

Haiti | Earthquake and Cholera

Emergency appeal No: MDRHT018 First launched on: 15/08/2021	Glide No: EQ-2021-000116-HTI - Earthquake EP-2022-000325-HTI - Cholera
Final report issued on: 11/02/2025	Timeframe covered by final report: 28 months From 15/08/2021 to 31/12/2023
Number of people targeted: Earthquake: 35,000 people (7,000 families) Cholera: 10,100 people (2,020 families)	Number of people assisted: 47,790
Funding requirements (CHF): CHF 19.2 million through the IFRC Emergency Appeal	DREF amount initially allocated: CHF 750,000



Haitian Red Cross Volunteers participated in Community Engagement and Accountability (focused on Cholera awareness, implementation of surveys and risk communications) training in Les Nippes Department. Source: IFRC July 2023.



IFRC Community and Engagement teams worked with HRCS and the Organization of Women in action for the development of the South (OFADES). Source: IFRC March 2023.

This final report of the emergency response operation in Haiti was prepared following the [latest report \(Operation Update number 6\)](#) published on 2 November 2023. The IFRC, on behalf of HRCS, expresses its sincere gratitude to all donors for the generous humanitarian contributions received.

A. SITUATION ANALYSIS

Description of the crisis

On 14 August 2021, a 7.2 magnitude earthquake struck Haiti causing 2,248 deaths and injuring 12,763 people. The earthquake destroyed 53,815 homes and a further 83,770 were damaged¹. The total area affected covers 500 square kilometers and over 800,000 people have been directly affected. Of 159 health facilities assessed, 28 have been severely damaged and 60 more have been damaged, with 456 schools impacted and 64 destroyed². Total economic damage and losses are estimated at USD 1.6 billion, or about 10 per cent of the gross domestic product (GDP). Haiti

¹ Tremblement de terre samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence national, 4/09/2021, DGPC

² Haiti Earthquake situation report 7, 4/09/2021, PAHO/WHO

already has a deteriorating humanitarian situation with high levels of insecurity, violence, food scarcity, internally displaced people and significant population movement, and these are compounded by the current crises. Cholera also re-emerged in the country on 2 October 2022 after more than three years with no presence of the disease reported.

The national authorities reported two confirmed cases of *Vibrio cholerae* O1 in the greater Port-au-Prince area and in the commune of Cité Soleil. As of 06 November 2023,³, more than 69,992 suspect cases had been reported by the Ministère de la Santé Publique et de la Population (MSPP), with 4,080 cases confirmed and 1,054 deaths. The capacity of the epidemiological surveillance system to detect suspected cases is still considered low and confirmation of cases is minimal, due to scant resources and the difficulty in getting samples to labs due to lack of fuel and presence of roadblocks by armed gangs.

Throughout the period of implementation of this emergency appeal, the violence perpetrated by armed gangs against the Haitian population continued to spread across the country, reaching isolated rural areas as the presence of the State eroded. Existing structural fragilities were only exacerbated by the growing number of attacks on social infrastructures (hospitals, schools, places of worship, etc.), the hostage-taking of doctors and the forced displacement of several hundred teachers. The deteriorating security situation, the near collapse of basic services, the impact of years of drought and shocks linked to natural disasters will leave 5.5 million Haitians in a state of profound vulnerability by 2024. Murders, kidnappings, and rapes continue to rise for the fifth year running. In the first nine months of 2023, homicides and kidnappings took on exponential proportions, with increases of 72% and 71% respectively compared to the same period in 2022. Insecurity is gradually taking hold in the most remote rural areas, which are often cut off from urban areas by the lack of passable roads. At least 73% of the population of the Port-au-Prince metropolitan area has been affected by gang violence, with access to basic services drastically reduced.

The disruption of economic activities in the country has exacerbated poverty and made access to basic health services difficult. Even when these vulnerable groups do manage to access health services, they are often confronted with health facilities that lack essential equipment and medicines, or with a shortage of qualified medical staff, and emergency services that are not available to them. Access to health services, for both caregivers and patients, remains extremely difficult, as some doctors in the capital can testify, declaring that patients, in addition to being ill, face great challenges in getting to treatment centers and accessing care.

Hospitals, often caught in the crossfire of clashes between armed coalitions, are operating at best in slow motion. Staff are unable to get to their workplaces, and sick people are reluctant to seek treatment for fear of being hit by stray bullets or kidnapped. The elderly and disabled remain vulnerable to serious illness and abuse. And in general, the crisis is having an impact on the mental health of the affected populations. Several health facilities, such as the Médecins Sans Frontières hospital in Cité Soleil and Tabarre, the Albert Schweitzer hospital (Artibonite) and the Mirebalais University hospital (Centre), were targeted by gangs, forcing them to close temporarily. In the department of Artibonite, a quarter of health establishments report problems of physical access to health infrastructures, for both patients and staff, due to insecurity. Between January and August 2023, at least 40 doctors were kidnapped in Haiti. Even when health infrastructures do exist and function, they remain insufficient to provide the basic care required by those who desperately need it. When it comes to health needs, people living in remote areas don't often seek medical care, and only go to hospital as a last resort, when it's often too late. As a result, pregnant women, nursing mothers and young girls living in areas affected by insecurity must struggle daily to access services essential to their health, well-being, and survival.

This situation was particularly worrying at a time when the country has experienced a cholera epidemic that has spread to all departments since the first cases were confirmed on October 2, 2022. Cholera spreads very quickly in conditions of high vulnerability characterized particularly by the deterioration of hygiene conditions, lack of quality

³ [MSPP SITUATION ÉPIDÉMIOLOGIQUE DU CHOLÉRA, 06 NOVEMBRE 2023, HAÏTI](#)

water and improper waste disposal. If not treated very quickly, the disease can be deadly in few hours mainly because of dehydration.

One year since the declaration of the Cholera outbreak, according to the epidemiological report published by the Ministry of Public Health on 31 January 2024⁴, a total of 79,411 suspect cases had been reported with 4,608 confirmed cases, a total of 75,160 cases were hospitalized, and 1,172 deaths. Suspected cholera cases that were initially concentrated in certain areas of the capital are recorded in all 10 departments of the country, the majority still in the West (52 percent) although the growth rate is higher in the other nine departments. MSPP indicates that 53.04 per cent of reported suspected cases are male and 46.96 per cent female. The age group 50-59 years old (38 per cent) is the most affected among the confirmed cases. The number of cholera cases is underreported and underestimated as the capacity of the epidemiological surveillance system to detect suspected cases is still considered weak and confirmation of cases minimal, due to the lack of resources and the difficulty in transporting the samples to the laboratories due to lack of fuel and the presence of roadblocks by armed gangs which hamper access.

Summary of response

Overview of the host National Society and ongoing response

The Haitian Red Cross Society (HRCS) has been a member of the IFRC since 1935 and acts as an auxiliary to the public authorities in the humanitarian field. It provides a wide range of services, including health, social services, disaster relief. It has 13 regional offices, 92 local committees and approximately 10,000 volunteers. The HRCS, supported by its partners in the Red Cross and Red Crescent Movement, played a key role in implementing relief and recovery activities for the 2010 earthquake and the 2010-2019 cholera outbreaks.

The Haiti Red Cross Society is a member of all committees of the National Disaster and Risk Management System (GNGRD) and a permanent member of the National Emergency Operations Centre (COUN). The GNDRD is headed by the Prime Minister, his ministers and the HRCS president. The HRCS president maintains high-level contact with national authorities and coordinates the capacities of the National Society and the IFRC network. HRCS maintains a coordinated response with local, provincial, and national authorities and other humanitarian organizations. It participates in all coordination forums with other humanitarian actors at the country level.

For the 2021 earthquake and 2022 cholera outbreak, the Haitian Red Cross Society (HRCS) leads a multi-sectoral and multi-localized response supported by the Red Cross Red Crescent (RCRC) Movement components: the IFRC, the Partner National Societies (PNS) and the International Committee of the Red Cross (ICRC). Member National Societies of the IFRC and the ICRC have contributed through the IFRC Appeal to the earthquake and cholera response but also bilaterally with HRCS. Four National Societies are currently present in Haiti, carrying out regular programs and contributing to emergency operations: The Spanish Red cross, the Canadian Red Cross, the Netherland Red Cross, and the Swiss Red Cross. The IFRC Secretariat in Geneva, the Regional Office in Panama, and the Country Cluster Delegation, based in Dominican Republic, all coordinate to ensure support to the National Society providing services by mobilizing specialized personnel, financial, logistics and material resources.

From the onset of the earthquake in 2021, with the support of an IFRC Operations Manager, HRCS has coordinated the response with its network of branches and partners, ensuring rapid assessment of damage and immediate needs in affected areas of South, Nippes and Grand'Anse; search, rescue and first aid activities, emergency health care, MHPSS, distribution of foods and relief items, and shelter. Movement partners, on their end, mobilized their surge personnel and tools to rapidly intervene in country.

⁴ [MSPP SITUATION ÉPIDÉMIOLOGIQUE DU CHOLÉRA, 30 JANVIER 2024, HAÏTI](#)

The National Society, through the Red Cross Movement, were able to address the needs of the people affected as follows:

- 47,790 people with safe, shelter and settlement assistance.
- 770 households with multi-purpose cash grants for livelihoods and basic needs.
- 146 people with search and rescue services.
- 6,903 people with services provided by Red Cross Emergency Hospital (RCEH)
- 4,248 households with provision of long-lasting, insecticide-treated nets.
- 2,916 people with MHPSS services.
- 4,280 households with WASH support during the emergency phase (water, hygiene kits, menstrual hygiene kits and hygiene promotion).
- 287 girls, boys, women, and men with by Sexual and Gender-based Violence – Prevention of Sexual Exploitation and Abuse (SGBV-PSEA) messages.
- 25 people with Restoring Family Links (RFL) activities.

When cholera resurfaced in Haiti, the HRCS responded to the epidemiological alert issued by the Ministry of Public Health and Population (MSPP). Emergency meetings were held, during which the HRCS continues to support the MSPP in setting up an alert and surveillance system in line with national health requirements, to be led by the Ministry's team in collaboration with partners. The HRCS central office immediately discussed the situation with all regional branches and asked them to participate in the regional MSPP meetings and actively engage in the reporting on the evolution of the cholera cases at the regional level.

HRCS, along with its partners, continue to work to strengthen its capacity and alliance to support the efforts of the MSPP in addressing the current challenges. The priority areas of action for the HRCS in response to cholera in Haiti include raising public awareness about early signs and symptoms of cholera, facilitating referral to the nearest health centers, promoting individual and collective hygiene practices; improving access to safe drinking water, fostering community engagement, enhancing surveillance and monitoring efforts implementing community-based surveillance for rapid case detection and management, and increasing the population's knowledge of water disinfection and proper use of latrines and sanitary facilities. HRCS ambulance teams continue to provide vital support in transporting infected patients and suspected cases to health facilities. In this time of limited access due to social unrest and insecurity, HRCS has engaged the telecoms company to increase its institutional reach capacity up to 1 million people for the broadcast of SMS on cholera awareness. To better reach the population and institutions in need, in a responsible manner, a cholera perception survey was deployed, and an assessment of health infrastructures and water points was carried out.

Since the revision of this EA, which allowed for the incorporation of actions to address the cholera outbreak, the National Society has implemented the following:

- 490 home visits carried out for door-to-door awareness sessions on Cholera prevention.
- 208,629 people (including 113,972 women and 94,657 men) were reached by key messages on cholera in door-to- door awareness campaigns.
- 207,528 people (including 11,6710 women and 90,818 men) were reached by key cholera messages in mass sensitizations.
- 429 suspected cases (including 206 women and 223 men) with apparent cholera symptoms were referred to the nearest cholera treatment center (CTC) by the Haitian Red Cross surveillance team.
- 4 radio stations have been contracted by National Society to broadcast an awareness-raising spot-on precautions to avoid cholera, with coverage in the operation's 3 departments (Nippes, Sud, Grand'Anse).
- Three radio stations were contracted by the National Red Cross in three of the operation's regions to produce radio broadcasts.
- 12 radio podcasts were produced by the National Society through the Haitian Red Cross in 3 radio stations, accounting for 720 minutes of airtime.
- 18,850 EIC materials have been distributed to the community.

