

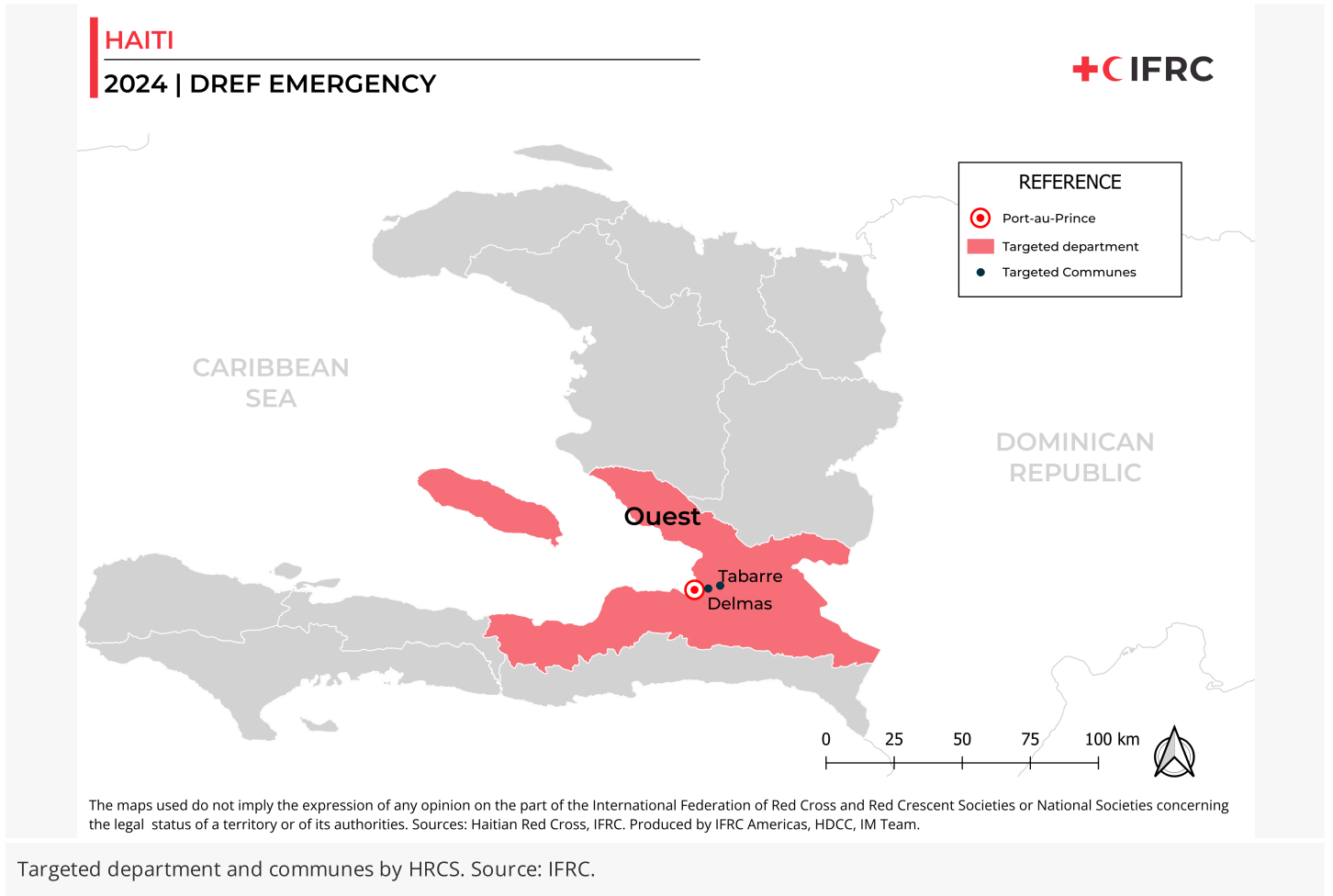


Importance of CEA by staff and volunteers, October 2024. Source: HRCS.

Appeal: MDRHT021	Total DREF Allocation: CHF 686,691	Crisis Category: Orange	Hazard: Complex Emergency
Glide Number: -	People Affected: 362,501 people	People Targeted: 11,670 people	People Assisted: 35,272 people
Event Onset: Slow	Operation Start Date: 13-05-2024	Operational End Date: 28-02-2025	Total Operating Timeframe: 9 months
Targeted Regions: Ouest			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Date when the trigger was met

02-05-2024

What happened, where and when?

When this DREF operation was launched, the UN OCHA situation report No. 21 (2 May 2024) reported an armed attack in the Delmas commune which forced more than 3,700 people to relocate [1]. Additionally, the urgency of the humanitarian crisis in Haiti was highlighted in the displacement update for the Metropolitan Area of Port-au-Prince by the International Organization for Migration (IOM) [2]. As of February 2024, major coalitions of armed groups had risen and launched attacks against public infrastructure, including police stations, as well as private institutions in several communes of the Ovest department, notably the capital, Port-au-Prince. The damage caused by these attacks was considerable, with consequences at multiple levels. During these violent events, at least 21 commercial establishments, small and medium-sized enterprises, and nine police stations and sub-police stations were vandalized. Between 30 and 40 people were killed in the sole commune of Pétion-Ville. Some were killed by police bullets, others were likely lynched by a popular movement, and others were innocent collateral victims of urban confrontations.

The armed groups perpetrated violence with kidnappings against the population at large, as well as conducted attacks against the police and key infrastructures such as the international airport of Port-au-Prince that were closed during March 2024. There were also several attempted attacks against the presidential palace, which were thwarted by the security forces. During last week of May 2024 reports of heightened gang violence exacerbating food insecurity increased, a situation dire enough that even essential services like healthcare and clean water access were heavily compromised.

As of October 2025, Haiti was experiencing one of its most severe political crises in decades, marked by governance breakdown, armed groups, and humanitarian collapse. Insecurity continues to spread north of the capital with persistent waves of violence forcing displacement. IOM continues to highlight that nearly 1.3 million people have been forced to flee gang violence in Haiti and seek refuge elsewhere.

According to UN OCHA, "from 1-2 October 2025, armed attacks in the municipalities of Verrettes and Petite Rivière de l'Artibonite in Artibonite displaced at least 4,508 people (1,133 households), mainly from Verrettes (88 per cent). Most are sheltering with host families, while approximately 6 per cent have sought refuge across five displacement sites - 3 pre-existing and 2 newly established. This incident marks the third major wave of armed violence in Artibonite within a two-week period. Collectively, these attacks have resulted in the displacement of approximately 14,000 people, highlighting the rapid and growing deterioration of the department's security situation." [3]

During June 2025, IOM also reported that displacement sites have surged from 142 to 246 since December 2024 [4].

ACAPS country analysis states that Haiti is expected to hold elections on 15 November 2025, but there are uncertainty and tension around a change in government. The brief provides a summary of the latest developments since the assassination indicating that "the electoral period may aggravate violence among armed gangs competing for territorial control, likely resulting in heightened internal displacement." [5]

The crisis in Haiti has severely impacted various areas within metropolitan Port-au-Prince, which continue facing a serious multisectoral crisis exacerbated by the escalation of violence, political instability, and environmental challenges.



PauP residents flee their neighborhoods, April 2024. Source: TV Monde



Young women and children flee PauP, April 2024. Source: Getty Images

Scope and Scale

The crisis in Haiti, marked by escalating violence and political instability, led to significant displacement and suffering, particularly in the Metropolitan Area of Port-au-Prince. The overall situation of the affected populations continued to deteriorate from the date of issue of the DREF operation plan of action and this final report.

At the time of approval of this DREF operation:

The situation had profoundly affected lives, livelihoods, and infrastructure. In April 2024, there were 362,500 internally displaced persons (IDPs) in Haiti which represented at the time a 15% increase from the beginning of the year. More than half of them, 180,000, were children, a particularly affected group. According to the report on "impact of insecurity on population's movement from the capital to the provinces" [6] issued by IOM on 12 April, the results from populations' flow monitoring and individual surveys revealed that:

- 78% of people were leaving Port-au-Prince because of the violence and insecurity; 10% were leaving for economic reasons and 10% to join their families.
- 39% were traveling with their families, and 61% alone.
- 63% were already Internally displaced persons in Port-au-Prince. Of these, the majority were staying with host families (82%) and 18% in spontaneous sites in Port-au-Prince.
- 66% intend to stay away from Port-au-Prince for as long as necessary.

The surge in violence in Haiti significantly exacerbated the already harsh living conditions for millions, particularly in Port-au-Prince. The escalation was unusually intense and widespread. Port-au-Prince was described as tense, volatile, and unpredictable, with residents living in constant fear and heightened levels of distress. The population, especially those in densely populated neighborhoods, faces increased risks, including food and health insecurity, lack of protection, and inadequate water and sanitation services.

Nearly half of the country's population, approximately 5.4 million people, were already in need of humanitarian assistance. The spike in

violence led to a drastic increase in gender-based violence against women and girls, including rape and sexual violence. Despite the ongoing need for humanitarian assistance, access has become increasingly restricted, with limited space for operations due to logistical challenges and constrained access. Access to healthcare, safe spaces, and survivor-centered care for these individuals has become even more challenging.

The healthcare system continues to be severely compromised facing significant strain, especially in terms of accessing services, which have been severely affected by ongoing violence, including:

- Large facilities such as the State University Hospital (HUEH) are currently non-operational due to security concerns.
- The Saint Camille Hospital in Croix-des-Bouquets was attacked on the night of 9-10 March 2024, resulting in the theft of the oxygen stock leaving the hospital operating at minimal capacity since.
- The Bernard Mevs Hospital experienced a gradual resumption of activities and operated at 30% capacity.
- The Médecins Sans Frontières emergency center in Turgeau was opened for outpatient emergencies.

The Pan American Health Organization (PAHO) and the World Health Organization (WHO) have had to intervene, supporting the operational hospitals that are overwhelmed by the increased demand. The provision of basic services, including healthcare and sanitation, is critically hampered, affecting affected groups severely. Children, the elderly, and people with disabilities are among the most affected, facing heightened risks due to their reduced mobility and increased dependence on public services. There are also ongoing challenges in addressing cholera and other waterborne diseases, exacerbated by inadequate WASH (Water, Sanitation, and Hygiene) facilities.

The mental health burden among IDPs and frontline workers is significant, with both groups experiencing increased stress and psychological strain due to the ongoing violence and humanitarian conditions. Each new site presents new adaptation challenges, such as access to water and basic services. Families must constantly adapt, which increases stress and anxiety. As per IOM, "Successive displacements, where individuals abandon everything, coupled with experiences of violence, rape and overcrowding, have exacerbated psychological distress with an alarming increase in suicidal tendencies among displaced populations". Furthermore, the IOM emphasized the need for humanitarian partners to have unobstructed access throughout the country to ensure that critical aid reaches the most affected individuals.

Food security was another critical issue, with disruptions in supply chains and increased food prices exacerbating hunger among displaced populations. The World Food Program (WFP) and other agencies were striving to distribute meals and food supplies, but the need far outstrips the available support. The lack of goods and resources is exacerbating an already precarious economic situation and Haiti's hunger crisis, as access to basic commodities had become more and more limited. According to the Integrated Food Security Phase Classification (IPC), more than 4.4 million Haitians are acutely food insecure, 1.4 million of whom are experiencing emergency levels of hunger. The WFP published a note on the impacts of the events of March 2024 (when this DREF operation was launched) on household food security. The note indicated that the severity of insufficient food consumption increased in early March (poor or borderline food consumption), with the most severe category rising from 32% in February to 41%; nearly two out of three households experienced a significant drop in income in early March, with 14% experiencing a drop of more than half their income; seven out of ten ministries reported higher food basket costs than in January 2024.

