirds of Haitians of working age did not have formal employment and the vast majority was living below the poverty line. Possessing the relevant job skills and the ability to earn sufficient income to cover basic needs is fundamental for survival and for providing a better and safer environment. In addition, jobs and improved job skills were cited repeatedly by programme beneficiaries as their highest priorities and as a result livelihood programming is regarded as an essential component for building community resilience.

Traditional forms of assistance such as the distribution of relief or shelter items and the provision of health interventions are critical. However, to maximize the benefits of receiving these and to create a lasting, safe, productive and healthy environment, each earthquake-affected household must have the opportunity to establish itself independently, improve its situation and cope with significant events.

Red Cross Red Crescent livelihood interventions took various forms, including cash-for-work programmes, support grants, school bursaries and skill formation initiatives.

In 2013, the IFRC issued the *Federation-wide Livelihood Program Evaluation* report, which confirmed the importance of introducing livelihood initiatives as one component of an integrated, successful programme.

*“Livelihoods can no longer be considered as an independent sector working in isolation from other interventions. Stakeholder engagement has shown that vulnerable populations consider livelihood as a key priority in a post-disaster context. Therefore the issue needs to be integrated into other relief interventions such as shelter, WASH, food security, etc.”<sup>1</sup>*

Many of the shelter and water and sanitation interventions presented opportunities for on-the-job training. Livelihoods programming was also a particularly useful area in which to form partnerships with local organizations to ensure greater sustainability.

Access to education is a key component of building economic resilience. According to the UK-based Disasters Emergency Committee, 4,000 schools were damaged or destroyed by the earthquake. This setback was detrimental in a country with al-

<sup>1</sup> IFRC Haiti – Federation-wide Livelihood Program Evaluation, January 2013.

ready limited learning opportunities; local capacity to create economic resilience was restricted even more. In addition, a school creates cohesion in a neighbourhood and provides stability and psychosocial support for children. For a household with school-aged children, a school is one of the most important features of a neighbourhood; therefore, any effort to support displaced families with relocation or shelter had to factor in the need for local schools.

To date, the Red Cross Red Crescent has supported the building, rehabilitation, equipping and strengthening of some 60 schools in the affected areas.

### Lony Charles

The Red Cross Red Crescent has helped the residents of Centre KID camp, in Port-au-Prince, to manage basic services on their own. Community members organized themselves to maintain the water supply running, keep latrines clean, and collect waste.

One of them, Lony Charles, collects plastic bottles from the trash, sorts them by type, and resells them in bulk to recycling companies. With support from the Red Cross, he will have a small kiosk near the camp and a scale, which will allow him to process a larger amount of waste for recycling.

“The support from the Red Cross will make me less tired when I am working,” he said. “This has also helped the population, since we keep the area clean, and we keep the schools clean.”

Currently, he collects and processes about 15 large sacks of plastic every 15 days. With the additional space and supplies provided by the Red Cross, he will be able to process 20 to 25 sacks of trash in a day.

Improving the living conditions is important for the 367 families, or 1,737 people, living there. The support from the Red Cross has helped to make the camp cleaner and its services more autonomous.



Lony CHARLES

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*“The support from the Red Cross will make me less tired when I am working.”*



Mitcherline CADET

*“Before I got this job only my husband was working to support the family.”*

### **Mitcherline Cadet, bakery staff, Lilavois**

“I really enjoy what I do. I package the bread, I clean, I do everything!”

Twenty-two year old Mitcherline Cadet has been working at La Rosée bakery since 2013. The bakery is part of a small industrial park funded by the Red Cross Red Crescent and constructed by the Haitian Foundation for Recovery and Development (FHRD in French) in the town of Croix- des-Bouquets.

“My mom was a Red Cross beneficiary and she was offered the job at the bakery but she has many children in her care and couldn’t take the job so she sent me instead because I only have one child. They liked how I work because I do everything clean and nice,” explained Mitcherline. In addition to the bakery, the mini manufacturing zone also houses a pasta factory, a concrete block factory and a guinea fowl farm and abattoir. In total 29 persons are permanently employed here and conveniently live nearby.

“Before I got this job only my husband was working to support the family,” says Mitcherline. “I don’t earn a lot of money but every fortnight when I get paid, I try to put away some money in the bank in case of an emergency later on. I hope I won’t need to use it soon so I can leave it to pay for my child’s education.”

Before the construction of this industrial zone there was no particular economic activity in the area and residents often had to go very far to find work. While Mitcherline is among the fortunate ones to have found work within the area, she also harbours hopes of finding a home of her own with her husband. Together they’re working hard and saving towards that goal.

Mitcherline’s video testimony can be viewed through the web address <http://youtu.be/kidPKu3foHw>



*Mitcherline Cadet packages bread at La Rosée bakery in Lilavois, a joint project of the Red Cross and the Haitian Foundation for the Rehabilitation of Haiti (FHRD in French), that has provided work for the people of Lilavois.*

# Accountability to beneficiaries



Accountability to beneficiaries has been an integral part of the operational response to the 2010 earthquake. Following lessons learnt from the 2004 South-East Asian tsunami, full-time workers who specialised in communicating with people affected by disaster were vital participants in the emergency response. Since then, a fully-fledged beneficiary communications programme has been developed in support of the different operational projects.

Providing accurate, timely information to beneficiaries can be just as important as food, water and shelter.<sup>1</sup> Indeed, information exchange, which comes from different forms of dialogue, using both traditional and technologically innovative channels, has been of utmost importance in understanding the real needs of the Haitian population after the traumatic earthquake.

The range of tools used included a weekly radio programme, mobile messages, an interactive voice response system, a dedicated telephone line to receive complaints and the more-traditional sound truck. Thanks to these, the beneficiary communications programme has worked closely over the last five years with all departments, including Health, Water and Sanitation, Shelter, Cholera, Livelihoods and Disaster Risk Reduction, to ensure that the voices of our beneficiaries were captured and understood well. The integration of beneficiary feedback mechanisms has allowed the Red Cross Red Crescent to identify the real concerns of the communities we serve and, in turn, deliver humanitarian solutions that satisfy the needs of the disaster-affected population.

Beneficiary communications have been instrumental in shaping the nature of aid delivered to the population as beneficiaries were able to express their preferences and provide community-based solutions to problems which arose during the roll-out of operations. A shining example of the impact of beneficiary communications is the architectural design of the transitional shelters which was modified from its initial design based on feedback provided by the population.

Through beneficiary communications, disaster-affected communities in Haiti have been able to influence the delivery of humanitarian aid and, thereby, take greater control of their own futures as they recover and rebuild.



