

Emergency appeal №: MDRHT018 Emergency appeal launched: 15/08/2021 Operational Strategy published: 23/02/2023	Glide №: EQ-2021-000116-HTI – Earthquake EP-2022-000325-HTI – Cholera
Operation update #5 Date of issue: 30/05/2023	Timeframe covered by this update: From 15/08/2021 to 31/03/2023
Operation timeframe: 28 months (15/08/2021 - 31/12/2023)	Number of people being assisted: Earthquake: 35,000 people (7,000 families) Cholera: 10,100 people (2,020 families)
Funding requirements (CHF): CHF 19.2 million through the IFRC Emergency Appeal Click here for Donor response.	DREF amount initially allocated: CHF 750,000 (reimbursed)

To date, this Emergency Appeal, which seeks CHF 19,200,000, is 74% per cent funded considering the bilateral contributions for the Red Cross Emergency hospital (RCEH) of CHF 5,551,000. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue with the preparedness efforts and provide humanitarian assistance and protection to the affected population.



Top left: IFRC WASH officer evaluates prior construction of WASH facilities (top right) in Ecole Nationale de L'Estage in Maniche. Bottom left: HRCS Volunteer evaluates another school facility for WASH reconstruction in the Sud Department. Bottom right: IFRC Hygiene promotion. Source: IFRC.

This update of the emergency response operation in Haiti was prepared following the publication of the second revision of the Emergency Appeal, published 9 December 2022, and the revised operational strategy, published on 23 February 2023. These revisions integrate the response to the 2022 cholera outbreak. The IFRC, on behalf of HRCS, expresses its sincere gratitude to all donors for the generous humanitarian contributions received. Additional financial contributions are needed to enable the National Society, with the support of the IFRC, to provide humanitarian assistance to Haitian populations affected by the 2021 earthquake and 2022 cholera outbreak. The overall funding requirement to mainstream cholera remains at CHF 19.2 million with the following changes:

- 1. Additional geographical areas are included.*
- 2. The number of people to be assisted was increased to 45,100.*
- 3. The implementation period has been extended to 28 months (until 31 December 2023)*
- 4. New Health, WASH and CEA activities have been included to control the cholera outbreak and prevent further infections.*

After the Emergency Appeal timeline ends, IFRC plans to continue response activities under the IFRC Country Plan for Haiti.

A. SITUATION ANALYSIS

Description of the crisis

Regularly exposed to natural hazards, Haiti faces recurring socioeconomic and political challenges stemming from deep-rooted structural problems. Indeed, according to the Haiti Humanitarian Needs Overview Report released in March 2022, approximately 3.8 million people are expected to require assistance to meet their basic health needs. This increase in needs is mainly due to numerous crises, such as the COVID-19 pandemic, the 7.2 magnitude earthquake in 2021, which affected more than 800,000 people in the country, and the resurgence of cholera cases in 2022. Between the consequences of a climate of insecurity that causes the total dysfunction of health institutions in several neighbourhoods of the capital and some provincial cities, the damage caused to several health structures in areas affected by the earthquake, access to quality health care is becoming a major concern, and the secondary consequences to this situation so bleak, have had a negative impact on the population and further limit access to essential health services.¹

Between October 2010 and February 2019, more than 820,000 cases of cholera, including nearly 10,000 deaths, were reported in Haiti. After more than three years without any reported cases of cholera in Haiti, national authorities through the Ministry of Public Health and Population (MSPP), reported as of 2 October 2022, two confirmed cases of *Vibrio cholerae* 01 in the greater Port-au-Prince area and in the commune of Cité Soleil. During Epidemiological Week (ER) 39 of 2022, health facilities in certain areas of Port-au-Prince and Cité Soleil communes reported an increase in cases of severe acute diarrhea among hospitalized patients, including children and adults. More than 20 suspected cases of cholera, including 7 fatal cases, preceding these areas have been detected by health personnel.²

As of 28 February 2023, more than 33,661 suspect cases had been reported by the Ministry of Public Health (MSPP), with 2,439 confirmed cases and 594 deaths. Suspected cholera cases that were initially concentrated in certain areas of the capital are now 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 56 percent of reported suspected cases are male and 44 percent female. The age groups 1-4 years old (20 percent) and 5-9 (16 percent) are the most affected among the confirmed cases, followed by the group 20-29 (14 percent). The number of cholera cases is underreported and underestimated as the capacity of the epidemiological surveillance system to detect suspected cases is still

¹ <https://reliefweb.int/report/haiti/ha-ti-aper-u-des-besoins-humanitaires-2022-mars-2022>

² <https://reliefweb.int/report/haiti/haiti-premiers-deces-dus-au-cholera-en-trois-ans-oms>

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.

Considering the magnitude and wide spread of the cholera epidemic ongoing in Haiti, in conjunction with the complex humanitarian crisis the country is currently facing, the limited resources to control the epidemic, as well as the constant migratory flow towards the Dominican Republic, PAHO assessed the risk of spread across Hispaniola as remarkably high³. The situation is being closely monitored by PAHO, also supporting the government of the Dominican Republic with an awareness and vaccination campaign against cholera to contain the number of cases. Since October, the Dominican Republic has registered 88 cases, including 71 in the capital Santo Domingo area and none have died from the disease⁴.

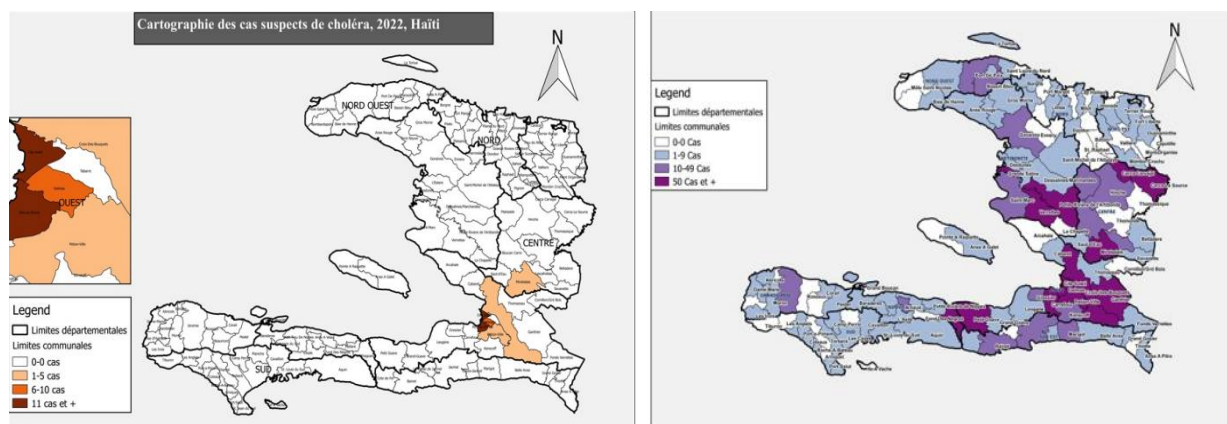


Figure 1: MSPP mapping of suspected cholera cases *07 October 2022 (left); 02 March 2023 (right)

The earthquake and the resurgence of cholera in the country are crises within a global crisis, as Haiti continues to experience high levels of social, economic, and public health crises that add to the initial dire situation of those affected and constitute a challenging humanitarian environment to provide services. Over the past months, gang violence has reached new heights and grounds, with everyone and institutions a potential target for attacks, kidnapping and murders. Extreme violence and gross human rights violations, including mass incidents of murder, gang rapes and sniper attacks, have increased sharply. The United Nations Office on Drugs reports alarming figures on Haiti's criminal markets⁵ and crimes.