In addition, the political landscape was unstable, with a change in Prime Minister and a Transitional Presidential Council adding to the tension. The effectiveness of these political measures was uncertain as they were received by the skepticism and opposition from various groups.

This crisis has profoundly affected Metropolitan Port-au-Prince, with each area grappling with escalating violence, governance vacuums, and humanitarian distress. Particularly it has hit hard Delmas and Tabarre, alongside Cité Soleil, known this last one as one of Haiti's most dangerous locales due to intense gang activity and extreme poverty. In Delmas, a central urban area, the strategic location has made it a hotspot for displacement although gangs' violence is compromising access to essential services like healthcare and education. Similarly, Tabarre, located near crucial infrastructure like the Toussaint Louverture International Airport, also has experienced an increment of violence and displacement.

Current situation:

The people most affected in Haiti in 2025 are women, children, and displaced families, who are bearing the brunt of a deepening humanitarian crisis driven by armed violence, displacement, hunger, and collapsing public services.

Over 1.3 million people have been displaced, many living in overcrowded shelters or with host families. Displacement sites often lack basic infrastructure, clean water, sanitation, and protection, increasing vulnerability to disease and exploitation [7].

According to UNICEF, over 680,000 children have been displaced due to violence. Cholera remains a significant public health concern, with 2,138 suspected cases reported by June 2025, including 93 confirmed cases and 17 deaths. The global case fatality rate was 1.23 per cent, while the case fatality rate in hospitals or treatment centers was 0.85 per cent. Furthermore, rates of child malnutrition have doubled in two years, reaching 14% among children under five. The United Nations reports that women and girls face widespread sexual violence, including rape, especially in displacement sites and areas controlled by armed groups.[8].



In summary, the scope of the crisis in Haiti is vast and ongoing, affecting numerous aspects of life for hundreds of thousands of people. The scale of displacement, health crises, and the ongoing need for basic services highlight the profound and multi-layered challenges facing the nation.

Source Information

Source Name	Source Link
1. Haiti — Update on the displacement situation in sites of the Metropolitan Area of Port-au-Prince (as of 20 April 2024)	https://dtm.iom.int/reports/haiti-updatedisplacement-situation-sites-metropolitan-areaport-au-prince-20-april-2024?close=true
2. Latin America & The Caribbean Weekly Situation Update as of 10 October 2025	https://www.unocha.org/publications/report/haiti/latin-america-caribbean-weekly-situation-update-10-october-2025
3. Gang violence displaces a record 1.3 million Haitians - United Nations	https://news.un.org/en/story/2025/06/1164286
4. Haiti: Conflict escalation and increasing internal displacement	https://www.acaps.org/en/countries/archives/detail/haiti-conflict-escalation-and-increasing-internal-displacement
5. Haiti — Populations Flow Monitoring — Impact of insecurity on movements of people from the capital to provinces #5 (08 March — 09 April 2024)	https://reliefweb.int/report/haiti/haiti-populations-flow-monitoring-impact-insecurity-movements-populations-capital-provinces-results-populations-flow-monitoring-and-individual-surveys-report-5-08-march-09-avril-2024
6. Haiti Crisis in Numbers (as of 25 June 2025)	https://www.unocha.org/publications/report/haiti/haiti-crisis-numbers-25-june-2025
7. Haiti Humanitarian Situation Report No. 6, Mid-Year 2025	https://www.unicef.org/documents/haiti-humanitarian-situation-report-no-6-mid-year-2025
8. Haiti Emergency Situation Report No. 21 (As of 3 May 2024)	https://www.unocha.org/publications/report/haiti/haiti-emergency-situation-report-no-21-3-may-2024

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	The HRCS received support from ICRC, IFRC and other Red Cross Movement partners to complement the activities of this DREF. The detailed information is included in the final report section "Other Actors Actions Related to the Current Event".

IFRC Network Actions Related To The Current Event

Secretariat	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) Country Cluster Delegation (CCD) supports and assists Cuba, Haiti and the Dominican Republic. The Delegation team is in contact and coordination with the Haitian Red Cross. In addition, the Health, Disasters, Climate and Crisis Department of the IFRC Americas regional office in Panama is also in constant communication with the IFRC Delegation and provides technical support to the National Society.</p> <p>To ensure effective response and support, the IFRC Delegation has facilitated exchanges with the technical team of the National Society's disaster management unit. This collaboration aims to establish an internal coordination mechanism and maintain ongoing communication with the wider Red Cross Movement. Regular meetings will be</p>
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	<p>conducted, and communication and coordination channels will remain open to facilitate information sharing and discuss operational activities pertinent to the current emergency.</p> <p>In addition, the ARO communication manager conducted interviews with news outlets (NT24 and F24). Additionally, a joint statement involving the National Society, ICRC, and IFRC regarding respect for the medical and humanitarian mission was issued.</p>
Participating National Societies	<p>Although most of the PNs evacuated their delegates and technical international staff during late 2024, their financial and technical support continued in country and remotely as follow:</p> <ul style="list-style-type: none"> • The Spanish Red Cross provided technical and financial support on climate, crisis and health. Humanitarian health assistance and WASH were carried out in Jacmel, Nippes, Miragôane, Les Cayes, Grand-Anse, Jeremie, Port-au-Prince, Bas-Lavoute, Jacmel until August 2024 (ECHO funded project). The multi-year livelihoods program (with AECID) in Benait ended in July 2024. • The Swiss Red Cross (currently in country) focused their support on health, crisis and National Society Development initiatives. An in-country delegate works in Haiti and supported the HRCS find solutions to assist people who were displaced in April 2024 who returned to the commune of Léogane and Port-au-Prince. Their focus areas included food security and WASH (distribution of hygiene kits and awareness-raising). • The Netherlands Red Cross explored the possibility of supporting families who have returned to communities in the south with livelihood activities. • The Canadian Red Cross supported remotely the HRCS work on health, PGI and security. It keeps regular communication with the IFRC to provide additional support to the DREF activities. • The French Red Cross provided technical support remotely.

ICRC Actions Related To The Current Event

ICRC supports the HRCS through the implementing the Movement's Fundamental Principles to ensure safer access to different vulnerable communities. ICRC participates in the humanitarian coordination mechanism with the HRCS and the IFRC, helping to define the Red Cross Movement's role and response to emergencies, and remains ready to facilitate necessary interventions in sensitive areas for RC/RC Movement partners and other humanitarian actors. The ICRC monitors humanitarian needs and displays a targeted response in communities affected by armed violence. ICRC, by virtue of its mandate, plays its co-convening role in relations to the Red Cross Movement response to the consequences of the armed violence (including providing indispensable support to the HRCS, notably in mobilizing the ambulance service and promoting safer access). The ICRC's support essentially consisted of financial resources, first-aid equipment and technical support when requested by the HRCS. For the response through this DREF operation, a new stage of the Restoring Family Links' component at the HRCS was developed with the support of the ICRC as well.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Government of the Republic of Haiti, on 12 April 2024 launched a decree establishing the Transitional Presidential Council and extending the 3 April 2024 State of Emergency throughout the West Department for a period of one month, from 12 April to 3 May 2024. To restore order and take appropriate measures to regain control of the situation, extended the curfew throughout the territory. This measure does not apply to law enforcement officers on duty, firefighters, ambulance drivers, health personnel and duly identified journalists. During the state of emergency, all public demonstrations were prohibited, day and night, in the West department, and law enforcement agencies were instructed to use all legal means at their disposal to enforce the curfew and apprehend all offenders.</p> <p>On 16 April 2024, the Government published in the official gazette the names of the</p>



seven voting members and two non-voting members of the Council. Once installed, their mandate was scheduled to run until February 2026.

Haiti's transitional council fired the interim Prime Minister, Gary Conille, on 12 November 2024 and appointed a new Prime Minister Alix Didier Fils-Aimé [1]. On 15 November, Haiti's government published a decree on Friday naming 18 ministers to form Prime Minister Alix Didier Fils-Aimé's cabinet [2].

Source:

(1) <https://apnews.com/article/prime-minister-haiti-alix-didier-fils-aime-garry-conille-bacb06217008ad0c735c22b72fb72235>

(2) <https://haitiantimes.com/2024/11/16/alix-didier-fils-aime-officially-names-new-ministry-cabinet/>

UN or other actors

On 10 and 11 March 2024, the World Food Programme (WFP) distributed hot meals to 12,063 and 12,043 internally displaced people (IDPs) in nine sites. The WFP supplied hot meals to a Médecins Sans Frontières (MSF) hospital. The International Organization for Migration (IOM) and its partners conducted mobile medical and psychosocial clinics at sites, referring the most affected cases, including gender-based violence (GBV) survivors.

As a gender-based risk mitigation measure, the United Nations Population Fund (UNFPA) and its partners, in collaboration with the Shelter group, installed streetlights at five sites for displaced people to improve security. UNFPA and its partners referred people to three local organizations for psychosocial care and temporary shelter.

The United Nations Children's Fund (UNICEF) and its partners distributed water to displaced civilians living in three sites established since 29 February 2024. UNICEF, in partnership with Initiative Citoyenne pour les Droits de l'Homme, and with financial support from World Vision, provided cash assistance to households with affected children living in three displaced sites (Place Clercine, Cité Soleil, Croix des Bouquets) during the week, with each household received \$125 USD.

The Pan American Health Organization/World Health Organization (PAHO/WHO) and UNFPA supported three facilities providing maternal health services in the Metropolitan Area of Port-au-Prince to reduce the costs of caesarean sections and other maternity-related expenses. From 8 to 15 April 8, 2024, 55 women, including 39 for caesarean sections, had benefited from this support. PAHO/WHO received 38 tons of medical supplies from its strategic stocks distributed throughout the Grand Nord region, including the Centre, Nord-Est, Nord, Artibonite, and Nord-Ouest regions, as well as to Justinien Hospital in Cap-Haïtien, with logistic assistance from PAHO/WHO.

With support from national NGOs IJEDEN and ICDH, child protection and welfare assessments to identify the needs of affected IDPs prior to aid distribution continued on 13 March at the Ecole Nationale des Frères site.

The IOM and its implementing partners, Médecins Du Monde Argentina and the Institute of Health, Population and Development (ISPD), provide medical assistance via mobile clinics at five sites for IDPs. Medical assistance and protection services were provided on 12 and 13 March at the site of displaced persons at Lycée Jean-Marie Vincent. PAHO/WHO supplied medicines and WASH equipment to the health authorities in charge of the Direction Sanitaire de l'Ouest to care for displaced persons and improve sanitary and hygiene conditions in the camps. Médecins Sans Frontières (MSF) donated bags of blood to the Blood Transfusion Center and placed an order for supplies to support the center.

On 8 October 2024, the former Prime Minister had announced an inter ministerial committee to prepare a diplomatic and humanitarian response to the increase in deportations (DW 11/10/2024). The committee mobilized ten institutions, including local authorities and national ministries, to take charge of supporting newly deported and returned Haitians. The National Office of Migration has one or more representatives at all the official border crossings, and the Institute of Social Well-Being and Research, which provides support to child deportees



and returnees, is present at all border crossings except Malpasse (Haiti 18/10/2024; KII 19/11/2024; UNICEF 13/11/2024) [1].

Source:

(1) https://www.acaps.org/fileadmin/Data_Product/Main_media/20241126_ACAPS_Haiti-Humanitarian_impact_of_increased_deportations_from_the_Dominican_Republic_.pdf

Are there major coordination mechanism in place?