*As part of the beneficiary communication activities, text messages were sent nation wide to provide simple information on how to prevent cholera and other water-borne diseases*

## Beneficiary Communications



### Beneficiary communications

	Total reached
Total of SMS sent	<b>109,992,694</b>
Number of people reached through SMS blasting	<b>7,467,384</b>
Number of calls received ( <i>Telefon Kwa Wouj</i> )	<b>2,035,240</b>
Number of calls received ( <i>Noula</i> call centre)	<b>16,657</b>

<sup>1</sup> [www.ifrc.org/Global/Publications/disasters/WDR/69001-WDR2005-english-LR.pdf](http://www.ifrc.org/Global/Publications/disasters/WDR/69001-WDR2005-english-LR.pdf)

## Strengthening HRCS

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The Haitian Red Cross was not immune to the destructive force of the January 2010 earthquake; it lost staff members, volunteers and infrastructure, including own headquarters. When the earthquake struck, the National Society had substantial public health experience and was in the midst of developing its disaster management capacities. Prior to the earthquake, the National Society had established a five-year strategy identifying core areas for development, which focused on activities to strengthen its branches and increase its capacities in areas such as blood and other health services.

The earthquake-related humanitarian needs and the accompanying Red Cross Red Crescent response would have stretched the limits of any National Society's resources and abilities. As a movement, the Red Cross had the financial and human resources to coordinate and introduce large-scale interventions in health, shelter, neighbourhood renewal, and water and sanitation. However, many of these activities such as the building of drainage canals or permanent housing, fell outside the scope of the daily business of a National Society. Therefore this operation raised important questions about the role of a host National Society under exceptional circumstances and the extent to which it is responsible for managing and retaining the necessary expertise and resources to implement exceptional projects after partner National Societies have left.



Local Haitian Red Cross committee of Baraderes in the Nippes department.

A National Society risks diluting its strengths if it is overly reactive to exceptional conditions and attempts to take on too many new responsibilities. Thus, an important outcome from this operation is that improving a National Society's capacity is not always about the direct transfer of skills and equipment. Rather, it is about working with that Society to identify and form strategic partnerships at the national level to address important health and disaster-related needs that fall outside of the scope of the National Society's daily business. In that way, the National Society can play an important role in addressing large-scale problems in the future.

In addition, more work will need to take place to develop the National Society's volunteer base. At present, some of the operation's projects have had to rely on 'community volunteers' where there is no local branch or volunteer base but, ultimately, the aim is to create a more comprehensive Red Cross volunteer base.

Positive steps towards strengthening the Haiti Red Cross capacity are exemplified by the achievements of this operation, during which more than 45 local Red Cross committees have been strengthened or rebuilt, and a volunteer policy has been approved and published.

## Learning from Haiti

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The Haiti operation had benefitted from previous operations including the Indian Ocean tsunami. Experience garnered during the Haiti Earthquake Operation will have a significant influence in the future on the Red Cross Red Crescent's approach to urban humanitarian response, and some of these experiences are already being applied to the Haiyan operation in the Philippines.

The primary measures taken during the Haiti Earthquake Operation, which could be adapted to any future large urban disaster scenario could include the following elements to ensure effective delivery of assistance:

- **Community engagement.** As much as possible, the Red Cross Red Crescent consulted with representatives from affected households, individuals, local leaders and organizations to identify the priority needs during the emergency phase and solutions which would be of the highest value for programme recipients over a longer term.
- **Strategic partnerships.** The Red Cross Red Crescent reached out beyond the Movement, partnering with local non-governmental organizations to develop programming in livelihoods, shelter and violence prevention.
- **Alignment of operational plans with national plans.** Due care was given to aligning Red Cross Red Crescent plans and projects with the Haitian Government national plans. The goal was to improve local resilience to the threats posed by natural disasters and to the population's health by ensuring that there was ongoing consultation with key government agencies including the country's water and sanitation authority and the Ministry of Health.
- **Integrated programming.** Programmes operating in urban environments should be integrated so that inter-related needs and vulnerabilities are addressed efficiently.



*In September 2013, the 2<sup>nd</sup> Haiti Learning Conference gathered more than 150 Red Cross Red Crescent staff with the aim of collectively defining the way the lessons learnt from this unique operation would contribute to organizational learning and change.*

## Looking ahead

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During the past five years, Red Cross Red Crescent programming has concentrated primarily on the urgent needs associated with the 1.5 million people who were displaced by the earthquake, and the vulnerabilities that are present in an urban context: issues of humanitarian space and land rights, violence, livelihoods and income generation opportunities, better building practices and disaster-mitigation activities.

Solutions and approaches developed in this operation have resulted in significant contributions being made to organizational knowledge about issues such as reconstruction in the urban context and the modification of existing assessment tools and health programming. Red Cross Red Crescent tools and working methods were developed originally for working in rural contexts but have been adapted for effective application in the urban context. The adaptation of these methods will be very helpful for future interventions that seek to address vulnerable communities in cities.

The increased engagement of communities in the planning and implementation of projects and programming for the provision integrated services have been hallmark characteristics of this operation. These have become part of the standard operating procedure for some of the National Societies which supported the Haiti Earthquake Operation and are being applied already in projects in other parts of the world.

In 2015, the focus of Red Cross Red Crescent activities will become more generalized to address national needs and bolster the capacity of the Haiti Red Cross. While a limited number of earthquake-specific activities regarding shelter and urban community development are projected to continue for the next two years, the focus of the work of the Red Cross Red Crescent will be: strengthening of the National Society; strengthening communities through integrated programming and to maintain a disaster response capacity in the event of a disaster



*This market scene in Marigot, located in the South Eastern department, is a common sight in Haiti where women in particular engage in micro-business activities to support their families.*

# Programmatic analysis<sup>1</sup>

This is a summary of the Red Cross Red Crescent's collective performance data on the earthquake operation in Haiti. It reports cumulative data from the start of the operation to 30 September 2014, unless otherwise indicated.

## Relief distributions

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

## Healthcare

Ind. no.	Indicators	Total reached
5	Total number of patients treated in Red Cross Red Crescent emergency healthcare facilities	229,977
6	Total number of communities that have developed a community-based health and first-aid plan of action based on identified priorities	126
7	Total number of people reached by community-based health and first-aid services <i>Disaggregated by category of service<sup>2</sup></i>	2,675,277 <sup>3</sup>
	Maternal, newborn and child health	153,344
	HIV prevention	648,818
	Anti-stigma messages	387,114
	Prevention of malaria, dengue and other vector-borne diseases	528,033
	Training in community-based first-aid 172,001	34,375
	Psychosocial support activities	362,189
Other services (mainly general health promotion)	803,429	
8	Total number of Haiti Red Cross Society volunteers trained in epidemic control	2,144
<b>Cholera response</b>		
9	Total number of cholera treatment centres or units supported by the Red Cross Red Crescent at the end of the reporting period	19
10	Total number of patients hospitalized in the cholera treatment centres or units supported by the Red Cross Red Crescent	52,656 <sup>4</sup>
11	Total number of oral rehydration points operated by the Red Cross Red Crescent at the end of the reporting period	32
<b>Blood services</b>		
12	Total number of blood collection centres newly built or rehabilitated	
	Newly built	4
	Rehabilitated	1
	In a planning phase	0
Total number of blood collection centres to be newly built or rehabilitated		5

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

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

3. Corrections by two members lead to a decrease in the reported figure compared with the previous round and in the sub-categories of *Maternal and child health* and under *Other services*.

