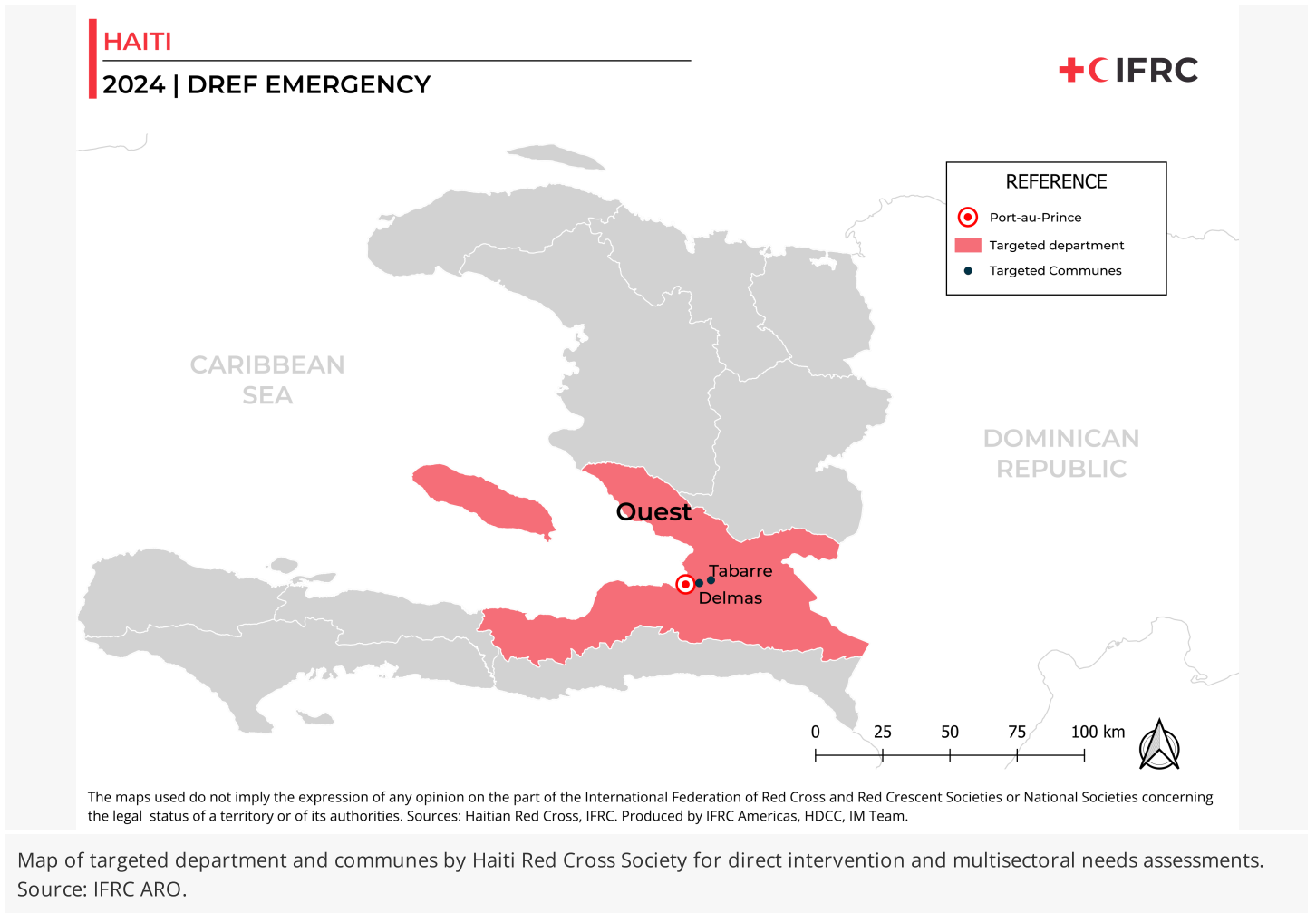




HRCS provides ambulance service in the midst of a complex crisis. Source: HRCS.

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	
Event Onset: Slow	Operation Start Date: 13-05-2024	New Operational End Date: 28-02-2025	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: 01-03-2025		Reporting Timeframe End Date: 01-06-2025	
Additional Allocation Requested: 0		Targeted Areas: Ouest	

Description of the Event



Date when the trigger was met

02-05-2024

What happened, where and when?

Armed violence continues to disrupt security in Port-au-Prince. According to the situation report No. 21 issued by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), on 2 May, an armed attack in the Delmas commune forced more than 3,700 people to relocate.

The urgency of the humanitarian crisis in Haiti was highlighted in the displacement update for the Metropolitan Area of Port-au-Prince issued by the International Organization for Migration (IOM). According to the report, since 8 March 2024, movements of 95,000 people leaving the Metropolitan area of Port-au-Prince were observed, indicating a concerning increase of 41,696 internally displaced persons in a period of ten days, between 27 March and 9 April, in the Metropolitan Area of Port-au-Prince. This report underscores the rapid deterioration of conditions, reflecting the escalation of violence and instability that have gripped the country since late February 2024, displacing a total of 362,500 Haitians as of 9 April.

Since 29 February 2024, two of the major coalitions of armed gangs, have risen up and launched attacks against public infrastructure, including police stations, as well as private institutions in several communes of the Ouest department, notably the capital, Port-au-Prince. The damage caused by these attacks is 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 and/or set on fire. Between 30 and 40 people were killed in the sole commune of Pétion-Ville. Some were killed by police bullets in exchanges of fire, others were likely lynched by a popular movement and others were innocent collateral victims of urban confrontations.

The gangs continue to perpetrate violence with kidnappings and gunfire against the population at large, as well as conducting attacks against the police and key infrastructures as the international airport of Port-au-Prince that has been closed since 4 March. There have



also been several attempted attacks against the presidential palace, which were thwarted by the security forces. Reports of heightened gang violence exacerbating food insecurity have increased, a situation dire enough that even essential services like healthcare and clean water access were heavily compromised.

