

EMERGENCY APPEAL

OPERATIONAL STRATEGY

Haiti | Earthquake and Cholera Outbreak



Training on Psychological first Aid - for volunteers, Jeremie, Grand Anse, 2022 - Photo credit: IFRC

Appeal №: MDRHT018	To be assisted: 45,100 people: Earthquake response: 35,000 people (7,000 families) Cholera outbreak response: 10,100 people (2,020 families)	Appeal launched: 15/08/2021
Glide №: EQ-2021-000116-HTI - Earthquake EP-2022-000325-HTI - Cholera	DREF allocated: CHF 750,000	Disaster Categorization: Orange
Operation start date: 15/08/2021	Operation end date: 31/12/2023	
Operational Strategy Revision	Revision #: 1	Date: 23/02/2023

IFRC Secretariat Funding requirement: CHF 19.2 million

TIMELINE

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- August 2021:** Amidst the COVID-19 Pandemic, a 7.2 magnitude earthquake struck Haiti and IFRC, on behalf of the Haiti Red Cross, launched an Emergency Appeal (EA) with a Disaster Relief Emergency Fund (DREF) allocation of CHF 750,000 for immediate action. Rapid Response, Emergency Response Units (ERUs) and shipment of two aircrafts with essential household items arrived in Haiti.
 - September 2021:** Federation-wide actions reached 1,150 households with multi-sector family essential household items in Sud, Nippes and a Type II Red Cross Emergency Hospital established in Les Cayes.
 - December 2021:** 119 emergency response personnel had provided Red Cross services in shelter; health; water, sanitation, and hygiene (WASH); relief; logistics; IT/Telecoms; Information management (IM) and strategies were developed for livelihoods/basic needs; protection, gender, and inclusion (PGI); community, engagement and accountability (CEA) and cash and voucher assistance (CVA).
 - February 2022:** 6-month operation update published with Federation-wide action having reached 26,290 people (5,258 households).
 - August 2022:** One year from the earthquake Haiti still facing severe deterioration of humanitarian situation and assistance with continued political and civil unrest halting the Red Cross response actions due to insecurity, gang violence.
 - October 2022:** on 2 October, the Haitian Ministry of Health declared the new outbreak of Cholera disease. HRCS developed its response plan and began immediate actions in WASH financed by USAID/Bureau for Humanitarian Assistance funds from the IFRC/HRCS Disaster Preparedness and Response project.
 - December 2022:** IFRC issues a Revised Emergency Appeal for 19.2 million CHF to increase the support to HRCS in response to the Cholera outbreak and earthquake recovery for 45,100 people (9,020 families) for 30 months.

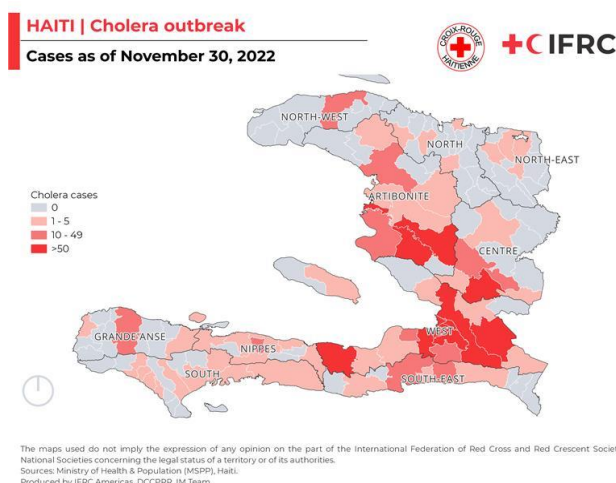
OPERATIONAL STRATEGY REVISION

This revised Operational Strategy includes the adapted response of the Red Cross Movement with the Haiti Red Cross Society (HRCs), to continue assistance to the people affected by the August 2021 earthquake and, most recently, the people affected by the October 2022 cholera outbreak. This strategy includes the details of intervention areas and priority sectors (CEA, Health, WASH and PGI) to address the immediate needs of the affected populations. IFRC and HRCs developed this Operational Strategy adapting key aspects from the previous revised Emergency Plan of Action, new emergency needs assessments, operational monitoring, and the Haiti 2023 IFRC Network country plan.

The Haiti Red Cross Society will significantly contribute to the reduction of the cholera outbreak through a combination of interventions such as improved community based -surveillance for early case detection, timely alerts, and responses, establishing community-based treatment, Oral Rehydration Points (ORPs), WASH activities, effective case management and sustained risk communication, community engagement and accountability.

The scope of the response has been expanded for an additional implementation period until 31 December 2023, to carry out actions that will contribute to the reduction of morbidity and mortality related the Cholera outbreak by preventing or slowing down transmission while assisting affected communities to maintain access to basic social services to support themselves in dignity.

DESCRIPTION OF THE EVENTS



On 14 August 2021, a magnitude 7.2 earthquake struck Haiti, with an epicenter located 13 km southeast of Petit trou des Nippes causing a severe impact mainly in Sud, Nippes and Grand'Anse Departments. Following the earthquake, more than 900 aftershocks were recorded: among them, 400 of magnitude 3 or more. The Haitian Department of Civil Protection (DGPC) reported 2,248 deaths and 12,763 injured people. Among its impacts, 53,815 homes were destroyed and a further 83,770 damaged. Following the rapid assessment done by the Haitian departmental health directorates, with PAHO/ WHO support, a total of 88 health centers were identified as severely damaged (28) and slightly damaged (60).

The Government of Haiti requested support from the international humanitarian community for food, health, shelter and water sanitation and hygiene promotion (WASH) for the affected population in Sud, Nippes and Grand'Anse departments.

Cholera also re-emerged in the country after more than three years with no presence of the disease reported in the country. On 2 October 2022, the national authorities reported two confirmed cases of *Vibrio cholerae* O1 in the greater Port-au-Prince area and in the commune of Cité Soleil¹.

From October to January the situation worsened. On 21 January 2023, The Ministry of Public Health and Population (MSPP), reported a cumulative number of 1,938 confirmed Cholera cases since the outbreak in October 2022; 21,995 hospitalized suspected cases, and 511 confirmed deaths (332 institutional deaths and 189 community deaths). According to the MSPP report, 43,51 percent of the suspected cases are female while 56,49 percent are male. Of a total of 5,207 samples analyzed by the national Public Health laboratory, a 37.21 percent positive rate was recorded. The Pan-American Health Organization (PAHO) reported, from the analysis of 13,362 suspected cases, from October 02 to December 06, that the most affected age groups are children aged 1 to 4 years (19 percent), followed by 20 to 29 years (15 percent) and 30 to 39 years (15 percent).²

¹ [PAHO Epidemiological alert 2 october 2022](#)

² [Relief Web: WHO Disease Outbreak News: Cholera - Haiti](#)

The Cholera epidemic that began in the greater Port-au-Prince region has spread geographically and cases are now confirmed in several communes in the 10 departments. As OCHA reports³, the West remains by far the department with the most cases (over 16,000 cases, 66 percent of suspected cases). Nevertheless, the departments with the largest increase are the North-East, which is experiencing its first suspected cases, the South and the North-West. In general, despite the MSPP and its partners' efforts, the surveillance capacity is not sufficient to obtain an accurate estimate of the number of cases.