	2019	2020	2021	2022
Homicides	1,141	1,380	1,615	2,183
Kidnappings	78	234	664	1,359
Police killed	42	30	49	54

Figure 2: UN Office on Drugs List of gang related activity in Haiti (2019 – 2022)

The number of gangs in Haiti is estimated between 150 to 200, with about half of them in Port-au-Prince (PAP) controlling approximately 60 percent of the metropolitan area⁶ in 2022. There are now sources indicating that since 2023, 100 percent of Port-au-Prince would be controlled by gangs⁷. Gangs use commercial terrorism, sexual violence, massacres, extortion, and kidnappings daily to accumulate power and fund their operations. According to the UN, the

³ PAHO, [Cholera in Hispaniola Island – Risk Assessment](#), (2 Dec 2022)

⁴ PAHO, [Cholera outbreak Hispaniola situation report no15](#), (4 March 2023)

⁵ UN, [Drug report on Haiti's criminal markets](#), Feb 2023

⁶ USA Today, [Haiti spinning out of control](#), March 2023

⁷ CBC News, [Haiti sudden turn to the worse](#), March 2023

country is well endowed and increasingly supplied with trafficked firearms and ammunition and remains a trans-shipment country for drugs. Kidnappings for ransom are now a constant with, among others, medical personnel and students kidnapped for ransom from their institutions.

Gang rivalries have proliferated beyond the PAP (Port-au-Prince) area, extending their reach to other parts of the country, encompassing both urban and rural regions, as they vie for control over territories and economic resources. These conflicts have resulted in significant population displacements, with people fleeing violence in threatened areas. For instance, in the Artibonite and Centre departments alone, over 3,000 individuals have been forced to relocate since February. The encroachment of criminal gangs has also posed a serious threat to agricultural production. In the metropolitan area of Port-au-Prince, as reported by the IOM (DTM: Displacement Tracking Matrix), over 155,100 individuals are in situation of displacement mainly due to urban violence, marking a staggering 77 percent increase from August 2022.

Urban gang violence continues to have an impact outside of Port-au-Prince, presenting operational challenges for humanitarian actors as well as security issues that result in access restrictions along the main land route in the South. The humanitarian corridor that allows vital supplies to reach the South after the earthquake remains disrupted due to continued gang violence and the overstretched capacity of the Haitian National police. The transport of supplies and materials is also severely hampered by the continued shortage of supplies (most of which are stuck at the port) and fuel across the country (caused by the blockade of the port of Port-au-Prince) causing delays and high operational costs of service providers⁸. There has also been a notable increase in acts of violence against humanitarians and the structures they have put in place to support populations; and against the populations themselves in search of support.

On 3 March, the HRCS, the ICRC and the IFRC in a joint [Press Release](#), made an urgent call for the protection of the medical mission, humanitarian access and respect for the Red Cross emblem. Over the last two years, the protracted crisis has led many humanitarian organizations to cease their activities, to repatriate part of their staff, and/or to reconsider the scale of their programs.

In the same vein, faced with intolerable risks and unable to guarantee the safety of its patients and staff, Doctors without Borders (MSF)⁹, which manages CTC and intervenes in hospitals, has twice had to suspend its activities in some areas since January, because of major incidents, which had never happened in the past for this institution. MSF has publicly appealed for the protection and respect for the protection and respect of medical activities, emphasizing the need for staff to be able to safely resume their critical work and continue providing essential care for the population.

⁸ UNICEF, [2022 End-year humanitarian situation report](#), Feb 2023.

⁹ MSF, [Haiti : Activités en grave difficulté](#), Feb 2023

According to WFP's [Haiti information booklet](#), the latest Integrated Food Security Phase Classification (IPC) covering September 2022 to February 2023, remains alarming and highlights that almost half the population in Haiti, or 4.7 million people are acutely food insecure (IPC 3+). Close to 1.8 million are now in Emergency phase (IPC 4), an increase of half a million since the previous analysis, and 19,200 people are facing catastrophic hunger (IPC 5), a first in Haiti and in the Latin America and the Caribbean region. Food security trends show a steady deterioration of the food security situation since 2016.



Figure 3: [FewsNet](#) Food security Phase projections by department in Haiti.

At the economic level, the Governor of the Central Bank of Haiti, declared that the country was in economic depression after several years of negative growth and inflation reaching 47.2 percent in October 2022. This situation leads to a significant increase in prices of necessities including foodstuffs¹⁰.

In a [press release](#) issued in January, UNICEF raised concerns that amid growing armed violence in Haiti, at least 2.6 million children are expected to need immediate life-saving assistance in 2023; and 1 out of 2 children will depend on Humanitarian assistance to survive. The current crisis in Haiti affects children's right to protection and education. Most schools in Haiti were closed for seven months last year and only began to gradually reopen in October 2022. Trends in 2023 are showing that many schools are now closing under threats of ransoms and ambient insecurity.

On a more global perspective, the UN and its partners issued a press release on 18 March 2023 urgently calling for increased access and resources to reach those in desperate need. The Chief of the Humanitarian Field Support Section of UNICEF said: *"The degradation of the humanitarian needs in Haiti is unprecedented. The suffering of a Haitian child today is not comparable to the suffering of a Haitian child a few years ago. As humanitarians, we are finding ways to reach those in need including in gang-controlled areas. For that to happen in a sustainable way, we also need the donor community to not give up on Haiti."*

¹⁰ OCHA, [Situation report no 7](#), Jan 2023

Summary of response

Response efforts by the government, humanitarian organization, and the Red Cross Red Crescent Movement, are shifting from the earthquake to cholera, as for most organizations, only recovery and longer-term pending activities remain to be done. The entire earthquake response has been extensively documented in previous operations updates. Therefore, this report focuses on the cholera response. The cholera response is in continuity with the earthquake response and Health, WASH and CEA activities will benefit the same population, as the response area covers the earthquake response area.

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 and INGOs, 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 have 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 Percent covered¹¹.

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 teams¹².

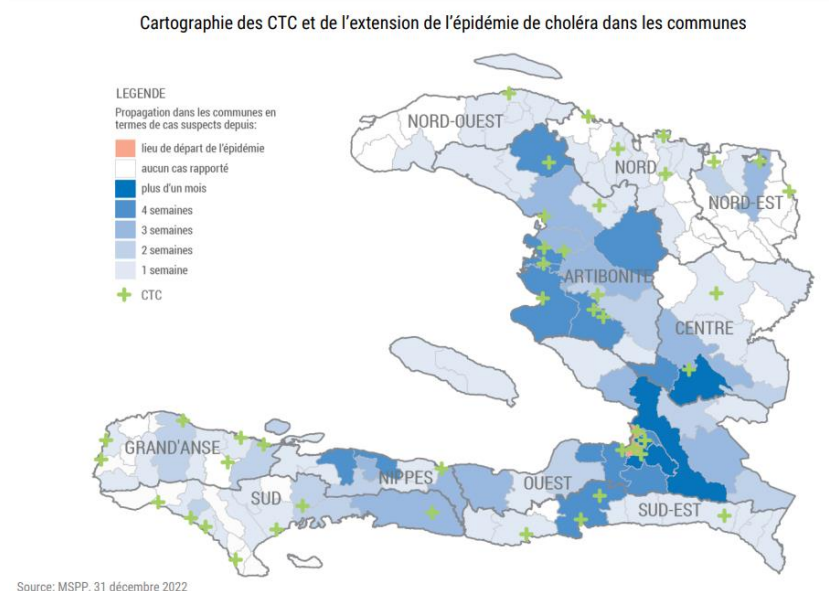


Figure 4: Centre of treatment of Cholera localization¹³

Some 900 multi-purpose community health workers (ASCP) have been deployed in the West and Centre departments to support the community response and ensure epidemiological surveillance in the areas most at risk. As part of the efforts to improve the labomoto network initiative for rapid investigation of cholera alerts and ensure proper implementation of surveillance guidelines, PAHO/WHO is collaborating with the national laboratory of Public Health (LNSP) to support the departments of Sud-Est, Nippes, Sud and Grand'Anse in Haiti.¹⁴ DINEPA has finalized a response plan that focuses on coordinating WASH-cholera related activities, communicating with communities on the proper use of water and promoting hygiene, and providing services in targeted areas, including water quality monitoring and the quick repairs of drinking water systems. The government task force has designed a specific communication plan in response to cholera. The UN is supporting the production and dissemination of the communication campaign.

As OCHA¹⁵ reports, 1.2 million oral cholera vaccines arrived on 12 December 2022 in Haiti with the support of PAHO. The first phase of the vaccination campaign, led by the MSPP, began on 19 December in the most affected municipalities and surrounding areas of the West and Centre departments, before the closure on 16 January 2023. Doses were also inoculated to prisoners in Port-au-Prince and Carrefour penitentiaries. PAHO reported that there has been a remarkable decrease in the number of suspected cases in the West where the vaccination coverage rate was 74.4 percent, although new cases continue to be reported. However, the vaccination option is challenged as the supply of inputs across the country remains a major challenge in the response to cholera in Haiti. PAHO/WHO has

¹¹ UNOCHA, [Appeals overview](#), March 2023.