The Haitian Government, referring to the Decree of 3 April 2024, established a state of emergency throughout the extent of the West department for a period of one month, from 4 April to 3 May 2024. The political climate remains tense after the decree of 12 April officially establishing the Transitional Presidential Council. The nine political entities and civil groups that have chosen representatives for this council criticized a public declaration. They claim that the current Council of Ministers made significant changes to it, which, according to them, distorts the agreement reached between the parties on 11 March. On 16 April, the government officially announced in the Official Gazette the names of the seven voting members and two non-voting members of the Council.

Haiti's transitional council has nominated Fritz Belizaire as the new Prime Minister of the country on 30 April. This council is also tasked with appointing a cabinet and an electoral council, which should pave the way for Haiti's first general elections since 2016. However, internal squabbles on the panel have delayed the process. Tensions concerning the PM's selections are reported to be threatening to dissolve the council.

The crisis in Haiti has severely impacted various areas within Metropolitan Port-au-Prince, which are currently facing a serious multisectoral crisis exacerbated by the escalation of violence, political instability, and environmental challenges. The arrival of the rainy season has increased the risk of floods, particularly affecting displaced persons and those living in disadvantaged areas. This environmental challenge worsens the disastrous conditions faced by displaced persons due to violence, thus increasing the complexity of the necessary humanitarian response.

From 11 to 26 October 2024, IOM reported that a total of 21,770 people (5,384 households) have been displaced due to the ongoing violence, with 63% of them finding refuge with relatives in host families and 37% in 10 sites created in response to this violence (1).

(1) <https://dtm.iom.int/reports/haiti-emergency-tracking-tool-501-updates-displacement-following-armed-violences-arcahaie>



Port-au-Prince residents flee their neighborhoods in the face of armed gang violence. April 2024. Source: Information TV Monde.



Two young Haitian women and children flee their homes due to spiraling criminal violence in Port-au-Prince. Source: Guerinault Louis/Anadolu via Getty Images and Human Rights Watch. April 2024.

Scope and Scale

This crisis, marked by escalating violence and political instability, has led to significant displacement and suffering, particularly in the Metropolitan Area of Port-au-Prince. As detailed in reports, the situation has profoundly affected lives, livelihoods, and infrastructure. Specifically, as of 9 April, there were 362,500 internally displaced persons (IDPs) in Haiti. This represents a 15% increase since the beginning of the year. More than half of them (180,000, are children) a particularly affected group.

According to the report on "impact of insecurity on population's movement from the capital to the provinces" 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 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 has significantly exacerbated the already harsh living conditions for millions, particularly in Port-au-Prince. The escalation has been unusually intense and widespread. Port-au-Prince is 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, have been in need of humanitarian assistance. The spike in violence has also 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 is severely compromised facing significant strain, especially in terms of accessing services, which has been severely affected by ongoing violence, including:

- Large facilities such as the State University Hospital (HUEH) are non-operational due to security concerns.
- The Saint Camille Hospital in Croix-des-Bouquets was attacked on the night of 9 March 2024, resulting in the theft of its oxygen stock and the hospital operating at minimal capacity since.
- The Bernard Mevs Hospital has seen a gradual resumption of activities but is currently only operating at 30% capacity.
- The Médecins Sans Frontières emergency center in Turgeau is open 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 vulnerable 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. "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," said IOM. Furthermore, the IOM emphasized the necessity for humanitarian partners to have unobstructed access throughout the country to ensure that critical aid reaches the most affected individuals.

Food security is 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 are 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 have 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 on household food security. The note indicates 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 is unstable, with a newly established Prime Minister and a Transitional Presidential Council adding to the tension. The effectiveness of these political measures remains uncertain as they are met with 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.

In summary, the scope of the crisis in Haiti is vast, 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. PAHO Situation Report N.5. Haiti Humanitarian Situation. April 15, 2024	https://www.paho.org/en/documents/paho-situation-report-n5-haiti-humanitarian-situation-april-15-2024
2. Communiqué No 13 relatif au prolongement du couvre-feu et aux interdictions de manifestations sur la voie publique durant la période de l'Etat d'urgence	https://www.primature.gouv.ht/communique-no-13-relatif-au-prolongement-du-couvre-feu-et-aux-interdictions-de-manifestations-sur-la-voie-publique-durant-la-période-de-letat-durgence/
3. Haiti - Emergency Tracking tool	https://dtm.iom.int/reports/haiti-emergency-tracking-tool-501-updates-displacement-following-armed-violences-arcahaie
4. 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-update-displacement-situation-sites-metropolitan-area-port-au-prince-20-april-2024?close=true
5. 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
6. Haiti — Populations Flow Monitoring — Impact of insecurity on movements of people from the capital to provinces #5 (8 March — 0 April 2024)	https://dtm.iom.int/reports/haiti-populations-flow-monitoring-impact-insecurity-movements-people-capital-provinces-5-08?close=true
7. HAITI Emergency Situation Report No. 18 . As of 16 April 2024	https://www.unocha.org/publications/report/haiti/haiti-emergency-situation-report-no-18-16-april-2024
8. Haïti — Mise à jour sur le déplacement dans les sites de la Zone Métropolitaine de Port-au-Prince (04 Avril 2024) Déplacement Tracking Matrix (iom.int)	https://dtm.iom.int/node/36506

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Is this a request for a second allocation	No
Has the forecasted event materialize?	No

Please explain the summary of changes and justification:

Through this Operations Update No. 1, the Haiti Red Cross Society requests a three months no-cost timeframe extension for the implementation of this DREF Complex Emergency. The end date would be 28 February 2025.



The Haiti Red Cross Society completed the first phase of the multipurpose cash activities in accordance with the contract signed between the HRCS and the Digicel telephone company. However, since the beginning of October 2024, the HRCS temporarily halted the process for completing the second phase of cash transfers. In particular, the agents are complaining about the exorbitant fees levied by the company. Digicel has confirmed to the National Society that Mon Cash activities have not ceased completely but given the number of agents providing the service in the country there will be delays in the transactions (1).

At the same time the third cash transfer to the HRCS from IFRC was delayed by 3 weeks due to international wire and banking sanctions imposed on some entities in the country. This situation has caused significant delays which affected the DREF implementation timeframe. As of 30 October 2024, the HRCS has received the full amount of funds allocated through this DREF.