- 60 volunteers have been trained on ECV (Epidemic Control for Volunteers based on Waterborne disease with a focus on cholera).
- 30 volunteers have been trained on Community-based surveillance.
- 99,687 people have been reached and sensitized on hygiene promotion.
- 270,000 SMS messages were distributed by the Haitian Red Cross through the Digicel telephone company.
- 60 volunteers (39 women and 21 men) received training in Risk Communication and Community Engagement (RCCE) based on cholera.
- 60 volunteers were trained in Kobo collect.
- 89 volunteers trained in awareness-raising techniques (Communicating better with communities and answering people's questions).
- 89 community representatives and leaders trained on cholera to support social mobilization sessions in their communities.
- 4 community engagement meetings with community leaders on CEA.
- 4 focus groups were carried out in the Community on the importance of Community engagement in the cholera epidemic control.

To ensure adequate communication and collaboration for a coordinated response, the National Society holds regular technical coordination meetings with representatives of the MSPP, WHO, OCHA and the Permanent Secretariat for Disaster Risk Management at the national level. The HRCS has designated a person as a focal point with DINEPA (Haiti's national water agency) and the MSPP to ensure coordination. Despite the difficulties generated by the insecurity and socio-political unrest in the country, the National Society was able, from November 2022, to respond in a timely manner to the outbreak through in-country funds made available by the Strengthening Disaster Preparedness for Effective Response (SDPER) project, financed by USAID/BHA. The Haitian Red Cross in agreement with the IFRC updated the implementation of the emergency component in response to the threat of the resurgence of cholera epidemic announced by the Ministry of Public Health and Population (MSPP).

Overview of the support from in-country Partner National Societies

The **American Red Cross (AmCross)** supported the IFRC Emergency Appeal through financial and material resources at the disposition of the HRCS following the earthquake. The HRCS, with AmCross and IFRC at the time of the emergency was implementing a two-year USAID/BHA-funded disaster preparedness programme. During the emergency response, AmCross provided funds and used pre-positioned stock for HRCS's immediate actions in the aftermath of the earthquake. Human resources that are integrated into the HRCS headquarters' response team included the Disaster Risk Reduction advisor, IT advisor, comms team, among others. AmCross donated personal protective equipment (PPE) against COVID-19, including masks for volunteers involved in the response in the Sud department. AmCross also increased funding to support the implementation of WASH activities in the South Department.

The **Canadian Red Cross (CRC)** has been working in Haiti for over 30 years (with physical presence since 2007). Following the 2010 earthquake and cholera outbreak, CRC partnered with the Haitian Red Cross Society to provide and build their local emergency response capacity through projects focusing on shelter, health, violence prevention, and capacity building. Over the past few years, the Canadian Red Cross has supported several responses in Haiti, including Hurricane Matthew, the 2020 COVID-19 Health programming, the depression Grace, the 2021 Earthquake and the 2022 cholera outbreak. CRC's work has a strong focus on building local capacity in Health, Protection Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA). The Canadian Red Cross (CRC) has incorporated a Cash and voucher assistance (VCA) component as a new tool for Canadian Red Cross service delivery, allowing for increased and safe accessibility. The CVA program was activated with a strong CEA and PGI activities component. To date the CRC/HRCS CVA program has supported 1,400 households in the municipalities of Corail and Pestel and 390 households in the metropolitan area of Port-au-Prince to meet their basic humanitarian needs and provide more immediate assistance. As a response to the Cholera, the CRC has integrated cholera prevention activities into its ongoing emergency health activities. These activities primarily focus on community awareness,

communication efforts through posters and radio spots, installation of handwashing stations in targeted communities in the metropolitan area, provision of supplies and materials to health centers; distribution of water purifications tablet and Oral Rehydration Salts (ORS) in vulnerable communities and capacity building for HRC volunteers and Ministry of Health (MoH) staff. By incorporating cholera prevention measures into its existing projects, the CRC is taking a proactive approach to combat the outbreak and safeguard the health and well-being of the affected communities. The Canadian Red Cross has also supported the earthquake and cholera from the onset through the IFRC Appeal with financial and human resources support and its involvement with the Finnish Red Cross in the Red Cross Emergency Hospital deployed in the field from September 2021 to November 2021, facilitating the immediate health needs of 5,682 people affected. CRC also sent non-food items for 500 households.

The **Netherland Red Cross Society (NLRC)** has been present in Haiti since 1996. After the 2010 earthquake, NLRC together with HRCS carried out water and sanitation programs throughout the Sud-Est department. More than 4,500 latrines have also been built and intensive works have been carried out to provide water to vulnerable populations. Over the years, NLRC programming has evolved from disaster risk reduction (DRR) to integrated nature-based solutions (NbS) and DRR, put in evidence with the recent UNEP/EU DEVCO Eco-DRR programme in the Sud and the ["Green Pearls Programme"](#). A climate change mitigation program is being implemented in Corail, Pestel and Iles Cayemites in the commune of Grand'Anse from February 2022 to July 2024 while another Green Pearl project is underway in La Vallee since 2019, based on the *4 returns for resilience (4R4r)* approach for landscape restoration. The goal of every pearl project is threefold: to build community resilience, restore ecosystems, and economically empower community members – all at the same time. Cross-cutting elements integrated into projects' design is gender sensitivity, community participation and ownership, innovation, and knowledge management. Other ongoing project led by NLRC include the 2021-2025 Haiti Chronic Food Insecurity project phase 1 and 2 in the Sud and Sud-Est; Installation of new or rehabilitation of 17 Water distribution systems in Grand'Anse and Sud departments as well as HRCS community volunteer's door-to-door focus group discussion and mass awareness raising sessions. Until 2023, 134,939 people have been reached out of the target of 101,500 people. For the 2022 earthquake and cholera, the NLRC/HRCS has reached a total of 92,432 people. More specifically, through the rehabilitation of potable water supply systems (SAEPs). In the Grand'Anse, the NLRC has reached 42,507 people with its hygiene promotion activities.

Of the total reached, 36 percent were male and 35 percent female and 29 percent children. To support the hygiene promotion activities, 11,593 small hygiene kits were distributed. In addition, in Grand'Anse, 100 HRC volunteers were trained on hygiene promotion and cholera prevention. These volunteers have already started sensitizing different communities. The NLRC is currently working on providing safe water for human consumption by catchments and reinforcing efforts on hygiene promotion to prevent water-borne disease. Throughout these activities the main challenges met by NLRC were related to the transport of materials (trucks stuck in Port-au-Prince, fuel shortages and the departure of some technical staff out of country).

The **Swiss Red Cross (SRC)** has been supporting the HRCS since January 2010, mainly in two Departments: Ouest and Nippes. The main strategic objective for its programs in Haiti for 2021-2024 is to contribute to a healthy population in resilient communities with following expected results:

1. Communities are more resilient in health and vulnerable populations improve their health.
2. Communities are more resilient to natural disasters.
3. HRCS's capacities are strengthened.
4. A long term programming is defined above 2024. In the Ouest department, more precisely in Leogane, the Swiss Red Cross is currently deploying two projects in disaster risk management (2020-2023) and community health (2020-2023) and developing a WASH program (2021-2024).

Following the 2021 Earthquake, the Swiss Red Cross worked with the HRCS for a rapid assessment in les Nippes department, supported the Emergency Appeal with a pledge and deployed an Emergency Response Unit (ERU) specialized in Logistics. The Swiss Red Cross also distributed in the Communes of Plaisance du Sud, Arnaud, Anse-a-

Veau, Baradères, Petit Trou des Nippes and Petite Riviere, a total of 3,210 tarpaulins, 3,025 hygiene kits, 950 IFRC multi sectors family kits, and 250 solar lamps. The SRC also distributed cash to 2,307 people (64 percent female; 36 percent male). Additional support to the HRCS included the Swiss Red Cross vehicle used to support relief distributions. Regarding the cholera outbreaks, the Swiss Red Cross intervenes in the department of Nippes with the distribution of WASH products; the support of Anse Hospital with a structure to treat suspected cases and support in human resources; installation of chlorine points; training of HRCS volunteers and awareness campaign in the Nippes department.

The **Spanish Red Cross (SpRC)** has worked with the HRCS since 1998 but the permanent delegation in the country was created in 2004 when a joint program was developed with the HRCS, focusing on risk reduction and disaster response. The SpRC has participated in DIPECHO projects in water sanitation with disaster reduction component; in livelihoods activities and emergency response for Hurricane Matthew in 2016, among others. In response to the 2010 earthquake, SpRC deployed multiyear plan, including multiyear Plan of action comprising water and sanitation, progressive housing, rehabilitation, and reconstruction of 16 schools and educational centres, livelihoods, health, and cholera prevention activities. The Spanish Red Cross (SpRC) operates in specific areas: Sud Est (Jacmel), Nippes (Miragoane), Sud (Les Cayes), Grand'Anse (Jeremie), and Ouest (Port-au-Prince). SpRC's sectors of intervention are water and sanitation, rural development and food security, education, gender, environment, and climate change; health and disaster risk reduction/ disaster preparedness. The SpRC has contributed since the cholera outbreak with the distribution of hygiene kits, jerricans and tarpaulins. The SpRC also supports food security (IPC) activities. A cholera response plan has been prepared by SpRC for further cholera response activities, pending funding.

The International Committee of the Red Cross (ICRC)

Following the closure of its office in Haiti in 2017, ICRC continued supporting HRCS from its Regional Delegation for Panama and the Caribbean until August 2021 when the institution decided to re-engage in Haiti to address systemic vulnerabilities related to armed violence and problems faced by the medical mission especially in Port-au-Prince. For the earthquake response, ICRC has deployed three staff members in each rotation to support the effort, a Restoring Family Links (RFL) team leader, a RFL data management focal point and a forensic specialist. Also, two rotations of five ICRC staff were deployed as rapid response personnel under the IFRC umbrella during the response in-country as well.

The ICRC is supporting the National Society in activities that improve access, acceptance, and security of its operations (Safer Access Framework) and has included in the Emergency Appeal, support to Restoring Family Link (RFL) and management of the Dead. Since the declaration of cholera in October 2022, the ICRC has been supporting the HRCS response plan particularly in activities related to hygiene promotion and keeps, as a major concern, the lack of access to water, and water treatment products, in the most vulnerable neighborhoods of Port-au-Prince that are under the influence of dangerous gangs such as Brooklyn and Grand Ravine. Because of its presence around the theme of emergency health for the population living under the control of gangs (e.g., Cité-Soleil), the ICRC supports the National Society's ambulance services and intends to promote access for the Haiti Red Cross and its Movement partners in dangerous and volatile areas.

In an IFRC [Press release](#) on 8 February: *"The ICRC in Haiti has increased its response due to the rising needs, reinforcing the services of health care providers and the work the Haitian Red Cross. We are also collaborating with partners to mitigate the outbreak of cholera in vulnerable communities and 18 places of detention."*

A collective effort

The HRCS and the IFRC would like to take the opportunity to thank **all the partners** who have generously contributed to this Emergency Appeal: the American Red Cross, the Austrian Red Cross and the Austrian Government, the British Red Cross and the Jersey Overseas Aid, the Canadian Red Cross Society and Canadian Government, the Czech Government, Ericsson, the Finnish Red Cross, the French Red Cross and French Government, the German Red Cross and German Government, the Hong Kong Red Cross branch of the Red Cross Society of China, the ICRC, the Iraqi Red

Crescent Society, the Irish Red Cross Society and Irish Government, the Italian Red Cross and Italian Government, the Japanese Red Cross Society and the Japanese Government, the Luxembourg Red Cross, the Monaco Red Cross and Monaco Government, the New Zealand Government, Novo Nordisk, the Polish Red Cross, the Republic of Korea Government, the Romanian Government, the Slovenia Government, the Spanish Red Cross and Spanish Government, the Supreme Master Ching Hai, the Swedish Red Cross, the Swiss Red Cross and Swiss Government, the Netherland Red Cross, the Republic of Korea National Red Cross, Warner Media, as well as donors online.