¹² PAHO, [PAHO Situation Report 14](#), Feb 2023

¹³ [UNOCHA: Haïti Aperçu des Besoins Humanitaires 2023 \(mars 2023\)](#)

¹⁴ PAHO, Cholera outbreak situation report no 15, March 2023

¹⁵ OCHA, [Haiti and Cholera situation report 7](#), Jan 2023

warned of the high demand for inputs and vaccines worldwide following an upsurge in cholera since mid-2021¹⁶. As of 1 February 2023, at least 18 countries continued to report cases of cholera. On 16 January, the headquarters of the World Health organization (WHO) with all the Regional offices took the unanimous decision to label the current Global Cholera situation as a *Grade 3 multi-region Public Health Emergency*, which is the highest level of institutional priority assigned a public health event, ensuring a higher investment of resources and improved coordination at all levels of the organization to respond effectively to the scale of the emergency¹⁷.

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**. IFRC/HRCS response and recovery efforts during the 2010 earthquake were analyzed in depth. This experience translated into lessons learned used in subsequent post-disaster recovery interventions and motivated organizational reforms to enhance the capacity and effectiveness of the HRCS. In February 2021, the National Society was honored by the MSPP for its contribution to the major vaccination campaign during the ceremony marking three-year cholera-free.

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 GNGRD 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.

Five National Societies are currently present in Haiti, carrying out regular programs and contributing to emergency operations: The Spanish Red cross, the Canadian Red Cross, French 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, under the leadership of an 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.

To respond faster, this Emergency Appeal purchased already available NFI stock from PIRAC, the French Red Cross' Regional Intervention Platform for the Americas and the Caribbean (PIRAC). The French Navy, through PIRAC, provided the shipping from Guadeloupe, including food and water donations (from bilateral donors in Martinique). For the earthquake operation, for the emergency phase, which lasted about three months, the IFRC and its partners mobilized

¹⁶ WHO, [Disease outbreak news](#), Feb 2023

¹⁷ WHO, [Weekly epidemiological monitor](#), January 2023.

77 specialized Surge personnel, including the Head of Operations coordinator and activated five Emergency Response Units (ERUs) in logistics (Swiss Red Cross), relief, (Benelux Red Cross), Information Technology and Telecom (IT/T) (Finnish Red Cross), base camp (from Danish Red Cross) and the Red Cross Emergency Hospital (RCEH- from Finnish Red Cross with the support of the Canadian Red Cross). These teams responded to the emergency while preparing for the recovery phase of the response. The regional office and cluster teams coordinated their efforts to provide remote support to the various field teams. Regular evaluations were carried out throughout the process to fine-tune activities and incorporate recovery and long-term actions into programs. IFRC teams, including the IFRC delegation in Haiti, the Cluster Office, the Regional Office and the Secretariat in Geneva, provided technical advice and support both on-site and remotely.

Since October 2021, HRCS, under this earthquake and cholera Appeal, has reached:

- 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.
- and 25 people with Restoring Family Links (RFL) activities.

In October 2022, when cholera resurfaced, the HRCS promptly responded to the epidemiological alert issued by the Ministry of Public Health and Population (MSPP). Emergency meetings were held, where the HRCS collaborated with the MSPP to establish an alert and surveillance system that complied with national health requirements. 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. A total of 178 volunteers have been identified and trained in cholera awareness, to enhance sensitization campaigns in the affected communities.

HRCS, along with its partners, is actively working 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 are also providing 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 is currently engaging 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 population and institutions in need, in an accountable manner, a cholera perception survey is currently being deployed and an assessment of WASH infrastructures is underway.

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). The HRCS management redirected the use emergency funds to facilitate the activation of the response component through the conduct of interventions related to community mobilization/awareness in sanitation (WASH), NFIs to support response actions for targeted beneficiaries and the distribution of cash assistance. These response interventions have reached new intervention areas with high rates of cholera cases (Delmas, Tabarre, Cité Soleil and Port-au-Prince/Carrefour-Feuille) in the Ouest department. Other interventions of the response component of the SDPER project could not be held due to the nature of the response and concern the distribution of other types of non-food items including shelter kits.

Further Red Cross Red Crescent Movement support

The HRCS has counted on the support of the IFRC Secretariat, Partner National Societies and the ICRC. When disaster struck, the different components of the Movement supported the HRCS in a variety of ways and resources, either directly bilaterally with the Host National Society or multilaterally through the IFRC Appeal. Five National Societies, the American Red Cross, the Canadian Red Cross, the Netherlands Red Cross, the Spanish Red Cross, and the Swiss Red Cross were in country at the time of the earthquake, and have been supporting the HRCS, supporting programs and/or emergencies both bilaterally and multilaterally, based on longstanding relationships.

The **American Red Cross (AmCross)** is supporting 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 include 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 American Red Cross closed its offices in Haiti in 2022 due to the security situation but continues supporting the HRCS through the IFRC.

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 aid 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. CRC's work has a strong focus on building local capacity in Health, Protection Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA).

CRC currently supports three projects with an overall budget of approximately CAD \$3.85M and a reach of 500,000 Haitians:

- The first project with the HRCS is a multi-country COVID-19 response project funded by the Government of Canada, in the Metropolitan area of Port-au-Prince closing March 2023.
- The second project is Phase II of the Haiti Urgences Sante project for underserved communities in Port-au-Prince (Carrefour-Feuille, Tabarre) helping to build the capacity of local Haitian Red Cross staff and volunteer to respond to emergencies from October 2021 to March 2023.
- The third project is a 2021 Earthquake recovery project with HRCS. CRC support HRCS with a project in the department of Grand'Anse (Pestel and Corail) which started in November 2021 and ends in May 2023 with a funding of 2.1 million CAD, including a half-a-million contribution from the American Red Cross, to roll out the Cash and Voucher (CVA) component of the project. The project aims to improve health services and the

resilience of vulnerable communities. The complete rehabilitation of two health structures is included in the project: the Community hospital of Corail and the Health Centre of Pestel.

The Canadian Red Cross (CRC) has recently 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 2022, the CRC has integrated cholera prevention activities into its ongoing Urgence Sante and COVID-19 projects. 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 centres; 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 until 2014 intensive works have been carried out to provide water to vulnerable populations. More recently, NLRC and HRCS have strengthened their capacities for water management and wash programming in emergencies through successful response projects to Hurricane Matthews in 2016 and several shorter-term projects funded by UNICEF's WASH department. Overall, these interventions have all contributed to establishing a strong network of trained and empowered volunteers and staff in the above-mentioned areas of operation, especially in the Sud, Sud-Est and Grand'Anse departments.

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](#)". Currently, 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. To date, 134,939 people have been reached out of the target of 101,500 people. For the 2021 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 CRH 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, SRC 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 neighbourhoods 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 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, WarnerMedia, as well as donors online.

Needs analysis

The **earthquake response** aims to support assessed 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, 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.¹⁸

Health:

The cholera crisis, in a context of high insecurity and deterioration of the country's economic situation, accentuates the vulnerabilities of the entire Haitian population, but particularly those of the most vulnerable. The drastically limited access to drinking water, sanitation systems and food makes the population vulnerable and favours the spread of cholera. Difficulty in accessing cholera-affected areas due to insecurity, demonstrations, or social unrest has hampered essential activities to control the epidemic, such as epidemiological surveillance, the installation of Oral Rehydration Points (ORPs), and the operation of Cholera Treatment Centres/Units (CTCs/UTs). Patient transport to CTCs/CTUs, health promotion activities, and community outreach are also severely hampered. In addition, the closure of ports remains a significant challenge for the importation of medical supplies into Haiti, preventing access to essential inputs to scale up the response. The main health needs are the following:

- Need to install new ORP.
- Lack of Cholera Treatment Centres in target areas
- Lack of equipment and items for case management in CTC and at existing Oral ORP for cholera management (cholera kits, infusion set, drug set, medical equipment set, sampling set, oral rehydration solution (ORS), etc.).
- Lack of qualified personnel in the cholera management structures (CTC/UTC) and in the rehydration points.
- Difficulty in transporting cholera cases to treatment centres.
 - Lack of performance or non-existence of a community-based surveillance network for case detection in target communities.
 - Inexistence of a functional surveillance system and alert structures for the detection of suspected cases and deaths due to cholera in the targeted communities.
 - Lack of production and distribution of the cholera message through different tools (social media, SMS, distribution of IEC materials).