Source:

(1) <https://vantbefinfo.com/les-agents-moncash-denoncent-les-pratiques-de-la-digicel-et-ferment-leurs-centres/>

Current National Society Actions

Start date of National Society actions

29-02-2024



HRCS volunteers and staff ensure access to water in Delmas 24, Port au Prince. Source: HRCS.



HRCS volunteers and staff receive epidemic control training. Source: HRCS.



HRCS volunteers provide health and hygiene promotion. Source: HRCS.



HRCS Volunteers and staff install water tanks in different communities, Port au Prince. Source: HRCS.

Health

The Haiti Red Cross Society coordinates its response with its network of branches and partners, supporting the Ministry of Health through first aid and emergency health care services including psychosocial support (PSS). The priority areas of action for the HRCS in response include community surveillance and raising public awareness about epidemic control in the IDP sites. HRCS ambulance teams are also providing vital support in transporting in patients to health facilities. So far, 159 people have been assisted with health services.

To meet the needs of victims, the HRCS has also mobilized its ambulance service and implemented a rotation system. This system allows several teams of first aiders to



	provide near-continuous ambulance service in high-risk environments. First-aiders have access to repositioned treatment equipment and other specialized gear to support their interventions. For instance, at the Haiti Red Cross Society headquarters, a medical post was established in close proximity to conflict zones between armed gangs and the Haitian National Police, where 11 injured individuals were treated. Additionally, 50 victims were safely evacuated to care facilities.
Protection, Gender And Inclusion	The HRCS is actively promoting its Restoring Family Links (RFL) service to assist families who have been displaced and need to contact loved ones or seek support.
Community Engagement And Accountability	The HRCS maintains a comprehensive approach to Complaints, Feedback, and Response Mechanisms (CFRM) and Planning, Monitoring, Evaluation, and Reporting (PMER) under the area of Accountability to affected people. The CFRM strategy, developed by the unit to support HRCS interventions, is aligned with the IFRC's four minimum standards of Information sharing/Transparency, Participation, Complaints and Response Mechanism, and Monitoring and Evaluation, utilizing appropriate tools.
Coordination	<p>The HRCS coordinates with local, provincial, and national authorities, as well as other humanitarian organizations, and actively participates in coordination forums with other humanitarian actors at the country level. Also, the HRCS actively contributes to the APP/CEA interagency working group in Haiti, demonstrating a commitment to collaborative efforts that enhance communication and engagement with affected communities, ensuring that their needs and feedback directly inform humanitarian responses and strategies.</p> <p>In addition, the Haitian Red Cross is in close collaboration with the IFRC Country Cluster Delegation (CCD) for Haiti, Cuba and Dominican Republic to assess needs and develop response plans for those affected by the emergency situation in Haiti. The Disaster Management focal points from the Haiti Red Cross Society and the IFRC technical team work together and have internal coordination mechanisms to maintaining fluid communication with Red Cross Movement partners. With the support of IFRC Americas Regional Office and the IFRC Delegation, the HRCS jointly organized a meeting with the Dominican Red Cross and Red Cross Movement partners virtually, on 27 March, to discuss on the complex crisis.</p>
National Society Readiness	<p>The HRCS actively monitors the emergencies with its branches in 14 regions. The HRCS is regularly participating in meetings with the National Disaster Risk Management Unit (DGPC).</p> <p>Initial information products of the HRCS include:</p> <ul style="list-style-type: none"> - Registration of one alert report on the IFRC GO Platform. - Publication of the HRCS internal SITREP.
Assessment	The Haiti Red Cross Society is collaborating as the co-lead organization with civil protection structures (DGPC - Direction Générale de la Protection Civile) to facilitate assessment activities in the affected IDP sites. Currently joint national assessment efforts are being conducted under the government leadership.
Activation Of Contingency Plans	The Haiti Red Cross Society is a member of all committees of the National Disaster and Risk Management System (CNGRD). The CNGRD is headed by the Prime Minister, lead ministers and the HRCS president. The HRCS president maintains high-level contact with national authorities and coordinates the capacities of the National Society and the IFRC.
National Society EOC	The Haiti Red Cross Society is a permanent member of the National Emergency Operations Centre (COUN).

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) has a Country Cluster Delegation (CCD) which supports and assists Haiti, Cuba and the
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Dominican Republic. The Delegation team is in contact and coordination with the Haiti Red Cross Society. In addition, the Health, Disasters, Climate and Crises 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.

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 conducted, and communication and coordination channels will remain open to facilitate information sharing and discuss operational activities pertinent to the current emergency.

In addition, the ARO communication manager conducted interviews with media outlets such as NTN24 and F24. Additionally, a joint statement involving the National Society, ICRC, and IFRC regarding respect for the medical and humanitarian mission was issued (2).

(2) <https://www.icrc.org/en/document/haiti-renewed-call-protection-health-services-humanitarian-access-and-respect-red-cross-emblem>

Participating National Societies

At the launching of the DREF, there were four Participating National Societies (PNSs) active in-country and one supporting remotely. Although most of the PNSs have evacuated their delegates and technical international staff, their financial and technical support continues remotely as follow:

- The Spanish Red Cross provided technical and financial support on climate, crisis and health. Humanitarian health assistance and WASH actions carried out in Jacmel, Nippes, Miragôane, Les Cayes, Grand-Anse, Jeremie, Port-au-Prince, Bas-Lavoute, Jacmel until August 2024 (ECHO funded project). A multi-year livelihood program (with AECID) in Benait ended July 2024.
- The Swiss Red Cross focuses their support on health, crises and National Society Development initiatives. The focus areas include food security and WASH (distribution of hygiene kits and awareness-raising).
- The Netherlands Red Cross is exploring the possibility of supporting families who have returned to communities in the south with livelihood activities.
- The Canadian Red Cross continues to support the work of the HRCS work on health, PGI and security.
- The French Red Cross is providing technical support remotely.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) continues to support the Haiti Red Cross Society in implementing the Movement's Fundamental Principles to ensure safer access to different vulnerable communities. It joins the humanitarian coordination mechanism with the HRCS and the IFRC, helping to define the 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 Movement response to the consequences of the armed violence, which includes providing indispensable support to the HRCS, notably in mobilizing the ambulance service and promoting safer access. The ICRC's support essentially consists of financial resources, first-aid equipment and technical support when requested by the HRCS. Also, the HRCS Restoring Family Links program is being developed with the support of the ICRC.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
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National authorities

The Government of the Republic of Haiti, on 12 April launched a decree establishing the Transitional Presidential Council and extending the 3 April State of Emergency throughout the West Department for a period of one month, from 12 April to 3 May. To restore order and take appropriate measures to regain control of the situation, extends the curfew throughout this 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 are prohibited, day and night, in the West department, and law enforcement agencies have been instructed to use all legal means at their disposal to enforce the curfew and apprehend all offenders.