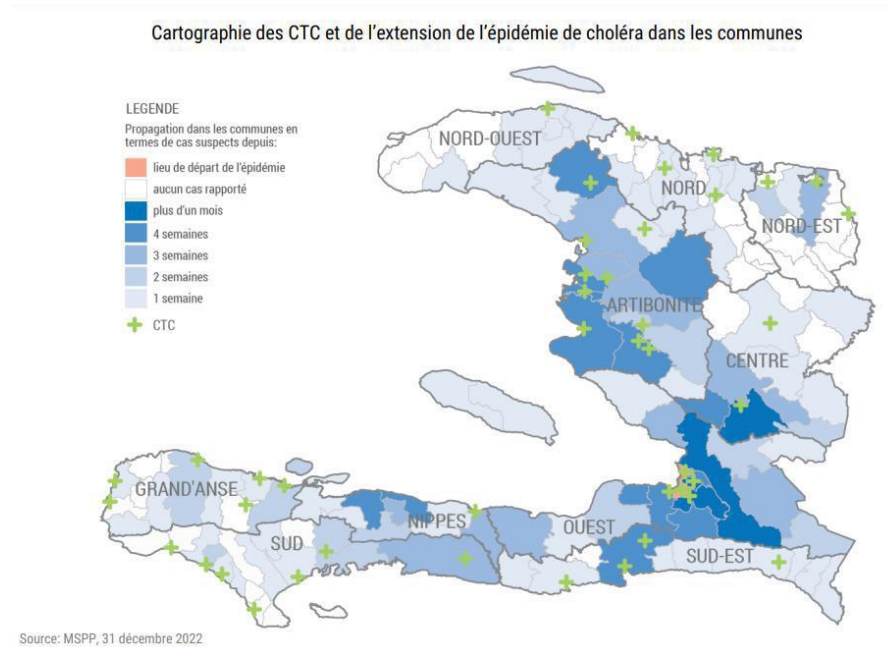
Overview of the Haiti Government and international humanitarian response at National level

Following the **2021 earthquake**, the government of Haiti activated its National Emergency Operations Centre (COUN), simultaneously starting department-level operations centers in Sud, Grand' Anse and Nippes. The General Directorate for Civil Protection (DGPC) provides the executive secretariat of the National Disaster Risk Management System. The DGPC, with technical support from OCHA and other actors, including HRCS initially engaged in search and rescue and assessment activities. The government of Haiti opened the humanitarian corridor which involves the governments of the Dominican Republic and Haiti and humanitarian partners; and provided guidance on the type of aid required, ensuring that support was coordinated through the COUN. The COUN was deactivated after the first emergency response phase while DGPC gradually reoriented its operation to focus on the recovery and reconstruction phase. The disaster risk sector of the DGPC however continues to monitor any storm or earthquake that may occur in the country. Sector coordination is ongoing through the working groups of the Humanitarian Country Team and established mechanisms at the national level in Port-au-Prince and at the departmental level. This participation allows coordination with state institutions, non-state actors and other humanitarian partners. In each of department concerned, there is a weekly meeting per cluster and a general coordination meeting with all the clusters.

For the **cholera outbreak**, the government of Haiti, activated a cholera task force led by the MSPP with the support of OCHA in five dedicated thematic axes to ensure strategic and operational coordination between stakeholders. The five thematic axes are: Coordination, led by the Ministry of Health; Epidemiology and surveillance of suspected cases led by the Ministry of Health, Division of Epidemiological Research (DELR); Case management led by the Direction d' Organisation des Services de Santé (DOSS); WASH / Infection Prevention and Control (IPC) led by DINEPA (national water and sanitation agency) and the Ministry of Health Division for Health Promotion and Environmental Protection (DPSPE); Vaccination led by the MoH National Vaccination program Coordination Unit (UCNPP); and Community awareness and Communication, including RCCE, led by the MoH Communication Coordination Unit (UCP). All major UN inter-agency partners, with PAHO/WHO as the health sector lead agency and UNICEF, along with NGOs, are actively engaged in the situation, collaborating with the government to accelerate and scale up the emergency response. The efforts are focused not only on containing the disease, but also disseminating life-saving information at the household level to help prevent further spread and protect lives. Additional support consists of expanded surveillance, increased water, and sanitation supplies, the maintenance and supply of cholera treatment centers and strengthened case management. Priority messages were identified and shared for dissemination through community outreach (SMS campaign, social media cards, posters and printed materials, radio/audio spots, specific social media campaign with influencers). Local news and social media are monitored to identify rumors and misinformation.

Following the confirmation of the spread of cases beyond the Port-au-Prince area, coordination mechanisms at the departmental level has been activated for the require Health and WASH response, including through the "Department Sanitaire" or 'Health Directorates' and the 'WASH directorates' (OREPAs) – the regional or departmental structures of the State. In November 2022, OCHA together with the government of Haiti launched a Flash Appeal for \$145.6 million USD to provide rapid financial support to contain the spread of cholera in Haiti through WASH and Health activities, while responding to humanitarian needs, particularly in the areas of food security, nutrition in the most affected areas to provide life-saving assistance to 1.6 million people. On 25 March 2023 the Flash Appeal was approximately 10 per cent covered.

As of 17 February, 99 Cholera Treatment Centers (CTCs) were operational in the 10 departments of Haiti, with a total capacity of 1,561 beds to receive patients. PAHO/WHO continues to support the departmental health directorates to monitor and ensure the quality of case management in CTCs. By the end of February, 35 CTCs had been assessed in the departments of Artibonite, Grand’Anse, Sud-Est, Sud, and Nord Ouest, with the main gaps identified in terms of training needs; lack of adequate water, hygiene, and sanitation (WASH) conditions, which are addressed with the support of PAHO/WHO technical teams.



Needs analysis

Needs analysis

In drawing up this plan, an analysis was carried out based on exchanges not only with Red Cross Movement partners and other humanitarian partners, but also at various cluster meetings, as well as on various key publications, such as those by CNSA, UNICEF, OCHA, MSPP and DINEPA. The data collected during these analyses show that the cholera resurgence is occurring in certain communities that were already facing multiple and very high levels of vulnerability. These vulnerabilities included very limited access to drinking water and hygiene products, insufficient treatment centers and health equipment to cope with the resurgence of the epidemic, and a lack of information for the population on how to avoid infection.

The **earthquake response** supported assessments in community needs for Shelter, Livelihoods, and basic needs, Health, WASH, PGI, Migration, and Disaster Risk reduction. A full description of these sector needs is available in the Earthquake and Cholera response [12-month Operation update](#).

The RCRC Movement **response to cholera** focuses on Health, Water, WASH, PGI and CEA. This is in line with the World Health Organization (WHO) which recommends a multi-sector approach including a combination of surveillance, water, sanitation, and hygiene (WASH), social mobilization, treatment, and oral vaccines against cholera, essential for controlling cholera outbreaks and reducing deaths.

Health

Access to healthcare was a particularly important for Haitians as the country experiences a resurgence of cholera.

After the first two cases were reported in the metropolitan area of Port-au-Prince on 2 October 2022, the epidemic rapidly spread throughout the country, reaching over 22,000 suspected cases by the end of December 2022, and around 77,000 suspected cases by the end of December 2023⁵. More than half of all cases concern children. The country's crises are having a considerable impact on the functioning of the healthcare system. According to OCHA, at least 73% of the population of the Port-au-Prince metropolitan area has been affected by gang violence, with access to basic services drastically reduced. Hospitals, often caught in the crossfire of clashes between armed coalitions, are operating at best in slow motion. Staff are unable to get to their workplaces, and sick people are reluctant to seek treatment for fear of being hit by stray bullets or kidnapped. The elderly and disabled remain vulnerable to serious illness and abuse. And in general, the crisis is having an impact on the mental health of the affected populations. Several health facilities, such as the Médecins Sans Frontières hospital in Cité Soleil and Tabarre, the Albert Schweitzer hospital (Artibonite) and the Mirebalais University hospital (Centre), were targeted by gangs, forcing them to close temporarily. In the department of Artibonite, a quarter of health establishments report problems of physical access to health infrastructures, for both patients and staff, due to insecurity. Between January and August, at least 40 doctors were kidnapped in Haiti. Even when health infrastructures do exist and function, they remain insufficient to provide the basic care required by those who desperately need it. When it comes to health needs, people living in remote areas don't often seek medical care, and only go to hospital as a last resort, when it's often too late. As a result, pregnant women, nursing mothers and young girls living in areas affected by insecurity must struggle daily to access services essential to their health, well-being, and survival. This situation is particularly worrying at a time when the country is experiencing a cholera epidemic that has spread to all departments since the first cases were confirmed on October 2, 2022. One year on, almost 72,000 suspected cases and 1,000 deaths have been recorded. Nearly half of these suspected cases are children under the age of 14.⁶

Cholera treatment:

Cholera is a disease that responds satisfactorily to medical treatment. The first goal of treatment is to replace fluids that have been lost through diarrhea and vomiting. Most sufferers can be cured by prompt administration of oral rehydration salts (ORS) and appropriate antibiotics to shorten the duration of diarrhea, reduce the mortality rate, reduce the amount of rehydration fluid required and shorten the duration of excretion of *V. cholerae* bacilli in their stools. Rapid access to treatment is essential during a cholera outbreak. Treatment with oral rehydration salts must be available in communities, but patients must also have access to larger centers where intravenous infusions and comprehensive care can be provided. Zinc is an important adjunctive treatment for children under 5, which also reduces the duration of diarrhea and can prevent subsequent episodes of acute watery diarrhea due to other causes.⁷

Although efforts have been made, lack of access to affected areas continues to hamper epidemiological surveillance, the installation of oral rehydration points (ORPs) and cholera treatment centers (CTCs), patient transport to CTCs, health promotion, and community activities related to water, hygiene and sanitation. In addition, although fuel distribution has resumed in the Ouest department, availability remains limited in other departments, hampering basic water and sanitation services (e.g., garbage collection) as well as the response and sanitation, garbage collection) and the response and distribution of vital cholera medicines and supplies. The global cholera crisis continues to generate strong demand for medical and non-medical supplies, including oral vaccine, resulting in limited cholera supplies for immediate distribution in all affected countries.⁸

Community based surveillance:

PAHO/ WHO recommends that cholera surveillance should be part of an integrated disease surveillance system, with information fed back to the local level and shared globally. Cholera cases should be detected based on a presumptive clinical diagnosis in patients presenting with severe acute watery diarrhoea. The presumption should then be confirmed by identification of *V. cholerae* in stool samples from affected patients. Detection would become easier with the use of rapid diagnostic tests; the alert being triggered if one or more samples are positive for cholera.

⁵ https://www.mspp.gouv.ht/wp-content/uploads/Sitrep-cholera_30_decembre_2023.pdf

⁶ <https://reliefweb.int/report/haiti/haiti-besoins-humanitaires-et-plan-de-reponse-2024-janvier-2024>

⁷ <https://www.paho.org/fr/sujets/cholera>

⁸ <https://www.paho.org/en/documents/cholera-outbreak-hispaniola-2023-situation-report-19>

Samples are then sent to a laboratory for confirmation by bacterial culture. Local capacity to detect (diagnose) and monitor (collect, compile, and analyze data) cholera cases is essential to ensure the effectiveness of the surveillance system and to plan control measures.⁹The need for the National Society to support the Ministry of Public Health in strengthening the community-based surveillance system for response activities to the cholera epidemic is very important, particularly due to a lack of detection and rapid follow-up of suspected and confirmed cases of cholera at the community level, to prevent or overcome problems of rapid access to care structures for various reasons (closure of certain health establishments, insecurity, transport, distrust and rumors, etc.), and to be able to contribute periodically with the health departments in the follow-up of data to produce epidemiological situation reports on a daily, weekly and monthly basis.