¹⁸ WHO: [Cholera Haiti](#)

- Lack of realization of mass sensitization sessions on the key messages related to cholera (radio broadcasts, sensitization sessions in large areas).
- Lack of realization of door-to-door sensitization session on key cholera messages in targeted communities.
- Need to obtain more information at the community level to identify risk practices and assess behavioural challenges, local cultures, customs, customs related to cholera risks.
- Need to support the MSPP in the implementation of cholera vaccination campaigns.
- Need to provide psychosocial support to the population affected by cholera.
- Need to train more Haiti Red Cross (HRCs) volunteers on topics such as Epidemic Control, with a focus on waterborne diseases and cholera, Community Based Surveillance (CBS), Management of Oral Rehydration Points and ORS use, Psychological First Aid (PFA),
- Need to strengthen the HRCs stock with the purchase of materials for hygiene promotion related to cholera (ORS, soap, aquatab, bucket.)

Community based surveillance (CBS):

Given the re-emergence of cholera in Haiti, PAHO/WHO recommends that member States strengthen and maintain surveillance for cholera for the early detection of suspected cases to provide adequate treatment and prevent its spread. Early and adequate treatment limits the case-fatality rate (CFR) of hospitalized patients to less than one percent (1 percent).¹⁹ The 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, transport, distrust and rumors, etc.), and to be able to contribute periodically with the health departments in the follow-up of data for the production of epidemiological situation reports on a daily, weekly and monthly basis.

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. Up to 80 percent of cases can be treated with early administration of oral rehydration salts. Administration of appropriate antibiotics, especially in severe cases, shortens the duration of diarrhea, reduces the volume of hydration fluids needed, and shortens the time *V. cholerae* is shedding. With proper treatment the mortality rate is less than one percent (1%).²⁰

In its 3 March update on cholera, PAHO confirms current health needs for medical and non-medical supplies for case management, including oral rehydration salts, Ringer Lactate solution, beds for cholera and WASH supplies; human resources in CTCs and at department level; laboratory reagents and rapid diagnostic tests (RDTs) for the investigation and confirmation of cholera cases. The global cholera crisis is generating a high demand for medical and non-medical supplies, including for the oral vaccine, resulting in limited cholera products for immediate distribution to all affected countries.²¹

Support is needed for the Installation/rehabilitation/maintenance of Oral Rehydration Points (ORPs) and Cholera Treatment Centers (CTCs) as well as support for transporting patients to CTCs. In Haiti, the complex humanitarian and socio-political crisis, with elevated levels of insecurity, fuel shortages and economic instability, continues to be major

¹⁹ PAHO, [Epidemiological alert resurgence in Haiti](#), 2 Oct 2023.

²⁰ PAHO, [Epidemiological alert resurgence in Haiti](#), 2 Oct 2023.

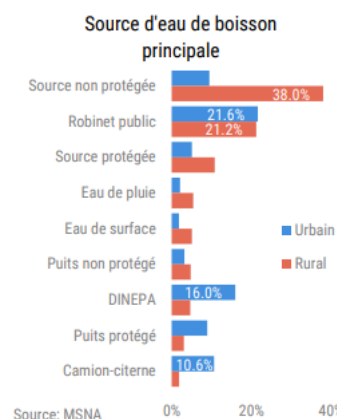
²¹ PAHO, [Sitrep #15 Cholera in Hispaniola](#), 4 March 2023

challenges in the response to the cholera outbreak, limiting access to health and basic water, hygiene sanitation services, as well as supplies.

The MSPP with support from WHO conducts field missions to CTCs across the country to assess the quality of services provided, capacity for scaling up case management, and to determine needs and gaps in the response to cholera. There are 99 CTCs in the country. Among the first findings on CTCs assessed are the lack of salaried staff and training, affecting all medical, logistics and WASH services. The lack of good waste management also hinders the proper functioning of the CTS as well as the lack of showers, toilets, faeces pit; water; electricity and infection prevention and control (IPC) measures.

Additional community WASH support:

OCHA's assessment report on Haiti's needs²² points out that: *"Access to drinking water and sanitation services in Haiti is extremely low, particularly in rural and peri-urban areas where lives most of the country's population. In fact, only 55 percent of households have access to basic drinking water supplies, 48 percent of which are in rural areas and 68 percent in urban areas (SIEPA/DINEPA, June 2022). The multisectoral needs assessment (MSNA) also shows that 61 percent of households do not have access to improved latrines or practice open defecation in rural areas compared to 33 percent of households in urban areas. Public toilet facilities and water points tend not to be accessible to people with disabilities either. 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 Bank²³, *"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. In 2020, 31 percent of the rural population still practiced open defecation. Public toilet facilities and water points tend not to be accessible to people with disabilities either."*

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. Targeted public health communication messages are key. Lack of access to safe drinking water, hygiene and sanitation services is a key factor in the spread of cholera. The Haitian population has poor access to WASH services, with a drinking water access rate of 55% (including 48% in rural areas and 68% in urban areas) in 2022 according to National Directorate of Potable Water and Sanitation (DINEPA) and a basic sanitation access rate of 31% (including 25% in rural areas and 46% in urban areas) in 2017, according to the Haitian Institute of Childhood and the Haitian Institute of Statistics and Informatics. According to the September 2022 multisectoral needs assessment, approximately 1.5 million people, including children and women, do not have enough water of the required quality to drink and more than 1.6 million people practice open defecation. Growing insalubrity, including in urban areas, is a threat to the life and well-being of the population. This is the case, for

²² OCHA, [Haiti Aperçu des besoins humanitaires 2023](#), March 2023

²³ World Bank, [In Haiti, access to water sanitation is vital](#), March 2023

example, in Cité Soleil, which is frequently flooded because it collects runoff from the heights of Port-au-Prince. In this commune, the accumulation of garbage in the canals, streets and alleys remains a major health problem and a problem of human mobility in a context of spreading cholera and urban violence. In addition, access to basic hygiene products is not guaranteed due to the low standard of living that does not allow households to afford them.

- Lack of equipment, materials, items for disinfection activities in CTC (set, disinfection)
- Lack of qualified personnel in disinfection activities for CTC/UTC
- Need to realize Monitoring field visit to evaluate the access to WASH facilities.
- Need to strengthen the HRCS stock with the purchase of materials for hygiene promotion related to cholera (ORS, soap, aquatab, bucket.)
- Need to purchase and distribute materials for hygiene promotion related to cholera (ORS, soap, aquatab, bucket.)
- Monitor community water use and solid waste management through household surveys to implement and encourage corrective behaviour change.
- Need to Purchase and distribute hygiene kits for households in targeted communities.
- Importance to orient the population of the targeted communities in the use of the distributed hygiene kits.
- Lack of hygiene promotion sessions.
- Lack of Water point chlorination and water quality monitoring (ensuring the absence of faecal contamination in drinking water) at community level is implemented throughout the project.
- Lack of HRCS volunteers trained on Household Water Treatment and Safe Storage (HWTS)
- Lack of Rehabilitation/Construction of Community Water supply point or system in targeted communities

To better respond and support the HRC in its response to the cholera outbreak, the IFRC WASH officer with the support of DINEPA conducted in March 2023 a WASH assessment to identify the urgent needs of Cholera treatment Centers (CTC) in the south department. 8 CTC were assessed and are in dire need of WASH materials to function well.