The Haiti Red Cross Society is a member of the National Risk and Disaster Management System at national, regional, and local level in Haiti. As such, it takes part in all the meetings organized by the General Directorate of Civil Protection on Internal Displaced People (IDPs) matters at national level, led by the General Director of Civil Protection, and at local level, led by the town councils.

The National Society is the co-leader of the thematic committee on shelter management, working with partners in the national system on assistance to the displaced population. It also takes part in the regular meetings of the Coordination and Camp Management Committee (CCCM), at which state institutions and international NGOs, including IOM, are represented to coordinate actions in IDP sites. Sectoral groups are in place.

It was suggested that particular attention be paid to coordination throughout the IDP assistance process between Haitian state entities, local actors and (inter)national NGOs to avoid duplication and maximize the effectiveness of interventions.

List of coordination meetings:

- Internal coordination of the Red Cross Movement, meeting monthly.
- National Risk and Disaster Management System meetings: regular and extraordinary meetings are held according to the situation. A draft integrated humanitarian response plan is underway, with the participation of all stakeholders.
- Humanitarian Country Team (HCT) meetings with the various sectors and sub-sectors.
- Health Cluster under the joint lead of the MSPP and PAHO/WHO, a subgroup has also been set up to coordinate actions related to internally displaced persons with the Western Health Directorate (DSO) of the Ministry of Public Health and Population (MSPP).

Needs (Gaps) Identified



Shelter Housing And Settlements

People continue to be evacuated to schools and churches, while many others seek shelter with neighbors. The destruction of thousands of homes and the evacuation of those at risk left many families without shelter, creating an urgent need for safe and adequate housing. Additionally, insecurity and violence in urban areas forced hundreds of families to flee, further exacerbating the demand for housing. These families have sought refuge in makeshift sites and shelters. As of February 2024, over 15,000 people fled violence in the Port-au-Prince metropolitan area. Nationwide, more than 362,000 people were displaced, with many forced to move multiple times in search of safety. These frequent displacements increase household vulnerability, and the loss of goods and resources worsens an already precarious economic situation. Each new location presents new challenges, leading to heightened stress and anxiety among affected families.



Livelihoods And Basic Needs

The crisis in Haiti exacerbates the economic vulnerabilities of numerous families, particularly those displaced from their homes. Many of these families had to flee abruptly, leaving behind not only their personal belongings but also their sources of livelihood.

A significant number of these individuals were dependent on small businesses located within their homes or jobs in their local neighborhoods. By abandoning these, they have not only lost their immediate income but also the means to sustain their livelihoods in the long run. This loss has plunged them into even more challenging economic circumstances, significantly increasing their vulnerability. The lack of alternative livelihood opportunities, compounded by their status as displaced people, places them at a heightened risk of food insecurity and malnutrition. The United Nations Secretary-General highlighted that the levels of insecurity in Port-au-Prince are now akin to those seen in countries undergoing armed conflicts, which underscores the severity of the situation.

A comprehensive needs assessment is crucial for understanding the multifaceted needs of these populations, with a particular focus on food security and livelihoods. This assessment must include a detailed analysis of food security data to gauge how population movements have affected stability and access to food resources. Given the dire circumstances, it is evident that all displaced individuals



require immediate food aid. This support is not just critical for meeting basic nutritional needs but also for stabilizing affected communities and paving the way for recovery and eventual economic resilience.

Health

Before the surge in violence reported in February 2024, the Haitian healthcare system was already very limited in terms of services and faced many challenges. Insecurity, demonstrations blocking roads and the lack of fuel slowed down the operation of health facilities. The disruption of economic activities in the country exacerbated poverty and made access to basic health services more difficult. Even when these most affected groups do manage to access health services, they are often confronted with health facilities that lack essential equipment and medicines, or with a shortage of qualified medical staff, and a lack of access to health care and emergency services. Access to healthcare services for both caregivers and patients was extremely difficult. At the time, at least 73% of the population of the Port-au-Prince metropolitan area was affected by gang violence, with access to basic services drastically reduced.

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

This situation is particularly worrying at a time when the country is experiencing a cholera epidemic that has spread to all departments since the first cases were confirmed on 2 October 2022. According to the Pan American Health Organization, one year and a half after, the Haitian Ministry of Public Health and Population reported a total of 82,885 suspected cases in the country's ten departments, including 4,836 confirmed cases, 80,436 hospitalized suspected cases, and 1,270 reported deaths. The case fatality rate among suspected cases is 1.5% (institutional case fatality rate of 1.2%). Among a total of 14,980 samples tested by the National Public Health Laboratory of Haiti, 4,836 were confirmed (positivity rate of 32.3%).

The West Department of Haiti reported the highest number of cases in the country, with 35% of all reported suspected cases. The municipalities of Port-au-Prince, Cité-Soleil, and Carrefour accounted for 51.5% (n=14,771) of all suspected cases reported in the Ouest Department. The complex humanitarian and security crisis gripping the country has severely hampered epidemiological surveillance, leading to reduced access to health services and laboratories. Furthermore, established cholera transmission chains in various departments and municipalities have placed the population in a highly vulnerable position. This vulnerability is exacerbated by widespread inadequate access to clean drinking water, sanitation, and hygiene facilities. The worsening security situation and humanitarian crisis aggravated these conditions; and, significantly hindered efforts by the Ministry of Public Health and Population (MSPP) and other organizations to implement preventative and control measures. As a result, surveillance has suffered, and cases are underreported.

Also, as per the MSPP, there were numerous recorded cases of individuals wounded by gun fire. The demand for ambulance services remains consistently high, even as response capabilities diminish. With the limitation of movement of the population and the neutrality of the Red Cross, the HRCS Ambulance service must strengthen its services. Difficulties in access continue to complicate health interventions in displaced sites. The Western Health Directorate was able to carry out epidemiological surveillance activities in certain displaced persons camps. The main health problems encountered include urogenital infections, skin lesions, cough, fever and watery diarrhea. Furthermore, 68% of the Gender Based Violence survivors involved internally displaced people in the West. Psychosocial support is almost nonexistent in IDP camps. The trauma linked to the situation of the displaced, and the constant threat of violence is an element to be taken care of as soon as possible to reduce its impact.

Water, Sanitation And Hygiene

In Haiti, the Water, Sanitation, and Hygiene (WASH) needs of IDPs in sites like of the Metropolitan Area of Port-au-Prince are critical due to the ongoing humanitarian and security challenges. Access to safe drinking water remains limited, increasing the risk of waterborne diseases like cholera. Establishing additional water points and maintaining existing ones is crucial. Similarly, proper sanitation infrastructure remains an urgent need. Many IDPs sites lack adequate latrines or sewage systems, resulting in unsanitary conditions that could exacerbate the spread of diseases.



Hygiene supplies, including soap, menstrual hygiene products, and handwashing stations, are essential to promote personal cleanliness and curb transmission of infectious diseases. Educational campaigns to raise awareness about handwashing, sanitation practices, and safe drinking water handling are vital to empower IDPs to reduce health risks. Additionally, effective waste management practices, such as garbage collection and disposal, must be established to maintain clean living environments and reduce contamination. To support the IDPs sustainably, robust sanitation systems and water harvesting solutions should be developed for long-term resilience. Addressing these WASH needs is vital to ensure the health and well-being of IDPs, reduce the likelihood of disease outbreaks, and improve their living conditions.



Protection, Gender And Inclusion

In the Haitian context, addressing Protection, Gender, and Inclusion (PGI), especially concerning the prevalent gender-based violence (GBV), is essential for the welfare of the population. The situation remains dire, with a 377% increase in GBV cases reported in 2023, emphasizing the urgent need for expanded services for GBV survivors, such as medical, legal, and psychological support. There is also a critical requirement for humanitarian aid to be accessible to all the most affected groups, including women, children, the elderly, and the disabled, who often face barriers in receiving aid.

In Port-au-Prince, internally displaced people (IDP) sites present significant challenges. Over 60% of the displaced population are women and girls who are especially vulnerable to abuse and exploitation in these settings. Enhancing community-based protection, providing education and economic opportunities, particularly for women and girls, and strengthening legal frameworks are key to fostering safety and equality. Furthermore, improved data collection on GBV and more robust psychosocial support are necessary. Engaging men and boys in gender equality initiatives is also crucial. These efforts require coordinated action between local and international bodies to ensure effective and inclusive responses to the crisis.

Numerous studies highlight the increase in sexual and gender-based violence following disasters, and national rates in normal times are also worrying. Cross-disciplinary actions to provide care, based on coordination with other players, are essential. Haitian women and girls are suffering the negative consequences violence. Rape cases rose by 49% between January and October 2023, compared with the same period in 2022. In the vast Cité-Soleil district of Port-au-Prince, 80% of women and girls said they had been victims of one or more forms of gender-based violence.

In a context of insecurity marked by a lack of economic and social prospects, young boys, particularly in the neighborhoods under their control, join their ranks, while young girls run the risk of early pregnancy and forced prostitution. Between 30% and 50% of their members are minors, often forced to join for fear of reprisals against themselves or their families. The phenomenon of separating children from their parents also contributes to this situation, exposing them to dangerous and traumatic acts that threaten their survival.



Risk Reduction, Climate Adaptation And Recovery

Coupled with displacement, economic impoverishment, and predominantly rural lifestyles, environmental factors significantly heighten Haiti's vulnerability to disasters. The country is grappling with severe environmental degradation, largely driven by demographic pressures, exemplified by the alarming statistic that 98% of its forests have been depleted, primarily for fuel. This environmental degradation is exacerbating the impacts of the climate crisis, particularly on Haiti's agriculture, which relies heavily on rainfall. This ongoing degradation not only undermines food security but also compounds the challenges in climate adaptation and recovery, emphasizing the urgent need for integrated risk reduction strategies and sustainable environmental management practices.



Community Engagement And Accountability

To enhance the effectiveness, timeliness, and relevance of disaster response efforts, it is crucial for communities to lead the process. This approach not only fosters community trust but also encourages active participation. The Haitian Red Cross Society is committed to utilizing the Community Engagement and Accountability (CEA) approach to ensure that the participation of affected communities is both meaningful and effective. This strategy has been developed through a detailed analysis of community needs and the channels through which information is exchanged, aiming to bolster their capacity to respond to crises.

The feedback mechanism integral to the CEA approach has primarily utilized regular updates and comprehensive reports from volunteers who gather both spontaneous and solicited feedback. This feedback will be collected during community meetings and through targeted quantitative surveys conducted as part of specific initiatives.

Overall, the CEA strategy is designed to empower volunteers through focused training and mentorship, enabling them to engage with



and mobilize communities in a participatory manner. This engagement has been crucial in the planning and execution of activities, ensuring that community-led responses are well-informed and effectively meet the local needs.

Operational Strategy

Overall objective of the operation

Through this DREF operation, the Haitian Red Cross Society aimed to reach 11,670 people in the West department through the implementation of activities in Health, Water, Sanitation and Hygiene (WASH), Multipurpose cash and Restoring Family Links, with a focus on cross-cutting PGI and CEA approach.

By the end of the operation, the National Society managed to provide direct assistance to 35,272 people during the 9 months implementation timeframe in Delmas and Tabarre, Petion-Ville and Port-au-Prince, West department.