4. A correction by one member lead to an increase in the reported figure compared with the previous round.

## Water and sanitation

Ind. no.	Indicators	Total reached
13	Total number of people provided with daily access to drinking water at the peak of the emergency operation	<b>317,480</b>
14	Total amount of drinking water distributed (emergency set-up)	<b>1,232,001,470 litres</b>
15	Estimated number of households with increased availability of water through the rehabilitation of water systems and/or creation of new improved water sources	<b>91,737</b>
16	Total number of water systems newly constructed or rehabilitated	<b>56<sup>5</sup></b>
17	Total number of water points newly constructed or rehabilitated	<b>7,111</b>
18	Total number of households provided with access to an improved sanitation facility	<b>39,396</b>
19	Total number of improved sanitation facilities newly built	<b>20,881</b>
	Household facility	18,549
	Shared facility	2,332
20	Total number of improved sanitation facilities rehabilitated	<b>578</b>
	Household facility	528
	Shared facility	50
21	Total number of communal or public sanitation facilities newly built or rehabilitated	<b>783</b>
22	Total number of water and sanitation committees set up and trained <sup>6</sup>	<b>417</b>
23	Total number of people reached through hygiene promotion activities	<b>5.3 million<sup>7</sup></b>

5. A correction by one member lead to a decrease in the reported figure compared with the previous round.

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

7. This figure includes multiple counting as some external partners supported by the Red Cross Red Crescent are counting the number of contacts made rather than how many different community members were reached following the various hygiene promotion (HP) activities. Likewise, it has not been possible to eliminate multiple counting in some of the directly implemented HP programmes where people were reached multiple times following such activities.

## Shelter

Ind. no.	Indicators	Total reached	
24	Total number of households provided with emergency shelter materials	179,645	
25	Total number of host families provided with cash or voucher assistance for shelter enhancement	7,690	
26	Total number of households reached with tarpaulin replacement	70,423	
27	Total number of households reached with reinforcement/improvement of emergency shelter	8,849	
28	Total number of households provided with safe and improved shelter solution	<b>Planned</b>	<b>Reached<sup>8</sup></b>
	<i>Disaggregated by type of shelter solution</i>	<b>45,183</b>	<b>44,043</b>
	Total number of households provided with a transitional or upgradable shelter	25,347	24,609 <sup>9</sup>
	Total number of households provided with a settlement or relocation grant	14,283	14,283
	Total number of households provided with permanent housing solution	5,553	5,151
	> House repair	4,480	4,424
> Newly built permanent house	1,073	727	
29	Total number of community members trained in shelter activities	27,010	
30	Total number of shelter beneficiary households with access to an improved sanitation facility	24,358 <sup>10</sup>	
31	Total number of shelter beneficiary households with access to improved water source	19,529	
32	Volume of rubble removed	149,204 cubic metres	
33	Volume of rubble recycled	14,373 cubic metres	

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

9. This indicator captures the number of households to whom a transitional/upgradable shelter has been handed over.

10. A correction by two members led to a decrease in the reported figure in comparison to the previous round.

## Community and social infrastructure

Ind. no.	Indicators			Total reached
34	Total number of schools newly built, rehabilitated, equipped or strengthened	Newly built or rehabilitated	Completed	42
			Under construction	2
			In a planning phase	7
		Equipped or strengthened	Planned	19
			Reached	19
Total number of schools to be newly built, rehabilitated, equipped or strengthened				<b>70</b>
35	Estimated catchment population of newly built, rehabilitated, equipped or strengthened schools			<b>8,804</b>
36	Total number of clinics or hospitals newly built, rehabilitated, equipped or strengthened	Newly built or rehabilitated	Completed	25
			Under construction	4
			In a planning phase	1
		Equipped or strengthened	Planned	2
			Reached	2
Total number of clinics or hospitals to be newly built, rehabilitated, equipped or strengthened				<b>32</b>
37	Estimated catchment population of newly built, rehabilitated, equipped or strengthened hospitals or clinics			<b>1,674,720</b>
38	Total number of other community buildings and infrastructure newly built or rehabilitated		Completed 28	30
			Under construction 1	1
			In a planning phase 0	1
Total number of other community buildings and infrastructure to be newly built or rehabilitated				<b>32</b>

## Livelihoods

Ind. no.	Indicators		Total reached
39	Total number of households that have received livelihood support grants, loans or other forms of financial support	Planned	Reached
		82,320	81,716
	<i>Disaggregated by type of shelter solution</i>		
	Earthquake- affected family		61,967
	Host family		17,768
	Not specified		1,971
40	Total number of children who received grants for the payment of school fees and other educational expenses during one school year (2010-2011)		17,898
41	Total number of people trained and/or provided with necessary equipment to provide relevant services in their communities		35,863 <sup>11</sup>
		Only trained	31,276
		Only provided with equipment	690
		Trained and provided with equipment	3,368
		Not specified	79
42	Total number of small and medium enterprises provided with training, equipment or financial support	Planned	Reached
		255	138
43	Total number of people supported through the provision of short-term employment opportunities – cash for work activities		90,492

11.A correction has led to a decrease in the reported figure when compared to the previous round.

## Disaster preparedness

Ind. no.	Indicators	Total reached	
44	Total number of households covered by pre-positioned non-food relief stock for Haiti	76,930	
45	Total number of communities with a community disaster response plan in place	230	
46	Total number of community members trained in vulnerability and capacity assessment or community-based disaster management	15,892	
		Haiti Red Cross Society volunteers	755
		Community volunteers	13,980
		DPC/CASEC members <sup>12</sup>	233
		Others	924
47	Total number of community response teams set up and equipped	436	
		<i>Disaggregated by target population</i>	
		Temporary camps (vigilance committees)	255
	Communities in high-risk areas outside of camps	181	
48	Total number of camps or communities reached with mitigation micro-projects	150	
		<i>Disaggregated by target population</i>	
		Temporary camps	61
	Communities in high-risk areas outside of camps	89	

Ind. no.	Indicators	Total reached
49	Total number of camps or communities reached with awareness-raising activities on disaster risks	518
	<i>Disaggregated by target population</i>	
	Temporary camps	117 <sup>13</sup>
	Communities in high-risk areas outside of camps	401
50	Total number of communities with a comprehensive action plan in place	77
	Action plan under implementation	31
	Action plan implemented	20
	Action plan developed but not yet under implementation	26
51	Total number of Haiti Red Cross Society regional branches with strengthened capacity for risk and disaster management <sup>14</sup>	13
	with a contingency plan in place	13
	have participated in a simulation exercise	13
	supported with reliable access to electricity and internet	5
	with operational radio station in place	13

12. DPC (Direction de la Protection Civile) is the Haitian civil protection agency; CASEC (Conseil d'Administration de la Section Communale) is the Administrative Council of Communal Sections.

13. A correction in the reported figure has led to a decrease in the number of camps reached with awareness-raising activities for disaster risk.