Severity of humanitarian conditions

Regularly exposed to natural hazards, Haiti faces recurring socioeconomic and political challenges deep-rooted in structural problems. It is currently estimated that more than three million people in Haiti are facing exacerbated humanitarian needs due to natural disaster such as the earthquake, protracted armed violence, civil unrest, and now the resurgence of cholera.⁴ Situations of armed violence between gangs, or between police forces and gangs, within an economy characterized by inflation and scarcity of resources, are preventing many people from seeking food or accessing medical treatment.

PAHO also reports that, given the scale and spread of the ongoing cholera epidemic in Haiti, in conjunction with the complex humanitarian crisis; the limited resources to control the epidemic, as well as the constant migratory flow towards the Dominican Republic, the risk of spread in Hispaniola is assessed as very high.⁵ The Dominican Republic Ministry of Health reported, that as of 25 January 2023, 36 cases had been detected in Dominican Republic, in the capital area, including at least four imported from Haiti. The government of Dominican Republic is

currently taking active measures to prevent further spreading and has not requested the support of humanitarian international actors⁶.

At the end of 2022, the Food and Security Cluster published a note indicating that "Food insecurity in Haiti marks a sad record". This report explains the various challenges of the current situation and highlights how limited humanitarian actors are in their capacity to respond. It indicates that the month of September 2022 was a particularly difficult month, with a significant drop in the number of people assisted. On December 11, the United Nations World Food Program also published an article in which it noted the increased risk of famine in Haiti, warning that approximately 4.7million people remain vulnerable to a food crisis.⁷

ACAPS, an independent provider of humanitarian information, has included aspects of vulnerabilities in Haiti in its reports. As part of their analysis, ACAPS teams identify food security, protection, and WASH as top priorities. Ongoing analyses by the different humanitarian agencies in the country have a focus on protection and ACAPS highlights that "armed clashes, intimidations, sexual violence, assassinations, and kidnapping threaten the lives and safety of the population. Kidnappings have become a main source of financing for criminal gangs. Sexual violence has been used as a weapon of control and imposition of territorial domination; girls and women are particularly vulnerable to it, especially when travelling on public transport, returning from school, or during kidnappings. Despite underreporting, at least 75 people per month are victims, especially children and women⁸. During 2022, The Office of the United Nations High Commissioner for Human Rights (OHCHR) recorded 2,084 murders and 1,552 injuries in the country as a result of armed gang violence, as well as 1,114 cases of kidnapping, a record for the country.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

³ [OCHA Haiti and Cholera situation report 7; January 2023](#)

⁴ [Relief Web: ICRC Snapshot of humanitarian crises where needs are rising and need attention and support.](#)

⁵ [PAHO Cholera in Hispaniola 2 December 2022](#)

⁶ [Dominican Republic Government Public Health](#)

⁷ [United Nations](#)

⁸⁸ [ACAPS-Haiti](#)

The Haiti 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 vast range of services, including health, social services, disaster relief and assistance to people affected by conflict. 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 cholera outbreaks. IFRC/HRCS response and recovery efforts during the 2010 earthquake have been thoroughly analysed. This experience resulted in lessons learned used in subsequent post-disaster recovery responses and has motivated organizational reforms to strengthen HRCS capacities and efficiency.

The Haiti Red Cross Society is member of all committees of the National Disaster and Risk Management System (GNGRD) and a permanent member of the National Emergency Operations Centre (COUN). The GNDRD is led 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. The HRCS maintains a coordinated response with local, provincial, and national authorities and other humanitarian organizations. It is participating in all coordination forums with other humanitarian actors at the country level.

For the 2021 earthquake and cholera response, the Haiti Red Cross Society (HRCS) is leading a multi-sector and multi-location response effort that is supported by the IFRC, partner National Societies and the International Committee of the Red Cross (ICRC). Under an operations manager, the HRCS coordinates with its branch network for the ongoing response.

During the first year of the response, from October 2021, HRCS, under this Appeal and with the support of IFRC and Movement partners, 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) and by public hospitals;
- 4,248 households with provision of long-lasting, insecticide-treated nets;
- 1,811 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.

When cholera re-emerged in October 2022, the HRCS responded to the Ministry of Public Health and Population (MSPP) epidemiological alert, participating in emergency meetings where it established its alert and surveillance system with the national health requirements. The HRCS central office immediately discussed the situation with all regional branches and asked them to participate in the 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 and its partners are strengthening their capacity and alliance to support the actions of the MSPP to meet current challenges. The priority areas of action of the Haiti Red Cross relate to raising public awareness of the early signs and symptoms of cholera; referral to the nearest health centers; the promotion of individual and collective hygiene habits; improving the population's access to drinking water; community engagement; surveillance and monitoring of the situation; community-based 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 are supporting the transportation of infected patients and suspected cases to health facilities.

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 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. Project staff and volunteers, including volunteers from the General Directorate of Civil Protection (DGPC), have been working in affected areas achieving the following results:

- ✓ 145 National Society volunteers and members of the DGPC community intervention teams trained.
- ✓ Three facilitators and two coordinators from the Western Region received orientation.
- ✓ 35,644 people provided with hygiene sensitization (24,916 children, 8,793 females and 1,935 males).
- ✓ 22,000 individuals reached with cholera prevention messages produced.
- ✓ Hygiene promotion materials to be distributed such as flyers with key messages.
- ✓ In requisition stage: 15 hygiene promotion albums, printing of 250 visibility t-shirts, purchase of 70 megaphones and two cases of 10,000 water purification tablets.

1.2 Capacity and response at national level

Following the earthquake in 2021, the Government of Haiti activated its National Emergency Operations Centre (COUN), simultaneously starting department-level operations centers in Sud, Grand'Anse and Nippes. The Directorate General for Civil Protection (DGPC) serves as the executive secretariat of the National Disaster Risk Management System. The DGPC, with OCHA technical support and other actors, including HRCS initially engaged in search and rescue and assessment activities. The Government of Haiti opened the humanitarian corridor that involves the governments of the Dominican Republic and Haiti and humanitarian partners; as well as provided guidance on the type of aid it required, ensuring that support would be coordinated via the COUN. The COUN was deactivated after the first phase of emergency response as DGPC gradually shifted its operation to focus on the recovery and reconstruction phase. The risk disasters sector from the DGPC continued however to monitor any potential storm or earthquake likely to occur in country. Sectoral coordination is taking place via the established Humanitarian Country Team working groups and mechanisms at the national level in Port-au-Prince and at the departmental level. This participation enables coordination with State institutions non-state actors and other humanitarian partners. In each of the affected department, there is a weekly meeting per cluster and, a general coordination meeting with all clusters.