Operation strategy rationale

This operation was planned based on insights provided by the HRCS, secondary data sourced from government, UN, and partner reports, as well as alerts and media coverage. Consequently, the HRCS provided immediate assistance to 35,272 people displaced through multi-purpose cash, Health, Water, Sanitation and Hygiene and Restoring Family Contacts and distribution of NFI (WASH kits) as follows:

MULTIPURPOSE CASH:

- Multi-purpose cash distribution of 38,000 gourdes (two cash transfers of 19,000 gourdes) was provided to the 500 beneficiaries (370 Females / 170 Males). The amount of 38,000 gourdes was calculated based on the Basic Food Basket and the damage suffered, losses registered, among other aspects.
- The multi-purpose cash transfer modality was being analyzed in depth in view of the security risk in the intervention zone and the national security coordinator accompanied and guided the process in terms of security, corresponding to the transfer value harmonized by the Cash Working Group (CWG) of Haiti. This cash transfer enabled targeted households to cover their basic needs, particularly in terms of food, small business, for medical costs.
- A total of 24 Volunteers (12 Female / 12 Male) were also trained in the fundamentals of Cash transfer.

HEALTH:

- For the Health component, seventy (70) volunteers (39 Female/31 Male) were trained to accompany the National Society to implement the activities in the field. The National Society has trained 19 IDPs in five IDP sites on First Aid to ensure the sustainability of actions.
- Psychological first aid activities were carried out to support 10 staff and 100 volunteers involved in the DREF operation. At the community level PSS activities were held for specific groups among the IDPs.
- As part of this intervention, the Haitian Red Cross provided basic health care on site and ambulance services to 777 people (410 Female/ 367 Male).
- Epidemic control activities with an emphasis on cholera were carried out in target sites, reaching 4,272 people (2514 Female/ 1758 Male) through awareness-raising sessions, distribution of Oral Rehydration Serum, demonstrations on how to make Oral Rehydration Serum at home.
- An operational community-based surveillance system was being implemented to detect and report new suspected cholera cases, in collaboration with the Ministry of Public Health's community health workers.

WATER, SANITATION AND HYGIENE (WASH):

- The operation contributed to improving the living conditions of the IDPs in terms of sanitation, particularly access to latrines, and promoting hygiene through the distribution of WASH kits. In terms of sanitation, the operation enabled the construction of 2 blocks for 11 sanitation facilities.
- In terms of hygiene promotion, the operation promoted hygiene through the distribution of 1,070 hygiene kits.
- To implement these activities, 41 volunteers (20 Female /21 Male) have been trained in Hygiene promotion
- Awareness campaigns were conducted over nine months. The awareness campaigns mobilized 41 volunteers (20 Female /21 Male) and 2 regional committee supervisors and were carried on topics such prevention and control of waterborne diseases, the water chain, and proper hand washing. During these awareness-raising sessions, volunteers also focused on cross-cutting themes of CEA, inclusion and gender.
- The hygiene promotion also involved the acquisition and distribution of menstrual kits to 738 women.

PROTECTION, GENDER AND INCLUSION:

- It was appropriate to train volunteers and staff on safeguarding against sexual exploitation and abuse to implement the minimum requirements at the operational level to minimize risks to affected children, particularly unaccompanied and undocumented children.
- Awareness sessions on RLF services were conducted with the IDPs.



COMMUNITY, ENGAGEMENT AND ACCOUNTABILITY (CEA):

The National Society implemented CEA activities during the DREF operation in the aims to provide communities with relevant information about the operation. Information sessions were organized with the displaced population and the authorities to clearly explain points about the operation, CASH assistance and kits distribution, who could access these services, and how (selection criteria). A feedback mechanism was set up to monitor the level of satisfaction, suggestions, or complaints from displaced populations and the host community, including the follow-up of actions and the early identification of potential risks.

This helped identify areas for improvement and build trust with IDPs, promoting a culture of transparency and accountability. Boxes of suggestion were deposited in the IPDs sites to ensure an inclusive listening process. Key messages were produced and translated on selection criteria for CASH assistance, the purpose of cash, hygiene measures, and HRCS services in general. These messages were disseminated via community meetings. Awareness-raising posters were also produced. Twenty Volunteers received a three-day briefing on the CEA, feedback, and its importance. Regarding community participation, they were involved in follow-up meetings and in capitalizing on the operation through the lessons-learned workshop organized at the end of the operation. Additionally, feedback mechanisms and satisfaction surveys have been carried out to strengthen the National Society's interventions in the future.

NATIONAL SOCIETY DEVELOPMENT (NSD):

Strengthening the capacity of staff and volunteers of the HRCS is of the most importance to ensure an effective response. Given the current security situation, the National Society component has a strong security focus.

Workshops have been held to disseminate the Safer Access protocols, operational security procedures and training courses, ensuring that all volunteers and staff are well prepared before reaching the IDP sites. During the training and workshops, emphasis was placed on developing a series of safety measures during the implementation of CVA activities to guarantee the safety of volunteers, staff and beneficiaries). At the end of the operation a lesson learnt workshop with volunteers and staff was held. It integrated insights from recent operations to improve future response strategies.

MULTISECTORIAL NEEDS ASSESSMENT:

A significant aspect of this DREF operation included conducting a multisectoral needs analysis, encompassing risk assessment for operational security in the two communes. This was crucial for ensuring the comprehensive and complementary nature of the Movement's response. The multisectoral needs assessment aimed to evaluate the situation across various sectors, including Health, WASH and PGI/RFL, to inform the planned actions of the National Society.

The intervention in Delmas and Tabarre was critical due to their strategic and humanitarian significance within Port-au-Prince. Delmas serves as a vital hub for commerce and transit, heavily impacted by gang control, disrupting access to essential services and leading to substantial displacement. Similarly, Tabarre, located near key infrastructure like the Toussaint Louverture International Airport, is essential for logistical movements related to humanitarian assistance, though gang dominance complicates access to aid. Both areas host internally displaced populations living in challenging conditions, struggling for safety amidst ongoing gang conflicts. Moreover, the humanitarian needs in Port-au-Prince had been escalating, with only 35% of all IDP sites receiving assistance, highlighting significant gaps in coverage.

Targeting Strategy

Who was targeted by this operation?

This DREF operation targeted the most affected people, especially those who have been displaced, and who are currently living in IDP sites. Three IDP sites were chosen due to the high humanitarian needs identified and the accessibility of the HRCS in terms of security:

1. Lycée Jean Marry Vincent in Tabarre
2. ISBACOM, located at Delmas 19.
3. Église Primitive, located at Delmas 19.

However, due to internal constraints, the ISBACOM site was reported by the DGPC as non-operational just a few days after the launch of DREF. As for the Jean Marry Vincent site, Societe Nationale realized that there were already too many partners working on the site at the same time. As a result, Haitian Red Cross had to evaluate other sites to carry out the activities.

Particular attention was given to affected groups such as women, migrants, children and the elderly. The National Society had networks at community level which enabled it to identify these groups and had collaborated with migrant aid institutions which facilitated the identification of this specific population. The aim of targeting these specific groups was to ensure that aid reached those most at risk and least able to recover from the disaster on their own. By prioritizing affected households, IDP sites and people with specific needs, the National Society aimed to provide targeted, tailored support, maximizing the impact of the DREF operation and promoting equitable relief work.



The Haitian Red Cross had planned to provide more comprehensive assistance to families, but in the initial phase they had only been reached through relief actions and the delivery of kits. The multi-sectoral needs assessment had indicated the need and viability of scaling up, as well as the viability of cash distribution after an operational update. Despite the security situation and challenges in Delmas and Tabarre in Port-au-Prince, HRC remained committed to implementing the operation in these areas, ensuring assistance to the most vulnerable and needy. The decision was based on several key justifications:

- High concentration of displaced people: the communes of Delmas and Tabarre received many displaced people due to the country's unstable security situation. This situation of internal displacement and relocation has left this population vulnerable, with an atrocious lack of basic services.
- Established infrastructure and networks: The Haitian Red Cross has a well-established infrastructure, logistics and networks in Port-au-Prince, which has enabled it to provide effective support to displaced people. Relocation would mean losing access to these crucial resources.
- Collaborative effects: HRCS has coordinated closely with other local and international organizations in Port-au-Prince, maximizing the effectiveness and efficiency of aid efforts.
- Inclusive assistance: The assistance decision was aligned with international humanitarian principles, providing need-based aid and ensuring that marginalized groups were not excluded.
- Community trust and commitment: HRCS developed strong relationships with local communities, fostering the trust and cooperation that underpins effective aid delivery.
- Advocacy for marginalized groups: Operating in Delmas and Tabarre enabled HRCS to witness first-hand the plight of displaced people, strengthening advocacy on behalf of these vulnerable groups and ensuring greater international support.
- Adaptability and risk mitigation: The HRCS has adapted its security protocols and operational procedures to minimize risks in these areas, while remaining flexible to respond rapidly to changing security assessments.

Targeting displaced people in Delmas and Tabarre was in line with the Haitian Red Cross' humanitarian responsibility to leave no one behind. The National Society maximized its impact by leveraging existing resources. It ensured the delivery of humanitarian assistance and provided strategic visibility to marginalized groups, while adapting security protocols and operational procedures to minimize security risks.

Explain the selection criteria for the targeted population

To effectively reach the 35,272 people directly targeted by this DREF, the National Society team worked with local authorities, community leaders and relevant stakeholders with knowledge of the affected areas and populations. A multi-sectoral assessment was carried out to identify households and communities in need of immediate assistance. Selection criteria were discussed and updated in consultation with local authorities and affected displaced people, where appropriate. As other humanitarian actors were also present in the region, HRCS ensured that efforts were coordinated and not duplicated.

Given the scale of the displacement, a selection was made among the displaced people, and priority was given based on vulnerability criteria, including household size, number of children under 5, presence of pregnant and/or breastfeeding women, elderly people, people with reduced mobility, female-headed households, single-parent families and unaccompanied children. HRCS volunteers explained the targeting/selection criteria to the people concerned. These criteria were also explained to the displaced people so that they knew how the selection would be carried out.