Water, Sanitation and Hygiene (WASH):

According to the results of the multisectoral needs assessment (MSNA) 2023, the WASH sector estimates that more than three million people will have humanitarian needs. This figure corresponds to people who use an unimproved water source or surface water to cover their primary needs, as well as unimproved sanitation infrastructures or open defecation for sanitation and hygiene.

Cholera is usually transmitted through food or water contaminated with feces. Improving water supply and sanitation remains the most sustainable measure to protect populations against cholera and other waterborne epidemic diarrheal diseases. Promoting preventive hygiene practices and food safety in affected communities is one of the most effective ways of controlling cholera. Lack of access to drinking water, sanitation, and hygiene services, especially in disadvantaged areas, is a key factor in the spread of cholera, and has a considerable impact on the living conditions of the Haitian population. This situation of poor access to WASH services is exacerbated by the multiple shocks that frequently affect the country, notably natural hazards (earthquakes, cyclones, floods), violence and social unrest, and the displacement of people. and social unrest, the displacement of people (returnees, internally displaced persons) and epidemics. In the face of these multiple crises, the population's resilience and level of emergency preparedness still needs to be improved, particularly water, hygiene, and sanitation.

The Haitian population has poor access to WASH services, with a drinking water access rate of 55 per cent (including 48 per cent in rural areas and 68 per cent in urban areas) in 2022 according to National Directorate of Potable Water and Sanitation (DINEPA) and a basic sanitation access rate of 31 per cent (including 25 per cent in rural areas and 46 per cent in urban areas) in 2017, according to the Haitian Institute of Childhood and the Haitian Institute of Statistics and Informatics¹⁰. In Nippes and Northwest, 71 percent and 75 percent of households declare not have sufficient access to drinking water. In Cite Soleil it is the case for 80 percent of households. Overall, in the country, rural households are more affected with approximately 60 percent that do not have sufficient drinking water and approximately half of the households in country mention that they have a problem to access water. As pointed out by the World Bank Another challenge for Haiti's rural communities is the upkeep of water supply systems. Of the 13,626 improved water sources facilities recorded in 2022 in the database of the Integrated Drinking Water and Sanitation Information System, only 51 percent were working. Out of the 1,041 piped water supply systems serving dense rural areas and small towns, only 41 percent were functional that year. This is the result of years of underfinancing of the sector and low community ownership, as well as a collapse of the infrastructure from poor operation and maintenance, deficient post-construction support, and a lack of resilience of the infrastructure to natural hazards and the effects of climate change. There are also sanitation problems in rural Haiti. ¹¹

Mental health and psychosocial support (MHPSS):

The data collected in the field by the Ministry of Health reveals that the main impacts on victims were physical, psychological, social, and economic in nature, in addition to having contributed to the further marginalization of

⁹ <https://www.paho.org/fr/sujets/cholera>

¹⁰ OCHA, *Haiti Aperçu des besoins humanitaires 2023*, March 2023

¹¹ World Bank, *In Haiti, access to water sanitation is vital*, March 2023

people in vulnerable situations (marginalization of people in vulnerable situations, particularly children, and women). Psychologically, during the acute phase of the disease, sufferers report intense panic linked to physical pain and the sudden, rapid deterioration of their state of health. the sudden and rapid deterioration of their state of health, and even a feeling of agony in the most severe cases. ¹³ In the longer term, those consulted said that survivors and relatives of deceased victims were often traumatized and continue to suffer the psychological after-effects, some of which can be likened to posttraumatic stress disorder. This component of the response aims to provide emotional assistance to Haiti Red Cross Society (HRCS) volunteers and staff as they engage in social mobilization and risk communication activities in communities, in a complex and unstable context. The risk for volunteers and staff of the National Society to suffer from burnout also needs to be closely monitored. For community members, trained volunteers will provide additional psychological first aid support at the community level to alleviate stigma and discrimination against survivors of the Cholera outbreak.

Community Engagement and accountability (CEA):

At the heart of the IFRC/HRCS response to a complex humanitarian situation are the communities, families, and people who need targeted support. Community acceptance and trust are essential while doing life-saving work. One of the most effective ways to build this trust is to ensure that people always have the capacity to engage and to guarantee that interventions are based on their feedback and their needs. It means taking the time to understand the context of the community and listening to people's needs, integrate the sense of community participation, establish honest communication, and make sure people feel confident and comfortable interacting while putting in place reliable feedback mechanisms so that the work is based on what the communities want. During some supervision visits of the National Society CEA team, it was noticed that volunteers had challenges on two-way communication and enhancing behavior changes. Since Community Engagement and Accountability (CEA) is new within the Haiti Red Cross Society, it is proposed to take advantage of this operation to institutionalize CEA within the National Society and to train volunteers on CEA, its importance in other to assure that volunteers of the National Society understand CEA. The training of community leaders should be done as early as possible in the response, even before an outbreak if possible. In addition, to assure that volunteers understand the Red Cross and Red Crescent Movement it is recommended starting all trainings with a refreshment training on Red Cross Red Crescent, principles, emblems and roles and responsibilities. The volunteers should have refreshments on this as well. Ultimately, there is need to assess the communication channel and feedback mechanism from community perspective and set-up of feedback systems.

OCHA's report published in March 2023 on current humanitarian needs confirms the importance of accountability and room for improvement: *"As part of the OCHA multisectoral needs assessment, indicators of accountability to affected populations have been included. 1 in 5 households were dissatisfied with aid workers in their area during MSNA data collection. The top three reasons for this dissatisfaction were reported by households as follows:*

- 1. Fraudulent or corrupt behavior of aid workers (32 percent).*
- 2. Feedback and complaints about the intervention were not addressed satisfactorily (5 percent).*
- 3. Have witnessed or experienced sexual exploitation or abuse by aid workers (5 percent). Five percent of households reported having received humanitarian assistance and not being aware of complaint management mechanisms.*¹²

The IFRC/HRCS team conducted a cholera perception survey in Haiti which identified additional needs, with the aim of better understanding how people react to the resurgence of cholera and what is the best approach to building trust and engaging the population in the fight against cholera.

The findings of the perception surveys were the following:

- a) Grand'Anse and Sud (January 2023): <https://communityengagementhub.org/resource/haiti-cholera-perception-survey-jan-2023/>
- b) Nippes, Artibonite and Centre (June 2023): <https://communityengagementhub.org/resource/cholera-perception-survey-nippes-department-haiti-june->

¹² UNOCHA, Haiti : Aperçu des besoins humanitaires 2023, March 2023

Protection, Gender, and Integration (PGI):

The risks of Gender-Based Violence (GBV) as well as sexual exploitation and abuses are increased following shocks, population movements due to gang clashes, insecurities of all kinds and natural disasters. In OCHA's recent [needs analysis report](#)¹⁵, it is recalled that GBV is a major problem for all segments of population, including men and boys. From January to September 2022, a total of 15,411 cases of physical and sexual violence have been recorded, of which 81 percent were for women and girls, 11 percent for men and 8 percent for boys. From July to November 2022, at least 57 gang rapes involving armed gangs, with the highest prevalence in the Nord-East, East and Ouest; with a high likelihood of the numbers being much higher due to the underreporting of this type of crime. Lack of livelihoods and social unrest have reinforced the socio-economic precariousness of women, girls and households and increased the risk of resorting to emergency negative coping strategies such as dropping out of school, working children, prostitution, all forms of exploitation and human trafficking.¹³

Assessments in IDP sites in Port-au-Prince show that 77 per cent of households use negative emergency coping mechanisms. Communication and sensitization around PSEA remain a crucial element, with information, education, and communication (IEC) materials distributed during sensitization sessions. Affected persons should be aware of the different channels of support when faced with abuse and exploitation and how to report it.¹⁴

These abuses can sometimes come from those who are supposed to help, and people should be reminded that humanitarian aid is free, and that there are reporting mechanisms in place such as the inter-agency toll-free number 8811 operated by the World food program (WFP) as advised by UNICEF¹⁸. Within humanitarian organizations, the development of strong policies and the application of a code of conduct are also essential. In times of cholera, points out the World Bank¹⁹, where poverty and lack of access are rife, it is often women who suffer most, for example because of the long distances they must travel to bring water home and because the health of the family is seen as their responsibility, which further increases their burden. In earthquake recovery or cholera response programmes, humanitarian organizations should ensure continuous monitoring of the needs of all community members, including women, youth, and people with disabilities; promote equity and inclusion in the development of activities and service delivery.

Operational risk assessment

To avert the worst of the health catastrophe, state authorities had to call on humanitarian organizations for help, while the UN and its partners called for a humanitarian corridor to enable better intervention in communities, given the security situation caused by armed violence in the most exposed neighborhoods.

The operation took place under the constraints of a volatile security environment with a high number of daily kidnappings, roadblocks, and fuel shortages, regularly resulting in the temporary slowdown of activities. Thus, all programs develop detail work plans that can be adapted to different scenarios and respond more effectively to changes in the operating environment. Over the past two years, a significant number of humanitarian actors have slowed down their activities, repatriated staff and sometimes closed their offices due to the protracted security crisis. Teams, including those of the Red Cross, are operating with reduced staff and due diligence is being done to ensure their safety. A risk matrix was prepared in the original operational plan covering all potential risks, their impact and associated mitigation measures and it is still valid.

Risks	Likelihood	Impact	Mitigating actions
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¹³ <https://reliefweb.int/report/haiti/haiti-apercu-des-besoins-humanitaires-2023-mars-2023-fren>

¹⁴ <https://reliefweb.int/report/haiti/les-haitiens-deplaces-sont-exposes-des-risques-accrus-sur-les-sites-improvises>

1. Limited access to the areas with affected population due to the deterioration of the security situation	High	High	<ul style="list-style-type: none"> • NS with the support of IFRC will update its Security Plan and will constantly assess the situation to implement additional security mitigation measures. • IFRC trained the NS Security Focal Point to adapt and respond to the current need. • Information sharing with ICRC for shared leadership of the response.
2. NS and IFRC members could be target of kidnaping, robbery and extortion	Medium	High	<ul style="list-style-type: none"> • NS with the support of IFRC will update its Security Plan and will constantly assess the situation to implement additional security mitigation measures. • The NS with the support of IFRC will implement a communication campaign for the protection of the humanitarian mission
3. Difficulty in transporting and delivering humanitarian aid to the affected population due to fuel shortages	High	High	<ul style="list-style-type: none"> • NS has the support of the Movement partners in and around Port-au-Prince due to extremely difficult security concerns.
4. Limited access to medical and essential non-medical supplies, including the oral vaccine due to the global cholera crisis	High	High	<ul style="list-style-type: none"> • High level coordination with UN agencies and other actors for the purchase and shipment of supplies
5. Limited human resources including technical staff and volunteers, to carry out the planned activities due to the cholera outbreak and violence	High	High	<ul style="list-style-type: none"> • Deployment of rapid response personnel • Capacity building trainings for staff
6. Hydrometeorological and geological events, affect the targeted population	Medium	Medium	<ul style="list-style-type: none"> • NS with the support of IFRC will update its Contingency Plan and will implement measures to

			prepare for the hurricane season (prepositioning of equipment and materials, volunteer training)
7. Infectious or vector-borne diseases outbreaks in vulnerable areas	Medium	Medium	<ul style="list-style-type: none"> • Coordinate with external health actors the implementation of a risk communication campaign
8. Increase in the number of Members of the NS and IFRC affected by burnout syndrome	High	High	<ul style="list-style-type: none"> • Provide staff and volunteers with psychosocial support and mental health services. • Training and education session on stress management can be provided.
9. Forced displacement of affected population due to the volatile security situation and cholera outbreak	High	High	<ul style="list-style-type: none"> • Revise and update the operational strategy as required to include additional activities for migrants and displaced persons

The HRCS ensures the engagement of local staff and volunteers and continues to monitor and respond to the situation based on their acceptance by the communities, which in turn encourages the successful implementation of the proposed activities. The following operational risks are managed by the HRCS:

- **Community understanding, acceptance, and engagement in prevention measures:** Positive public and community perception towards Red Cross staff and volunteers is essential in this outbreak operation.
- **Protection of HRCS employees or volunteers:** Sharing updated guidance through memos from the Secretary General's office to all staff and volunteers.
- **Extension of the affected area outside of the South Department to areas that are difficult to access from the capital due to insecurity:** the security problem is spreading in the other areas of the country. This situation will be mitigated by mobilizing HRCS staff and volunteers who have already received training in epidemic control for volunteers (ECV) and community-based surveillance (CBS) to begin field activities which will be monitored remotely by the Haitian Red Cross central office team with these branches.
- **Logistics:** Optimize inventory management practices to minimize the impact of potential delays or limitations in the Port of Prince, including maintaining safety stock levels and reevaluating order quantities and lead times. Develop and implement business continuity plans that outline strategies for managing logistics limitations, including scenarios where transportation through some places may be unavailable or restricted, to ensure ongoing operations and minimize disruptions.
- **Security:** The absence of proper security infrastructure in Port of Prince and some remote parts of the country, contributes to increased lawlessness and banditry, including kidnaping and roadside armed robbery. Among the operational risks to be mitigated by the IFRC and HRCS, high levels of insecurity and limited access are key determinant to the implementation of the operation, as gang rivalry and violence continues to increase and now extend from the metropolitan area to the whole country. The list of current threats to delegate and staff includes kidnappings, crossfire/collateral damage incidents, carjackings, car accidents, extorsions, burglaries, theft.