On 16 April, the Government published in the official gazette the names of the seven voting members and two non-voting members of the Council. Once installed, their mandate will 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 (3). On 15 November, Haiti's government published a decree on Friday naming 18 ministers to form Prime Minister Alix Didier Fils-Aimé's cabinet (4).

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

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

UN or other actors

On March 10 and 11, 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 receiving \$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 April 8 to 15, 55 women, including 39 for caesarean sections, have already benefited from this support. PAHO/WHO received 38 tons of medical supplies from its strategic stocks in Panama, 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 March 12 and 13 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, the former Prime Minister had announced an interministerial committee to prepare a diplomatic and humanitarian response to the increase in deportations (DW 11/10/2024). The committee mobilised 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 (IciHaiti 18/10/2024; KII 19/11/2024; UNICEF 13/11/2024) (5).

(5) 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

Currently, people are being evacuated to schools and churches, while many others are seeking shelter with neighbors. The destruction of thousands of homes and the evacuation of those at risk have left many families without shelter, creating an urgent need for safe and adequate housing. Additionally, insecurity and violence in urban areas have forced hundreds of families to flee, further exacerbating the demand for housing. These families have sought refuge in makeshift sites and shelters. Since 29 February, over 15,000 people have fled violence in the Port-au-Prince metropolitan area. Nationwide, more than 362,000 people are 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 current crisis in Haiti has exacerbated 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 persons, places them at a heightened risk of food insecurity and malnutrition. The United Nations Secretary-General has 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 since end of 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 remains extremely difficult.

At least 73% of the population of the Port-au-Prince metropolitan area has been affected by gang violence, with access to basic services drastically reduced. Hospitals, often caught in the crossfire of clashes between armed coalitions, are operating at best in slow motion. Staff are unable to get to their workplaces, and sick people are reluctant to seek treatment for fear of being hit by stray bullets or kidnapped. The elderly and disabled remain vulnerable to serious illness and abuse. Furthermore, the crisis is having an impact on the mental health of the affected populations. Several health facilities, such as the Médecins Sans Frontières hospital in Cité Soleil and Tabarre (ZMPAP), the Albert Schweitzer hospital (Artibonite) and the Mirebalais University hospital (Centre), were targeted by gangs, forcing them to close temporarily. In the department of Artibonite, a quarter of health establishments report problems of physical access to health infrastructures, for both patients and staff, due to insecurity.

Between January and August 2023, at least 40 doctors were kidnapped in Haiti. Even when health infrastructures do exist and function, they remain insufficient to provide the basic care required by those who desperately need it. When it comes to health needs, people living in remote areas don't often seek medical care, and only go to hospital as a last resort, when it's often too late. As a result, pregnant women, nursing mothers and young girls living in areas affected by insecurity must struggle daily to access services essential to their health, well-being, and survival.

This situation 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%).

Ouest Department continues to report 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 account 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 have



aggravated these conditions in recent months, significantly hindering 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 have been numerous recorded cases of individuals wounded by gunfire. 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 Ambulance service must strengthen its service. Access difficulties 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 latest GBV survivors involved internally displaced people in the West. Psychosocial support is almost non-existent 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 in order to reduce its impacts.



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 is urgently needed, as many IDPs sites lack adequate latrines or sewage systems, resulting in unsanitary conditions that could exacerbate disease spread.

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 crisis, addressing Protection, Gender, and Inclusion (PGI), especially concerning the prevalent gender-based violence (GBV), is essential for the welfare of the population. As of 2024, the situation remains dire, with a 377% increase in GBV cases reported last year, 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 persons (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 paying a heavy price for this wave of 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

Haiti's Hydrometeorological Unit (UHM) has observed humid and unstable weather conditions, attributed to very low atmospheric pressures at the surface and upper-level troughs across various atmospheric layers. These meteorological conditions have been affecting a wide expanse of the Caribbean Basin. Coupled with displacement, economic impoverishment, and predominantly rural lifestyles, these environmental factors significantly heighten Haiti's vulnerability to future 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 Haiti 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 will be 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 will primarily utilize 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 will be crucial in the planning and execution of activities, ensuring that community-led responses are well-informed and effectively meet the local needs.

Any identified gaps/limitations in the assessment

To effectively address the complex needs of IDPs, a comprehensive and nuanced assessment is essential. This assessment should not only identify the immediate needs of these most affected groups but also delve into their long-term challenges within IDP sites and along population movement routes. A structured approach for gathering and analyzing data on demographics, health status, access to services, and overall living conditions is vital to ensure that interventions are both targeted and impactful. Additionally, integrating community feedback mechanisms such as surveys and community meetings will provide a continuous stream of actionable insights. This will allow humanitarian organizations to adapt their strategies dynamically and improve the effectiveness of their response efforts.

The intensifying population movement crisis on the island is raising significant concerns, particularly as the escalating influx of displaced people into border regions like Dajabon and Elías Peña has led to an unprecedented surge in population, exacerbating pre-existing challenges related to sanitation and overcrowded conditions. To address this evolving situation effectively, a comprehensive and context-sensitive assessment is required.

A multi-sectoral needs assessment has been designated as a key activity under this DREF operation. This assessment aims to collect critical data on migrant movements and the specific humanitarian needs that have arisen under the current enforcement of population movement policies, particularly targeting these affected populations. Identifying any gaps or limitations in this assessment, such as data collection barriers or lack of access to certain areas, will be crucial to refining the approach and ensuring that the aid provided meets the actual needs of the displaced and migrating populations.