Total Assisted Population

Assisted Women	-	Rural	80%
Assisted Girls (under 18)	-	Urban	20%
Assisted Men	-	People with disabilities (estimated)	10%
Assisted Boys (under 18)	-		
Total Assisted Population	35,272		
Total Targeted Population	11,670		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Media pressure in a context with limited public comms and media management capacities at national and cluster levels.	Develop and share key media messages as well as support the HRCS with virtual communication support from the cluster and ARO.
Increment of critics against the Red Cross' operations in Haiti.	Revision and dissemination of reactive lines.
Difficulty in transporting and delivering humanitarian aid to the affected population due to fuel shortages.	<ul style="list-style-type: none"> • The IFRC has a Strategic Fuel Reserve that secures and maintains fuel reserves specifically for emergency cases where no fuel is available. • The National Society used route optimization software to plan the most efficient routes for aid delivery, minimizing fuel consumption and maximizing the number of deliveries per trip.
Limited access to the areas with affected population due to the deterioration of the security situation	<ul style="list-style-type: none"> • NS with the support of IFRC has updated its Security Plan and has constantly assessed the situation to implement additional security mitigation measures. • IFRC trained the NS Security Focal Point to adapt and respond to the current need. <p>Information sharing with support from IFRC and ICRC.</p>
Safety risk for humanitarian actors in the field due to cholera misinformation	<ul style="list-style-type: none"> • The operation has a strong CEA component to ensure community members understand the role of humanitarian actors and that volunteers know how to address rumors related to cholera. • Volunteers have been trained in Operational Security.
Continuity of movement and change of IDP sites due to fear of violence or actual violence.	<ul style="list-style-type: none"> • Through coordination meetings, visits in the field and IDP movement monitoring, humanitarian actors are assessing where IDPs are going and are deciding where to set up settlement camps in case of further displacement and in case of growing numbers. The operation targeted IDPs based on coordination with gov & other stakeholders to cover areas where they had moved to. • IFRC and the National Society remain alert to possible scale-up needs as numbers increase & response plans are coordinated with external partners and the government.
Operational capacity constraints	<ul style="list-style-type: none"> • The DREF has provided remote support from IFRC in the areas of monitoring, implementation, security, communications and technical support remotely until security status improves



	<p>Members of the IFRC have been able to support the SN.</p> <ul style="list-style-type: none"> • Three (3) staff members will be deployed to support the operation (1 Operation Manager, 2 Security coordinators).
NS and IFRC members (staff and volunteers) could be target of kidnaping, robbery and extortion.	<ul style="list-style-type: none"> • NS with the support of IFRC has updated its Security Plan and will constantly assess the situation to implement additional security mitigation measures. • The NS with the support of IFRC has implemented a communication campaign for the protection of the humanitarian mission.
<p>Please indicate any security and safety concerns for this operation:</p> <p>The DREF activities took place under the constraints of a security environment that remains volatile. As a result, all areas developed detailed work plans which were adapted to scenarios and responded more effectively to changes in the operating environment. Teams, including those of the Red Cross, are operating with reduced staffing levels, and due diligence measures were taken to ensure their safety. A risk matrix was prepared in the initial operational plan, covering all potential risks, their impact and associated mitigation measures.</p>	
Has the child safeguarding risk analysis assessment been completed?	Yes

Implementation



Multi Purpose Cash

Budget: CHF 157,000
Targeted Persons: 2,500
Assisted Persons: 2,500
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Market and Feasibility Study conducted	1	0
# of families reached with multipurpose cash transfer program	500	500
% of households receiving cash transfers who are satisfied with the amount and the timeliness of the assistance provided	80	94

Narrative description of achievements

Cash Transfer Activities

The Haitian Red Cross launched the cash transfer process with a series of meetings with site committee leaders to facilitate the registration of IDPs. Contacts and meetings were then organized with Digicel to ensure the success of the activity. All stages were planned with Digicel's support in terms of registration, expansion of Mon cash accounts and cash transfers. It should be noted that this work was carried out in synergy with the DGPC through its West departmental management.

As part of DREF, this activity was carried out at three 3 sites, including Eglise I. Primitive, building 2004 and Gloria/ Caradeux) located in the communes of Delmas and Tabarre.

A total of 19,380,000 gourdes were distributed to the five hundred (500) heads of household/families targeted as follows:

- 370 women or 74%, (distributed as follows: 28 pregnant women, 36 nursing mothers, 52 female heads of household, 09 disabled



women, 20 elderly people and 225 others).

- 130 men, i.e. 26% of the total (15 elderly, 11 disabled and 104 others).

Each person mentioned received 38,760 gourdes in two instalments of 19,380 gourdes.

Cash Transfer training for HRC volunteers

- On 20 and 21 February 2025, two 2 days of training were held on the theme of "Introduction to Cash Transfers", with the participation of Haitian Red Cross volunteers from the communes of the Port-au-Prince metropolitan area. This training is part of the National Society's capacity-building program in this area, while providing new knowledge to the volunteers who regularly support this activity, particularly at IDP sites.

- 24 HRC volunteers (12 females and 12 males) took part in the training.

Beneficiary satisfaction

A satisfaction survey was carried out among IDPs at two of the three sites (Eglise I. Primitive in Delmas commune and Gloria in Tabarre). A sample of 300 IDPs, i.e. 60% of beneficiaries, answered the survey questions. Analysis of the results shows a high level of satisfaction (94%) among beneficiaries. Some used the funds for a variety of purposes, such as buying food, education, health and developing economic activities. The unconditional transfer was very efficient, enabling beneficiaries to maintain a certain level of dignity during this difficult period.

Lessons Learnt

- Cash transfers to IDPs have supported specific needs according to their essential priorities in a dignified manner.
- Good collaboration between the heads of families benefiting from cash transfers (IDPs), the DIGICEL company, the General Directorate for Civil Protection (DGPC), the IDPs Site management committees and the Haitian Red Cross has clearly facilitated the success of assistance provided to PDIs in cash transfers.
- The implementation of targeted cash transfers has given rise to a great deal of frustration among the IDPs on the sites.
- Coordination and collaboration between all intervention partners rationalized efforts, avoided duplication and optimized resources.

Challenges

- The ISBACOM site was reported by the DGPC as non-operational just a few days after the launch of DREF. As for the Jean Marry Vincent site, the National Society team realized that there were already too many partners working on the site at the same time. As a result, the Haitian Red Cross team had to evaluate other sites to carry out the activities. The two sites were replaced by two others: Building 2004 and Gloria/ Caradeux located in the communes of Delmas and Tabarre.
- Given the climate of insecurity that prevailed in the areas surrounding certain IDP sites located in the metropolitan zone, the building 2004 site, the National Society had to postpone visiting sessions on several occasions.
- The continuous movement of IDPs to the sites was also a major challenge in developing the list of beneficiaries for the various activities. In most cases, the field team detected a discrepancy between the list previously shared by the DGPC and the one verified by the Haitian Red Cross during beneficiary registration.
- Some beneficiaries who met the criteria did not have valid identification, a Digicel SIM or an expanded MonCash account.



Budget: CHF 64,176

Targeted Persons: 2,550

Assisted Persons: 7,909

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people reached by the HRCS ambulance services (SAOM – Service Ambulancier Ouest Metropolitain)	500	777
# of people reached with psychological support	500	2,772



# of people reached through awareness sessions implemented in the IDP sites (key messages on cholera)	1,500	4,272
# of people trained on first aid, EVC and PSS	50	89

Narrative description of achievements

Ambulance Service

The Western Metropolitan Ambulance Service (Service Ambulancier Ouest Métropolitain - SAOM) deployed its ambulances and first-aiders to the Jean Marie César, Moreno, Cité Castro and Gloria sites to provide first aid to IDPs. During these visits, a whole range of services were offered to the IDPs.

A total of 777 IDPs benefited from SAOM's services during its site visits. The cases were distributed as follows:

- 145 cases for blood glucose tests.
- 370 cases of blood pressure tests.
- 68 cases of pregnant women in labor being transported to medical facilities,
- 89 cases of bandage renewals for people who have had accidents and/or minor injuries.
- 105 cases of other types of illness.

Mental health and psychological support

As part of the DREF operation the Haitian Red Cross Society supported the IDPs at the site level with 54 sessions of psychological support and the Tè Malè game.

It's important to note that this educational game was adapted from the Riesgo Landia game, which was widely used in Latin America. The game was highly instructive and much appreciated by the people, who not only learned a lot while playing it, but also found it to be a fun way to get away from the daily stress of insecurity.

- Two thousand six hundred and seventy-two (2,672) IDPs, including 245 girls, 1,432 female, 189 boys and 710 men, benefited from this activity via trained volunteers.
- 13 psychological counseling sessions were carried out, with the support of a consultant/psychologist recruited by the National Society, for 71 HRC volunteers who carried out field activities, as well as for 29 HRCS staff members.

It should be noted that some volunteers, depending on their case, benefited from an individual consultation session. It should also be noted that the Haitian Red Cross Training Center made its rooms available free of charge to the DREF team for these psychological consultation sessions.

It's important to note that very few partners are involved in psychosocial support for IDPs, but demand for this service has risen sharply. As a result, it has been more than necessary for the National Society to intervene to support those displaced in this sector.

Raising awareness of epidemic control (Key message on cholera)

As part of this activity, volunteers from the Haitian Red Cross were deployed at the sites to raise awareness among IDPs of epidemic control, while sharing key messages based on precautions to be taken to prevent cholera, HIV/AIDS and others. The Société Nationale team also distributed packets of ORS, male condoms and lubricants. 46 awareness-raising sessions were held at target sites, and a total of 4,272 IDPs were reached, including 454 girls, 2,060 women, 356 boys and 1,402 men. Among the IDPs reached, a total of 17 people living with a disability were identified.

- 5 IDPs with reduced mobility (physical and mental disabilities) at the Paul Locharde 2 site.

One (1) disabled person (one-armed) at the Eglise I. Primitive.

- 11 IDPs: Three (3) women with reduced mobility; Eight (8) visually impaired people (7 women and one (1) boy) at the Gloria site.

The following materials have been distributed at sites for displaced people: 1,2672 units of male condoms, 3,800 lubricants and 1,928 Oral Rehydration Salts.

Distribution of Posters and flyers

To better conduct awareness-raising activities on epidemic control and to facilitate understanding by IDPs, a quantity of 310 poster units in 2 dimensions were used at the time of the on-site awareness-raising sessions.

- On the one hand, 30 units (24"x36"), including 15 posters with key messages written in Haitian Creole, on the hygiene principles to be adopted to protect against cholera (Pwoteje tèt nou pou nou pa trape kolera) and 15 other posters mentioning what to do in case of diarrhetic symptoms (kisa pou nou fè lè yon moun gen dyare) were used as supports for explanations to IDPs.
- In addition, 280 units (11"x17") were posted on the sites, and other flyers were distributed directly to the IDPs.

Epidemic control: conferences on epidemics (HIV-AIDS) - February 2025

Two conferences were held for young people, in particular volunteers and members of local Haitian Red Cross coordination in the Port-



au-Prince metropolitan area. These conferences were organized in conjunction with the West Metropolitan Regional Committee of the Haitian Red Cross or Comité Régional Ouest Métropolitain de la Croix Rouge Haïtienne (CROM).

- The first conference was organized on World AIDS Day, 1 December 2024, and focused on epidemic control. During the event, 34 participants were tested for HIV. Through this conference, the Haitian Red Cross, via CROM, aimed to raise awareness, educate and mobilize volunteers and the community in general around HIV/AIDS-related issues.
- The second conference was organized on waterborne diseases on 15 February 2025. During this conference, materials such as jars, suitcases and hand sanitizers were distributed to volunteers involved in DREF's field activities.

Training for HRC volunteers and IDPs

Overall, as part of the DREF, the health sector of the Haitian Red Cross carried out 4 training sessions, 3 of which were for volunteers and 1 for IDPs on various topics such as: PS, PSC, ECV and PSP.

Before the volunteers were deployed to the IDP sites, 3 training sessions were held to provide them with sufficient knowledge of the topics related to field activities in this sector.

A total of 70 volunteers (39 women and 31 men) were trained. Of these trained volunteers, 16 attended an orientation session on the Tè Malè game. Ils sont ainsi repartis par thématique :

- 22 volunteers, including 14 women and 8 men, were trained in epidemic control
- 25 volunteers, including 15 women and 10 men, were trained in first aid (PS)
- 23 volunteers, including 10 women and 13 men, in Psychosocial Support (PSP)

A Community First Aid (CFA) training session was held for the PDIs: a total of 19 IDPs (10 women and 9 men) were trained in CFA. This Community First Aid workshop was held in response to constant requests from members of the site management committees and was part of a drive to develop the knowledge of PDIs so that they were able to provide first aid in emergency situations on the sites, while awaiting the arrival of specialist help. Participants from 5 sites (Haïtel; Lakou Georges, OPC; Cité Castro, and Jean Marie César) were selected by the site management committees, in collaboration with the DGPC through its site representatives.