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

## Strengthening the Haiti Red Cross Society

Ind. no.	Indicators	Total reached	
52	Total number of Haiti Red Cross Society regional branches to be rebuilt or rehabilitated	7	
53	Total number of Haiti Red Cross Society local committees strengthened or rebuilt	Completed	33
		Under way	11
		In a planning phase	5
	Total number of Haiti Red Cross Society local committees to be strengthened or rebuilt	49	

## Programme support and coordination

Ind. no.	Indicators	Total reached	
54	Total number of Red Cross Red Crescent expatriate staff in Haiti at the end of the reporting period	78	
55	Total number of Red Cross Red Crescent national staff in Haiti at the end of the reporting period	1,113	
56	Total number of project, programme and operations evaluations in Haiti	Planned	12
		Under way	2
		Undertaken	80
57	Total number of Red Cross Red Crescent National Societies or organizations operating in Haiti at the end of the reporting period	11	
58	Total number of Red Cross Red Crescent National Societies or organizations supporting the Haiti operation with people, cash or in-kind <sup>15</sup>	126	

15. A list of these 126 Red Cross and Red Crescent National Societies and organizations is included as Annex 3 in this report.

# Financial overview

The International Federation of Red Cross and Red Crescent Societies (IFRC)<sup>1</sup> has raised a total of **1,251.3** million Swiss francs in support of its response operation in Haiti.<sup>2</sup> As of 30 September 2014, **1,067.7** million Swiss francs, or **85.3 per cent** of the total income has been spent for relief, recovery and long-term operations in Haiti.

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

in millions of Swiss francs (CHF)

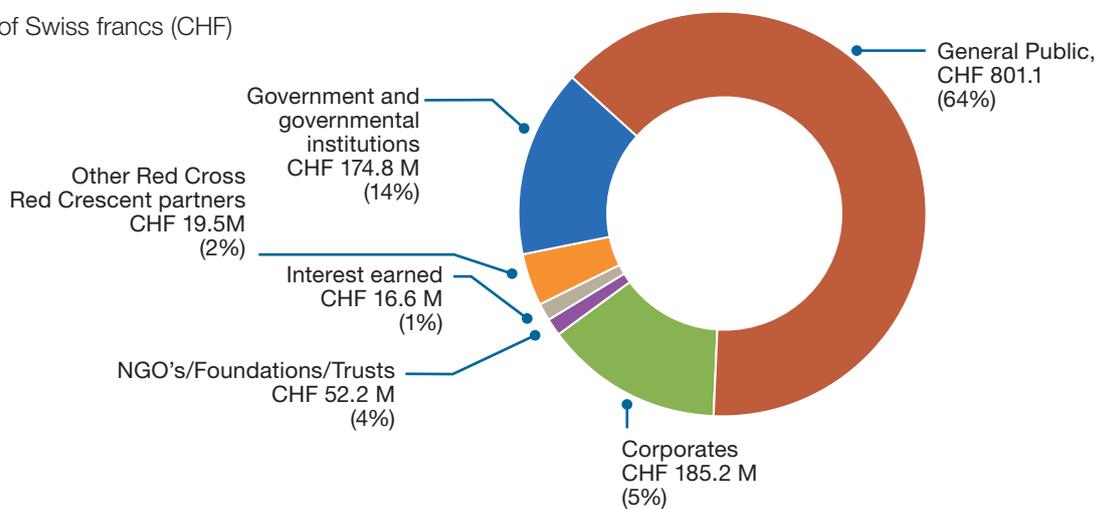


Figure 2 reflects spending by programme area through to 30 September 2014<sup>3</sup>. The largest amounts spent by the Red Cross Red Crescent are in the areas of shelter (328.5 million Swiss francs), programme support and coordination (182.0 million Swiss francs), health and care (138.8 million Swiss francs) and Water & Sanitation (102.8 million Swiss francs). The amount spent on cholera response (CHF 16.5 million) does not necessarily capture the overall expenditure of the Red Cross Red Crescent on cholera response, but is the amount that has been spent on cholera related activities from earthquake response funds.

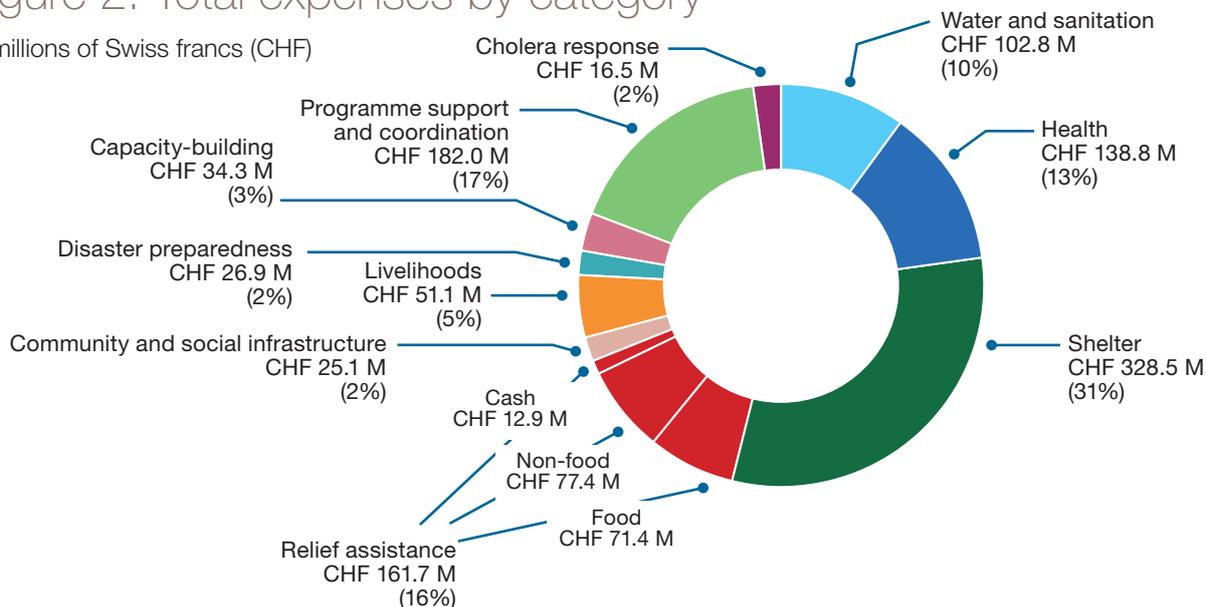
1 The financial information in this report combines unaudited data from 35 independent National Societies (listed below) and the IFRC secretariat, which is conducting Haiti relief and recovery operations on behalf of 105 National Societies which contributed directly to its Haiti appeal. The financial data for this report was provided by the following Red Cross and Red Crescent National Societies and organizations: Fourteen submissions were received from: American Red Cross, Austrian Red Cross, Belgian Red Cross – French community, British Red Cross, Finnish Red Cross, French Red Cross, Haiti Red Cross Society, Italian Red Cross, Japanese Red Cross Society, Netherlands Red Cross, Norwegian Red Cross, Spanish Red Cross, Swiss Red Cross, and the Canadian Red Cross Society. Sixteen other National Societies (Australian RC, Belgian Red Cross – Flanders community, Chilean Red Cross, Colombian Red Cross, Costa Rican Red Cross, Danish RC, Icelandic Red Cross, Irish Red Cross, Korean RC, Luxembourg Red Cross, Mexican Red Cross, New Zealand Red Cross, Qatar Red Crescent Society, Swedish Red Cross, Thai Red Cross Society, German Red Cross and Turkish Red Crescent Society) had already accounted for all their funds raised for the operation; therefore no updated data was requested from them. A further five National Red Cross and Red Crescent Societies (Red Crescent Society of the United Arab Emirates, Red Cross Society of China, Red Cross Society of China – Hong Kong Branch and Slovak Red Cross) with remaining balances have not given updated data during this reporting period, and therefore their data has been included to the extent of their last submission covering income, expenditure and projections as of 28 February 2010 (first round), 30 March 2012 (fifth round), or 31 March 2014 (ninth round).