Operational Strategy

Overall objective of the operation

Through this DREF operation, the Haiti Red Cross Society is working to reach 11,670 people in the West department (Port-au-Prince: Delmas and Tabarre). The assistance is being provided 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.



Furthermore, this operation entails conducting a multi-sectoral needs assessment in the areas of intervention (Delmas and Tabarre) to complement existing information, assess the security situation and guide the planned actions of the National Society.

Operation strategy rationale

The development of this DREF Action Plan was based on the insights provided by the HRCS, secondary data sourced from the government, United Nations, and partner reports, as well as alerts and media coverage. However, it's important to highlight the integration of a comprehensive multi-sectoral needs assessment into this intervention. This assessment aims to complement existing information and guide the planned actions of the National Society to better aid the most affected population.

In this situation, where many people have been displaced due to the insecurity, the response plan includes the following activities aimed at providing essential support and assistance to affected individuals and households:

MULTIPURPOSE CASH:

The National Society is working to reach 500 families with a multipurpose cash transfer program:

- Conduct a CVA feasibility and market study.
- Survey the targeted families on characterization, prioritization and selection of people to be reached.
- Induction of volunteers for the development of the program.
- Design and distribution of the cash transfer program.
- Monitoring and evaluation of the cash transfer program.
- Post distribution satisfaction survey of assisted persons.

Two cash transfers are being done to implement the CVA program to help families cover the cost of any essential items. The amount initially allocated to each cash transfer program amounts to CHF 150, for a total of CHF 300. This amount was calculated based on the Basic Food Basket and the damages suffered, losses registered, among other aspects. The multi-purpose cash transfer modality will be analyzed in-depth in view of the security risk in the intervention zone and the national security coordinator will accompany and guide the process in terms of security.

HEALTH:

The National Society is working to reach at least 2,550 people with health-related activities, including:

- Community-based surveillance to detect and report suspected cholera cases
- Psychological support to IDP and frontline workers
- Training on first aid / ECV and PSS for volunteers
- Awareness sessions on key messages on cholera implemented in the IDP sites
- Ambulance services

In addition, people will be reached indirectly with a mass sensitization campaign with key messages related to cholera using other digital/technological tools such as social media and SMS with national telephone providers with large reach such as Natcom and Digicel.

As part of this intervention, the Haiti Red Cross Society will continue to provide ambulance services in the Metropolitan area, along with psychological first aid services and mass sensitization sessions on key messages related to cholera. An operational community-based surveillance system will be implemented to detect and report new suspected cholera cases, in collaboration with the Ministry of Public Health's community health workers. Volunteers will disseminate messages using virtual and phone-line tools such as social media and SMS. When security considerations allow, activities will be conducted face-to-face at the IDP sites to ensure individuals are well-informed about key public health risks and can take appropriate measures to mitigate them.

The HRCS, already active through its ambulance service, will expand its services and ensure the provision of quality emergency care. It will strengthen general communication about the services offered to reach a greater number of people. The National Society will closely coordinate with the relevant technical directorates of the Ministry of Public Health and Population, Ministry of Social Affairs, Civil Protection Directorate, and PAHO/WHO. Identifying the most vulnerable people in the camps will enable the provision of psychosocial support to those in need, based on the Federation's Psychological Support Program (PSP) curriculum to standardize its actions. Additionally, psychological first aid services will be offered to IDPs in the IDP sites and to HRCS volunteers. An evaluation of the services available in the field will establish a reference and networking system.

WATER, SANITATION AND HYGIENE (WASH):

The National Society aims to reach at least 7,500 people with WASH-related activities, including:

- Installation of hand washing stations
- Distribution of drinking water and raw water
- Distribution of cleaning and sanitation materials in the selected IDP sites to clean and sanitize them
- Purchase and distribution of hygiene kits (1 per family) and menstrual/dignity kits
- Mass awareness-raising session on hygiene promotion



- Training for HRCS volunteers on Hygiene promotion
- Construction of two wooden rooms and tarpaulins for sanitary areas

Based on initial needs identified by the branches, access to drinking water is essential. Efforts will be made to improve access to water by distributing drinking water and raw water. In addition, to reduce the risk of cholera, waterborne diseases and vector breeding sites, community hand washing facilities will be constructed and community surveillance activities will be implemented. The DREF will also cover the distribution of family hygiene kits and menstrual kits in IDP sites.

The majority of WASH activities will take place in the IDP sites targeting internally displaced persons. The implementation of water purification processes will be carried out directly in the IDP sites.

PROTECTION, GENDER, AND INCLUSION:

The National Society aims to assist 5,000 people with PGI-related activities, including:

- RFL services for IDPs
- Training on RFL for HRCS staff and volunteers
- Awareness session on SGBV-PSEA message prevention (especially on the IDPs sites).
- Training for HRCS volunteers on SGBV- PSEA
- Training for the HRCS staff on Child safeguarding policy /Child Safeguarding Risk Analysis
- Creation of safe referral mechanisms, with focus on survivors.

As a cross-cutting priority, the National Society aims to enhance the capacity of its staff and volunteers in safeguarding against sexual exploitation and abuse to implement the minimum requirements at the operational level. Awareness-raising campaigns will also be conducted within communities. The operation will ensure a timely and appropriate response to address the needs of the targeted groups. To ensure that this operation upholds standards of quality and dignity, support on the PGI strategy will be given as well as specialized briefings for dedicated personnel and volunteers on child safeguarding to minimize risks to affected children, particularly unaccompanied and undocumented children, will be provided.

This operation will integrate systems such as a feedback and complaint reception mechanism, along with the HRCS information management mechanisms. This recommendation builds on the previous success of the feedback hotline previously implemented, which provided vital insights into the needs and concerns of affected populations. Training staff in the use of these mechanisms will be incorporated in the PGI training and will ensure that they are effectively implemented and can contribute to a more responsive and inclusive aid strategy, aligning with CEA to enhance transparency and trust between the HRCS, humanitarian actors and the community.

Also, training of volunteers on RFL and PGI will be done to enhance the capacity of volunteers on RFL service provision. Also phone calls as well as assistance and protection services, along with printing of PGI and RFL material, will be provided.