Lessons Learnt

- The training of volunteers in the health sector has led to better implementation of field activities and, as a result, better results.
- The use of appropriate communication/awareness-raising tools at the sites facilitated the volunteers' work and the IDPs' understanding of key messages.
- The emergency care that was provided enabled close access to basic care in a context where the health system is severely affected by violence.

Challenges

The climate of insecurity in the Port-au-Prince metropolitan area was not without consequences for the planning of activities. Some activities in the health sector had to be postponed several times to ensure the safety of volunteers and staff in the field.



Water, Sanitation And Hygiene

Budget: CHF 182,000

Targeted Persons: 7,550

Assisted Persons: 16,394

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# hand washing stations installed by the operation	9	10
# of household reached with essentials hygiene items	1,100	1,030
# of sanitation kits delivered (HTH, ORS and Soap products)	10	8



# of people reached by hygiene promotion activities by HRCS volunteers	7,500	16,394
# of volunteers trained on Hygiene promotion	50	40
% of families satisfied with access to water	80	91
# of construction of wooden rooms and tarpaulins for sanitary areas	2	4
# of women reached with essentials menstruation hygiene items	750	738

Narrative description of achievements

WASH training for HRCS volunteers

A total of 41 volunteers (21 female, 20 male) were trained on WASH topics:

- The main topics covered were water purification, home water treatment and the prevention of water-borne diseases.
- The aim of the training was to strengthen the HRCS volunteers' ability to carry out awareness-raising campaigns on displaced people's sites and within communities on good hygiene practices in order to reduce the risk of water-borne diseases.

Installation of hand-washing stations

A total of 9 Hand Washing Stations were installed at IDP sites in the Port-au-Prince metropolitan area. The main sites where were installed are as follows:

1. Gloria located in Caradeux
2. Eglise Internationale Primitive located in Delmas 19
3. Paul Lochard 2 located in Delmas 24/ Solino
4. Nou se Fanmi located in Delmas 24/ Solino
5. Morne Prière 1 located in Delmas 24/ Solino
6. Morne Prière 2 located in Delmas 24/ Solino
7. Kay Soraya located in Carrefour Feuille
8. Eglise Adventiste de Croix-des-Prez located in Carrefour Feuille
9. Muron located in Carrefour Feuille

- Awareness-raising sessions were held at the sites throughout the implementation of the operation, with the participation of IDPs of all ages, with the aim of raising awareness of handwashing, helping them to understand the benefits of handwashing and developing this culture, which is one of the most effective ways of preventing the transmission of various diseases, particularly diarrheal diseases and neglected tropical diseases. A total of 4,272 people (2,514 Female/ 1,758 Male) has been sensitized at the 9 displacement sites.

- On 15 October 2024, to mark Global Handwashing Day, an awareness campaign on the importance of hand hygiene for health/handwashing was carried out not only in the target IDP sites, but also in the Port-au-Prince metropolitan area where over 1,500 schoolchildren were reached. It should be remembered that soap and other items were regularly distributed at the sites to facilitate and encourage people to wash their hands.

Distribution of hygiene and menstrual kits

The Haitian Red Cross has distributed hygiene kits at sites for displaced persons. The kits contain materials such as soap, buckets, detergent, toilet paper, sanitary towels, aquatabs, shampoo, combs, toothpaste and toothbrushes. The National Society also distributed menstrual kits to women of childbearing age. A total of 1,030 hygiene kits and 738 menstrual kits were distributed at the following 5 reception sites: Eglise Internationale Primitive; Gloria; Paul Lochard 2, Jean Moreno and Jean Marie Cés.

- People with reduced mobility, pregnant women and the elderly were given priority in the distribution of hygiene kits.
- Menstrual kits were distributed to women and girls of childbearing age.
- A detailed list by date and commune of the distributions is available.

Distribution of hygiene items

To support and encourage the displaced people to put into practice the various key messages conveyed during the hygiene promotion awareness sessions, a range of materials was distributed at the sites during the DREF period, including:

- 42 gallons of kleen for toilet cleaning:
- 70,000 Aquatabs
- 63 gallons of chlorine/bleach
- 198 cases of laundry soap (9504 units)
- 35 HTH buckets (5kg)



Raising awareness of hygiene promotion

- A total of 143 awareness-raising sessions on hygiene promotion, the use of home water treatment products, environmental hygiene and the use of sanitary blocks were carried out for internally displaced people.
- A total of 16,394 IDPs, including 2,840 girls, 6,349 females, 2,469 boys and 4,736 males were reached through on-site hygiene promotion awareness sessions.
- Posters and leaflets were also distributed at the IDPs sites. The aim of this initiative was to develop a culture among IDPs that would enable them to adopt responsible, hygienic behavior to protect themselves, their families, the water supply and sanitation facilities.

Disinfection of IDPs sites

- IDP sites are characterized by high population density, limited access to drinking water, rudimentary sanitation facilities and often poor hygiene conditions.
- A total of 22 disinfection sessions were carried out at 6 sites, including Paul Lochard, Eglise I. Primitive, Moreno, Cité Castro, Gloria and Jean Marie César.

Installation of Tuffs tanks and bladders

To meet the water needs of IDPs in Haitian Red Cross intervention sites, storage tanks (Tuff Tanks and bladders) were installed under the DREF program.

- 3 bladders (10m³/each) were installed at Building 2004, Kay Soraya and Jean Marie César. These bladders, donated by the National Water Agency (DINEPA), were installed and supplied with raw water by the Haitian Red Cross, through the DREF.
- 10 Tuffs tanks, including 4 x 1000-gallon, 4 x 500-gallon and 2 x 600-gallon tanks were installed. They were used to store treated water at the PDI sites.

Distribution of raw and treated water to displaced persons

As part of DREF implementation, between June 2024 and February 2025, water distributed to IDP sites in the Port-au-Prince metropolitan area was distributed as follows:

- 675,200 gallons of raw water (211 trucks of 3,200 gallons each) were distributed.
- 234,900 gallons of treated water (141 trucks of 1,400-gallons and 25 trucks of 1,500-gallons) were distributed.
- 14 sites received water assistance from the Haitian Red Cross. They are as follows: Eglise Internationale Primitive; ISBACOM; Gloria; Cité Castro; Jean Moreno, OPC; Building 2004; Soraya; ACRA; Jean Marie César; Nou se Fanmi; Paul Lochard 2; Morne Prière 2 and KID.
- A total of 8,000 households for approximately 40,000 IDPs, have had access to water distributed by the Haitian Red Cross under the DREF operation.
- It should be noted that, according to the results of the satisfaction survey carried out among IDPs at sites benefiting from WASH services, particularly in terms of access to water, the satisfaction rate among respondents was 91%.

Evaluation of new relocation sites.

The Haitian Red Cross has carried out assessments of new sites to identify priority needs and provide assistance. These assessments are generally carried out following new waves of violence perpetrated by armed civilians in certain neighborhoods in the Port-au-Prince metropolitan area, which have led to the massive displacement of populations and the closure of some of our intervention sites. Fifteen (15) sites were evaluated during the implementation of DREF activities.

- Thursday, 20 June 2024: 5 sites (Dlo Muron/ Carrefour Feuille; Eglise Adventiste de Campèche/Carrefour Feuille; Morne Prière 1 sylvio Cator/Delmas 24; Morne Prière 2 /sylvio Cator/Delmas 24; and Paul Lochard 2 /Delmas 24) were evaluated.
- Friday, 21 June 2024: Three (3) other sites (Nou se Fanmi/Delmas 24/Terrain Tico; Kay SORAYA/Des Prez/Carrefour Feuille and Site Gloria/Carradeux/Tabarre) were evaluated.
- 16 November 2024: the team assessed the Office de Protection du Citoyen (OPC) site.
- 19 November 2024: Jean Moreno site in Delmas commune (Delmas 33).
- 19 November 2024 : Jean Marie César site in Pétion-ville (Route des frères).

Construction and renovation of sanitary blocks and landscaping

To improve the lot of these displaced people, the National Society has taken the initiative of building, rehabilitating and fitting out, as appropriate, certain health facilities in several sites in the Port-au-Prince metropolitan area, with financial support from the Swiss Cooperation to the National Society. To this end, the technical team assessed the following health facilities:

Lycée Jean Marie Vincent ; Morne Prière 2 ; Paul Lochard 2 ; Eglise I. Primitive ; Moreno ; Villam Beta (Gloria) ; Kay Soraya ; OPC ; ISBACOM and Jean Marie César).

Under the DREF Operation, the following sanitary blocks were built and/or rehabilitated:

- Construction of the sanitary block at Morne Prière 2: This sanitary block, comprising 4 cabins and 2 showers, was already more than 80% complete. IDPs have already begun to use it for their own needs. The work, although well advanced, was interrupted following the wave of violence recorded in the area from 11 November 2024. The site was deactivated and abandoned. The IDPs had to abandon the space to save their lives, while taking refuge in other sites in the Haitian capital.
- Renovation of a latrine from 2 cubicles to 2 cubicles and 2 showers at Paul Lochard 2 site. Work carried out:
- Rehabilitation plan



- Removal of the completely damaged roof
 - Emptying of existing small pit by manual drainers
 - Mobilization of materials (blocks, sand, cement, gravel, iron, planks and 2x4 wood).
- These works were also interrupted following the wave of violence recorded in the area from 11 November 2024. The site was declared non-operational.
- Kay Soraya shower block: This sanitary block, comprising 4 showers and 3 toilets, is 90% completed. It was already being used by the IDPs living on the site.
 - Construction of the Gloria sanitary block: In Gloria, construction of the sanitary block comprising two showers and two latrines is 100% completed.

Lessons Learnt

During the lessons learned workshop, the following information relating to the WASH sector was gathered:

- Good coordination with other humanitarian actors has enabled National Society to cover the water and sanitation needs of IDPs.
- Maintaining clear and rapid communication with all stakeholders, including beneficiaries, volunteers and partner organizations, was essential to the success of the interventions. Accessible information avoids misunderstandings and fosters collaboration.
- The strengthening of coordination mechanisms has ensured coherence between all stakeholders. Regular coordination meetings and updates have helped to meet challenges and make rapid decisions. Clear communication channels were essential for effective collaboration between stakeholders.
- The involvement of site management committee members in the planning and implementation of activities has greatly minimized the risk of incidents, particularly in the distribution of kits.
- Fluid communication increased confidence and enabled IDPs to take ownership of the activities implemented at the sites.
- The integration of young community volunteers living on the target sites in the sanitation activities has enabled the IDPs to live in a more suitable environment.
- The use of professional tradesmen (Boss masons, carpenters, ironworkers, manual emptying workers, etc.) living on the target sites, not only enabled the work to progress rapidly, but also enabled these professionals to earn a little money for the survival of their families.

Challenges

- The closure of the ISBACOM site in Delmas commune, 2 weeks after the launch of DREF, on 18 June 2024. Therefore, the team had to evaluate other sites.
- Several other humanitarian actors began their activities at the Lycée Jean Marie Vincent site in Carradeux, Commune de Tabarre, initially selected by the Haitian Red Cross for the implementation of its humanitarian actions, even before the proposal was validated. The team had to evaluate other sites for the implementation of DREF.
- New waves of violence perpetrated by armed groups in certain neighborhoods of the Port-au-Prince metropolitan area have prompted displaced people to abandon certain sites located in high-risk areas and create new, less exposed sites. This is the case for sites located in the Delmas 24/Solino area.
- The increase in the number of displaced sites in the Port-au-Prince metropolitan area automatically leads to an increase in needs, at a time when resources are very limited.
- Waves of violence in some areas where activities have been implemented have caused displaced people to flee, and construction work on some health facilities has not been completed, despite the mobilization of materials to the sites.