The IFRC maintained for the orange alert for the whole country in the face of this volatile and fluid security situation. Tight security management is in effect and movement restrictions are in place. All movement outside areas of operation is closely supervised and restricted. Consultation and coordination with HCCD are applied in the decision-making process by closely monitoring the situation and adjusting measures and protocols accordingly. No major incidents have been reported for the operating personnel so far. Human resources are dedicated full time to security: a security delegate and HRC local employees to support onsite, plus the Head of Office. Protocols are put in place and revised as needed or as the situation changes and evacuation protocols have been rehearsed. Mitigation measures are in place and adjusted as the situation evolves, sometimes daily.

Threats and security incidents with humanitarians have increased over the past six months. On 3 March 2023, the HRCS, the ICRC and the IFRC, in a joint [Press Release](#), issued an urgent call for the protection of the medical mission humanitarian access and respect for the Red Cross emblem. Over the past two years, many humanitarian organizations have either ceased their activities, repatriated parts of their staff or reconsidered their programs. The ICRC supports the National Society in activities that improve access, acceptance, and security of the operation (*Safer Access Framework*).

The situation is continuously monitored through a well-established network of contacts, social media monitoring, open-source news outlet, security WhatsApp groups of implementing partners such as UNDSS, Embassies, INGOs and USAID PSLO. Meetings are also part of the information exchanges as is information sharing with the National Society, PNSs and ICRC.

B. OPERATIONAL STRATEGY

Update on the strategy

This Operations Update is the third produced since the revision of the Operational Strategy to include a cholera response-component with the earthquake response conducted since 2021. The **revised Earthquake and Cholera operational strategy** published on 23 February 2023 has remained unchanged since its publication and can be viewed [here](#). Through this emergency operation, the IFRC aims to continue to support the Haitian Red Cross in the response to the earthquake and to adapt operational approaches, resources, and partnership opportunities to also tackle the ongoing cholera outbreak. This revision to the operational strategy and Emergency Appeal expands the scope of the response to reduce morbidity and mortality associated with the cholera outbreak by preventing or slowing transmission and helping to ensure that communities affected by the outbreak have access to basic social services and can support themselves with dignity.

Integrating the cholera response into the revised appeal for the 2021 earthquake operation was seen as the most appropriate and effective way to meet the needs of the communities. The geographic areas and communities currently covered by the earthquake appeal are also among the areas vulnerable to the spread of cholera, and several community alerts have been issued in the communities for people with cholera-like symptoms. Several cases have already been confirmed and managed in the nearest CTCs. HRCS staff and volunteers have acquired a solid understanding of these communities and are trained to work effectively with established teams. Most of the volunteers already have basic trainings in Health, WASH, CEA, PGI and have gained field experience in these sectors throughout the earthquake response. Earthquake response activities are complete.

After the end of the emergency appeal period, response activities linked to ongoing epidemic prevention and control activities will be pursued within the framework of the Haitian Red Cross's national plan, which will present a coherent integration and longer-term programming adapted to the country's needs, as well as a vision of the country's action across the Federation. This process aims to streamline activities into a single plan, while ensuring that the needs of those affected by the crisis are met.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

To respond to the October 2022 - 2023 cholera outbreak in Haiti (and prevent new cases), the Haiti Red Cross, the IFRC and their partners have increased their technical capacities and outreach in the hardest hit areas of the country. Emergency public health, water, sanitation, and hygiene activities were strengthened along with communication campaigns at national and community levels. The operation has helped to ensure that those most marginalized and most at risk in the ongoing, complex emergency receive urgent medical and other lifesaving care they may need. Please note:

1. The initially planned actions in response to needs in Shelter, Livelihoods, Multi-purpose Cash, Migration and Risk Reduction sectors have been implemented. The Health, WASH, PGI and CEA sectors remain active with additional activities to address the cholera outbreak.
2. In the following section, the actions for the earthquake and activities related to the cholera outbreak are presented. Furthermore, many important achievements have occurred in all sectors since August 2021 notably with the deployment of the Emergency Response Units (ERUs): the Red Cross Emergency Hospital (RCEH); the Logistics and Supply Chain; Relief and IT & Telecoms. For a summary of achievements up to the end of August 2023, reported against the initial Emergency Plan of Action for the response immediately after the earthquake, please refer to the latest [Operation Update Number 6](#).



Shelter, Housing and Settlements

Objective:	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
Key indicators:	Indicator	Actual	Target
	<i>of people provided with safe, adequate, and durable recovery shelter and settlement assistance</i>	47,790	35,000
	<i># of families provided with essential HH items and shelter tool kits</i>	9,558	7,000



Livelihoods

Objective:	<i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>		
	Indicator	Actual	Target

Key indicators:	<i>of HHs whose livelihoods are improved from pre-disaster level</i>	4,300	5,000
	<i># of targeted households received a combined sectoral kit</i>	4,300	5,000

Sectoral Update:

- A livelihoods Need Assessment was conducted in August 2022 to continue to support the populations. The general objective of this study was to identify the essential and priority subsistence needs of the population 9 months after the earthquake of 14 August 2022.
- The findings show that the affected population depend on aid and have a challenging time to find their way back after the earthquake.
- After March 2023, no activities have been planned in terms of livelihoods by the IFRC.
- Please refer to the 12-month operations update report for achievements



Multi-purpose Cash

Objective:	<i>Households are provided with unconditional/multipurpose cash grants to address their basic needs</i>		
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Key indicators:	Indicator	Actual	Target
		<i># of households reached with multipurpose cash grant for livelihoods and basic needs</i>	770

Sectoral update:

- Multi-purpose cash activities were completed by July 2022. Please refer to the 12-month operations update report for achievements



Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
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Key indicators:	Indicator	Actual	Target
		<i># of people assisted in the immediate aftermath of the earthquake with search and rescue services</i>	146
	<i># of people transferred via ambulance services</i>	146	100
	<i># of forensic experts deployed</i>	2	1
	<i># of NS volunteers trained in forensics and dead body management</i>	25	25
	<i># of volunteers and staff mobilized to support search and rescue</i>	0	50

# of people reached by RCEH and by public hospital(s) where assets are donated and support is provided, as per RCEH exit strategy	6,903	10,000
# of outpatient consultations < 5 years and >=5 years	6,582	7,500
# of in-patient admissions < 5 years and >=5 years in RCEH	1,014	225
# of surgeries performed at RCEH	92	375
# of deliveries at RCEH	115	20
% of suspected cases identified in the community arrive at RCEH	0	90
# of volunteers and MSPP staff trained on ECV	23	100
% of volunteers successfully pass the ECV training post-test to respond to diseases of epidemic potential	100%	90%
# of households reached with LLITNs through targeted PH	4,248	4,000
# of people reached with LLITNs included in HH kits as part of Relief distributions	21,240	17,000
# of targeted health promotion sessions delivered in the community	37	15
# of health education sessions delivered in the community.	37	36
# of people reached with MHPSS services	1,811	2500
# of HRCS volunteers and staff trained in PFA	65	100
# of counselling sessions at RCEH	124	375
# of home visits on health conducted in communities	490	0
# of people reached by door-to-door sensitization on health conducted in communities	208,629	30,000
# of mass sensitization on health conducted in communities	215	0
# of people reached by mass sensitization on health conducted in communities	207,528	50,000
# of volunteers and staff trained on ECV (Epidemics Control for Volunteers)	60	90
# of volunteers trained on Community Based Surveillance (CBS).	30	90
# of suspected cases reached by community-based surveillance teams	429	0
# of Training of Trainers (ToT) / supervisors trained on CBS	30	90
# of volunteers and staff trained on ORS use	30	90
per cent of volunteers (men/women) that have improved their skills on epidemic control, community-based surveillance, and OP management /ORS use to prevent cholera	70%	90%
# of volunteers reporting to the surveillance system	52	90

Sectoral Update

Health:

With the re-emergence of cholera in October 2022, HRCS responded to the epidemiological alert from the Ministry of Public Health and Population (MSPP), participating in emergency meetings in which it established its alert and surveillance system according to national health requirements. One of the objectives of the National Society is to build the capacity of its volunteers and team to support the actions of the MSPP to address the current challenges. As soon as the Ministry of Public Health made the announcement, the Red Cross activated its crisis unit and prepared a national cholera response plan to fulfil its role as an auxiliary to the public authorities, in collaboration with its external partners and those of the International Red Cross Movement present in Haiti. The International

Federation of the Red Cross was one of the partners to come forward, providing financial and technical support to the SN so that together they could help the Haitian population. to help the Haitian population cope with the resurgence of the cholera epidemic in Haiti. The Haitian Red Cross' priority areas of action include raising awareness of the population to the early signs and symptoms of cholera, referral to the nearest health centers, promotion of individual and collective hygiene habits, improving the population's access to safe drinking water, community engagement, surveillance and monitoring of the situation, community surveillance for rapid case detection and management, increasing the population's knowledge of water disinfection and the proper use of latrines and sanitary facilities HRCS ambulance teams support the transportation of infected patients and suspected cases to health centers

The twenty-one (21) communes in the five (5) regions targeted by this second phase of the project are: Jérémie, Marfranc, Beaumont, Dame Marie, Anse d'Hainault and les Irois (Grand 'Anse), Les Cayes, Aquin, Camp-Perin, Saint Louis du Sud and Torbeck (South), Miragoane, Asile, Anse-à-veau, Plaisance du Sud, Petite Rivière des Nippes and Fond des Nègres (Nippes), Lascahobas and Boucan (Bas-Plateau), Hinche and Cerca la Source (Haut-Plateau). These communes were chosen in accordance with the Société Nationale's national cholera response plan. During the development of this plan, a needs analysis was carried out based on exchanges not only with Red Cross Movement partners and other humanitarian partners, but also during various cluster meetings, as well as on various key publications, such as those from CNSA, UNICEF, OCHA, MSPP and DINEPA. The data collected during these analyses show that the cholera resurgence is occurring in certain communities that were already facing multiple and very high levels of vulnerability. These vulnerabilities included very limited access to drinking water and hygiene products, insufficient treatment centers and health equipment to cope with the resurgence of the epidemic, and a lack of information for the population on how to avoid infection.