2 National Societies' financial reporting was received in local currencies and converted to CHF. For the current reporting period, the exchange rate used to calculate income and expenditures is the weighted average rate of Secretariat income receipts from 10 January 2010 through 30 September 2014. The exchange rate used to calculate projected expenditures is the spot rate of the last day of the reporting period. This methodology differs from previous rounds in that separate exchange rates were previously applied to income (the weighted average rate) and expenditures (average rate). These rates produced a foreign exchange effect that resulted in an overstatement of the residual funds available.

3 Financial reporting has been restricted to 12 categories. Each Red Cross or Red Crescent National Society and organization has its own unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the Red Cross Red Crescent Societies and organizations were simplified into the 12 categories shown in Figure 2. For definitions and a detailed list of these categories, see the financial reporting methodology notes, annexed to this report.

Figure 2. Total expenses by category

in millions of Swiss francs (CHF)



Figures 3.1 and 3.2 reflect how the expenditure is split among the IFRC's secretariat, the 34<sup>4</sup> Red Cross and Red Crescent National Societies and organizations reporting financial figures, as well as other partners outside the IFRC. The majority of the expenditure is carried out by Red Cross and Red Crescent National Societies and organizations,<sup>5</sup> while the IFRC also coordinates relief and recovery efforts through other actors to avoid unnecessary duplication or gaps in the provision of assistance. The percentage of assistance delivered through these external agencies is 21 per cent.

Figure 3.1. Implementers of Red Cross Red Crescent funding

in millions of Swiss francs (CHF)

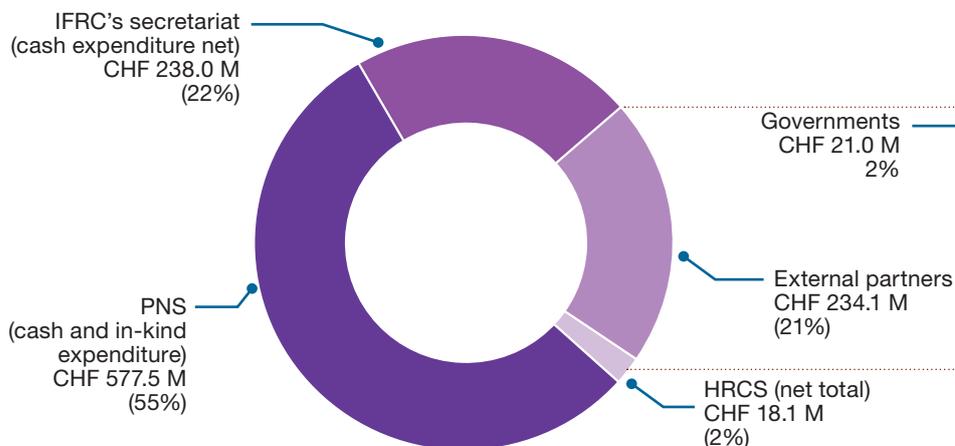
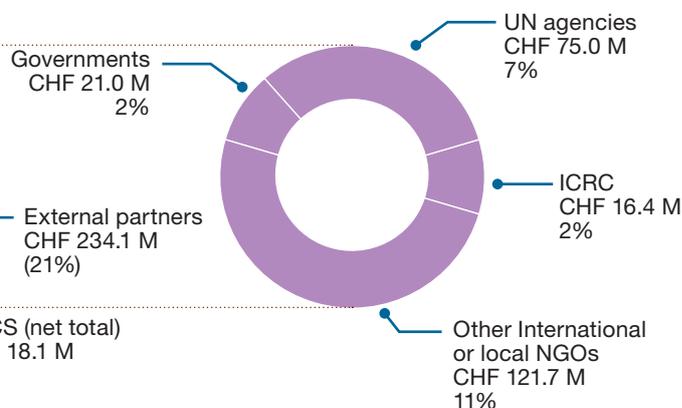


Figure 3.2. Total expenses spent by external agencies

in millions of Swiss francs (CHF)



4 The expenditure of four Red Cross and Red Crescent National Societies that have not given updated data during this reporting period has been included to the extent of their past submission covering expenditure up to 28 February 2010 (first round) Until September 30, 2014 in which the Round 10 is performed.

5 The costs of Emergency Response Units (ERUs) are reflected in Partner National Society expenditures. In-kind expenditure distributed by the IFRC secretariat is attributed to the source Partner National Society.

Several Red Cross and Red Crescent National Societies and organizations report that Haiti relief and recovery programming will continue through to the end of 2014, with some members indicating that programming will continue into 2015 and possibly longer.<sup>6</sup> Estimated spending projections are shown in Figure 4, Table 1 and Figure 5.<sup>7</sup>

Figure 4. Red Cross Red Crescent expenditure and forecast combined (2010 to 2015+)

in Swiss francs (CHF)