Protection, Gender And Inclusion

Budget: CHF 21,000

Targeted Persons: 2,460

Assisted Persons: 859

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people reached by awareness-raising sessions on SGBV-PSEA message prevention (specially on the IDPs sites)	2,000	859



# of volunteers reached on the Code of conduct, PSEA, PGI concept for the staff and HRCS volunteers	30	30
# of SVBG or other protection needs referred cases	200	0
# of National Society PGI strategic documents in place for this operation	1	0
# of HRCS volunteers trained on PGI and RFL	30	22
# of free calls services/RFL services provided to IDPs	300	0

Narrative description of achievements

RFL / SGBV-PSEA awareness

- A total of 12 awareness-raising sessions on Restoring Family Links (RFL) were held at HRC target sites to support IDPs in this area of RFL.
- 859 IDPs were sensitized to RFL and SGBV-PSEA, including 63 girls, 223 female, 43 boys and 250 male.

- Distribution and display of flyers

- 50 flyers measuring 12x20 cm (W'ap chache yon moun nan fanmi w?) were displayed at PDI sites during awareness-raising sessions.
- 195 flyers (10x15 cm) were distributed directly to PDIs.

Case search

The Haitian Red Cross, through its RFL service, has mobilized its volunteers at the target sites to accompany displaced families who have no news of their loved ones, with a view to re-establishing links shortly. As part of this accompaniment, 04 cases of family disconnection were recorded on the sites, including 2 young girls and 2 young boys. For each of these cases, questionnaires were filled in with information from these people. The research has been launched, and the process continues.

1 case of family tracing has been identified on the Jean Marie César site, in the Pétion-Ville commune (Routes des Frères). The child, aged around ten, was separated from his family for over four months, according to his own statements. Prior to this event, he had been living with his father in Mayotte (Pétion-Ville), but following the unrest caused by armed groups in the area, the child had lost all contact with his family members and had not heard from them again until he arrived at the site, where a lady temporarily took him in. A questionnaire was filled in to gather essential information to facilitate the tracing process and re-establish family contact.

- 3 cases have been recorded on the Gloria site, from relatives of the disconnected:
- The first, a twenty-year-old boy, disconnected from his close relatives at the time of the armed violence in the first quarter of 2024. This research was requested by his mother.
- The second, a 22-year-old girl, disconnected from her close relatives at the time of the armed violence in the first quarter of 2024. This search was requested by her father.
- Finally, the third case concerns a young woman aged 34, placed in an orphanage in Thomassin since the age of 10. This research case was requested by her aunt.

Child protection training

On 26 and 27 February 2025, a two-day training was held for HRCS volunteers from communes in the Port-au-Prince metropolitan area. One of the aims of the training was to strengthen the capacities of the national organization in the field of child protection. A total of 22 volunteers from the communes of Delmas, Tabarre, Carrefour, Pétion-Ville and Croix-des-Bouquets, including 14 women and 8 men, were trained on this theme.

Lessons Learnt

- Internally displaced people at sites in the Port-au-Prince metropolitan area were unaware of HRC's Restoring Family Links service. As a result, it was necessary to step up the promotion of this service on the IDP sites.
- The situation of armed violence shows once again the impact of forced displacement and underlines the importance of actions on the ground to restore family links.

Challenges

Given the insecurity in the Port-au-Prince metropolitan area, access to certain areas was very limited for tracing and identifying separated family members. This constraint limited our efforts to support separated families.





Community Engagement And Accountability

Budget: CHF 12,000

Targeted Persons: 2,500

Assisted Persons: 4,778

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of IDPs reached through dissemination of information and key messages	5,000	4,778
# of HRCS hotlines running	1	0
% of community feedback received that has been addressed	80	100
# of community discussion held during the intervention with local leaders and representative per districts	6	7
# of lessons learned workshop with staff and volunteers	1	1

Narrative description of achievements

Dissemination of key messages

The CEA sector carried out 4 awareness-raising sessions to explain to IDPs the work of National Society teams on IDP sites. A total of 4,778 IDPs were reached by CEA's key messages, including 439 girls, 2,272 females, 331 boys and 1,736 males.

Feedback/Comments received and processed

Suggestion boxes were set up at 5 sites, including Eglise I. Primitive, Cité Castro, Moreno, Building 2004 and Gloria in the communes of Delmas and Tabarre to collect comments, suggestions, grievances and complaints from IDPs. A total of 768 comments were collected and processed by sector. The most common themes were as follows:

Access to drinking water and sanitation: 198 comments, or 25.9%.

- Safety and protection: 150 comments, or 19.6%.

- Access to health :135 comments, i.e. 17%.

- Food distribution and nutrition: 120 comments, 15.7%.

- Education and activities for children: 90 comments, 11.8%.

- Housing and infrastructure: 72 comments, 9.4%.

Community discussions

With the aim of introducing DREF to the PDI sites, the CEA team held meetings with the heads of the site management committees to inform them of the various activities to be carried out and the stages of support during the DRE period.

A total of 61 site management committee members, including 31 women and 30 men, took part in the various meetings. To mark the end of DREF's operational activities, a special meeting was held with site leaders, including DGPC focal points, to receive their feedback on the implementation of activities. They took the opportunity to thank the Haitian Red Cross for its unconditional support to the IDPs and to share with the DREF team the strengths and weaknesses of this project, while making certain recommendations for the improvement of future projects. It was also an opportunity to present certificates to the PDIs trained in Community First Aid.

- As a prelude to the satisfaction survey, an orientation and survey questionnaire testing session was organized on February 17, with the participation of the volunteers who would be conducting the activity. According to them, these trained volunteers assimilated the orientation well, while taking advantage of the opportunity to test the survey form before the launch.

- A total of 10 volunteers from the communes of Tabarre and Delmas took part in the session, including 5 women and 5 men. Following this orientation, as planned, from February 18 to 20, the trained volunteers were mobilized to carry out the satisfaction survey among IDPs living on the National Society intervention sites within the DREF framework.



- This survey was carried out at two (2) of the 3 sites benefiting from DREF cash transfer, including Eglise I. Primitive and Gloria, where 323 IDPs benefiting from the various CRH services responded to the questionnaire. Results:
- WASH: Of the 323 respondents, 295 expressed satisfactions, implying a 91% satisfaction rate.
- Health: Of the 323 respondents, 291 were satisfied, implying a satisfaction rate of 90%.
- Cash: Of the 323 respondents, 303 expressed satisfactions, implying a 94% satisfaction rate. •••••

Lessons Learnt

- A lessons learned session was held at the end of DREF activities, enabling volunteers and DREF coordinators to reflect on and produce lessons-learned notes from the beginning to the end of DREF implementation. Lessons learned were drawn from all areas of DREF and new ideas and benefits from both positive and negative notes.
- The day was attended by 25 people, including 12 field volunteers, 6 sector coordinators, 3 Comité Régional Ouest Métropolitain de la Croix Rouge Haïtienne (CROM) managers, 2 coordinators from two local committees and 2 DREF staff. The workshop brought together the various sectors actively involved in the development, planning and implementation of DREF activities: WASH, Health, Cash Transfer, RLF, CROM, CEA, local coordinators and volunteers, who are the foundation on which the National Society's field activities are built.
- Participants were able to identify the various strengths and weaknesses of the DREF phases, while formulating recommendations that could be used to improve our future interventions.

Challenges

Unstable Security context: Armed violence in Port-au-Prince has limited team access to the worst-affected areas, especially for sites in Delmas. The movement of IDPs was sometimes restrictive, making it difficult to set up community consultations and participatory activities.

IDPs mobility and instability: Displaced people often live in temporary shelters or move frequently from one site to another. This has made it difficult to continuously monitor activities, collect feedback, assess needs and assist with IDPs over the long term.

Complaints mechanism: Some sites perceive interventions as insufficient, considering needs. Complaints sometimes hinder good collaboration between PDIS and site management committee members and create internal misunderstandings.



Secretariat Services

Budget: CHF 79,000
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of surge deployments	3	2

Narrative description of achievements

As part of the DREF operation, three French-speaking back-up staff were deployed to Haiti to support the Societe Nationale. Due to the security situation, the delegates were deployed to the Dominican Republic, with field visits to Haiti, under the close and constant supervision of the security department.

- Emergency deployment of an Operation Manager
- Emergency deployment of Security Coordinator # 1
- Emergency deployment of Security Coordinator #2

It is important to note that although the profiles were based in the Dominican Republic, the three delegates focused solely on the implementation of the DREF operation in Haiti. Given the complexity of the security situation in Haiti, the role of Peak Security Coordinator provided specialized and practical expertise directly linked to this specific crisis. Although temporary, this position filled existing gaps in security management and supported and strengthened the local capacity of the national security coordinator, who



continued to support on-site security even after the operation. In addition, the IFRC Security Officer based in Haiti, assisted the IFRC security delegate in implementing security training, dissemination workshops and strategic improvements to the security component for the entire operation.

This role has complemented the longer-term positions of the IFRC's national security coordinator and security delegate. It provided short-term specialist support during the initial phase of the operation, building their capacity and contributing to the establishment of a more robust security framework. Together with the IFRC security delegate, he also coordinated with the regional security coordinator for the ARO and the Geneva security unit to ensure alignment with international standards while adapting strategies to local realities.

Ultimately, the field security coordinator strengthened the security management structure by enhancing the local expertise and operational character of the national security coordinator, as well as the international knowledge and strategic and managerial role of the International Federation of Red Cross and Red Crescent Societies' security delegate. Together, they have ensured that local operational teams have the guidance and support they need to effectively manage the security environment and, ultimately, respond proactively to evolving security challenges.

Procurement process carried out by the National Society / IFRC

Given the operational constraints associated with importing goods, local sourcing has been identified as the most viable strategy to effectively mitigate several risks. Port-au-Prince's main airport is currently closed and controlled by gangs, which continues to severely limit Societe Nationale's ability to safely receive and ship international cargo. In addition, transit routes between operational airports and Port-au-Prince continue to be compromised by gang activity, presenting high risks of delays, customs detention and potential loss or tampering of goods.

To improve efficiency and guarantee safety, the HRCS has carried out market research and identified reliable local vendors capable of supplying the necessary goods and materials. This proactive approach confirmed the availability of the required items in the country, ready for prompt delivery and in compliance with IFRC and Sphere quality standards. In addition, it was essential to note that HRCS was familiar with the IFRC's procurement and logistics procedures, which ensured that high standards were maintained.

The Regional Logistics Unit of the Americas Regional Office provided close support throughout the process, ensuring the quality of goods and compliance with procurement protocols. The choice of local sourcing not only facilitated the safe and timely delivery of aid, but also supported the local economy, aligning with strategic objectives to effectively navigate Haiti's complex logistics landscape while maintaining compliance with international quality standards.

DREF Operation monitoring activities

To ensure effective monitoring and evaluation of the operation, the IFRC has provided ongoing support to the Haitian Red Cross Society. A dedicated Program Monitoring, Evaluation, Reporting officer from the National Society was responsible for conducting field level monitoring. This has involved regular visits to displacement sites identified for the project, with monitoring visits scheduled twice a month and additional visits during specific field activities. These sites were also closely watched to assess the impact and efficiency of the services provided, such as health services and WASH activities. Updated data shared weekly with the National Society by the Protection office and IOM on the displaced sites were used as baseline data for beneficiary selection.