For the Cholera outbreak, the Government of Haiti, through the MSPP, is leading the response with different commissions established to ensure strategic and operational coordination among stakeholders: *Surveillance/Epidemiology, Case Management, Communication and Outreach, Vaccination, and Water, Sanitation and Hygiene*. The United Nations, under the leadership of the Humanitarian Coordinator and the technical leadership of PAHO/WHO and the United Nations Children's Fund (UNICEF), is supporting and advising the government and accompanying the technical groups. To support the Government's response, the Red Cross and Red Crescent Movement has strengthened its advocacy to ensure that the most vulnerable people have access to health facilities, without discrimination or limitation, always and in all circumstances. The United Nations has set up a Humanitarian Access working Group which works on negotiating access to affected populations living in neighborhoods primarily affected by urban violence.⁹

Seventy (70) Cholera Treatment Centers (CTCs) are operational with a maximum capacity to receive 773 patients: 22 in Ouest (including the CTC of the Civil Prison), 11 in Artibonite, eight in Sud and 6 in Sud-Est, six in Grand' Anse, six in Nord, 4 in Nord-Est, 4 in Nord-Ouest, two in Centre, one in Nippes.¹⁰ Some 900 multi-purpose community health workers (ASCP) are deployed in the West and Centre departments to support the community response and ensure epidemiological surveillance in the areas most at risk.

As OCHA¹¹ reports, nearly 1.2 million oral vaccines against cholera 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 2022 in the

⁹ [Flash Appeal 2022, Humanitarian Response](#)

¹⁰ [WHO. Cholera Haiti](#)

¹¹ [OCHA Haiti and Cholera situation report 7; January 2023](#)

most affected municipalities and surrounding areas in the departments of West and Center, before closure on 16 January 2023. Doses were also inoculated to prisoners in the Port-au-Prince and Carrefour penitentiaries. The results of this campaign are currently being validated. However, the supply of inputs across the country remains a major challenge in the response to cholera in Haiti. In their rapid risk assessment of November 2022, PAHO/WHO warned of the high demand for inputs and vaccines in the world since 29 countries are currently experiencing a cholera epidemic.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The Haiti Red Cross Society (HRCS) leads the overall response, with the support of IFRC, PNSs and ICRC.

Immediately following the earthquake, the IFRC has deployed several membership coordination disaster response tools, aimed at strengthening membership resource mobilization efforts and operational response. The IFRC Americas Regional Office (ARO) and the IFRC Cluster Delegation (CCD) for the Latin Caribbean (Cuba, Dominican Republic, and Haiti) provided technical guidance and support, including the deployment of staff from the region and throughout IFRC offices in the Americas. The Disaster and Crisis Prevention, Response and Recovery (DCPRR) unit deployed its Continental Coordinator as Head of Operations in Haiti, arriving on day three post-earthquake. The ARO convened Joint Task Force (JTF) meetings for this emergency.

The IFRC surge desk in Geneva and ARO worked together to deploy 77 rapid response staff who ended their missions between September and December 2021. Five Emergency Response Units (ERU) in logistics, relief, Information Technology and Telecom (IT/T), basecamp and the Red Cross Emergency Hospital (RCEH) were activated for this operation. The Logistics ERU from the Swiss Red Cross, the Relief ERU from the Benelux Red Cross, the Basecamp ERU from the Danish Red Cross, the IT/T ERU from the Finnish Red Cross and the Red Cross Emergency Hospital from the Finnish Red Cross with support from the Canadian Red Cross Society, have implemented actions to contribute to an agile, safe and connected emergency response. Each ERU conducted rapid sectoral assessments in their respective field of expertise to ensure the efficiency of its interventions in meeting the needs of the most affected population. The ERUs were deployed for a maximum stay of three months with personnel rotations ensuring business continuity. Operational logistics is the result of coordinated actions by the Americas Regional Logistics unit (operational procurement, logistics, and supply chain- OLPSCM Americas), the humanitarian corridor warehouse in Dominican Republic that is managed by the Dominican Red Cross, and the rapid response logistics team in Haiti.

Partner National Societies (PNS) of the Red Cross Red Crescent Movement have been instrumental in the response to the earthquake, either by funding the Appeal, sending material, or providing human resource surge support. The Partner National Societies present in the country, the French Red Cross, the Canadian Red Cross Society, the Spanish Red Cross, the Netherlands Red Cross have played a decisive role in the implementation of the response activities, by supporting a quick start to the response. For example, with the support of the French Red Cross's Regional Intervention Platform for the Americas and the Caribbean (PIRAC), this Emergency Appeal purchased stocks of non-food items from PIRAC. The French Navy, through PIRAC, provided sea transport from Guadeloupe, including food and water donations (from bilateral donors in Martinique). The French Navy ship arrived in Port-au-Prince on 21 August 2021.

The Spanish Red Cross contributed household items (kitchen kits, hygiene kits, jerry cans, and tarpaulins) to this Emergency Appeal, which were arranged to be sent on board of the Spanish Agency for International Development Cooperation (AECID) flight to Port-au-Prince on 22 August 2021. The American Red Cross, who was running a two-year USAID/BHA funded disaster preparedness at the time of the earthquake, provided funds and used stocks pre-positioned for immediate HRCS actions. The Canadian Red Cross Society provided equipment, transport and personnel and administrative staff for the Red Cross Emergency hospital, facilitating immediate attention to the

health needs of 5,682 affected people. A more comprehensive overview of the contributions can be found in the IFRC's [One-year report](#) for Earthquake and Cholera response.

Now that earthquake recovery activities are nearing completion and emergency activities to control and prevent the cholera outbreaks are being planned and implemented, the revised Emergency Appeal seeks a total of 5.8 million Swiss francs (the existing funding gap) to support the Haiti Red Cross Society (HRCS) in assisting the people affected by the 14 August 2021 earthquake and the ongoing cholera outbreak in Haiti. The overall funding requirement remains CHF 19.2 million, but (1) additional geographical areas are included, (2) the number of people to be assisted has increased to 45,100 and (3) the implementation period has been extended to 28 months (until 31 December 2023). In addition, new Health, WASH and CEA activities have been included to control the cholera outbreak and prevent further infections.

The International Federation of the Red Cross (IFRC) also provide support through:

- Strengthening the National Society's capacity to respond to cholera emergency operation by deploying surge personnel (WASH, Public Health in Emergencies (PHiE), CEA, PMER).
- the provision of immediate support with the deployment of the Regional WASH Coordinator, Security Delegate and Operations Manager, via the Americas Regional office
- Between October and November, the training of IFRC teams in Community Engagement and Accountability, WASH, Mental Health, and Psycho-social Support (MHPSS), Protection, Gender, and Inclusion.
- The provision, by The Latin Caribbean Country Cluster Delegation, of continuous technical advice and support to the National Society to ensure the objectives and activities in the plans are well aligned with Federation-wide quality standards.
- Red Cross Movement Partners are organizing coordination meetings and sharing of information and have planned technical working groups.

The following National Societies are involved in the cholera outbreak response:

The **Netherlands Red Cross**, in partnership with the IFRC through this emergency appeal, is supporting the Haiti Red Cross with interventions in WASH.

The **Spanish Red Cross** (SRC) has contributed since the cholera outbreak with the distribution of hygiene kits, jerricans and tarpaulins. SRC is also supporting food security (IPC) activities. A Cholera response plan has been prepared by Spanish Red Cross for further cholera response activities, pending funding.

The **American Red Cross** is supporting this Appeal as well, by putting financial and material resources at the disposal of HRCS. At the outset of this emergency, HRCS, American Red Cross and IFRC were implementing a two-year USAID BHA-funded disaster preparedness programme.

The **Canadian Red Cross Society** assessed the structural damage and rehabilitation needs of health centres in Les Nippes and Grand'Anse, including the rehabilitation of WASH infrastructures. Possible collaboration is being explored to have an integrated approach to public health which will include the IFRC Epidemic Control and CEA training of HRCS volunteers around the health centres that Canadian Red Cross Society will support with rebuilding of infrastructure.