Psychosocial support (PSS):

The data collected in the field 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 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. 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 post-traumatic stress disorder. This component of the response aims to provide emotional assistance to 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 CEA officer, it was noticed that volunteers had challenges on two-way communication and enhancing behavior changes. Community Engagement and Accountability (CEA) being 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 order to assure that volunteers of the National Society understand CEA. A focal point has been appointed for the lead (with the support of the IFRC CEA Delegate) in the implementation of the BHA Trust project elaboration of a National Strategy and training of staff. Therefore, there is a need for this position to be permanent to allow the CEA officer to elaborate a CEA National strategy. On the other hand, it is important to have a permanent CEA/RCCE focal point within each regional Committee of the HRC who takes the lead in implementation of CEA/RCCE strategy and trainings. In future responses, CEA/RCCE activities should be integrated from the beginning of the response and at each of the steps in the project planning process. 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."*²⁴ The IFRC/HRCS team is currently carrying out a cholera perception survey which will serve to identify additional needs, better understand how people relate to the resurgence of cholera and what approach will help build trust and engage the population in the fight against cholera.

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](#), 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-Est, Est 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. Assessments in IDP sites in Port-au-Prince show that 77 percent 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. 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 UNICEF²⁵. Within humanitarian organizations, the development of strong policies and the application of a code of conduct are also essential.

²⁴ UNOCHA, [Haiti : Aperçu des besoins humanitaires 2023](#), March 2023

²⁵ UNICEF, [Communities in Beaucaire/ know 8811](#), March 2023

In times of cholera, points out the World Bank²⁶, 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

The operation continues to take 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.

Risk	Likelihood	Impact	Mitigating actions
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	high	high	<ul style="list-style-type: none"> Deployment of rapid response personnel Capacity building trainings for staff

²⁶ World Bank, [In Haiti access to water and sanitation is vital](#), March 2023

Risk	Likelihood	Impact	Mitigating actions
planned activities due the cholera outbreak and violence			
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 ECV and 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 maintains 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 two 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 on a daily basis.

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.

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).

B. OPERATIONAL STRATEGY

Update on the strategy

This Operations Update is the first 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. This shift in direction will in no way affect the ongoing response to the 2021 earthquake.

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 mostly complete. However, among the ongoing activities, there are health, WASH, CEA and PGI activities that can be salvaged and continued with the cholera activities, such as construction of sanitary blocks, awareness and hygiene promotion sessions offered to the population, surveillance activities, psychological support.


After the Emergency Appeal timeline ends, pending response activities will be transferred and continued under the Haitian Red Cross Country Plan, which will show a coherent integration of the ongoing response and longer-term programming tailored to the needs of the country, as well as a Federation-wide view of the country's action. 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 cholera outbreak in Haiti (and prevent new cases), the Haiti Red Cross, the IFRC and their partners increase their technical capacities and outreach in the hardest hit areas of the country. Emergency public health, water, sanitation, and hygiene activities are strengthened along with communication campaigns at national and community levels. The operation helps 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 2022, reported against the initial Emergency Plan of Action for the response immediately after the earthquake, please refer to the latest 12-month [Operation Update](#).²⁷

 Shelter, Housing and Settlements		Female > 18 ²⁸ :	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Provide primary assistance to affected families, addressing essential needs by distributing household items such as kitchen sets, blankets, tarpaulins, and shelter tool kits.</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
Sectoral update: <ul style="list-style-type: none"> Shelter, Housing and Settlements activities that were part of the earthquake response were completed reaching a total of 47,790 people (9,558 families). Please refer to the 12-month operations update report for achievements. 			

 Livelihoods		Female > 18 ²⁹ :	Female < 18:
		Male > 18:	Male < 18:

²⁷ [IFRC Haiti Earthquake Emergency Appeal 12 month Operation Update](#)

²⁸ Unable to collect age and gender-disaggregated data.

²⁹ Unable to collect age and gender-disaggregated data.

Objective:	<i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>		
Key indicators:	Indicator	Actual	Target
	<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: <ul style="list-style-type: none"> - 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. - As of 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

Female > 18: 475	Female < 18: 0
Male > 18: 295	Male < 18: 0

Objective:	<i>Households are provided with unconditional/multipurpose cash grants to address their basic needs</i>		
Key indicators:	Indicator	Actual	Target
	<i># of households reached with multipurpose cash grant for livelihoods and basic needs</i>	770	850
Sectoral update: <ul style="list-style-type: none"> • 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)

Female > 18 ³⁰ :	Female < 18:
Male > 18:	Male < 18:

Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
Key indicators initially planned in response to the 2021 Earthquake:	Indicator	Actual	Target
	<i># of people assisted in the immediate aftermath of the earthquake with search and rescue services</i>	146	100
	<i># of people transferred via ambulance services</i>	146	100

³⁰ Unable to collect age and gender-disaggregated data.

Key indicators initially planned in response to the 2022 Cholera:	<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
	<i># of people reached by RCEH and by public hospital(s) where assets are donated and support is provided, as per RCEH exit strategy</i>	6,903	10,000
	<i># of outpatient consultations < 5 years and >=5 years</i>	5,682	7,500
	<i># of in-patient admissions < 5 years and >=5 years in RCEH</i>	1,014	225
	<i># of surgeries performed at RCEH</i>	92	375
	<i># of deliveries at RCEH</i>	115	20
	<i>% of suspected cases identified in the community arrive at RCEH</i>	0	90
	<i># of volunteers and MSPP staff trained on ECV</i>	23	100
	<i>% of volunteers successfully pass the ECV training post-test to respond to diseases of epidemic potential</i>	100%	90%
	<i># of households reached with LLITNs through targeted PH</i>	4,248	4,000
	<i># of people reached with LLITNs included in HH kits as part of Relief distributions</i>	21,240	17,200
	<i># of targeted health promotion sessions delivered in the community</i>	37	15
	<i># of health education sessions delivered in the community.</i>	37	36
	<i># of people reached with MHPSS services</i>	1,811	2,500
	<i># of HRCS volunteers and staff trained in PFA</i>	65	100
	<i># of counselling sessions at RCEH</i>	124	375
	<i># of volunteers and staff trained on ECV (Epidemics Control for Volunteers)</i>	30	90

<i>of volunteers trained on Community Based Surveillance (CBS).</i>	30	90
<i># of Training of Trainers (ToT) / supervisors trained on CBS</i>	30	90
<i># of volunteers and staff trained on ORS use</i>	30	90
<i>% of volunteers (men/women) that have improved their skills on epidemic control, community-based surveillance, and OP management /ORS use to prevent cholera</i>	30%	90%
<i># of volunteers reporting to the surveillance system</i>	0	90

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. 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.

Two training sessions on epidemic control for volunteers and community surveillance were organized in the department of Nippes 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.

For these two training sessions, a total of 60 volunteers participated in the two training sessions (Community Based Surveillance: 30 participants/ Epidemic Control for volunteers: 30 participants). A few volunteers were chosen by the branches that are in the different communes covered by the Nippes Regional Committee. Two volunteers were chosen from the following eight communes (Miragôane, Paillant, Fond-des Nègres, L'Asile, Baradères, Plaisance, Grand Boucan, Les Basses), three volunteers were chosen from the following communes (Petite-rivière, Arnaud, Petit Trou), and five volunteers were identified in Anse- a-Veau. This choice was applicable for both courses.

- From March 14-16, 2023: 30 Haitian Red Cross volunteers (15 women, 15 men) were trained in Epidemic Control for Volunteers (ECV).
- From March 17 to 18, 2023: 30 volunteers of the Haitian Red Cross (13 women, 16 men) were also trained on Community Based Surveillance.

Note that these same training sessions will be replicated in the South and Grand'Anse departments. Two other training sessions are planned for April 2023. At the end of these training courses, participants will be 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 is 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.

MHPSS:

In September 2022, modules on MHPSS, as part of the cursus of the Blue School program³¹, 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.

Figure 5: Stress management trainings

Departments	Communes	National School	Number of Students	Girls	Boys
Grand'Anse	Jeremie	Prévilé	50	32	18
Nippes	Asile	Suzette	24	10	14
Nippes	Asile	Balthazar	22	14	8
Grand'Anse	Baumont	Beaumont	43	14	29
Sud	Camp-Perrin	Balisé	25	8	17
Sud	Torbeck	Carré	43	11	32
Sud	Torbeck	Péan	52	27	25
Total			259	116	143

In November 2022, the 12 HRCS staff (2 females, 10 males) 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.