COMMUNITY, ENGAGEMENT AND ACCOUNTABILITY (CEA):

The National Society aims to assist 5,000 people with CEA-related activities, including:

- Implementation of the HRCS Hot line
- Meetings in the IDP camps with IDPs
- Development of the lessons learned workshop with staff and volunteers
- Dissemination of information and key messages to internally displaced population in the IDP site.

The National Society prioritizes a community participation and accountability approach in all its activities. This approach is implemented by all areas of work and is continuously monitored and advised by the National Society's National Communication Department. Among the activities prioritized in the early response and recovery strategy are those related to community participation in the different stages of the processes, the dissemination of information and key messages and the establishment of feedback mechanisms at the community level. Communities that participated in interviews during rapid assessments and during the distribution of relief items will be continuously consulted on the usefulness and proposals for improvement. Additionally, feedback mechanisms and satisfaction surveys will be 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 utmost importance to ensure an effective response. Given the current security situation, the National Society component has a strong security focus. It will include a training on Operational Security for all volunteers and staff. This training will cover the development of security protocols for this operation. Also, a second training on Radio and Security will be conducted, to ensure that personnel can communicate effectively and maintain safety in volatile environments. Additionally, a workshop will be held to disseminate the Stay Safe protocols, operational security procedures and trainings, ensuring that all volunteers and staff are well-prepared before reaching the IDP sites. The trainings and dissemination workshop will be conducted by the IFRC Security Delegate who will as well be in charge of the oversight of security plans and strategy of the operation. During the trainings and workshop, emphasize will be done on ensuring security protocol and measures during the implementation of CVA activities to ensure the security of volunteers, staff and beneficiaries. Also, the national security coordinator will closely guide and support the security of the CVA activities to be implemented day to day.



As such, continuous refresher sessions will be provided in the field as needed. In response to the heightened security risks, the IFRC will ensure that the three surge personnel deployed have a strong security background and properly trained before deploying to the field to support the HRCS safety plans and ensure their own safety. The surge personnel will be based in the Dominican Republic and could potentially travel to Haiti if the security situation improves, and the Security Coordinator clears their deployment to Haiti.

To strengthen National Society capacity, technical refresher sessions for field personnel will be provided as needed, including Health, WASH, RFL, CEA and PGI. Also, two virtual trainings will be conducted by ARO for a small group of volunteers and staff on communication to increment the capacity of communications in emergency of the HRCS.

At the end of the operation a lesson learned workshop with volunteers and staff is planned in this section, which will integrate insights from recent operations to improve future response strategies.

MULTISECTORIAL NEEDS ASSESSMENT:

A significant aspect of this DREF operation entails conducting a multisectoral needs analysis, encompassing risk assessment for operational security in the two communes. This is crucial for ensuring the comprehensive and complementary nature of the Movement's response. The multisectoral needs assessment aims to evaluate the situation across various sectors, including Health, WASH and PGI/RFL, to inform the planned actions of the National Society. Depending on the results of the assessment, the operation could be scaled up through an operations update.

The intervention in Delmas and Tabarre is 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 such as 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 are escalating, with only 35% of all IDP sites currently receiving assistance, highlighting significant gaps in coverage.

The Haitian Red Cross (HRC) has identified three IDP sites where it can potentially enhance its interventions. This positions them to address the dire needs in these areas, where the majority of IDP sites are still without adequate humanitarian support. Addressing the needs in these areas is essential not only to provide immediate relief but also to stabilize critical areas that influence the broader stability and infrastructure of the capital.

Targeting Strategy

Who will be targeted through this operation?

This intervention targets the most affected people, especially those who have been displaced, and who are currently in IDPs sites at Lycée Jean Marry Vincent in Tabarre, ISBACOM, situated at Delmas 19th and Eglise Primitif at Delmas 19th. These 3 sites have been chosen due to the high humanitarian needs identified and the accessibility of the HRCS in terms of security.

Special attention will be given to affected groups such as women, migrants, children, and the elderly. The National Society has networks at the community level that allow it to identify these groups and collaborates with migrant care institutions that facilitate the identification of this specific population.

The rationale behind targeting these specific groups is to ensure that aid reaches those who are 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 aims to provide targeted and tailored support, maximizing the impact of the DREF operation and promoting equitable relief work.

For the current intervention, the HRCS has planned a more integral help to the families, but during this initial phase they will be reached only through relief actions and delivery of kits. The multisectoral assessment needs will indicate the need and the viability of scaling up, as well as the viability of delivering cash after an operational update.

Despite the security situation and challenges in Delmas and Tabarre in Port-au-Prince, the HRCS remains committed to operating in these areas ensuring assistance to the most vulnerable and needed people. The decision is based on several key justifications:

- High Concentration of Displaced Persons: Delmas and Tabarre host many displaced individuals due to ongoing instability. Moving operations could leave this vulnerable population underserved, contradicting the HRCS's responsibility to leave no one behind.
- Established Infrastructure and Networks: The HRC has well-established infrastructure, logistics, and networks in Port-au-Prince, enabling



them to provide aid effectively. Relocating would mean losing access to these crucial resources.

-Collaborative Efforts: The HRCS is closely coordinating with other local and international organizations in Port-au-Prince, maximizing the efficiency and effectiveness of aid efforts.

-Inclusive Assistance: The decision aligns with international humanitarian principles, delivering aid based on need and ensuring marginalized groups aren't excluded.

-Community Trust and Engagement: The HRCS has developed strong relationships with local communities, fostering trust and cooperation that bolster effective aid delivery.

-Advocacy for Marginalized Groups: Operating in Delmas and Tabarre allows the HRCS to directly witness the plight of displaced persons, strengthening advocacy for these vulnerable groups and securing 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 rapidly respond to evolving security assessments.

Targeting IDPs in Delmas and Tabarre aligns with the Haiti Red Cross Society's humanitarian responsibility to leave no one behind. The organization aims to maximize its impact by leveraging existing resources, ensuring comprehensive aid delivery, and providing 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 11,670 people directly targeted by this DREF, the National Society continues to work with local authorities, community leaders and relevant stakeholders with knowledge of the affected areas and populations. A multisectoral assessment is being considered to identify the households and communities requiring cash transfers. The participants selection criteria were discussed and updated in consultation with local authorities and affected IDPs as necessary, as other humanitarian actors are also in the area, HRCS makes coordination efforts to avoid duplication of efforts.