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. 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 ensuring that HRCS can provide first aid and pre-hospital care to the people affected by the current violence and earthquake and enhancing the visibility of actions.

For the cholera response, the ICRC supports the HRCS response plan particularly in activities related to hygiene promotion activities and keeping, 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.

2.2 International Humanitarian Stakeholder capacity and response

The International Humanitarian Institutions PAHO, OCHA, UNICEF, support the Haiti Government with resource mobilization efforts, coordination, and an operational response.

The Directorate General of Civil Protection (DGPC), with the technical support of OCHA, coordinates assistance from NGO and International organizations. Sector coordination is ongoing through the Humanitarian Country Team (HCT) working groups and mechanisms at the national level in Port-au-Prince and at the departmental level.

In response to the earthquake, in August 2021, from a budget of US\$8 million from its Central Emergency Response Fund (CERF), the UN launched the 2021 Haiti earthquake Flash Appeal for US\$ 187.3 million. This plan aims to reach 500,000 of the most vulnerable people out of the 650,000 identified as needing assistance with shelter, WASH, health, food, education, and protection services.¹²

International Humanitarian agencies are equally involved in the Cholera response:

Pan American Health Organization (PAHO)

In October 2022, PAHO launched an Emergency Appeal requiring 12.8 million USD for twelve months¹³. The main strategic areas of intervention are strengthening of detection capacity at community level, increasing laboratory capabilities and cholera case management capacities, increasing the number and coverage of Oral Rehabilitation Points, Cholera Treatment Centers, Cholera Treatment Units, WASH, and IPC activities; deploy the emergency cholera vaccination campaign (OCV) and strengthen the coordination and operational and logistical support (OSL).

United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

As part of the OCHA Flash Appeal¹⁴ 12 national NGOs and 15 international NGOs have indicated their readiness to support the cholera response. Activities implemented in the field of health include the establishment and management of Cholera Treatment Centers (CTCs), the mobilization of mobile clinics, the supply of emergency medical items as well as the training of personnel, in particular versatile community health workers (ASCP). In support of activities such as the provision of drinking water in the areas most affected by cholera, the distribution of emergency hygiene items, the decontamination of houses and public places, the installation and cleaning of latrines, the establishment of hand-washing points, as well as actions aimed at adequate waste management are at the center of the response. OCHA's 2022 Cholera Flash Appeal aims to reach 1.4 million people with a budget of 145.6 million USD¹⁵.

United Nations Children's Fund (UNICEF)

UNICEF supports the coordination mechanisms at the departmental level to be activated notably for the required health and WASH response, including through the "Department Sanitaire" or 'Health Directorates' and the 'WASH directorates' (OREPAs) – the Government regional or departmental structures. The United Nations has called on all Haitian citizens to remain vigilant and take proactive measures to prevent the spread of the disease. Key UN inter-

¹² [Haiti Earthquake 2021 Flash Appeal](#)

¹³ [PAHO Emergency Appeal, 12 October 2022](#)

¹⁴ [UN OCHA Haiti 2022 Cholera Flash Appeal \(Mid Oct 2022 - Mid Apr 2023\)](#)

¹⁵ [OCHA 2022 Cholera Flash Appeal](#)

agency partners (PAHO/WHO; UNICEF) are actively engaging with the situation and working with the government to accelerate and scale up the emergency response, focused not only on limiting the spread of the disease, but also on informing the population on how to take immediate lifesaving action at the household level. Additional support will consist of expanded surveillance, increased water and sanitation provision, development of cholera treatment centers and the reinforcement of case management. Specialized emergency response teams (NGO standby partners) are ready to be deployed to support affected communities¹⁶ Emergency Relief has announced the allocation of \$7 million from the Central Emergency Response Fund (CERF) to support the immediate response to the cholera outbreak. These funds will be quickly disbursed to UNICEF and PAHO. WHO for the Health and Water, Sanitation and Hygiene (WASH) sectors, as well as the UN Humanitarian Air Service (UNHAS) to provide logistical support to operations.

3. Gaps in the response

For both the earthquake and the cholera components of the IFRC Earthquake and Cholera response, the same constraints and challenges apply to varying degrees. According to WHO/PAHO and echoed by in-country partners, the most pressing gaps challenges include limited access of the general population to safe drinking water and sanitation facilities. In addition, limited human resources in Haiti from the public health system and international partners further reduce response capacity. Growing insecurity and complex supply chain and logistics challenges are causing difficulties in importing supplies and challenges in accessing affected areas. As an aggravating factor, insecurity and access to fuel hinder the population's access to health care, leading to delays in treatment which have serious consequences.

This operational strategy recognizes that at the center of these macro level challenges and constraints are the communities that need targeted support. 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 sectoral needs is available in the Earthquake and Cholera response [12-month Ops Update](#). The response to Cholera, focuses more on Health, WASH, PGI and CEA and as such aims to fill more specifically the following gaps:

Community based surveillance (CBS): The need for Community based Surveillance is very important given the expected and diffuse movements of suspected and confirmed cases, the delays of suspected cases in reaching the formal health system. Undetected chains of transmission indicate a need for increased support for CBS activities. The IFRC will support the National Society in the implementation of a better data management system with the call of the department of information management at the level in collaboration with the health team and PMER.

Cholera treatment: Installation of Oral Rehydration Points (ORPs) and Cholera Treatment Centers (CTCs); support transportation of patients to CTCs.

Additional community WASH support: Due to ongoing activities in the South Department and movement restrictions in Port of Prince, community gatherings will be high-risk areas, therefore, handwashing enforcement will be crucial with handwashing stations located in these areas to help community members prevent the spread of infection through contact.

Psychosocial support (PSS): This aims to provide emotional assistance to HRCS volunteers and staff as they engage in social mobilization and risk communication activities in communities. For community members, trained volunteers will provide further psychological first aid assistance at the community level to mitigate stigma and discrimination of survivors from the Cholera outbreak survivors.

4. Operational Constraints

The HRCS will ensure the engagement of local staff and volunteers and will continue to monitor and respond to the

¹⁶[UNICEF Haiti Humanitarian Situation Report No. 3 \(Cholera\) - 22 October - 4 November 2022](#)

situation based on their acceptance by the communities, which in turn will encourage the successful implementation of the proposed activities. The following operational risks will be 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.
- **Infection 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:** As the security problem is only on the national roads leading to these communes, 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 Haiti Red Cross central office team in collaboration with these branches.
- **Logistics:** Due to movement restriction and insecurity in Port of Prince, some limitations of custom services can arise.
- **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.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a Federation-wide approach, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, ensures linkages between all response activities (including bilateral activities and activities funded domestically) and help to leverage the capacities of all members of the IFRC network in the country, to maximize the collective humanitarian impact.

Throughout the earthquake operation, the IFRC has maintained various mechanisms to ensure continuous coordination and dialogue between the HRCS, the operating National Society, and the Red Cross Movement partners in and outside the country. During the Earthquake and Cholera operation, there have been very few Partners National Societies in the country due to the insecure and volatile Haitian context. The National societies present in country have held regular planning meetings to share information and plan further to stay aligned on the priorities of the Haiti Red Cross Society. Task force meetings organized by the IFRC team at the Cluster Country Delegation (CDD) level were held regularly with the field team as part of the operation, with technical support from the Americas regional office team. In addition, sharing of operational strategy changes and achievements is done on a regular basis through various reporting formats and on the GO platform.