³¹ [European Union Blue Schools Project](#)

Figure 6: PSS Kits Distributed

PSS Kits Distribution (10per school)		Boys	Girls	Total
Asile Commune - Nippes Department	Suzette school	90	72	162
	Morne Ocau school	58	52	110
	Balthazar school	102	82	184
	Total	250	206	456


During February 2023, 456 PSS kits were distributed in three national schools of the commune l'Asile (Nippes): in Suzette, Morne Ocau and Balthazar national schools as per Figure 6. Prior to the distributions, three officials per school had been briefed on the use of the PSS kits and the potential activities for school children. Two schools in the commune of Maniche (Sud): Clonard and Lestage. Each school also received 10 PSS kits for their students. PSS kits contain articles such as blank sketchbook, book of mandalas, Rubik's cube, SUDOKU book, cardboard game, anti-stress ball, journal, jumping robe, puzzles of 200 to 300 pieces (no war, and gender neutral), hand gel sanitizer 100 ml, colored pencils 12 units (water) colored pencils 6/12 units (wax), mask type 1 & 2 , bag or box store all items.



Distribution of PSS kits to Scools (Ecole Nationale Suzette, L'Asile, Nippes), November 2022. Source : IFRC



Distribution of PSS kits to Scools (Ecole Nationale Balthazar, L'Asile, Nippes), November 2022. Source : IFRC

	Water, Sanitation and Hygiene	Female > 18 ³² :	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>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</i>		
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

³² Unable to collect age and gender-disaggregated data.

# 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	0	TBD
# of people reached with hygiene kits in cholera targeted areas	0	TBD
# of people reached with hygiene promotion sessions conducted in communities	68,782	35,000
# of community water points/ sanitary blocks (latrine) rehabilitated or built-in targeted areas	22	23
# of people benefiting from WASH water points/ sanitary blocks (latrine) rehabilitated or built-in targeted areas	5,063	5,000

WASH:



HRC Volunteer evaluates Cholera Treatment Center in Les Nippes, March 2023. Source: IFRC.

In March 2023, the IFRC WASH team, in coordination with PA, HRC's local branches and Swiss Red Cross, and the DINEPA has started the evaluation of 13 sites and facilities of infrastructures and material needs assessment of CTC/UTC, hospitals, health centers, and community water systems in the communes of Arnaud, Anse a Veau and Aisle in the Nippes Department. The general objective of these assessments will serve to identify the most efficient strategy to improve WASH services in CTC/UTC and health centers caring for cholera-affected people as well as water sources for populations to limit the spreading of the disease. Also, as specific objectives are to identify the relevance of the project, particularly in targeting vulnerable people and CTC/UTCs, measuring the IFRC contribution to strengthening the resilience of communities to sustainably reduce the risk of waterborne and water-related diseases, ensuring that communities and CTC/UTC or hospitals have access to sustainable WASH services.

Nineteen (19) sites were assessed in Les Nippes, Grand Anse and Les Cayes using a participatory methodology involving DINEPA, Swiss Red Cross, Haitian Red Cross at the local level and the IFRC Secretariat, which played a key role in the planning and implementation of this assessment. Data collection and analysis methods involved a

mix of qualitative and quantitative methods, with the participation of community leaders. At the end of the assessment, we found that the environment presents huge sanitation problems, namely open defecation and the use of non-potable water, which only worsens the population's health situation. This problem is observable and present only in rural and remote localities and in CTC/UTCs or health centers. This evaluation will help us as a movement to effectively carry out all the activities planned in this intervention with the expected results, contributing to improving rates of access to drinking water, sanitation and hygiene promotion services to have an impact on good hygiene practices for behavior change.

Site name	Type	Commune	Department
Saint Felix Mathieu	Health Center	Caouk	Nippes
D'Arnaud	CTC	Arnaud	Nippes
Saint Yves	Pro	Arnaud	Nippes
Alisine Sector	Water Pump	Anse a Veau	Nippes
Fond Veillard sector	Water point	Caouk	Nippes
Saint-Felix Mathieu	Health Center	Commune l'Asile	Nippes
Jules Fleuri	CTC	Anse a Veau	Nippes
Communaute de Peste	Hospital CTC	Pestel	Grand 'Anse
Centre de sante de Preville	UTC	Jeremié	Grand 'Anse
Sainte Agnes de Beaumont	Hospital CTC	Beaumont	Grand 'Anse
St-Antoine	General Hospital CTC	Jeremié	Grand 'Anse
Section Communale 4 Collecte	commune	Jeremié	Grand 'Anse
Section Communale de Versailles,	Commune	Jeremié	Grand 'Anse
Melon 3rd section	commune	Maniche	South
Anadere 1st section	Commune	Maniche	South
Guilgaud/ Dezin	commune	Torbeck	South
Thérèse 3rd section	commune	Camp Perrin	South
section city center	commune	Les Cayes	South
Dubreuil 3rd section	commune	Torbeck	South

Figure 7: CTC and health centers assessed by commune and department.

Hygiene promotion:



Student Participants of the Blue Schools Program Ecole Nle de Clonard, September 2022. Source: IFRC.

As part of the Blue School focus, activities were organized with students to help pupils gain knowledge and capacity in understanding the chain of contamination and applying adequate barrier measures for fecal-oral diseases and develop their respect for the principles of hygiene. Some of the students practiced open defecation out of ignorance and/or lack of sanitation facilities in their homes. During the months of September and October 2022 awareness activities were organized in six national schools: Saint Mathurine, St-Joseph de Balise, Pean, Carre, Balthazar and Balise) in the departments of South for 233 students (95 girls and 138 boys).

During October and November 2022, Schools in South, Nippes and Grand'Anse departments were visited to provide awareness sessions to students on hygiene promotion and menstruation management. During these sessions 2,500 menstrual hygiene management kits were distributed to students. During the emergency phase, the need

for actions in menstrual hygiene management had been identified during focus group discussions with female community members, organized in coordination with PGI and CEA.

Mass awareness sessions were organized in December in Place d'armes (Les Cayes) and Camp Perrin to raise awareness on cholera and personal and collective barrier measures to apply. Approximately 500 community members participated in these awareness sessions. During the activity, Information, Education and Communications (IEC) material, aquatabs and soaps were distributed. Another awareness-raising session with the community-based organization Group Fanm Franchiz in Torbeck community was organized where 322 people were instructed on water treatment at home and received filters and buckets to ensure they have access to treated water at home.



IFRC Hygiene Promotion Officer in a community demonstration in Camp Perrin, December 2022. Source: IFRC.

30 volunteers from the Departments of Sud, Grand'Anse and Nippes were trained on Cholera to be able to support their communities with dissemination of cholera awareness sessions on their own communities.

An exercise combining focus groups, cartography, and mass sensitization in the same three departments was also conducted in December. A total of 994 people (388 males and 606 females) participated in the cartography activity, which aimed at identifying the sanitary conditions and needs in communities related to the cholera. The exercise of cartography raises awareness and mobilization on sanitary conditions in each community. In feedback, participants said they were surprised of the critical sanitary situation of their respective communities. Three focus groups were also conducted in Sud, Grand'Anse and Nippes with 32 key informant of these communities (12 males and 20 females) again to identify and examine further sanitary problems. To complete, this set of activities, mass awareness raising sessions with key messages were disseminated with sound truck in various communities of Nippes department (reaching approximately 8,000 people in 10 localities) and Grand'Anse department (reaching approximately 10,000 people in 18 localities).

Additional mass awareness raising sessions with distribution of buckets and aqua tabs occurred following the cartography of needs for 1,500 people in Nippes, Grand'Anse and Sud. In December, the hygiene promotion team participated in the realization of the perception survey on cholera for the Sud and Grand'Anse departments, covering 100 households in these areas. The survey was completed for the Nippes department in February with an additional 100 households surveyed.

The Appeal funded the rehabilitation and or construction of sanitary blocks in schools. Following each handover of the sanitary blocks, students were invited to participate in awareness sessions on understanding the cholera chain of contamination, good hygiene habits to respect to avoid being infected and becoming a vector of propagation. A total of 189 pupils of which 92 girls participated in the session when the sanitary block was

handed over in the national school of Lestage in the Sud Department. In February, along with the Cholera perception survey, there were awareness sessions on hygiene linked to distributions of menstrual kits, water filters, buckets and aqua tabs in several schools and in the community. These awareness sessions in schools were based typically on Mode of transmission and prevention of fecal-oral diseases. A total of 1,630 students (794 men, 835 women) in 8 schools.