Given the scale of the displacement, selection amongst IDPs is required. In this case priority is given based on vulnerability criteria including household size, number of children under 5 years old, presence of pregnant and/or breastfeeding women, elderly people, people with reduced mobility, women heads of households, single parent households, and unaccompanied children.

The HRCS volunteers also explain the targeting/selection criteria to the people concerned and how people will be selected to receive assistance.

Total Targeted Population

Women	4,458	Rural	80%
Girls (under 18)	1,850	Urban	20%
Men	3,649	People with disabilities (estimated)	10%
Boys (under 18)	1,713		
Total targeted population	11,670		

Risk and Security Considerations

Please indicate about potential operation risk for this operations 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.	-The IFRC has a Strategic Fuel Reserve that secures and maintains fuel reserves specifically for emergency cases when no fuel is available.



	-Th HRCS will utilize 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 will update its Security Plan and will constantly assess the situation to implement additional security mitigation measures. - IFRC trained the NS Security Focal Point to adapt and respond to the current need. - Information sharing with support from IFRC and ICRC
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 will be 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 will target IDPs based on coordination with gov & other stakeholders to cover areas where they may move 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 will provide remote support from IFRC in the areas of monitoring, implementation, security, communications and technical support remotely until security status improve. IFRC will be able to travel to support the NS when security situation improves. - Three surge personnel will be deployed in Dominican Republic to support the operation until the security situation improves and are cleared to travel to Haiti by the Security Coordinator.
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 will update its Security Plan and will constantly assess the situation to implement additional security mitigation measures. - The NS with the support of IFRC will implement a communication campaign for the protection of the humanitarian mission.

Please indicate any security and safety concerns for this operation

The activities part of this DREF are taking place under the constraints of a security environment that remains volatile. As a result, detailed work plans that can be adapted to different scenarios and respond more effectively to changes in the operating environment are being considered. Teams, including those of the Red Cross, are operating with reduced staffing levels, and due diligence measures are being 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, and is still valid.

Has the child safeguarding risk analysis assessment been completed?

No



Planned Intervention



Multi Purpose Cash

Budget: CHF 167,205

Targeted Persons: 2,500

Indicators

Title	Target	Actual
Market and Feasibility Study conducted	1	0
# of families reached with multipurpose cash transfer program	500	344
% of households receiving cash transfers who are satisfied with the amount and the timeliness of the assistance provided	80	72

Progress Towards Outcome

As the DREF approval process was extensive, with exchange of communications and based on the commitment of the President of HRCS and the approval of IFRC to implement the CVA according to the existing mechanism (and as done by other partners in country) the feasibility study was not applicable. However, a post distribution evaluation shall take place when the situation allows implementation teams to access freely. Also, at a time when situation allows a training and exploring of new mechanism could be considered.

The HRCS has held planning and monitoring meetings with the management committee. A total of 314 beneficiaries/IDPs have already been identified at the targeted site: Église Primitive.

Several letters have already been sent to the local Mobile phone company Digicel in relation to their involvement in the CVA process. The HRCS has acquired 320 FLEX SIM cards from Digicel to facilitate the process, since most of the beneficiaries had not yet been registered as users of the MonCash service, which is a service that must be provided through a Digicel number. The names of 314 participants have been assigned to Flex SIM cards and the amount to be transferred to the participant's account. The HRCS will follow up with Digicel's agents, who will visit the site. A working meeting with the site management committee on Cash Assistance was held at the beginning of August 2024 where the HRCS was informed that some participants had left the site to go to the provinces following a proposal and support from Mercy Corps.

A follow-up meeting was held with Mercy Corps focusing on the number of people who had received support through cash transfers. Mercy Corps communicated that 54 people had to leave after receiving support. This information was confirmed by the site's management committee. This has delayed the cash transfer process at Église Primitive.

The HRCS plans a training session on Cash Transfer with the technical support of Mercy Corps for HRCS managers, particularly DREF staff. At the end of August, two Digicel agents accompanied by several HRCS volunteers were mobilized to the Église Primitive site to register and expand participants' Moncash accounts. As part of this process, 237 beneficiaries (heads of household) were selected and will receive 19,000 Gourdes each (145 USD). The complete file has been forwarded to HRC's accounting department for further action. The HRCS continues working with other prospects and the other intervention sites to identify, register and expand the accounts of potential participants.

Following the registration and expansion of MonCash accounts of the first group of 237 beneficiaries, the file was forwarded to Digicel for follow-up. As part of this process, 231 (of 237) IDPs, received a first payment of 19,000 gourdes into their account at the beginning of September 2024. The remaining 6 are on hold. During September 2024, as announced in the previous report, the focus shifted to other sites, particularly Gloria, with a view to selecting the IDPs to receive this support. This work was conducted in conjunction with the site management committee, the DGPC representative and the DGPC's Chef d'Opération Départemental de L'Ouest, who shared with us a list of all the IDPs living on the site.

An additional group of 121 IDPs were registered and will receive their support. Correspondence has already been sent to Digicel with a view to be making available to HRCS, on site, agents who will expand the beneficiaries' accounts. The Cash Transfer training process was



scheduled for 10 October with Mercy Corps and technical staff.

On 2 and 3 October, the HRCS Cash Transfer Unit and Digicel's Mon Cash agents, continued its activities on the Gloria site to finalize the cash transfer process for the heads of households living on the site. This work was carried out in synergy with the site management committee, the DGPC representative and the DGPC's Chef d'Opération Départemental de L'Ouest. During 21 to 25 October 2024, the 121 participants were registered participants and 113 received the first instalment of 19,000 HTG in their Mon Cash account. On 16 October the UTM/HRCS went to the Église Primitive site to finalize the process for the group of 6 beneficiaries who had technical difficulties with their account. To do this, they filled in a consent document describing that the beneficiary had a problem with their Mon Cash account, so they instructed another person to receive the amount on their behalf, while attaching photos of their identity documents to the document/form. Following this work, the reminders were sent out and were all successful. The opportunity was used to launch the second tranche for the 237 heads of household in the Église Primitive.