The Partnership and Resource Development (PRD) unit in the Americas has also been very active at coordinating collective resource mobilization activities such as preparing proposals and organizing Partners Calls meetings (for partners internal and external to the Movement) to share information on the operation and its achievements and ensure the mobilization of resources. As of 1 February 2023, these efforts have contributed to reaching 70 percent of the operation's funding needs either through bilateral or multilateral contributions to the Appeal generously made by Partner National Societies, Governments, and private sectors of different countries.

The IFRC will further capitalize on ongoing support opportunities to HRCS through the Haiti 2023 IFRC Network country plan, for example.

- Strengthen the Federation-wide approach through the arrival in January 2023 and the continued presence for two years in Port-au-Prince of a Deputy Head of Country Delegation in Haiti.
- Strengthen the planning, monitoring, evaluation, and reporting (PMER) capacity of focal points, building on recommendations from IFRC workshops and training sessions. This will directly support IFRC-wide monitoring and reporting for this Emergency Appeal and ensure complementarity with the evolving emergency response.

- Take advantage of ongoing initiatives to develop and disseminate gender policy implementation procedures, and systematize the collection of data disaggregated by sex, age, and disability during humanitarian operations; and Increase key staff awareness of commitments with partners and participate in coordination and humanitarian partnership forums locally and regionally.

OPERATIONAL STRATEGY

Vision

Through this emergency operation, the IFRC aims to continue supporting the Haiti Red Cross Society 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 health 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 Haiti Red Cross Society's 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.

Anticipated climate related risks and adjustments in operation

The Haitian population and any humanitarian operation face an array of climate-related risks including hurricanes, mudslides caused by deforestation, earthquakes, flooding of farming fields, homes and roads, water contamination, additional health hazards due to heatwaves, lack of access to healthcare due to impassable roads, and transmission of illnesses such as dengue fever and malaria due to insects. Haiti Red Cross is well represented throughout the country via its chapters. Together with partners, they adapt to risks by analyzing weather forecasts, road conditions and using mobile teams and electronic communications for Community Engagement and Accountability activities when for instance on-site activities are impossible.

In addition, Through the IFRC 2023 Network Plan for Haiti, IFRC also looks to support HRCS in the coming year to integrate climate risk management, including adaptation and mitigation, into its various programs, and to further adopt environmental management approaches such as:

- Improve capacity of staff and volunteers in climate action and climate-smart programming.
- Support the National Society to integrate climate risk management, including adaptation and mitigation, into all programs, operations, and outreach activities.

- Focus on climate vulnerabilities related to livelihoods, food shortages, access to health, climate change-induced displacement, and urban living.

Targeting

People to be assisted

Through this operation, the Haiti Red Cross expects to reach a total of 45,100 people (9,020 families), among those affected by the October 2021 earthquake and those currently affected by or at risk from the cholera outbreak. This represents an additional 10,100 people (2,020 families) compared to the original target. Targeting is based on rapid multi-sector assessments conducted by the HRCS-IFRC which are checked and confirmed with the Departmental Centre for Emergency Operation to reach most vulnerable and avoid duplication with another organization. It is estimated that the National Society will endeavor to reach people in the same proportion of the affected population reported by the Ministry of Health and Population. Therefore, it is possible that the targeting of our own population targets may need adjusted during implementation based on the epidemiological situation, and recommendations from the Ministry of health. However, the different teams face many challenges in obtaining detailed information from the field. The operational strategy considers continuous training of the National Society teams to improve disaggregation and targets for each population.

Table: Targeted people to be assisted by the earthquake and Cholera operation

Category	female % of population	male % of population	total age group % of population	Estimate # of targeted people
0-14 years	14	15	29	13,079
15-24 years	10	11	21	9,471
25-64 years	22	22	44	19,844
65 years and above	3	3	6	2,706
TOTAL	49	51	100	45,100

The targeted areas where HRCS is currently operating under the Revised Emergency Appeal are in the departments of Sud, Grand'Anse and Nippes currently benefiting from the earthquake response. In addition, this revised Emergency Appeal will include communes that are already reporting suspected and confirmed cases of cholera¹⁷. As reported in the following table:

Table: Targeted departments for the revised Emergency Appeal

Grand'Anse	Les Nippes	Sud (South)	North and North-East
Pestel, Sassier, Beaumont, Collecte Dayer, Casse Tache and Jeremie	Azile and Baradères	Les Cayes, Cap-Perrin, Maniche and Torbeck	Trou du Nord, Fort Liberté, Ouanaminthe and Limbé

Considerations for protection, gender and inclusion and community engagement and accountability

Community Engagement and Accountability (CEA)

Communities must be at the head of the response, to make it more effective, timely, relevant; and contribute to community trust and action. A Community Engagement and Accountability (CEA) approach will promote effective participation and feedback from affected communities. This will be structured based on an analysis of the communities' needs and information channels to support the strengthening of their response capacities. The feedback mechanism will mainly rely on regular reports and consolidated briefs from volunteers on unprompted and captured feedback as well as feedback solicited during community meetings, and possibly quantitative surveys during implementation of specific activities. The CEA training for volunteers will also focus on setting up ticketing systems

¹⁷ https://www.mspp.gouv.ht/wp-content/uploads/Sitrep-cholera_30_Novembre-2022.pdf

for complaints and requests on activities. HRCS plans to set up a phone line to receive questions and feedback on all activities. The CEA approach will focus on providing overall capacity through training and mentorship for volunteers to engage in a participatory manner in all targeted areas to inform and engage with the communities in planning and carrying out of activities.

Protection, Gender, and Inclusion (PGI)

The earthquake and the cholera crisis have increased pre-existing vulnerabilities. According to the Humanitarian Needs Overview for Haiti¹⁸ conducted prior to the disaster, population groups in vulnerable situations include women and girls, children, the elderly, people with disabilities, displaced people and people living in remote and rural areas, as these groups are most at risk of sexual and gender-based violence (SGBV). According to UNFPA, these two crises, together with the displacement of the population due to the problems, have increased protection risks, exacerbating vulnerabilities to sexual exploitation and abuse while disrupting local protection referral systems and services. It also reported an increase in incidents of gender-based violence prior to the disaster, particularly recently due to gang violence and related displacement. With the increase in the number of displaced people living in collective centres and makeshift shelters, concerns the rising incidence of SGBV are high. Initial assessments by UNFPA, and the Ministry of Women Affairs (MCFDF) indicate that access to GBV services and case management have been significantly reduced since the earthquake. UNFPA is working with the Government of Haiti to activate and scale up activities of departmental GBV coordination systems, as well as existing case management and Psychosocial services. Child protection is identified as a critical need to be addressed as part of the response which also entails psychosocial support and case management for children. Specific actions to raise and to refresh awareness on PSEA issues with the Red Cross team (HRCS, IFRC and PNS) in Haiti are also needed. UNICEF has set up a specific PSEA reporting hotline (37 02 65 16), as well as an email address to centralise all case allegations lodged against NGOs and UN agencies.