Protection, Gender, and Inclusion

Female > 18³³:

Female < 18:

Male > 18:

Male < 18:

Objective: *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*

Key indicators:	Indicator	Actual	Target
	<i>PGI strategy developed for the operation</i>	1	1
	<i>% of staff and volunteers in the operation briefed on Code of Conduct, PSEA, PGI concepts and child safeguarding policy</i>	90%	80%
	<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

During the Emergency phase of the earthquake operation, protection, gender and inclusion (PGI) was duly mainstreamed across all sectors. 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.

Since the departure of the last surge PGI delegate in September 2021, PGI activities have been covered by a part-time National Society volunteer. IFRC's deputy Head of delegation (HoD) for Haiti, appointed in December 2022, with a professional background in PGI, has volunteered to champion and advance activities, until funds can be secured for a PGI officer dedicated. The Deputy HoD has met with the PGI team of Haitian Red Cross on 31 January. 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. The HRC has included sexual misconduct issues in the Code of Conduct that everyone must sign, but practical implementation requires

³³ Unable to collect age and gender-disaggregated data.

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 [Empowered Aid](#). Empowered Aid has developed methods to assess the risk of sexual exploitation and abuse when delivering humanitarian assistance, engaging in meaningful conversations with women and children at risk. There is a considerable need for guidance from those at risk in order to make humanitarian assistance safer. The training to be translated concerns the application of the method at the community level. The training is available in several languages, including French. The finished product will become a public offering on the Empowered Aid website to anyone in Haiti aiming to learn directly from women and children how to prevent sexual exploitation and abuse in humanitarian settings. Empowered Aid is funded by the US Bureau for Population, Refugees and Migration and the method is used in Lebanon, Uganda, Bangladesh, Kenya, and some other countries.

32 HRCS gender focal points have been trained and two referral mechanisms have been developed, but it is unclear where and who follows and continues to verify these referral pathways.

The IFRC is committed to assisting the Haitian Red Cross to develop a PSEA policy and help identify funding for implementation. The IFRC Deputy HoD proposed to the President and PGI coordinator to support the development and adoption of a PSEA policy this. This was warmly welcomed, and the President stated that resources would be needed to asset up a PSEA program. The HRCS does not have a PSEA focal point and no functional complaints mechanism or investigation capacity in place, or any of the other IASC PSEA requirements.

PSEA was included in PGI trainings, and 287 people received PSEA key messages. No other activities were planned since May 2022 after the PGI officer stepped down. Currently, IFRC is trying to find out if any UN agency has asked Haitian RC to do an IASC PSEA assessment as part of a partnership.



Community Engagement and Accountability

Objective:		Building Trust during the Cholera outbreak in Humanitarian Settings	
Key indicators:	Indicator	Actual	Target
	# of people reached through Risk Communication and Community Engagement (RCCE) for health and hygiene promotion activities.	777,728	1,000,000
	# of feedback mechanism and perception surveys implemented.	1	3
	# of community meetings organized under the CEA perspective	4	45
	# of volunteers and local community groups and representatives trained in RCCE approaches and operational	304	335

# of community representatives and leaders trained on cholera and supporting social mobilization sessions in their communes	62	125
# RCCE case studies produced and distributed.	0	1
# of Community members trained in RCCE and communication	31	132
# of volunteers trained in basic CEA.	186	660



HRCS volunteer conducting the CEA Cholera Perception Survey in Anse-veau, Les Nippes during December 2022. Source: IFRC

In December 2022, with funding from the BHA Building Trust, a Cholera Perception Survey was conducted by the Haitian Red Cross volunteers with support from the IFRC, to help define strategies for the different sectors of intervention, especially RCCE and CEA; to facilitate decision-making and strengthen trust in Cholera processes among populations. The 190 surveys were administered in the departments of Grand'Anse (102) and Sud (88). Preliminary results were presented in January and can be found [here](#). To complete the survey process, the same survey was initially planned to be conducted in January in the departments of Nippes, Artibonite and Centre. This time around, only the Nippes department could be surveyed in February as the dire security situation in Artibonite and Centre would not allow for the teams to be in the area. Results of this second phase are currently analyzed. Sources include publicly available question banks from IFRC, USAID, WHO and UNICEF. The survey questions focused on WASH (management and use of water: drinking, cooking, and handwashing); Vaccination against cholera (Information, trust, hesitation); Rumors about cholera vaccination; the socio-economic impact of detected cholera cases; the mental health impact of detected cholera cases; community engagement and accountability.

The main preliminary recommendations from the Risk Communication and Community Engagement (RCCE) to build trust:

- RCCE strategies on Prevention transmission and timely medical treatment are critical to address rumors and boost confidence in the cholera vaccine.
- Messages to clarify the means of transmission of cholera are essential not only to reduce stigma about certain social groups, but also to combat the spread of the disease.
- RCCE requires a high degree of cultural sensitivity and respect for the cosmogonies and belief systems of local communities not to transgress local, cultural, social, religious and community systems.
- Research on the relationship between cholera, local economic dynamics and livelihoods is recommended at the local level. This will enable the linkage of RCCE strategies with local livelihood actions.
- Qualitative research is required to determine the behavioral systems before designing culturally sensitive strategies and to enhance community trust-building.

- After the quantitative analysis, behavior change communication strategies should be implemented to improve knowledge about safe water and other topics.
- In addition, information strategies can be developed together with communication to disseminate messages and information through various channels.


Suggestion to continue with the monitoring of perceptions and to create feedback mechanisms to receive questions, rumors, complaints, appreciation, and information from the communities on an ongoing basis, as well as to provide answers and implement actions in work plans on this data.

In January 2023, a CEA delegate joined the team in Haiti and in February, a CEA officer was designated by the HRCS as a counterpart, to support the implementation of CEA activities under the USAID BHA Building Trust Project, as well as the CEA activities under the Emergency Appeal. Both quickly embarked in the completion of the Cholera perception surveys, began meeting with local authorities, community leaders and local HRCS teams to introduce themselves, assess capacity and training needs, develop training modules. In February, the CEA team began providing training for the cholera response. The training sessions were all introduced by a module on the History of the Red Cross Movement, its Fundamental Principles, its Emblems, its Mission, and its Vision.

Training	Date (2023)	Venue	Participants	Male	Female	Comments
Basic CEA training	14 Feb	Camp Perrin, Nippes	10	2	8	For Camp Perrin staff in Health, WASH, Logistics teams and PMER.
Refresher training Perception survey	16 Feb	Nippes	10	8	2	Refresher training on survey methodology, data collection tools, and pilot testing with peers on the questionnaire given to volunteers and interviewers.
Introduction to CEA	1 March	Regional office of HRCS in Sud	19	10	9	Introductory training given to volunteers.
Training of Trainer (ToT) - CEA (2 days)	2 and 3 March	Regional office of HRCS	28	6	22	More in-depth CEA training for focal points volunteers from 7 communes of Sud department : Camp Perrin, Torbeck, Cayes, Maniche, Saint-Louis du Sud, Cavaillon and Aquin.
Introduction to CEA and Risk Communication	8 March	Jeremie, Grand'Anse	32	10	22	Participants represented 8 CBOs and volunteers from the HRCS in Jeremie. Two people with disabilities attended.
CEA training (2-days)	9-10 March	Grand'Anse (In 11 of 14 communes)	38	20	17	Training content: CEA, communication with communities, community participation, feedback systems, and RCCE in response to cholera.
Introductory training on CEA and RCCE	16 March	Commune Aquin, Sud department	34	18	16	Participants from CBOs (10), MSPP Community health workers (3), 31 HRCS volunteers from Aquin.
Introductory training on CEA and RCCE	18 March	Camp Perrin	30	14	16	Participants from SBO (9), and HRCS volunteers (21) responding to the

						cholera epidemic at College Evangelique Camp Perrin.
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Figure 5: CEA activities implemented.