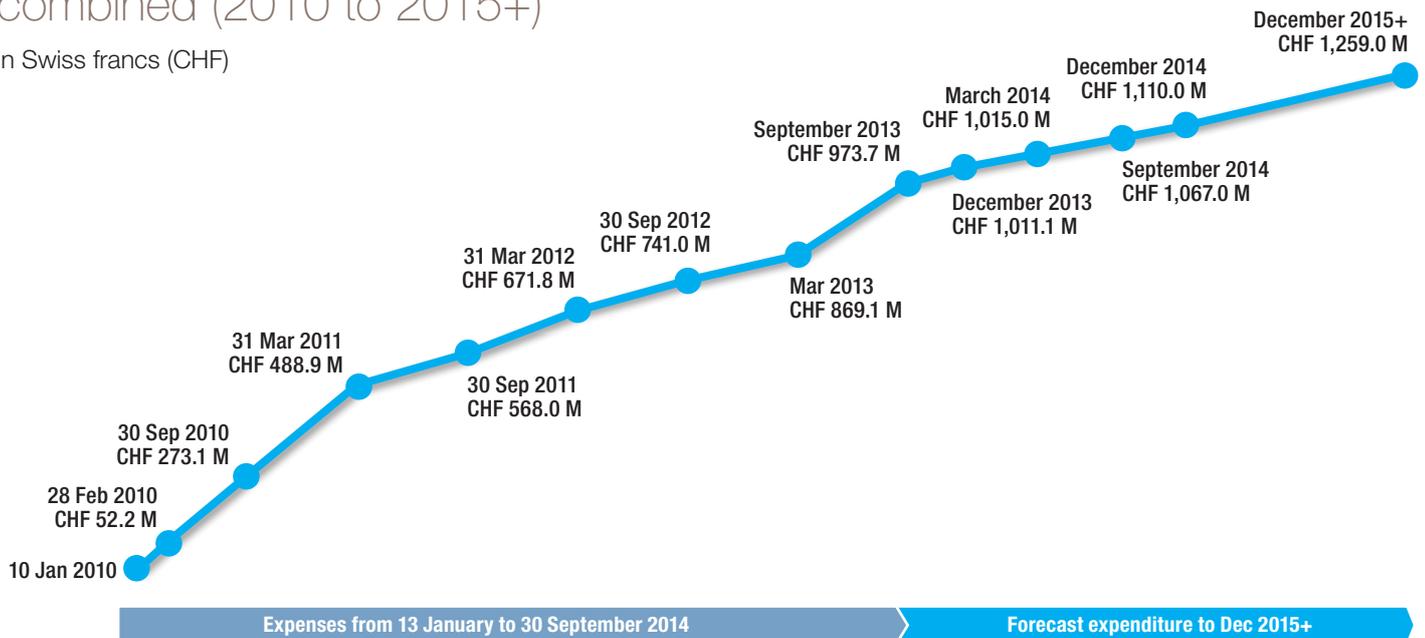
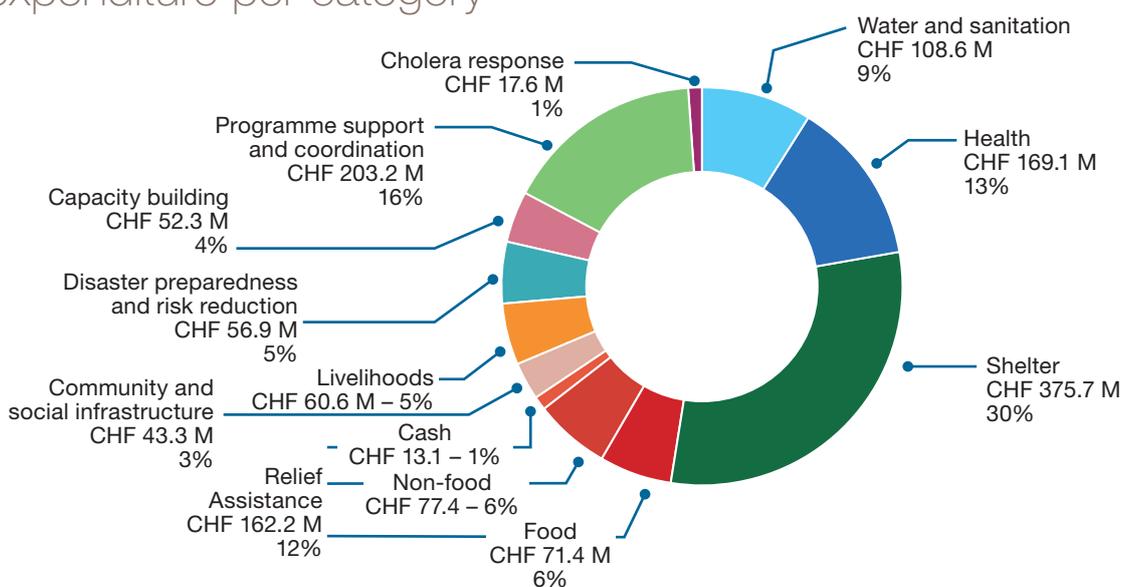


Figure 5. Red Cross Red Crescent expenses and projected expenditure per category



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

7 The forecasts portrayed in this report are not to be considered as formal commitments, but estimated allocations that are still likely to be adjusted as details of plans and budgets in certain programme areas become available.

Table 1. Red Cross Red Crescent expenditure and projected expenditure by category (2010 to 2015)

in million Swiss francs (CHF)

<b>TOTAL ESTIMATED ALLOCATIONS PER SECTORE</b>	<b>EXPENDITURE</b>	<b>FORECAST</b>	<b>TOTAL</b>
<b>A. Cholera Response</b>	16.5	1.1	17.6
<b>B. Water &amp; Sanitation</b>	102.8	5.8	108.6
<b>C. Health</b>	138.8	30.3	169.1
<b>D. Shelter</b>	328.5	47.2	375.7
<b>E.1 Relief Assistance — Food</b>	71.4	–	71.4
<b>E.2 Relief Assistance — Non Food</b>	77.4	–	77.4
<b>E.3 Relief Assistance — Cash</b>	12.9	0.2	13.1
<b>F. Community &amp; Social infrastructure</b>	25.1	18.1	43.3
<b>G. Livelihoods</b>	51.1	9.5	60.6
<b>H. Disaster preparedness</b>	26.9	30.1	56.9
<b>I. Capacity building</b>	34.3	17.9	52.3
<b>J. Programme Support &amp; Coordination</b>	182.0	21.2	203.2
<b>UNALLOCATED BALANCES</b>		10.7	10.7
<b>ESTIMATED TOTAL FOR LIFE OF OPERATION</b>	<b>1,067.7</b>	<b>192.1</b>	<b>1,259.8</b>

# Annex 1. Notes and methodology regarding the programmatic progress indicators

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

## Relief distribution

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

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

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

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

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

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

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

### 3. Total number of households reached with emergency cash distributions

A household is counted as reached when it has received at least one cash distribution. Emergency cash is cash which is provided during the first 12 months of the earthquake relief operation. This does not include cash assistance to host families for shelter enhancement. Longer-term cash support for livelihoods is not included here either since it is separately reported within the livelihoods sector (indicator 40).

### 4. Total number of households provided with food assistance

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

## Healthcare

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

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

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

This includes each community that has developed a community-based health and first-aid plan based on discussions about the priorities of the community. The word

'community' is generally defined in the Red Cross Red Crescent as the lowest official administrative unit; in the context of Haiti, this can be adapted to the neighbourhood/village level. A community-based health and first-aid plan of action should be:

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

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

This is the number of people who have received community-based health and first-aid services from the Red Cross Red Crescent (training in community-based first-aid; promotion of maternal, new-born and child health; HIV prevention and anti-stigma messages; malaria, dengue and other vector-borne disease prevention; psychosocial support; or other intervention). It does not include people who have only received a health message via a text message or people reached through mass media. The same person is counted only once during the reporting period, regardless of the number of services provided. People reached through hygiene promotion activities are reported under a separate indicator within the water and sanitation sector (indicator 23). Community-based health and first-aid services aim at raising awareness about health priorities and their prevention and control and promoting behavioural change, using an approach that engages communities and their volunteers to address the priority needs and to empower them to be in charge of their own development.

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

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

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

This includes the cholera treatment centres or units<sup>1</sup> supported by the Red Cross Red Crescent as a response to the outbreak of this disease in Haiti in October 2010. This indicator is not cumulative; it reports the number of cholera treatment centres or units as they stand at the end of the reporting period.