PLANNED OPERATIONS

To respond to the October 2022 cholera outbreak in Haiti and prevent new cases, the Haiti Red Cross, the IFRC and their partners will increase their technical capacities and outreach in the hardest hit areas of the country. Emergency public health, water, sanitation, and hygiene activities will be strengthened along with communication campaigns at national and community levels. The operation will help 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 previous planned actions included in the 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, only the pending actions for the earthquake and activities related to the cholera outbreak are presented. However, many important achievements have occurred in all sectors since August 2021 notably with the deployment of the ERUs: the ERU Red Cross Emergency Hospital (RCEH); the Logistics and Supply Chain ERU; The Relief ERU and the IT&Telecoms ERU. For a summary of achievements up to the end of August 2022, reported against the previous Emergency Plan of Action, please refer to the latest Operations Update, especially the 12-month Operations Update report. Please note, that under each sector is shown the full funding requirement for the Earthquake and Cholera Emergency Appeal, not just the funding requirement gap for the cholera response.

INTEGRATED ASSISTANCE

 Shelter, Housing and Settlements	Female > 18: 15,000	Female < 18: 2,500	CHF 1,098,000
	Male > 18: 15,000	Male < 18: 2,500	Total target: 35,000

¹⁸ [Humanitarian needs overview for Haiti](#), March 2021

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>
Priority Actions:	<i>Shelter, Housing and Settlements activities have been completed. Please refer to the 12-month operations update report for achievements.</i>

	Multi-purpose Cash	Female > 18: 10,000	Female < 18: 2,500	CHF 1,482,000
		Male > 18: 10,000	Male < 18: 2,500	Total target: 25,000
Objective:	<i>Provide multipurpose cash to families affected by the earthquake as emergency relief intended to meet their basic needs for food and non-food items, services, or to buy assets essential for the recovery of their livelihoods</i>			
Priority Actions:	<i>Multipurpose Cash activities have been completed. Please refer to 12-month operations update report for achievements.</i>			

HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT / COMMUNITY HEALTH)

	Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18: 20,050	Female < 18: 2,500	CHF 7,064,000
		Male > 18: 20,050	Male < 18: 2,500	Total target: 45,100
Objective:	<i>Reduce morbidity and mortality associated with the cholera outbreak through the implementation of community-based surveillance, by supporting clinical treatment of acute diarrhea through oral rehydration units where feasible and by providing home rehydration solutions where access to treatment units is impossible; and by improving the knowledge, attitudes, and practices (KAP) of the population related to cholera prevention and control</i>			
	<i>Please refer to the 12-month operations update report for details on activities already carried out and achievements under the Health and Care sector.</i>			
Priority Action	Surveillance - Establish a community-based surveillance network with HRCS volunteers and MSPP focal points for case detection in target communities. - Establish a functional surveillance system and alert structures for the detection of suspected cases and deaths due to cholera in the targeted communities. Health Promotion - Production and distribution of the cholera message through different tools (social media, SMS, distribution of IEC materials).			

- Realization of mass sensitization sessions on the key messages related to cholera (radio broadcasts, sensitization sessions in large areas).
- Realization of door-to-door sensitization session on key cholera messages in targeted communities.
- Support a community survey to identify risk practices and assess behavioral challenges, local cultures, customs, customs related to cholera risks, and will include social, economic, and behavioral patterns.

Support the MSPP for cholera treatment

- Provision of equipment, materials, and items to support case management in CTC and at existing ORP for cholera management (cholera kits, infusion set, drug set, medical equipment set, sampling set, etc.).
- Support in transporting cholera cases to treatment centers.
- Training activities for the (CTC/UTC) and rehydration points staff.

Support the MSPP for the implementation of vaccination campaigns

- Logistical Support to the Ministry of health (MSPP) in the implementation of cholera vaccination campaigns (only in case MSPP confirm campaign is being conducted and ask for RC support).
- Communications support to the Ministry of health for the promotion of vaccination campaign.

Mental health and Psychosocial support (MHPSS)

- Training session for HRCS on Psychological First Aid (PFA),
- Provide psychosocial support to the affected population by establishing PSS support spaces in targeted localities affected by cholera with a focus on children, including with the distribution of PSS kits).
- Establish MHPSS support systems of self-care for RCRC volunteers and staff.

Trainings for volunteers

- Epidemic control with a focus on waterborne disease and Cholera.
- Community based surveillance (CBS).
- ORS uses training.

	Water, Sanitation and Hygiene	Female > 18: 20,050	Female < 18: 2,500	CHF 2,137,000
		Male > 18: 20,050	Male < 18: 2,500	Total target: 45,100
Objective:	<i>Increase access to safe water, adequate sanitation and hygiene facilities at community level, Oral Rehydration Points (ORP), cholera clinical facilities (ORP), schools where HRCS already has sanitation activities and cholera hotspots to prevent and control to prevent and control the transmission of infectious diseases with an emphasis on cholera.</i> • Please refer to the 12-month operations update report for details on activities already carried out and achievements under the Water, Sanitation and Hygiene sector.			
Priority Actions:	• Procurement and distribution of safe water treatment chemicals.			

- Monitor use of water and solid waste management in the communities through household surveys to implement and encourage corrective behavior modifications.
- Procure and distribute Hygiene kits for households.
- Procurement and donation of equipment, materials, items for disinfection activities in CTC (set, disinfection).
- Monitoring field visit to evaluate the access to WASH facilities.
- Purchase of materials for hygiene promotion related to cholera such as ORS, soaps, aqua-tabs, buckets, which is conducted by HRCS.
- Purchase and distribute hygiene kits for households in targeted communities.
- Monitor use of water and solid waste management in the communities through household surveys to implement and encourage corrective behavior modifications.
- Orient population of targeted communities in the use of distributed hygiene kits.
- Conduct Hygiene Promotion Session with different population groups.
- Water point chlorination and water quality monitoring (ensuring the absence of fecal contamination in drinking water) at community level is implemented throughout the project.
- Training for HRCS volunteers on Household Water Treatment and Safe Storage (HWTS)
- Rehabilitation/Construction activities of Community Water supply point or system in targeted communities.
- Construction of rain harvesting systems to ensure access to water for cleaning and handwashing purposes on houses where latrines are being reconstructed.
- Training of engineers, community workers and volunteers on latrine reconstruction.
- Repair of sanitary blocks in public schools.
- Water trucking, desludging.

PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION).