 Migration	Female > 18 ³⁴ :		Female < 18:
	Male > 18:		Male < 18:
Objective:	Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)		
Key indicators:	Indicator	Actual	Target
	RFL response plans developed for the operation	1	1
	# of people reached with RFL activities	25	300
	# of people trained in RFL	5	20
	# of services delivered to re-establish and maintain contact with family members and determine the fate and whereabouts of the missing	4	332
<p>The activities under the Migration sector were completed in the emergency phase of the earthquake response and consisted of in Restoring Family Links activities. A presentation of accomplishments can be found in the previous operation updates and a summary in the 12-month operation update.</p> <p>However, the national and regional monitoring of Haitian migratory flows maintain monitoring activities through the National Societies in the region and the IFRC delegations.</p>			

Enabling approaches

 National Society Strengthening			
Objective:	National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		
Key indicators:	Indicator	Actual	Target
	# of volunteers insured	9,000	10,000
	# of volunteers involved in the operation	500	1,000

³⁴ Unable to collect age and gender-disaggregated data.

	<i>OCAC second phase completed</i>	No	Yes
	<i># of PER processes conducted</i>	0	1

IFRC continues to support the HRCS in its response to the Earthquake and Cholera Outbreak around the country, more specifically in the affected departments. In December 2022, a WASH delegate deployed in the country to enhance the cholera activities and trained HRCS volunteers, with the support of Hygiene promotion officer. Under the directives of the WASH delegate, the Cholera perception survey was rolled out in the South and Grand-Anse departments providing a thorough assessment of the communities that helps to have a better understanding of the population's needs. This allows the HRCS to have the necessary information to design its approach. Since 2021, 9,000 HRC's volunteers are insured to support the Operation Earthquake in Haiti and this insurance has been extended for the year 2023.

As of February 2023, a CEA specialist was deployed in Haiti to work closely with the National Society and support CEA activities. The establishment of collaborative relationships with community-based organizations (CBO) in the south where the movement due to security is easier. This was achieved through training on CEA and how to collaborate with the community taught by the volunteers. To enhance the capacity of national staff, multiple trainings were provided to 1) HRCS CEA focal point on technical and overall implementation priorities 2) volunteers and community groups in RCCE approaches and operational and 3) community representatives and leaders supporting social mobilization sessions in their communes.



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>	4	4

Biweekly meetings between partners have resumed informally between Movement partners. It helps coordinate and share updates from the movement.

- Daily coordination meetings with three times a week for the field team and twice a week with cluster have been conducted. The field team used to have a meeting on a weekly basis with the regional level. In December and January 2023, the preparation of General Assembly for the HRCS occurred. A new board of directors was elected with incoming president Guetson Lamour. The president will soon be convening regular partner meetings.

- The last phase for the earthquake had ended and shifted to recovery phase. With re-emerging cholera in the country, a swift response is required and mobilization of the team around it. Operations meetings are occurring twice a week to keep track of activities, and a CCD meeting three times a week. Also, the Movement meeting that had slowed down have been resumed between the PNS in the country three times a month.
- Since 8 February 2023, the IFRC team in Haiti has been meeting three times a week on Mondays, Wednesdays, and Thursdays. Chaired by the deputy Head of Delegation (HoD) in Haiti, the group includes the acting head of operations (who is also health coordinator), the regional WASH coordinator, the CEA delegate and PMER colleagues. The group serves planning and coordination purposes by sharing updates on the implementation of the earthquake and cholera operation and ensuring that reports are compiled in the field level every two weeks. The operations reflect the activities agreed in the IFRC operational strategy and pledge-based requirements. Meanwhile, the Cluster meetings continue to be held each Tuesday and Friday as well as other Operations meeting at regional level each Tuesday to ensure coordination. Meetings between partner National Societies in the country have resumed since February and are held every two weeks. Chaired by the IFRC deputy HoD in Haiti, the meetings aim to coordinate activities and ensure the most effective collective support to the Haitian Red Cross. Starting in March 2023, the meetings will take place once a month under the leadership of the newly elected President of the Haitian Red Cross.
- Implementation of weekly activity reporting from the field with reports due on Fridays followed by weekly online operations meetings with field focal points every Monday morning. On Mondays, this would be integrated into the current task force meeting.
- Human resources remain a huge challenge for this operation, with the Ops Manager on sick leave for more than two months (acting ensured by Health Coordinator), the position of field coordinator vacant since the departure of the last officer the absence of PHiE, IM, PGI delegates and health officer in the field. The problem is acute, and solutions are being considered.
- It is also urgent for the National Society to implement funding from Government of Japan and ICRC that must be spent by the end of June this year.
- 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). 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:

National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Key indicators:

Indicator	Actual	Target
<i>Communications support</i>	1	1
<i>Real-Time Evaluation</i>	0	1
<i>Final evaluation</i>	0	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

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: Human resources remain a huge challenge for this operation, with the Ops Manager on sick leave for the last two months. The health coordinator was acting as Ops manager. The position of field coordinator has been vacant since the departure of the last officer in December 2022. The absence of PHiE, IM, PGI delegates and health officer in the field has been a major issue. The problem is acute, and solutions are being considered. 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.

Since the cholera outbreak, three surge personnels were deployed to support the activities in Haiti: WASH delegate, PMER officer and a 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

- The visa process for selected candidates (delegates) can be complicated and cause major delays in having suitable and effective talent on the ground in the shortest possible time.

SPRM: On 24 January 2023, the Japanese government and USAID announced they would increase their efforts with financial contributions up to \$56,6 million for the people in Haiti in response to the country's humanitarian crisis and cholera epidemic.

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. Artibonite activities are currently postponed as the security situation sharply deteriorated in the last weeks.

D. FUNDING

See Annex for interim financial report.

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:** Guëtson Lamour, g.lamour@croixrouge.ht, president@croixrouge.ht

At the IFRC

- **Head of the Latin Caribbean Country Cluster Delegation:** Elias Ghanem, elias.ghanem@ifrc.org
- **Acting Head of Health, Disaster, Climate and Crises:** Maria Martha Tuna, maria.tuna@ifrc.org
- **Communications Manager:** Susana Arroyo, susana.arroyo@ifrc.org
- **Head of PMER and Quality Assurance:** Golda Ibarra, golda.ibarra@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **Head of Strategic Partnerships and Resource Mobilisation:** Monica Portilla, monica.portilla@ifrc.org

For In-Kind Donations and Mobilization table support:

- **Regional Head, Global Supply Chain:** Mauricio Bustamante, mauricio.bustamante@ifrc.org
- **Regional Logistics Manager:** Stephany Murillo, Stephany.murillo@ifrc.org

Reference documents

Click the following links for:

- [Previous Appeals and updates](#)
- [Revised Operational Strategy](#)

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.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/8-2023/3	Operation	MDRHT018
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 30 May 2023

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 30 May 2023	8,626,036
Appeal Coverage	44.93%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	418,827	418,827	0
AOF3 - Livelihoods and basic needs	753,158	752,907	251
AOF4 - Health	780,515	396,849	383,666
AOF5 - Water, sanitation and hygiene	1,443,420	1,505,274	-61,854
AOF6 - Protection, Gender & Inclusion	12,754	12,754	0
AOF7 - Migration	123,400	123,400	0
SFI1 - Strengthen National Societies	1,650,713	1,117,715	532,998
SFI2 - Effective international disaster management	3,040,237	2,636,170	404,067
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	330,316	804	329,512
Grand Total	8,553,340	6,964,699	1,588,641

III. Operating Movement & Closing Balance per 2023/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	8,216,877
Expenditure	-6,964,699
Closing Balance	1,252,178
Deferred Income	386,649
Funds Available	1,638,827

IV. DREF Loan

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

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/8-2023/3	Operation	MDRHT018
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 30 May 2023

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	826,038	8,561			834,599	
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 Red Cross, Branch of the Red Cross Socie		26,852			26,852	
ICRC	175,000				175,000	
Iraqi Red Crescent Society	925				925	
Irish Government	380,693				380,693	932
Irish Red Cross Society	19,456				19,456	
Italian Government Bilateral Emergency Fund	540,071				540,071	
Italian Red Cross	99,174				99,174	
Japanese Government	356,606				356,606	385,718
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	10,555				10,555	
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	1,819				1,819	
Total Contributions and Other Income	7,841,277	375,600	0	0	8,216,877	386,649
Total Income and Deferred Income					8,216,877	386,649