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

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

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

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

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

This indicator is disaggregated as follows:

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

<sup>1</sup> Cholera treatment centres are stand-alone facilities with an average capacity of 100 to 200 beds, whereas cholera treatment units are typically in or next to healthcare facilities and have a smaller capacity than cholera treatment centres.

- Under construction: this is the number of blood collection centres to be newly built or rehabilitated that have begun the process, with some form of preparatory work at least.
- In a planning phase: this is the number of blood collection centres for which plans have already been developed or commitments have been made but construction has not yet started.
- Total number of blood collection centres to be newly built or rehabilitated: this is the total number of blood collection centres to be supported by the Red Cross Red Crescent.

## Water and sanitation

### **13. Total number of people provided with daily access to drinking water at the peak of the emergency operation**

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

### **14. Total amount of drinking water distributed (emergency set-up)**

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

### **15. Estimated number of households with increased availability of drinking water through the rehabilitation of water systems and/or creation of new improved water sources**

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

### **16. Total number of water systems newly constructed or rehabilitated**

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

### **17. Total number of water points newly constructed or rehabilitated**

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

### **18. Total number of households provided with access to an improved sanitation facility**

This includes the number of households provided with access to an improved sanitation facility, either used by a single household or shared between a group of households in a single plot, compound or building. An improved sanitation facility is one

that hygienically separates human excreta from human contact. This takes into account the provision of flush/pour flush toilets or latrines connected to a sewer, septic tank or pit; ventilated pit latrines; pit latrines with a slab or platform of any material which covers the pit entirely except for the drop hole; and composting toilets/latrines.

**19. Total number of improved sanitation facilities newly built**

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

**20. Total number of improved sanitation facilities rehabilitated**

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

**21. Total number of communal or public sanitation facilities newly built or rehabilitated**

This includes the number of communal or public sanitation facilities that have been newly built or rehabilitated by the Red Cross Red Crescent. A communal facility is one that is shared by a group of households in a community, whereas a public facility is open to anybody, in public places or in residential areas. Institutional facilities (for example in schools and hospitals) are not counted here.

**22. Total number of water and sanitation committees set up and trained**

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

**23. Total number of people reached through hygiene promotion activities**

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

**Shelter**

**24. Total number of households provided with emergency shelter materials**

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

**25. Total number of host families provided with cash or voucher assistance for shelter enhancement**

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

**26. Total number of households reached with tarpaulin replacement**

This refers to all households that have received at least two tarpaulins to replace those which have deteriorated due to Haiti's tough climate.

**27. Total number of households reached with reinforcement/improvement of emergency shelter**

This includes all households that have been supported with interventions to improve/upgrade the emergency shelter in order to offer a more secure environment

and a healthier living area. For example, where work has been carried out to ensure that the roof is pitched and rain resistant or where the shelter has been fitted with sturdy frame posts and secured well into the ground.

### **28. Total number of households provided with safe and improved shelter solution**

This includes shelter solutions that provide better resistance to the elements as well as greater privacy and security than emergency shelter or people's current living situations. It covers temporary as well as more permanent solutions, including transitional or upgradable shelters, provision of settlement or relocation grants to ensure that families have access to safe shelters, as well as house repairs and the building of permanent houses.

Transitional or upgradable shelters are temporary but solid structures which can house families until they are able to move into, or return to, permanent houses. For families living on land they own, transitional shelters can be expanded and upgraded with additional materials to become permanent. A household is reported in this category once the shelter has been handed over to them.

A household is defined as a group of people who live together and share resources and intend to do so in future.

This indicator is disaggregated as follows:

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

### **29. Total number of community members trained in shelter activities**

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

### **30. Total number of shelter beneficiary households with access to an improved sanitation facility**

This includes the total number of shelter beneficiary households that have access to an improved sanitation facility. The access can be to a pre-existing sanitation facility, to a facility newly built or rehabilitated by the Red Cross Red Crescent, or to a sanitation facility newly built or rehabilitated by another organization.

Improved sanitation facility is one that hygienically separates human excreta from human contact. A sanitation facility is considered improved if it is private or shared, but not for communal or public use.

### **31. Total number of shelter beneficiary households with access to improved water source**

This includes the total number of shelter beneficiary households that have access to an improved water source. The access can be to a pre-existing water source, to a source newly created or rehabilitated by the Red Cross Red Crescent, or to a water source created or rehabilitated by another organization.

Improved water sources comprise household connection, public standpipe, bore-hole/tube well, protected dug well, protected spring and vendor-provided water. Although vendor-provided water is not considered an improved water source according to industry-standard definitions (WHO-UNICEF Joint Monitoring Programme), vendor-provided water will often be the most common drinking water solution in the context of Haiti, and as such it is included in the list of improved water sources. It is acknowledged, however, that the Red Cross Red Crescent is not ensuring access to

drinking water through that channel, since access would also mean making sure the water supply is affordable; the Red Cross Red Crescent's involvement in this regard is about increasing the availability of water through the construction or rehabilitation of water kiosks. Therefore in this indicator the households covered by a water kiosk will not be counted. However, such households are accounted for within the indicator 'Estimated number of households covered with increased availability of drinking water', listed under the water and sanitation section.

### **32. Volume of rubble removed**

This includes the total volume of rubble removed (in cubic metres).

### **33. Volume of rubble recycled**

This includes the total volume of rubble recycled or reused (in cubic metres).

## **Community and social infrastructure**

### **34. Total number of schools newly built, rehabilitated, equipped or strengthened**

This indicator is disaggregated as follows:

Newly built or rehabilitated:

- Completed: this is the number of schools where building work is complete and the school building can be used.
- Under construction: this is the number of schools to be newly built or rehabilitated that have begun the process, with some form of preparatory work at least.
- In a planning phase: this is the number of schools for which plans have already been developed or commitments have been made but construction has not yet started.

Equipped or strengthened:

- Planned: this is the number of schools planned to be provided with teaching and learning materials, equipment or with financial and/or technical support.
- Reached: this is the number of schools provided with teaching and learning materials, equipment or with financial and/or technical support.
- Total number of schools to be newly built, rehabilitated, equipped or strengthened: this is the total number of schools to be supported by the Red Cross Red Crescent.

### **35. Estimated catchment population of newly built, rehabilitated, equipped or strengthened schools**

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

### **36. Total number of clinics or hospitals newly built, rehabilitated, equipped or strengthened**

Methodology similar to indicator 34 has been applied.

### **37. Estimated catchment population of newly built, rehabilitated, equipped or strengthened hospitals or clinics**

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

### **38. Total number of other community buildings and infrastructure newly built or rehabilitated**

Methodology similar to indicator 34 has been applied.

## Livelihoods

### **39. Total number of households that have received livelihood support grants, loans or other forms of financial support**

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

### **40. Total number of children who received grants for the payment of school fees and other educational expenses during one school year (2010-2011)**

This is the number of children who received grants for the payment of school fees and other educational expenses. This support is reported under the livelihoods sector since it provides families with free resources to enable them to prioritize their income for other recovery activities.