	Protection, Gender, and Inclusion	Female > 18: 5,000	Female < 18: 2,500	CHF 124,000
		Male > 18: 5,000	Male < 18: 2,500	Total target: 15,000
Objective:		<i>Implement the response operation in such a way that the minimum standards of protection, gender and inclusion are always applied in the four areas of focus, dignity access, participation, and safety.</i> • Please refer to the 12-month operations update report for details on activities already carried out and achievements under the Protection, Gender and Inclusion sector.		
Priority Actions:		National Society Strengthening • Include sexual and gender-based violence policies in Haiti National Society emergency response programming. • Expand humanitarian education programs, with an emphasis on promoting humanitarian values and improving access for people		

	whose education has been interrupted by war, disaster, or displacement. • Implement initiatives that promote inclusion, participation and diversity in opportunities, representation, and decision-making, both within organizations in our network and within society in general. • Strengthen the leadership of women at all levels of our network, as well as the emphasis placed on this issue. • Promote and raise awareness of the Fundamental Principles, while recognizing that the Fundamental Principles, such as sustainability and equality, are at the heart of the work of the Red Cross. • Train members of HRC on protection, gender, and inclusion. PGI at Community level • Assess specific needs on PGI at community level educational activities at community level.
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	Community Engagement and Accountability	Female > 18: 7,500	Female < 18: 2,500	CHF 131,000
		Male > 18: 7,500	Male < 18: 2,500	Total target: 20,000
Objective:	<i>Promote a meaningful community participation, open and honest communication, and the set up of mechanisms to listen to affected population and act on feedback, in order to build trust, access and acceptance with communities for a more effective response operation</i>			
Priority actions	• Please refer to the 12-month operations update report for details on activities already carried out and achievements under the Community and Accountability sector. • Develop a baseline survey, with needs, communication channels, and preferred languages. • Create a behavior change communication strategy to address health issues. • Encourage satisfaction surveys of kits and services received from Red Cross movement. • Basic CEA training for volunteers and NS staff (we have this topic in the indicators but not in the CEA plan). • Create an internal CEA strategy to support volunteers and staff. • Development of CEA messages and materials • Set up a simple feedback mechanism (e.g., WhatsApp Line) to maintain contact with communities and disseminate messages about cholera and COVID-19. Check for mobile data access in communities. • Implementation of an awareness campaign to spread cholera prevention messages via SMS, Twitter, Facebook, the HRCS website, radio, sound trucks and printed materials. Awareness and training sessions for volunteers and employees on cholera prevention.			

	Risk Reduction, Climate Adaptation and Recovery	Female > 18: 800	Female < 18: 200	CHF 288,000
		Male > 18: 800	Male < 18: 200	Total target: 2000

Objective:	<i>Contribute to reduce the vulnerabilities of affected families and communities and strengthen their preparedness and capacity to respond better in case of future disasters.</i>
Priority Actions:	<i>Risk Reduction, Climate Adaptation and Recovery activities have been completed. Please refer to 12-month operations update report for achievements.</i>

Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

	National Society Strengthening	Female > 18: 4,500	Female < 18: 500	CHF: 2,565,000
		Male > 18: 4,500	Male < 18: 500	Total target: 10,000
Objective:	<i>Strengthen the capacity of HRC to provide quality assistance during an emergency response operation in a timely and safe manner to the affected population while ensuring the well-being of the NS volunteers and staff.</i>			
Priority Actions:	<i>Please refer to the 12-month operations update report for details on activities already carried out and achievements under the National Society Strengthening sector.</i> This comprehensive approach entails: National Society Capacity Strengthening • Support to the National Society ensure proper targeting, placing affected people and communities at the center of preparedness and response activities. • Conduct an Organisational Capacity Assessment and Certification (OCAC) • Follow-up on the Preparedness for Effective Response (PER). • Identify the gaps in HRC preparedness and suggest corrective measures. • Provide Disaster Risk Management Training for the NS branches, including green response. • Set up a lesson learned workshop to systematise the learning and use it as a base for improvement and for the final evaluation. • Design a participatory process for the final evaluation and ensure quality support to implement it. • Improve NS visibility. • Increase access to vehicles and equipment such as laptops, tablets, mobile phones, ambulances, and office supplies. • Implement with the National Society a resource mobilization strategy. Volunteering Development • Promote de participation of Volunteers in learning activities and final evaluation. • Ensure 10,000 volunteers are supported through the IFRC insurance policy as well as PPE detailed in the health section; access to psychosocial support services (PSS) as detailed in the health section; and other support based on needs. • Support volunteers affected by the earthquake and the cholera outbreak. • Conduct volunteer recognition activities. • Support volunteer management at branch level and facilitate their participation in decision-making processes.			

 Coordination and Partnerships	N/A	N/A	CHF 17,000
	N/A	N/A	Total target: 10 institutions
Objective:	Strengthen the coordination structure to promote a harmonized response with other humanitarian actors present in the country and enhance the impact of the interventions		
Priority Actions:	- Please refer to the 12-month update report for details on activities already carried out and achievements under the Coordination and Partnerships sector. Membership Coordination - Continue consolidating and harmonising multilateral and bilateral support provided to the HRCS through a Federation-wide approach. - Adjust federation-wide planning, monitoring, and reporting with the HRCS at the lead and IFRC providing strategic coordination (aligned with the Haiti 2023 IFRC Network country plan.) Engagement with external partners - Facilitate technical meetings with different stakeholders to address challenges and opportunities in the implementation of activities in each of the sectors contemplated in the operation. - Promote information sharing among different actors of the movement as well as with UN agencies and NGOs to facilitate harmonized planning. - Support CRH in coordinating actions with governmental actors and jointly promote our Humanitarian Mandate and Fundamental Principles within the current Humanitarian Coordination Structure in place. Movement Cooperation - Establish a coordination system consisting of weekly meetings with the partners of the Red Cross and Red Crescent Movement in Haiti. - Ensure a real time follow-up for each sector, on the progress of the activities that are being implemented on the ground in terms of response to cholera through regular Movement Cooperation.		

 IFRC Secretariat Services	Female > 18: 20,050	Female < 18: 2,500	CHF 3,987,000
	Male > 18: 20,050	Male < 18: 2,500	Total target: 45,100
Objective:	Strengthen the operations management capacities of IFRC to provide support to the NS for the implementation of the actions programmed as part of the Emergency Appeal.		
	The Secretariat will provide support to HRCS for implementation of this Appeal, to keep it aligned with the policies, programs, and guidelines of the IFRC. Please refer to the 12-month update report for budgeted activities already carried out under this sector, such as the deployment of the		

ERUs: the ERU Red Cross Emergency Hospital (RCEH); the Logistics and Supply Chain ERU; The Relief ERU and the IT&Telecoms ERU.

Priority Actions:

Operation Management

- Support the HRC in successful planning and implementation of appropriate response.

Rapid Response deployments for Cholera

- WASH Officer
- PHiE Coordinator
- CEA Officer
- PMER Officer
- Security Coordinator

Security

- The IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe 2.0 Global edition Level 1-3.
- Support the HRC with the updating of its Security Plan
- Coordinate with ICRC for shared leadership of the response.
- Maintain an updated record of security incidents reported by HRC, Movement partners, UN agencies and NGOs in country.
- Conduct an area-specific security risk assessment for any operational area where any HRC or IFRC personnel will be working, including standard safety measures applicable.
- Promote awareness and training sessions for IFRC and HRC members on security measures.
- Guide the HRC authorities in a proper response in case of a security incident.

Planning, monitoring, evaluation, and reporting

- Set up a PMER framework for the operation.
- Develop and ensure quality PMER systems and processes.
- Provide direct technical advice and guidance to the HRC in all areas of PMER.
- Support HRC in the elaboration of Operation Updates
- Ensure the completion of the final evaluation of the operation.

Information management

- Coordinate the implementation of an Information.
- Management strategy to support timely decision making.
- Define data flows at the operational level with all key RCRC internal and external stakeholders, including IFRC sectors.
- Produce the IM and analytical products in support of the operation in a timely manner.
- Strengthen the HRC capacity for implementing information management related activities, to ensure continuity of IM products throughout and after the operation.