1. **490 Home visits** were carried out by HRC field volunteers. During the period from May 21 to June 30 of the first stage, 72 home visits with the participation of 90 volunteers and from September 12 to November 30, 2023, of the second stage, 418 home visits with the participation of 340 field volunteers, under the supervision of 17 focal points a total **of 208,629 people including 113,972 women and 94,657 men** were sensitized by key messages on cholera.
2. Mass awareness-raising: In the first stage with field teams 60 sessions were carried out from May 21 to June 30 and another 155 sessions for the second stage over the period from September 12 to November 30, 2023, through public places such as public markets, schools, churches, gaguères (gallodromes), public transport stations etc. in twenty-one (21) communes in the five (5) regions of the HRC. **A total of 207,528 people were sensitized, including 11,6710 women and 90,818 men.**
3. Epidemiological surveillance: While home visits were carried out in ten (10) of the 21 communes, epidemiological surveillance made it possible to detect possible cases. **Surveillance teams reported 429 suspected cases (including 206 women and 223 men)** with apparent cholera symptoms, who were referred to the nearest cholera treatment centers or units (CTC/UTC). Oral rehydration salts were distributed to affected households.

List of locations with health structure referred.

- Jérémie: Hôpital Saint Antoine
- Marfranc: Marfranc dispensary
- Cayes: Cayes General Hospital
- Aquin: Aquin community hospital
- Dame Marie : Dame Marie Community Hospital
- Anse d'Hainault : Hôpital saint Jean-Baptiste
- Les Irois: Carcasse dispensary

- Plaisance du Sud : CAL de Plaisance
 - Petite R. des Nippes : SSPE de Petite Rivière
 - Fond des Nègres : SSPE Sainte Catherine
4. Spot broadcast: Contracts have been signed with 4 radio stations across 4 of the 5 regions to produce **8 broadcasts with 480 minutes** of airtime, to broadcast key messages and promote hygiene in the fight against cholera. The project broadcast the MSPP spot to motivate the population on precautions to take to avoid catching cholera throughout the first stage of the project. This activity was facilitated by the CRH communications department.
 5. This radio show was interactive, allowing the public to call in on the radio's telephone line to give their opinion on the work of the National Society. During the radio show, 27 feedback from the community were received through phone calls. The various feedback concerned the different Red Cross interventions in the community. Many compliments were paid to the team for the various activities carried out in the field in relation to the fight against cholera, as well as for the COVID-19 operation. However, other interactions showed that awareness-raising sessions must continue, due to the population's ignorance of the necessary protective measures, and their refusal to believe that cholera is a disease caused by insalubrity. In addition, interactions were received from members of certain localities who complained that they had not received hygiene kits during the distribution, even though the kits distributed were for the most vulnerable people, with well-defined parameters. These activities were carried out jointly by the health team with the support of the CEA team, with a view to achieving an integrated response. A contract was signed between the Haitian Red Cross and Digicel for the distribution of SMS messages to the population in the target regions. A total of 270,000 SMS messages were distributed to the population on key messages to fight cholera. These activities were carried out jointly by the health team with the support of the CEA team, with a view to achieving an integrated response.
 6. EIC distributed: To reinforce continuous access to information and to enable a better understanding of IEC materials, approved by the MSPP were produced and multiplied in different forms. Stickers (pa bliye lave men nou souvan), posters (men sa pou nou fè le nou pran kolera) and posters (proteje tet nou pou n pa trape kolera), were used in awareness sessions and visits to motivate beneficiaries. **A total of 18,850 EIC materials have been distributed.**
 7. Ambulance: To guarantee appropriate transport and pre-hospital care for emergencies, the ambulance service has been strengthened both in the West and in the far South. In fact, ambulance care was guaranteed, and some ambulances benefited from repair and maintenance work. During the response period, various cases benefited from the ambulance service.
 8. Training sessions on epidemic control for volunteers, community-based surveillance, were organized in the department of Nippes and South to strengthen the capacity of Haitian Red Cross volunteers in the following areas: epidemic control, with a focus on waterborne diseases and cholera, and community surveillance to support the Ministry of Public Health and Population (MSPP) in the fight against epidemics.

A total of 90 volunteers participated in the three training sessions (Epidemic Control for volunteers: 60 participants in the Nippes (30 participants) and the South (30 participants) / Community Based Surveillance: 30 participants).

- 60 Haitian Red Cross volunteers (15 women, 15 men) were trained in Epidemic Control for Volunteers (ECV).
- 30 volunteers of the Haitian Red Cross (13 women, 16 men) were also trained on Community Based Surveillance.

At the end of these training courses, participants are responsible for replicating the training modules to other volunteers. The agenda of these training sessions was reinforced by sessions on mental health and psychosocial support for a person or family victim of cholera, and sessions on hygiene promotion for volunteers. The objective of the training was to build the capacity of HRCS volunteers, with a focus on waterborne diseases and cholera, and then on community surveillance to better support the MSPP in implementing an operational surveillance system for the early detection of cholera cases in target communities. Volunteers participating in the training learned to function as resource persons for the beneficiaries. The training encouraged respect for each participant and experience sharing with a methodology based on demonstrations, practices, discussions, case studies, group discussions, and role plays. The training participants have been given a pre- and post-test to evaluate their knowledge.

9. In May 2023, 4 orientation training were carried out on the thematic Cholera, for **66 volunteers and six Focal Points** in 2 communes in the South (Aquin, Les Cayes), and 3 communes in the Grand'Anse (Jeremie, Marfranc, Beaumont, as a prelude to mobilizing volunteers for different awareness sessions on cholera prevention messages. The 66 participants included 24 women and 42 men. Themes developed:

- General information on Cholera
- Water treatment and hand washing/waterborne diseases

MHPSS:

1. Modules on MHPSS, as part of the cursus of the Blue School program²¹, were offered to 259 students (116 girls and 143 boys) aged 10 to 17 years old in seven schools of the departments of Sud (camp Perrin, Torbeck, Les Cayes), Grand'Anse (Jeremie, Beaumont) and Nippes (L'Asile). The Blue school goal is to equip children with knowledge and simple techniques and other life-saving gestures to mitigate the negative effects of recurring disasters (cyclone earthquake. To achieve this, a package of embroidered activities around the WASH Blue School project made it possible to conduct reforestation sessions for these young people with the support of the Ministry of the Environment and National Education. Other trainings sessions conducted were stress management helped children build strength and resilience so that they can cope more positively with difficult life situations.

2. Twelve (12) HRCS staff (2 women, 10 men) from the IFRC/Camp Perrin involved in the earthquake and cholera operation facing themselves a considerable amount of pressure in a highly volatile socio-political context and time of lockdown were supported with at training for staff on stress management. In December, the MHPSS and Hygiene Promotion teams conducted a series of activities (focus groups, mapping, and perception survey) in the communities to determine how to better support the populations in coping with the cholera epidemic. These activities were conducted in the departments of Sud (Camp Perrin), Nippes (l'Asile, Anse-à-Veau) and Grand'Anse (Jérémie). Activities were also planned for Artibonite and Centre departments but could not be conducted. While field activities were slowed down due to the socio-political situation (street barricades, insecurity, and fuel shortage) and all efforts were made by the entire team to maintain activities, unfortunately, the high level of socio-political unrest and insecurity in certain areas such as Artibonite and Centre prevented them from benefitting from mental health services.

3. The MHPSS and Hygiene Promotion teams conducted a series of activities (focus groups, mapping, and perception survey) in the communities to determine how to better support the populations in coping with the cholera epidemic. These activities were conducted in the departments of Sud (Camp Perrin), Nippes (l'Asile, Anse-à-Veau) and Grand'Anse (Jérémie). Activities were also planned for Artibonite and Centre departments but could not be conducted. While field activities were slowed down due to the socio-political situation (street barricades, insecurity, and fuel shortage) and all efforts were made by the entire team to maintain activities, unfortunately, the high level of socio-political unrest and insecurity in certain areas such as Artibonite and Centre prevented them from benefitting from mental health services.



Water, Sanitation and Hygiene

Objective:

Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions

Key indicators:	Indicator	Actual	Target
	# of households reached with WASH support during the emergency phase	4,280	7,000
	# of water supply systems, WASH infrastructure in schools and healthcare centers assessed	34	70
	# of household reached with hygiene kits	4,280	7,000
	# of menstrual hygiene management kits distributed	2,500	2,500
	# of households with improved WASH facilities	4,280	7,000
	# of WASH assessments conducted within the cholera response	8	TBD
	# of water treatment kits distributed in cholera targeted areas	80,000	TBD
	# of people reached with hygiene kits in cholera targeted areas		TBD
	# of people reached with hygiene promotion sessions conducted in communities	99,687	35,000
	# of community water points/ sanitary blocks (latrine) rehabilitated or built-in targeted areas	22	0
	# of people benefiting from WASH water points/ sanitary blocks (latrine) rehabilitated or built-in targeted areas	5,063	5,000

Sectoral Update

WASH:

Awareness-raising on hygiene promotion

During the two (2) phases of the project, around a hundred awareness-raising sessions on good hygiene practices, specifically on water purification methods and hand washing, were held in strategic locations: near water points, in schools, health and religious institutions, and in households. These sessions held by volunteers in five (5) regions targeted by the project, were reinforced by demonstration sessions and distribution of materials. Between January and November 2023, awareness-raising sessions on good water, sanitation, and hygiene practices were carried out in 7 communes in the project's target departments, **a total of 99, 687 people have been sensitized during the project** (Only in two months, a total of 16,531 people (9,006 women and 7,525 men) were sensitized by the National Society's WASH team. The two themes revealed by the volunteers in these awareness-raising sessions were home water treatment and hand washing. For these awareness-raising sessions, volunteers were provided with materials such as: tap buckets, soap, water, and a registration form for data collection.

Materials used:

- Bucket with tap
- Soap
- Water
- Water purification tablet (Aquatab)

2. **A total of 16,000 stickers** with the message "Don't forget to wash your hands often" translated into Creole: (Pa bliye lave men nou souvan) were printed and distributed. A total **of 600 stickers** with the message "What you must do not to catch cholera" translated into Creole: (Men sa pou nou fè le nou pran kolera) were printed and distributed. For messages on preventive actions against the cholera epidemic (translated into Creole: pwoteje tet nou pou n pa trape kolera), **a total of 200 posters** were printed and distributed. The Nationale Society also put-up posters in public places. **Four large posters** were printed with the message on the importance of handwashing.
3. Inputs such as soap and aquatab tablets were distributed to the most economically vulnerable members of the population in the communes targeted by the project. From September 12 to November 30, 2023, three (3) regions and eight (8) communes were targeted **for the distribution of 120,430 units of Aquatab, 7344 sachets of Oral Rehydration Salt (ORS) and 8340 pieces of laundry soap**. This distribution was carried out by field volunteers from October 1 to 31, 2023.
4. **Well drilling:** To improve access to water for some of the most vulnerable populations, drilling work was carried out by a third-party company, with finishing work carried out by the Société Nationale's WASH coordination as part of the fight against cholera. Awareness-raising sessions on water treatment were also held in the target communities.
 - Drilling of 5 community wells in the Grand Sud (Nippes, Sud and Grande-Anse).
 - At the community's request, existing hand wells in the communities were repaired under the supervision of SNCRH's WASH coordinator. Rehabilitation of an electric well and installation of a solar system in Carrefour-Charles, Grande 'Anse.
5. **Sanitation work:** In areas close to HRC headquarters, heavy rains, flooding, and the clogging of canals with garbage have created an unsanitary environment conducive to the spread of epidemics. Community members, under the supervision of key individuals, were mobilized to carry out sanitation work in the area. Materials and equipment were acquired to facilitate the work.
6. **Distribution/ Donation of materials, equipment, NFI WASH and inputs**
 - Hand washing point: A hand washing point is a 125-gallon tank placed on a metal structure with 1 tap.
 - Kit: Cleaning materials: The cleaning materials distributed are as follows:
 - Wheelbarrow

- Shovel
- Mop
- Disinfectant
- Liquid soap
- Pair of gloves

After carrying out mass awareness-raising sessions in public places in eight (8) communes, an assessment was made of schools that did not have the means to enable pupils and staff to wash their hands, and project managers identified 21 public places to install handwashing points (PLM) and 24 kits (cleaning materials) for schools.