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

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

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

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

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

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

## Disaster preparedness and risk reduction

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

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

### **45. Total number of communities with a community disaster response plan in place**

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

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

This refers to the number of people who have successfully completed training in vulnerability and capacity assessment or community-based disaster management.

Ideally this would include some sort of quality control check allowing verification of 'successful completion', e.g., pre- and post-training tests, skills demonstration or other form of quality measure resulting in provision of a certificate or recognition of skills transfer.

This indicator is disaggregated as follows:

- Haiti Red Cross Society volunteers
- community volunteers: these are the volunteers forming the community response teams (or vigilance committees in camps)
- DPC/CASEC members: members of the Haitian civil protection agency (Direction de la Protection Civile) or the administrative councils of the communal sections<sup>2</sup> (Conseil d'Administration de la Section Communale)
- others.

#### **47. Total number of community response teams set up and equipped**

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

#### **48. Total number of camps or communities reached with mitigation micro-projects**

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

#### **49. Total number of camps or communities reached with awareness-raising activities on disaster risks**

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

#### **50. Total number of communities with a comprehensive action plan in place**

Local plan aiming at enhancing the resilience of the community based on the vulnerabilities and capacities identified during a multi-sectoral assessment.

#### **51. Total number of Haiti Red Cross Society regional branches with strengthened capacity for risk and disaster management**

A branch can be reported as strengthened if at least one of the following criteria is met:

- It has a contingency plan in place.
- It has participated in a disaster simulation exercise.
- It has been supported with reliable access to electricity and Internet.
- It has an operational radio station in place.

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<sup>2</sup> Haiti is divided into 568 communal sections, each of them having an administrative council (CASEC).

## Strengthening the Haiti Red Cross Society

### 52. Total number of Haiti Red Cross Society regional branches rebuilt or rehabilitated

This indicator is disaggregated as follows:

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

### 53. Total number of Haiti Red Cross Society local committees strengthened or rebuilt

Methodology similar to indicator 49 has been applied.

## Programme support and coordination

### 54. Total number of Red Cross Red Crescent expatriate staff in Haiti at the end of the reporting period

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

### 55. Total number of Red Cross Red Crescent national staff in Haiti at the end of the reporting period

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

### 56. Total number of project, programme and operations evaluations in Haiti

This includes all evaluations planned, under way or undertaken by the Red Cross Red Crescent in Haiti.

For those evaluations referred to as planned, this covers those in a planning phase, under way and already undertaken.

### 57. Total number of Red Cross Red Crescent National Societies or organizations operating in Haiti at the end of the reporting period

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

### 58. Total number of Red Cross Red Crescent National Societies or organizations supporting the Haiti operation with people, cash or in-kind

This figure refers to all Red Cross Red Crescent National Societies or organizations that have supported the Haiti operation with people, cash or in-kind donation.

## Annex 2. Notes and methodology regarding presentation of combined financial data

- The combined income and expenditure data in this report was generated based on financial data collected from the IFRC secretariat and the 35 National Red Cross or Red Crescent Societies referenced in the report. These data were collected and compiled over a period of four weeks, from 1 October to 31 October 2014. The method, developed to obtain financial data, considered the flows of income and expenditure and eliminated multiple counting (within the Red Cross Red Crescent network) of income and expenditure.
- This report is a combined, cumulative portrait of IFRC financial information. All of the updated reports were received from the National Red Cross and Red Crescent Societies and organizations and used to generate this collective portrait reflected data through 30 September 2014, with the following exceptions: sixteen National Societies had already accounted for all their funds raised for the operation, therefore no updated data was requested from them. A further five Red Cross or Red Crescent Societies, with remaining balances, have not submitted updated data for this reporting period and, in all cases, their most-recent past submission of data was used.
- Included in the reporting of income are in-kind goods and services (non-cash contributions). Due to variations in the way that in-kind goods are treated by IFRC members, the value of income and expenditure related to in-kind goods and services (non-cash contributions) may not be fully represented in this consolidation, because of the different accounting treatments of these non-cash items. As a result, the report possibly under-reports the income and expense values for these in-kind goods and services. However, these values are estimated to be small, and immaterial to the overall report.
- The exchange rates used to combine the financial data during this round of reporting are shown in the table below:

Forex rate	Income and expenditure rate	Projections rate
AUD	0.9556	0.8346
CAD	1.0400	0.8532
CHF	1	1
CNY	0.1511	0.1549
DKK	0.1948	0.1621
EUR	1.3749	1.2071
GBP	1.6483	1.5469
HKD	0.1285	0.1227
ISK	0.0085	0.0079
JPY	0.0117	0.0087
KRW	0.0008	0.0009
MXN	0.0859	0.0705
NOK	0.1796	0.1475
NZD	0.7403	0.7490
SEK	0.1433	0.1310
USD	1.0845	0.9516

- Some National Red Cross and Red Crescent Societies and organizations report operating on a cash accounting basis, while others work on an accrual basis. Working on a cash accounting basis means that the reported financial income and expenditure include only income received and expenditure paid at 30 September 2014. Accrual basis means that the reported financial income and expenditure include all income received and receivable and expenditure paid or payable as at 30 September 2014.
- Treatment of interest income: each National Red Cross or Red Crescent Society or organization's treatment of interest earned on donations is governed by its own financial policies. In the cases where interest is not allocated back to the Haiti operation, National Red Cross and Red Crescent Societies report interest being allocated to future international and emergency operations or to general headquarters' operations.
- National Societies' financial reporting was received in local currencies and converted to CHF. For the current reporting period, the exchange rate used to calculate income and expenditure is the weighted average rate of secretariat income receipts from 10 January 2010 through to 30 September 2014. The exchange rate used to calculate projected expenditures is the spot rate on the last day of the reporting period. This methodology differs from that of previous rounds in that separate exchange rates were previously applied to income (the weighted average rate) and expenditure (average rate). These rates produced a foreign exchange effect that resulted in an overstatement of the residual funds available.
- The categories and definitions used for the classification of expenditure are the following:

**Cholera response:**

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

**Water and sanitation:**

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

**Health:**

- health ERUs

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

**Shelter:**

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

**Relief assistance – food:**

- Costs related to procurement, transport, warehousing and distribution of emergency food parcels for earthquake-impacted or host families.

**Relief assistance – non-food:**

- Costs related to procurement, transport, warehousing and distribution of items such as blankets, hygiene kits, kitchen sets, jerry cans, mosquito nets and baby kits for earthquake-impacted or host families.

**Relief assistance – cash:**

- Total value of emergency cash assistance distributed to date for earthquake-impacted or host families.

**Community and social infrastructures:**

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

**Livelihoods:**

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

**Disaster preparedness:**

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

**Capacity building in support of the Haitian Red Cross Society:**

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

**Programme support and coordination:**

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

## Annex 3. Red Cross and Red Crescent National Societies and organizations involved in the Haiti relief and recovery efforts

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

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

# The Fundamental Principles of the International Red Cross and Red Crescent Movement

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

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

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

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

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

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

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

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