Field visit by the IFRC team. Source: Haitian Red Cross in July 2024

Furthermore, Post-Distribution Monitoring (PDM) surveys were conducted following the distribution of hygiene kits to evaluate the effectiveness of the interventions and identify areas for improvement. This approach ensures a robust framework for continuous feedback and adjustment, enhancing the overall efficacy and responsiveness of the humanitarian response. Additionally, the integration of community feedback mechanisms such as the hotline could further enrich the monitoring process by capturing real-time, on-ground insights directly from the beneficiaries, thereby aligning subsequent interventions more closely with the community's evolving needs.

To address security concerns, the operation has incorporated several strategies to ensure the safety of staff and volunteers during monitoring activities. Security assessments have been conducted prior to each field visit to understand and mitigate potential risks. Coordination with local authorities and community leaders was strengthened to ensure safe access to all project sites. The PMER officer and other field staff received security training, including risk assessment and management, secure movement, and emergency response. Use of technology for teams and secure communication channels has also been implemented to maintain constant contact with field teams during their missions. This comprehensive approach to security ensured that monitoring and evaluation activities could be carried out safely and effectively, even in challenging environments. Field visits were carried out by the Haitian Red Cross monitoring team in the displaced areas to ensure the implementation of the activities planned as part of the operation.

National Societies communication strategy for this operation

The communications strategy was characterized by direct outreach activities at displaced sites to ensure that affected populations were well informed about the humanitarian services that have been implemented, such as hygiene kit distribution, ambulance services, psychosocial support, and activities to restore family links. In addition, the Haitian Red Cross has extended its reach through targeted awareness-raising sessions on social media platforms such as Facebook, Instagram, Twitter and its official website. These activities and results were shared by the communications team featuring the Haitian Red Cross and IFRC emblems.



Challenges

The planned CVA coordinator was not deployed, as it was difficult to find a French-speaking person who was available to come to Haiti.



National Society Strengthening

Budget: CHF 171,515

Targeted Persons: 101

Assisted Persons: 100

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers insured	100	130
# of volunteers involved in the operation	100	89
# of volunteers who have received support in terms of reinforcement (visibility equipment and materials, etc.)	100	89
# of volunteers and staff who have received the virtual fast training on storytelling	100	0
# of volunteers and staff who have received the virtual fast training on media management	109	0
# of volunteers and staff who have received the Operational Security training	109	197
% of volunteers and staff who know and have access to Stay Safe protocols and operational security procedures	100	181
# of volunteers and staff who have received Radio training and security	109	0

Narrative description of achievements

Insurance for Haitian Red Cross volunteers

A total of 130 Haitian Red Cross volunteers benefited from a health insurance policy under the DREF program.

Visibility equipment

As part of the DREF operation, visibility equipment (T-shirts, bibs, kepis, overcoats, etc.) was purchased as stipulated in the project documents to guarantee their safety in the performance of their duties. All volunteers mobilized and deployed in the field always wore their T-shirts + kepis or bibs to ensure not only the institution's visibility, but also their safety, given the current security situation in the Port-au-Prince metropolitan area. A total of 89 HRCS volunteers benefited from visibility equipment as part of their deployment in the field.

Delivery of equipment to Haitian Red Cross volunteers. Source: Haitian Red Cross. February 2025

Volunteer training/ Safer access / Stay Safe.

As part of the DREF program, the Safer Access module has been incorporated into the content of every training session held for volunteers, so that they are better equipped to carry out their activities in the field and know how to behave in dangerous situations.

- A total of 197 volunteers from the Haitian Red Cross were trained on various themes (PSP; PS; Hygiene Promotion; Epidemic Control;



Community Involvement and Accountability; Child Protection; Logistics and Cash Transfers), as part of the DREF to support the Societe Nationale in implementing its field activities. They have all taken the course/module (Safer Access), which is a cross-cutting module for mobilizing and deploying volunteers for field activities.

- A DREF lessons learned workshop was held to review response activities and identify areas for improvement.
- Adequate volunteer training: Volunteers received training appropriate to their role within the operation. Training sessions covered various aspects, including the monetary approach, hygiene and water sanitation, epidemic control, psychosocial support and first aid, in order to equip them with the skills and knowledge needed to carry out their duties effectively.

A total of 109 National Society staff and volunteers (9 staff and 100 volunteers) were involved in the response. For the ambulance service, volunteers were assigned to ambulatory teams of first aiders providing on-site emergency care in displaced people's camps. In addition, the Haitian Red Cross's West Metropolitan Ambulance Service transported emergency cases to health facilities for the general population as part of its routine activities. The number 118 is still operational as part of the Haitian Red Cross ambulance service.

As part of psychological first aid activities, support groups with Haitian Red Cross staff and front-line volunteers were set up and deployed in the project's target displacement sites. Volunteers trained in psychosocial support carried out psychosocial support activities with IDPs, particularly direct victims of violence, SVBG survivors, children, and adolescents, as well as the elderly and people with reduced mobility. Animation sessions, games, post-traumatic stress management and discussion groups were also organized by volunteers. A case referral and networking system psychological support was also set up.

Volunteers who have received training sessions on epidemic control and community-based surveillance have been mobilized to set up surveillance committees to detect and report new cases of cholera, especially in sites dedicated to displaced people. In addition, a group of volunteers was mobilized to follow up on mass awareness raising which will be implemented through the sharing of key messages related to cholera.

Regarding activities in Protection, gender, and inclusion, HRCS volunteers were mobilized to set up awareness sessions on the prevention of SGBV-PSEA messages, particularly on IDP sites). Furthermore, a risk analysis in terms of child protection has been implemented in the displaced sites as part of the implementation of activities with children.

Regarding WASH activities, HRCS volunteers have been mobilized to implement awareness sessions on Hygiene Promotion, specifically in sites for displaced people. In addition, volunteers have been responsible for demonstrating the use of water treatment products at home, carrying out activities related to the use of latrines, and holding community meetings with the aim of exchanging ideas on the importance of health and hygiene at the sites of displaced people. In addition, volunteers have been responsible for setting up RFL services, also feedback mechanisms have been put in place by the CEA team of the National Society.

The costs of the National Society personnel, representing around 12% of the total budget, were necessary to support key roles such as the NS DREF Coordinator, Security Coordinator, Field Coordinator, CVA Officer, PMER Officer, Accountant, and drivers. These key support staff members were valuable to ensure smooth and efficient management of the operation by coordinating logistics, handling financial transactions, and overseeing field activities. Their combined efforts provided critical transportation, data monitoring, and resource allocation services ensuring the necessary rotation under the current security situation and enabling timely aid delivery. Additionally, the inclusion of a security coordinator has ensured that risks are effectively mitigated, supporting the safety of staff and beneficiaries. Given the complexity and scale of the operation, these roles were crucial for safer operations and successful planning, managing risks of implementation delay and ensuring efficient aid delivery.

The following national positions have been considered for this operation:

- NS DREF Coordinator: This coordinator oversaw the implementation of the Disaster Relief Emergency Fund (DREF) operation, aligning it with strategic objectives, managing resources and coordinating with internal and external stakeholders.
- Field Coordinator: The Field Coordinator managed day-to-day activities, linked field teams to central management and ensured that field operations were aligned with strategic plans.
- Security Coordinator: The safety coordinator assesses risks, implements safety protocols and advises field teams to maintain safe working conditions. The Security Coordinator also organized information meetings and proposed risk management strategies.
- PMER Officer: The Planning, Monitoring, Evaluation and Reporting (PMER) Manager led data collection and reporting, developing monitoring frameworks and ensuring accurate impact assessment to measure the effectiveness of the operation.
- CVA Officer: The assistant in charge of cash transfers and vouchers monitored the timely implementation of the multi-purpose cash transfer program.
- Drivers (3): Three drivers ensured the safe and reliable transport of staff and equipment to the various field locations, playing a crucial role in staff mobility.
- Dispatcher: The dispatcher coordinates vehicle movements and personnel movements, ensuring that routes are optimized and resources allocated efficiently. He took care of scheduling, maintained communication with drivers and supervised fleet logistics.
- Accountant: managed the operation's financial transactions, budgeting, financial reporting and compliance to ensure efficient use of resources•



Lessons Learnt

Prior training of volunteers facilitated the implementation of field activities.

- The way volunteers are mobilized within the DREF framework has enabled Societe Nationale to have a pool of well-trained volunteers for each sector of activity.
- Insurance cover is essential for volunteers' protection and peace of mind. It provides financial support in the event of an accident or injury, guaranteeing volunteers a sense of security in their mission.

Challenges

- During the training sessions, some volunteers who had previously been booked to take part were unable to get to the training site due to insecurity in their local area. They had to be replaced by others who were available and able to get to the site without too much difficulty.
- Some trained volunteers had to abandon their home areas under threat from armed civilians. Others went to the provinces, which made it a little difficult to mobilize them.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRHT021 - Haiti - Complex Emergency

Operating Timeframe: 13 May 2024 to 28 Feb 2025

Selected Parameters			
Reporting Timeframe	2024/05-2025/07	Operation	MDRHT021
Budget Timeframe	2024/5-2025/02	Budget	APPROVED

Prepared on 05/Nov/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	686,691
DREF Response Pillar	686,691
Expenditure	-654,790
Closing Balance	31,901

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	157,000	110,197	46,803
PO04 - Health	64,176	51,015	13,161
PO05 - Water, Sanitation & Hygiene	182,000	249,388	-67,388
PO06 - Protection, Gender and Inclusion	21,000	3,284	17,716
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	12,000	4,863	7,137
PO11 - Environmental Sustainability			0
Planned Operations Total	436,176	418,748	17,428
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	79,000	99,689	-20,689
EA03 - National Society Strengthening	171,515	136,353	35,162
Enabling Approaches Total	250,515	236,042	14,473
Grand Total	686,691	654,790	31,900

[Click here for the complete financial report](#)

Please explain variances (if any)

A total of CHF 686,691 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 654,790. The unspent balance of CHF 31,901 will be returned to the DREF.

The most notable variances between the budgeted and actual expenditures include:

The variance reflected in the Water, Sanitation & Hygiene budget line (CHF 249,388 reported against an allocation of CHF 182,000) does not indicate an actual financial overspend. Instead, it is a purely technical variance, directly linked to the transition from CODA to ERP and the



corresponding change in recording methodology.

At the outset, as this was a 2024 operation, the budget was set up under the fedbudget modality, and expenditures were captured at both the accounting and AP code levels. With the migration to ERP, however, the modality shifted to vouched and unvouched, requiring all National Society expenditures to be recorded exclusively at the AP code (sector). This systemic change required a restructuring of the budget within ERP, which inadvertently caused certain overlaps between budget lines and produced the apparent excess under this category.

It is important to emphasize that, in line with best financial management practices, all operational advances were fully liquidated at 100%. This provides assurance that there is no financial over-expenditure and confirms that the variance is entirely technical in nature rather than financial. The expenditure remains fully aligned with the authorized budget envelope, and the reporting inconsistency arises only from the migration and reclassification process within the systems.



Contact Information

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

National Society contact: Mr. Guétson Lamour, President of Haiti Red Cross Society, president@croixrouge.ht, +509 34915147

IFRC Appeal Manager: Elias Ghanem, Head of Delegation, elias.ghanem@ifrc.org

IFRC Project Manager: Suzanne Bernard, Coordinator, Health and Care, suzanne.bernard@ifrc.org

IFRC focal point for the emergency: Suzanne Bernard, Coordinator, Health and Care, suzanne.bernard@ifrc.org

Media Contact: Jacob Charles, Communications Focal Point, j.charles@croixrouge.ht, +50934159817

[Click here for reference](#)