List of beneficiary institutions

I.- Grand 'Anse

✓ **Jérémie**

- 1 - Ecole Nationale de Léon - PLM and cleaning kit
- 2 - Ecole Nationale Catherine Flon - Cleaning kit
- 3 - Lycée Nord Alexis - PLM and cleaning kit
- 4 - Ecole Nationale Edner Etienne - PLM

✓ **Marfranc**

- 1 - Ecole Nationale Dumarsais Estimé - PLM and cleaning kit
 - 2 - Ecole Nationale René Philoctète - PLM and cleaning kit
- Beaumont
- 1 - André National School - PLM
 - 2 - Chardonnette National School - PLM
 - 3 - Adventist School - Cleaning kit
 - 4 - Ecole Fondamentale d'Application - cleaning kit
 - 5 - Evangélique Baptiste de Beaumont - Cleaning kit

II.- South

✓ **Cayes**

- 1 - Lycius Félicité Salomon Jeune - PLM and cleaning kit
- 2 - Ecole Nationale Séminariste Télémaque - PLM and cleaning kit
- 3 - Ecole Nationale Lagraude - PLM and cleaning kit

✓ **Aquin**

- 1 - Morisseau Methodist School - PLM and cleaning kit
- 2 - Centre de la Petite Enfance - PLM and cleaning kit
- 3 - Ecole St Antoine de Padoue - PLM and cleaning kit
- 4 - Ecole Nationale de Coma - Cleaning kit

II - NIPPES

✓ **Miragoane**

- 1 - Lycée Jacques Prévert de Miragoane - PLM and cleaning kit
- 2 - Ecole Nationale de Miragoane - PLM and cleaning kit
- 3 - Lycée des jeunes filles de Miragoane - PLM and cleaning kit

✓ **Asylum**

- 1 - EFACAP de l'Asile - PLM and cleaning kit
- 2 - Ecole Nationale de l'Asile - PLM and cleaning kit
- 3 - Lycée Saint Joseph de l'Asile - PLM and cleaning kit

✓ **Anse-a-Veau**

- 1 - Lycée Boisrond Tonnerre - PLM and cleaning kit
- 2 - Regional office - PLM

2 - Ecole Nationale des Saints-Anges - cleaning kit

3 - Ecole Nationale Mixte - cleaning kit



Protection, Gender and Inclusion

Objective:	<i>Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs</i>		
Key indicators:	Indicator	Actual	Target
	<i>PGI strategy developed for the operation</i>	1	1
	<i>per cent of staff and volunteers in the operation briefed on Code of Conduct, PSEA, PGI concepts and child safeguarding policy</i>	80 %	100 %
	<i># of operational sectors collecting sex and age disaggregated data</i>	5	5
	<i>HRCS Gender, Diversity and Social Inclusion Policy and Plan of Action developed</i>	Yes	Yes
	<i># of referral pathways developed and disseminated</i>	2	5
	<i># of girls, boys, women, men reached by SGBV-PSEA prevention messages</i>	287	5,000

Sectoral update:

1. With the resurgence of cholera in the country and the recent revision of the operational strategy, it is necessary to ensure integration of PGI in any new aspect of the revised strategy. Joint plans were developed to follow up on the efforts of the former PGI delegate and to include capacity building for HRC staff and volunteers, including continuous training on prevention and response to exploitation and sexual abuse, and to add prevention of sexual harassment in the workplace training.
2. The HRC has included sexual misconduct issues in the Code of Conduct that everyone must sign, but practical implementation requires resources and planning. The current priority is to integrate PGI into the ongoing health and WASH sectors, which will lead the main activities of the cholera action plan. The IFRC in Haiti and the Haitian Red Cross have begun collaborating to translate into Creole an interactive one-hour online training for the humanitarian sector developed by Empower Aid.
3. Thirty-two (32) HRCS gender focal points have been trained and two referral mechanisms have been developed.
4. A follow-up to the 2024 unified planning workshop in Santo Domingo for the three National Societies in the cluster is the idea to set up a PGI working group. It could consolidate requests from the three NS about key gaps and one of the goals is to ensure peer support in developing policies and practice on prevention and response to sexual exploitation and abuse (PSEA). Creating one-shop complaint mechanisms and solicit support to be able to investigate sexual misconduct would be among the tasks. A plan is to apply to IFRC's capacity-building fund for initial PSEA efforts.



Community Engagement and Accountability

Objective:			
Key indicators:	Indicator	Actual	Target
	<i># of people reached through Risk Communication and Community Engagement (RCCE) for health and hygiene promotion activities.</i>	842,261	1,000,000
	<i>. # of feedback mechanism implemented.</i>	1	3
	<i># of perception surveys implemented.</i>	1	3
	<i># of community meetings organized under the CEA perspective</i>	15	45
	<i># of volunteers and local community groups and representatives trained in RCCE approaches and operational</i>	393	335
	<i># of community representatives and leaders trained on cholera and supporting social mobilization sessions in their communes</i>	62	125
	<i>RCCE case studies produced and distributed.</i>	0	1
	<i># of Community members trained in RCCE and communication</i>	91	132
	<i># of volunteers trained in basic CEA.</i>	186	600

Sectoral update:

Community Engagement and Accountability/Risk Communication and Community Engagement (CEA/RCCE) was a stood central part of this project, and the opportunity was used to start institutionalizing CEA within the NRCS as this approach is still new to them. As volunteers were trained on CEA/RCCE, the quality of community sensitization activities improved and hence, accelerated the process of behavior change. Thanks to these training sessions, volunteers improved communication styles to best adapt to different beneficiaries and ensure two-way communication. Through continuous on-the-job training, the volunteers improved their capacities in capturing rumors and feedback and were able to share this information through feedback mechanisms. RCCE training were conducted in Haiti from November 2022 to July 2023.

1. In July 2023, a **total of 60 volunteers (39 women and 21 men)** attended these training in RCCE approaches and community feedback collection to support better community engagement, including support for community-based solutions to cholera vaccination and project activities. The capacity of these volunteers was strengthened with the aim of consolidating the understanding and capacity of HRC

volunteers in CEA and feedback management, and to be able to mobilize them for activities aimed at reinforcing the various awareness sessions, supporting community involvement, and putting in place sustainable solutions with the community to contribute to the fight against cholera.

These training used participatory adult methodologies that facilitated learnings through brainstorming, discussions, group works, games, and interactive sessions. The training contents were developed based on the needs and required competencies of the HRCS team on RCCE. The training contents were a good mix of RCCE training package and tailored sessions on communication and interpersonal communication skills, community engagement, behavior change communication and feedback mechanisms to increase the practical skills of the trainees for the RCCE field implementation.

2. As part of the implementation of a mechanism to gather opinions, feedback, suggestions and complaints from its beneficiaries, a five-day training course on community engagement and accountability was organized for the HRC volunteers. **A total of 30 volunteers (17 Women and 13 men)** were trained on Kobo Collect to better support the feedback mechanism. The training sessions took place in the communes of Jeremie and Dame-Marie in the Grand'Anse department, and in the commune of Anse a Veau in the Nippes department. Also, the CEA team organized the same training at organized at the Base Camp of the HRC in the West department from the 24 to 28 July 2023.
Ten volunteers (4 men, 6 women) from the West Department took part in the training to respond daily calls and queries from beneficiaries and the community via the "green line", which will enable HRC NS to receive calls from beneficiaries and communities in which HRC and National Societies partners are implementing projects.
3. Training session on awareness-raising techniques (Communicating better with communities and answering people's questions) and on Better understanding the CEA's approaches and how they contribute to and promote response operations. **A total of 89 community leaders (leaders of community organizations, youth leaders, religious leaders, teachers, CASEC...) (61 women and 28 men) were trained in communication techniques to conduct social mobilization sessions in their communities. These training courses were carried out in Jeremie and Dame-Marie.**
4. As part of sensitization sessions in the fight against cholera, the CEA team worked jointly with the health and WASH team to ensure that the sensitization techniques for communicating with the community were applied correctly. adequate way. As a result, the CEA team joined the health team and WASH team to implement awareness-raising activities in an integrated manner. Volunteers trained in sensitization techniques, community engagement and cholera are those who have been mobilized for the sensitization sessions. **With the volunteers trained by the CEA, 40 volunteers were mobilized to support the awareness sessions conducted by the health team, a total of 64,633 people** (28,606 men, 36,527 women) were reached by messages on cholera, the promotion of hygiene and handwashing during door-to-door sensitization sessions, group discussions, mass sensitization sessions in communities with megaphones, lectures and IFRC vehicles equipped with public address systems in three departments (Grand'Anse, Central Plateau, South, Nippes).
5. One radio broadcast was carried out by the CEA team of the Haitian Red Cross at a local radio station in Miragoane (Radio Caribbean) in the Nippes department. The National Society was represented by the CRH CEA Officer and the CRH Regional President for the Nippes Department.
 - This radio show was interactive, allowing the public to call in on the radio's telephone line to give their opinion on the work of the National Society.
 - **During the radio show, 27 feedbacks from the community were received through phone calls. The various feedbacks concerned the different Red Cross interventions in the community. Many**

compliments were paid to the team for the various activities carried out in the field in relation to the fight against cholera, as well as for the covid-19 operation. However, other interactions showed that awareness-raising sessions must continue, due to the population's ignorance of the necessary protective measures, and their refusal to believe that cholera is a disease caused by insalubrity. In addition, interactions were received from members of certain localities who complained that they had not received hygiene kits during the distribution, even though the kits distributed were for the most vulnerable people, with well-defined parameters.

6. A total of 04 focus groups were carried out in the municipalities of Jeremie and Dame-Marie with the following groups of people:
 - Focus group with Community based Organization (OCB) and Community health workers (ASCP) in Jeremie
 - Focus group with Community based Organization (OCB) and Community health workers (ASCP) in Dame-Marie
 - Focus group with traditional doctors, religious priests, and priestesses (Hougans, mambo) In Jeremie
 - Focus group with traditional doctors, religious priests, and priestesses (Hougans, mambo) In Je in Dame-Marie.
7. Discussions/meetings were held with community members (Jeremie, Dame-Marie) with the objective of understanding the socio-cultural context and power dynamics and identifying networks and influencers in each community (Identify safe, feasible and acceptable types of collaboration). people who participated in these community meetings are community leaders, religious leaders, women's groups, youth, youth, volunteers, etc. community leaders, religious leaders, women, youths etc. **Thirty-seven (37) people participated in these meetings (22 women / 15 men).**
8. Meeting for community platforms (community leaders, religious leaders, women, youths etc.) on RCCE with focus on cholera prevention and response with a focus on vaccine acceptance and community-based surveillance. **Thirty-eight (38 people participated in these meetings (20 women / 18 men).**
9. An interagency virtual meeting on AAP and Community Engagement joint efforts in Haiti was held on May 10, 2023, between IFRC (CEA Delegate Haiti, Regional Community Engagement and Accountability Senior Officer and Regional Community Engagement and Accountability (CEA) Strategic Lead) and UNICEF's (Social and Behavior Change Chief/Accountability Focal point Haiti and AAP Regional Expert). The purpose of the meeting was to have a touch base meeting to know if there are potential common areas or join and coordinated work about AAP and Community Engagement in Haiti.
10. The meeting of the Working Group on Accountability to Affected Populations, Communication and Community Engagement in Haiti on May 19, 2023. The aim of this interagency group is to Provide technical support to the main coordination structures (Intersectoral, Humanitarian Country Team) in promoting the integration of accountability, community engagement and two-way communication between the population and humanitarian organizations.
11. Since May 21, the CEA Delegate has been taken part as Supervisor to the training and launching of the cholera responses activities organized by the HRC in the Department of Sud



Migration

Female > 18:

Female < 18:

Male > 18:

Male < 18:

Objective:	<i>Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)</i>		
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Key indicators:	Indicator	Actual	Target
	<i>RFL response plans developed for the operation</i>	1	1
	<i># of people reached with RFL activities</i>	25	300
	<i># of people trained in RFL</i>	5	20
	<i># of services delivered to re-establish and maintain contact with family members and determine the fate and whereabouts of the missing</i>	4	332

Sectoral update:

The activities under the Migration sector were completed in the emergency phase of the earthquake response and consisted of Restoring Family Links activities. A presentation of accomplishments can be found in the previous operation updates and a summary of the [12-month operation update](#).