Communication

- Develop a communication plan and key messages related to the cholera response.
- Support the HRC in the gathering of information to be used in the development of relevant, compelling, and timely communications content and messages to highlight the humanitarian situation, needs on the ground and Red Cross Red Crescent operations.
- Ensure the quality of communications materials to be distributed by IFRC global communications teams in the region and Geneva for various audiences and channels.
- Manage reputational risk at the country, regional and global levels.

Partnership and Resource Development

- Support the HRC to maximize the resource mobilization efforts.
- Provide Support to HRC on partner engagement and accountability to donors.

Human Resource including Rapid Response Personnel

- Support the operation through the timely deployment of rapid response personnel.
- Facilitate the process of hiring suitable personnel for the management of the operation.
- Facilitate the implementation of measures to ensure the wellbeing of rapid response personnel and staff.

Finance

- Ensure compliance with financial procedures to guarantee transparency and accountability during operation.
- Ensure timely and proper submission of financial reports.

Logistics and Supply Chain

- Logistics and Supply chain management
- Americas Regional Logistics Unit will ensure the effective management of the supply chain for the goods that need to be used for the operation response. The unit will closely coordinate all the movements with the National Society ensuring the proper mobilization, procurement, customs clearance, fleet, storage, and transport to distribution sites, in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.
- The processes will follow the IFRC's standards procurement procedures and sphere standards for NFIs purchases. The procurement of items and services will meet the required conditions based on the needs of the affected population) and/or the operational areas to guarantee the appropriate level of supplies and optimal performance.

Risk management

Risk	Likelihood	Impact	Mitigating actions
1. Limited access to the areas with affected population due to the	high	high	• NS with the support of IFRC will update its Security Plan and will constantly assess the

Risk	Likelihood	Impact	Mitigating actions
deterioration of the security situation			situation to implement additional security mitigation measures. • Coordination with ICRC for shared leadership of the response.
2. NS and IFRC members could be target of kidnaping, robbery and extortion	medium	high	• 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	• NS with the support of IFRC will develop a Business Continuity Plan
4. Limited access to medical and essential non-medical supplies, including the oral vaccine due to the global cholera crisis	high	high	• NS with the support of IFRC will develop a Business Continuity Plan • High level coordination with UN agencies and other actors for the purchase and shipment of supplies
5. Limited human resources including technical staff and volunteers, to carry out the planned activities due the cholera outbreak and violence	high	high	• NS with the support of IFRC will develop a Business Continuity Plan • Deployment of rapid response personnel
6. Hydrometeorological and geological events, affect the targeted population	medium	medium	• 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	• Coordinate with external health actors the implementation of a risk communication campaign
8. Worsening of food and nutrition insecurity situation	medium	high	• Revise and update the operational strategy as required to include additional livelihoods and health activities to tackle food and nutritional insecurity
9. Increase in the number of Members of the NS and IFRC affected by burnout syndrome	high	high	• Provide staff and volunteers with psychosocial support and mental health services.
10. Forced displacement of affected population due to the volatile security situation and cholera outbreak	high	high	• Revise and update the operational strategy as required to include additional activities for migrants and displaced persons.

Quality and accountability

The response to the 2021 earthquake in Haiti and the 2022 cholera outbreak offers the IFRC an opportunity to further support the National Society by improving its data management methods and tools. The teams in the Latin Caribbean Delegation and Americas Regional office will continue to build on previous experiences for the application of PMER and IM standards of the Red Cross Movement.

The Latin Caribbean Cluster Delegation (CCD) has been working with Haiti Red Cross Society to improve its digitalization with the necessary equipment and internet access. A PMER officer, based in Haiti, works in coordination with the National Society's PMER officer in country. The CCD PMER & IM Senior Officer based in Santo Domingo, Dominican Republic will work in support of the local PMER team and the Operations Team to ensure the various processes and tools needed for monitoring and evaluation.

The operations team will use IFRC Monitoring and Evaluation tools for emergency operations to ensure quality assurance during the implementation phase. The following performance indicators related to the cholera outbreak will be monitored for compliance with IFRC accountability standards. For indicators and achievements up to the end of august 2022, reported against the previous emergency plan of action, please refer to the latest [operations update](#).

	Community Engagement and Accountability
# of people reached through Risk Communication and Community Engagement (RCCE) for health and hygiene promotion activities.	
# of feedback mechanism and perception surveys implemented.	
# of community meetings organized under the CEA perspective.	
# RCCE case studies produced and distributed.	
# of Community members trained in RCCE and communication.	
# of volunteers trained in basic CEA.	

	Health & Care
# of people reached through mass awareness sessions such as radio spot, radio broadcast, social media, SMS, distribution of flyers with key messaging	
# of volunteers and staff trained on ECV (Epidemics Control for Volunteers),	
# of volunteers trained on Community Based Surveillance (CBS).	
# of Training of Trainers (ToT) / supervisors trained on CBS	
# of volunteers and staff trained on ORS Use	
% of volunteers (men/women) that have improved their skills on epidemic control, community-based surveillance, and OP management /ORS use to prevent cholera	
# of CTC/ UTC/ /ORP reached with donations of materials to these health structures.	
# of volunteers reporting to the surveillance system	
# of alerts reported by the Red Cross volunteers	
# suspected cases identified through CBS escalated to health authorities and referred for care	

	Water, Sanitation and Hygiene
# of WASH assessments conducted within the cholera response	
# of water treatment kits distributed in cholera targeted areas	
# of people reached with hygiene kits In cholera targeted areas	

of people reached with hygiene promotion sessions conducted in communities
of community water points/ sanitary blocks (latrine) rehabilitated or built-in targeted areas
of people benefiting from WASH water points/ sanitary blocks (latrine) rehabilitated or built-in targeted areas

 Protection, Gender, and Inclusion
of people reached with PGI related activities
of operational sectors collecting sex and age disaggregated data
of girls, boys, women, men reached by SGBV-PSEA prevention messages

 National Society Strengthening
of volunteers covered with health insurance
of trainings organized for volunteers and staff through the HRCS training center.
OCAC second phase completed
of PER processes conducted

International Disaster Response
of rapid response personnel deployed
of disaster law briefs disseminated to IFRC-network partners

Influence others as leading strategic partner
of Communications products developed
Final evaluation conducted
of pledges registered.
new donors to IFRC.

FUNDING REQUIREMENT



OPERATIONAL STRATEGY

MDRHT018 - Haiti Earthquake and cholera outbreak

FUNDING REQUIREMENTS

Planned Operations	12,631,000
Shelter and Basic Household Items	1,098,000
Livelihoods	0
Multi-purpose Cash	1,482,000

Health	7,064,000
Water, Sanitation & Hygiene	2,137,000
Protection, Gender, and Inclusion	124,000
Education	0
Migration	307,000
Risk Reduction, Climate Adaptation and Recovery	288,000
Community Engagement and Accountability	131,000
Environmental Sustainability	0

Enabling Approaches	6,569,000
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Coordination and Partnerships	17,000
Secretariat Services	3,987,000
National Society Strengthening	2,565,000

TOTAL FUNDING REQUIREMENTS	19,200,000
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all amounts in Swiss Francs (CHF)

Contact information

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

At the Haiti Red Cross

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At the IFRC

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For IFRC Resource Mobilization and Pledges support:

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Reference



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