However, the national and regional monitoring of Haitian migratory flows maintain monitoring activities through the National Societies in the region and the IFRC delegations.

Enabling approaches



National Society Strengthening

Objective:			
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Key indicators:	Indicator	Actual	Target
	<i># of volunteers insured</i>	9,000	10,000
	<i># of volunteers involved in the operation</i>	500	1000
	<i>OCAC second phase completed</i>	No	Yes
	<i># of PER processes conducted</i>	0	1

Sectoral update:

1. Volunteer orientation: To start the project, as of May 21, 2023, four (4) orientation sessions were organized for 60 field volunteers at a rate of 10 per commune and 6 focal points in four (4) HRC regions and the other 30 volunteers in the other 3 communes were already oriented by other projects.

Topics covered.

- General information on cholera
 - Water treatment and hand washing/waterborne diseases
- Duration of orientation days: 9 a.m. - 4 p.m.

2. Visibility materials for volunteers include white jerseys bearing the CRH logo and the words "réponse au cholera" on the back, red kepis with the CRH logo and bibs with the CRH logo. A total of 459 shirts, 213 kepis and 280 bibs were distributed to volunteers.
3. IFRC continues to support the HRCS in its response to the Earthquake and Cholera Outbreak around the country, more specifically in the affected departments.
4. Regional support: To facilitate the monitoring and day-to-day running of field activities in the regions, office materials, supplies and equipment have been acquired for 5 regional branches: Haut Plateau Central, Bas Plateau Central, Sud, Nippes and Grande-Anse.
5. 9,000 HRC's volunteers are insured to support the Operation Earthquake in Haiti and this insurance has been extended for the year 2023.
6. Since February 2023 with July 2023, a CEA specialist was deployed in Haiti to work closely with the National Society and support CEA activities.
7. To carry out the activities, the volunteers were provided with visibility materials bearing the Haitian Red Cross logo and the title of the cholera response project (jersey and kepi), enabling the population to identify the National Society surveillance team.
8. Training on Cholera, Hygiene promotion, Risk communication and community engagement, Kobo collect.



Coordination and Partnerships

Objective:			
Key indicators:	Indicator	Actual	Target
	<i># of rapid response personnel deployed</i>	119	50
	<i># of disaster law briefs disseminated to IFRC network partners</i>	0	3
	<i># of Movement-wide statements issued</i>	1	1
	<i># of Movement operational meetings held</i>	8	9
	<i># of RCRC installations provided with ITT services</i>	1	1

Sectoral update:

1. Operations meetings occur every week with the National Society week to keep track of activities, and a CCD meeting three times a week.

2. The IFRC team in Haiti has been meeting three times a week on Mondays, Wednesdays, and Friday. The operations reflect the activities agreed in the IFRC operational strategy and pledge-based requirements.
3. It is also urgent for the National Society to implement funding from Government of Japan and ICRC that must be spent by the end this year.
4. The Movement partners (PNS, ICRC and IFRC) have been meeting every two weeks for informal discussions on how to coordinate support to the Haitian RC (Canadian, Spanish and Switzerland RC, and with Netherlands RC also on the invitation list). These discussions show the need for continuous coordination at many levels such as the harmonization of per diems for National Society volunteers, transport payments for the National Society and insurance for volunteers. During the meetings, PNS, ICRC and IFRC openly discuss progress and gaps in their respective operations. This also serves to coordinate National Society position payments between partners (also in terms of percentages and length of funding commitments).
5. Coordination between partners also addresses issues such as how best to support the National Societies to raise and secure stable, predictable funds based on transparent and effective operations and how to support the upgrading of the HRC financial system in terms of budgeting and providing monthly expenses and income in a timely manner, to better serve decision making and accountability



Secretariat Services

Objective:			
Key indicators:	Indicator	Actual	Target
	<i>Communications support</i>	1	1
	<i>Real-Time Evaluation</i>	0	1
	<i>Final Evaluation</i>	1	1
	<i># of pledges registered</i>	37	20
	<i># of new donors to the IFRC</i>	1	5
	<i>HRCs resource mobilization plan</i>	1	1
	<i># of financial reports issued</i>	1	1
	<i>Final Audit conducted</i>	0	1
	<i>Security Protocol for operation implemented</i>	1	1

Sectoral update:

Finance: Challenges to transfer money to Haiti internationally and nationally have affected the continuity of ongoing activities. Insecurity affects multiple aspects of the work, including the difficulty to move funds in country to pay for working advances or employees at time. Global insecurity in the country can hamper on activities by increasing transactional difficulty and imposing delays on transfers of funds from third countries, impacting on

money available to timely do activities or impacting on the payment of personnel involved or even suppliers. This is handled by reorganizing activities and communicating in a transparent manner with personnel and suppliers.

HR: The plan will be to transfer and train HRC staff and volunteers to take over this position and strengthen the link with Governmental concerned units for a strong collaboration especially in PGI, and PSS. IFRC should raise more funds to support the cholera response to have HRC local Coordinators playing the role of Field Coordinators. Two surge personnels were deployed to support the activities in Haiti: CEA delegate, security coordinator as HR remains challenging for the reasons summarized below: The economic situation and the humanitarian context challenge recruitment and maintaining of qualified human resources, turnover is extremely high. Constant safety and socio-economic concerns in country not only negatively affect the operation but the physical and mental health of our staff. While considered crucial (based on in country context) there is limited funding for substantive psychosocial support

Security: IFRC maintains orange phase for all Haiti. The overall security situation in Haiti remains volatile and fluid. Movement Restrictions are in place, all movements need to be strictly coordinated through security. The main risk for IFRC staff remains “Collateral Damage” resulting from “wrong place, wrong time incidents.” Kidnappings are still on the rise.

D. FUNDING

As per financial report attached, this operation closed with a balance of CHF 330,400. The International Federation seeks approval from its donors to reallocate this balance to PHT119/MAAHT003 Haiti Resilience to support the operation of Haiti Country Office, National Society Development and Movement Coordination. Partners/donors who have any questions regarding this balance are kindly requested to contact the Head of Delegation, Elias Ghanem (elias.ghanem@ifrc.org), within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

Contact information

For further information, specifically related to this operation please contact:

At the Haiti Red Cross

- **President of National Society of Haiti Red Cross:** Guétson Lamour, president@croixrouge.ht

At the IFRC

- **Head of the Country Cluster Delegation for Cuba, Haiti and Dominican Republic:** Elias Ghanem, elias.ghanem@ifrc.org
- **Operations Manager, Evolving Crisis and Disasters:** Maria Martha Tuna, maria.tuna@ifrc.org
- **Communications Manager, Americas Regional Office:** Susana Arroyo, susana.arroyo@ifrc.org
- **Head (Acting) of PMER and Quality Assurance:** Pradiip Alvarez, pradiip.alvarez@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **Head of Strategic Partnerships and Resource Mobilization, Americas Regional Office:** Monica Portilla, monica.portilla@ifrc.org

For In-Kind Donations and Mobilization table support:

- **Regional Logistics Manager, Americas Regional Office:** Stephany Murillo, stephany.murillo@ifrc.org

Reference documents



Click here for:

- [Revised Emergency Plan of Action 26 November 2021](#)
- [Revised Operational Strategy 23 February 2023](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Annex

Haiti Earthquake and Cholera Emergency Appeal Final Evaluation

FINAL EVALUATION

HAITI EARTHQUAKE AND CHOLERA EMERGENCY APPEAL
(MDRHT018)



FINAL REPORT

Presented to
The International Federation of Red Cross and Red Crescent Societies



By

Jempsy FILS AIME, with the support of InterConsultants

June 2024

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/8-2024/12	Operation	MDRHT018
Budget Timeframe	2021-2024	Budget	APPROVED

Prepared on 10 Feb 2025

All figures are in Swiss Francs (CHF)

MDRHT018 - Haiti - Earthquake and Cholera

Operating Timeframe: 15 Aug 2021 to 31 Dec 2023; appeal launch date: 16 Aug 2021

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	288,000
AOF2 - Shelter	1,098,000
AOF3 - Livelihoods and basic needs	1,482,000
AOF4 - Health	7,064,000
AOF5 - Water, sanitation and hygiene	2,137,000
AOF6 - Protection, Gender & Inclusion	124,000
AOF7 - Migration	307,000
SFI1 - Strengthen National Societies	2,696,000
SFI2 - Effective international disaster management	17,000
SFI3 - Influence others as leading strategic partners	570,000
SFI4 - Ensure a strong IFRC	3,417,000
Total Funding Requirements	19,200,000
Donor Response* as per 10 Feb 2025	8,652,874
Appeal Coverage	45.07%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	419,759	419,759	0
AOF3 - Livelihoods and basic needs	727,669	681,573	46,096
AOF4 - Health	876,843	651,864	224,979
AOF5 - Water, sanitation and hygiene	1,615,152	1,601,945	13,207
AOF6 - Protection, Gender & Inclusion	12,754	12,754	0
AOF7 - Migration	123,400	123,400	0
SFI1 - Strengthen National Societies	1,511,205	1,482,867	28,338
SFI2 - Effective international disaster management	3,168,946	3,131,664	37,282
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	146,500	192,099	-45,600
Grand Total	8,602,227	8,297,925	304,302

III. Operating Movement & Closing Balance per 2024/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,628,325
Expenditure	-8,297,925
Closing Balance	330,400
Deferred Income	0
Funds Available	330,400

IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	750,000	Outstanding :	0
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/8-2024/12	Operation	MDRHT018
Budget Timeframe	2021-2024	Budget	APPROVED

Prepared on 10 Feb 2025

All figures are in Swiss Francs (CHF)

MDRHT018 - Haiti - Earthquake and Cholera

Operating Timeframe: 15 Aug 2021 to 31 Dec 2023; appeal launch date: 16 Aug 2021

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	1,146,391				1,146,391		
Austrian Red Cross	52,509				52,509		
Austrian Red Cross (from Austrian Government*)	52,509				52,509		
British Red Cross	823,998	8,561			832,559		
British Red Cross (from Jersey Overseas Aid*)	115,000				115,000		
Canadian Government		136,060			136,060		
Czech Government	105,805				105,805		
Ericsson	6,059				6,059		
Finnish Red Cross	108,908				108,908		
French Government	8,003				8,003		
French Red Cross		51,716			51,716		
German Red Cross (from German Government*)	100,000				100,000		
Hong Kong branch, Red Cross Society of China		26,852			26,852		
ICRC	175,000				175,000		
Iraqi Red Crescent Society	925				925		
Irish Government	381,625				381,625		
Irish Red Cross Society	19,456				19,456		
Italian Government Bilateral Emergency Fund	540,071				540,071		
Italian Red Cross	123,300				123,300		
Japanese Government	742,324				742,324		
Japanese Red Cross Society	336,731				336,731		
Monaco Government	32,030				32,030		
New Zealand Government	630,300				630,300		
NOVO NORDISK	9,228				9,228		
On Line donations	10,655				10,655		
Polish Red Cross	3,222				3,222		
Red Cross of Monaco	53,750				53,750		
Republic of Korea Government	457,077				457,077		
Romanian Government	53,689				53,689		
Slovenia Government	32,036				32,036		
Spanish Government	270,035				270,035		
Spanish Red Cross		22,114			22,114		
Supreme Master Ching Hai	27,500				27,500		
Swedish Red Cross	172,969				172,969		
Swiss Government	250,000				250,000		
Swiss Red Cross	100,000				100,000		
Swiss Red Cross (from Swiss Government*)	100,000				100,000		
The Canadian Red Cross Society	366,348	130,296			496,644		
The Canadian Red Cross Society (from Canadian Gov	370,780				370,780		
The Netherlands Red Cross (from Netherlands Govern	429,217				429,217		
The Republic of Korea National Red Cross	39,835				39,835		
United States - Private Donors	1,007				1,007		
WarnerMedia	4,432				4,432		
Total Contributions and Other Income	8,252,725	375,600	0	0	8,628,325	0	
Total Income and Deferred Income					8,628,325	0	