There are a further 128 heads of household have been identified. Contacts have been made with Digicel to provide HRCS with agents to expand beneficiaries' accounts at this site. They are expected on site from October 28 to 30, 2024, to complete this important step in the process. It should be noted that the UTM/HRCS, via the DREF, is working closely with the site management committee and the DGPC to ensure the full success of these activities for the benefit of the most vulnerable IDPs. Training on Cash transfer for CRH managers, with technical support from Mercy Corps, has been postponed to a later date.



Budget: CHF 70,184

Targeted Persons: 2,550

Indicators

Title	Target	Actual
# of people reached by the HRCS ambulance services (SAOM – Service Ambulancier Ouest Metropolitain)	500	0
# of people reached with psychological support	500	656
# of people reached through awareness sessions implemented in the IDP sites (key messages on cholera)	1,500	1,680
# of people trained on first aid, EVC and PSS	50	47

Progress Towards Outcome

1. During the month of June 2024, the HRCS strengthened the capacity of volunteers working in the implementation of field activities, particularly those related to health. Two training sessions were conducted with 47 volunteers (29 women) trained:

- The first-aid training took place from June 24 to 28, 2024. The volunteers who took part came from communes in the Port-au-Prince metropolitan area, with 25 participants (including 15 women). The First Aid training was led by instructors from the Training center of the Haiti Red Cross Society (Centre de formation de la Croix-Rouge Haïtienne - CDF/CRH). The second session, on Epidemic Control (ECV) and Safer Access, took place over 3 days, with the participation of 22 volunteers (14 women) mainly from the communes of Delmas and Tabarre. This training provides participants with the knowledge they need to better understand the most widespread infectious diseases. It discusses the causes of epidemics and their spread, as well as means of prevention and control, to prepare volunteers to provide appropriate assistance. A total of 47 volunteers were trained for the two courses (First Aid and Epidemic Control), with 61.7% of participants being women.

2. Coordination with departmental authorities: To harmonize our humanitarian actions with our various partners who are auxiliaries to the public authorities in the humanitarian field, we regularly exchange information with the Direction Départementale Sanitaire de l'Ouest (DSO)/MSPP, on the various health-related DREF activities being implemented at IDP sites in the Port-au-Prince metropolitan area.

3. Training on violence de-escalation: On 2 and 3 July 2024, a training session on violence de-escalation was held at the Base Camp / CDF for a pool of 20 Haiti Red Cross Society volunteers who are actively involved in the National Society's field activities, particularly within the DREF framework.



4. Training in Psychological First Aid (PFA): The Haiti Red Cross Society, as a humanitarian actor dedicated to alleviating suffering in emergency and crisis situations, recognizes the crucial importance of psychological support as part of its commitment to vulnerable communities. Faced with the complex challenges of humanitarian response, HRCS volunteers frequently find themselves at the heart of trying situations, requiring specialized psychological skills to ensure effective and empathetic support for affected people living in IDP sites. Thus, with a view to equipping HRCS volunteers with the skills needed to address and respond to the psychological dimensions of crises, while strengthening their ability to provide appropriate psychosocial support in difficult humanitarian contexts, a group of 23 volunteers (43.5% women) from the communes of Delmas and Tabarre, received training in Psychological First Aid from 3 to 5 July 2024. The session was led by the Psychology instructor from the HRCS Training Center, with the support of the HRCS Health Department team. It should be noted that the Safer Access component was integrated into this training, so that volunteers are better equipped to carry out their activities in the field and know how to manage dangerous situations.

5. Psychological First Aid Awareness Sessions: Following the PFA training, volunteers were mobilized in the field to provide rapid assistance to IDPs at 3 of our sites, including 2 in Delmas. Thus, during the month of July 2024, 5 PFA sessions were carried out at IDP sites with groups of different age categories (children under 18, adults aged 18 to 59 and people aged 60 and over). These activities are eagerly awaited and much appreciated. IDPs say that this activity allows them to be in a friendly environment with people who actively listen to them, while suggesting appropriate behaviors to adopt when faced with emergency situations or stressful events. 0. Raising awareness of Psychological First Aid (PFA): HRCS, with the support of its volunteers trained in Psychosocial Support, continues to assist IDPs through specific PSP sessions and educational/instructional games such as Tè Malè at its DREF intervention sites. These displaced persons are exposed to considerable psychological and social stress. They have undergone many hardships and atrocities before or during their displacement. They may also endure stress and difficulties linked to their living conditions, worrying about their loved ones left behind and dreading the future. A situation which is therefore likely to lead to an increase in mental health disorders and psychosocial problems. 7 sessions were carried out at the sites, with the participation of 302 IDPs in different age categories (children under 18 and adults aged 18 and over), 15.56% of whom were girls under 18.

6. Awareness session on epidemic control: In September 2024, the HRCS Health team held two sessions at the base camp for volunteers trained in ECV, to ensure that the messages conveyed during awareness-raising activities at IDP sites were clear and specific. Around twenty volunteers took part in these refresher sessions. These two sessions were organized to raise awareness among IDPs of the precautions to be taken to prevent cholera in their environment, and volunteers trained in the subject were mobilized and deployed to HRCS intervention sites. A total of 1,680 IDPs (873 women) were reached at six different sites.

7. Community First Aid training for IDPs: The HRCS, with financial support from the International Committee of the Red Cross (ICRC), plans to organize two training workshops in Community First Aid (CFA) for 40 people (2 groups of 20) from sites targeted by the HRCS humanitarian response under the DREF. The aim of these workshops is to develop the knowledge of IDPs so that they can provide first aid in emergency situations on site, while awaiting the arrival of specialized assistance.

8. Awareness session on epidemic control: During October 2024, ECV-trained volunteers were mobilized to continue awareness-raising activities, broadcasting messages to IDPs on the precautions to take to prevent cholera in their environment. Given the security situation in the Port-au-Prince metropolitan area and in the vicinity of some of our intervention sites, several scheduled sessions had to be postponed. However, the volunteers were able to carry out a session at the primitive church, where 21 people were reached (33.3% children under 18).



Water, Sanitation And Hygiene

Budget: CHF 193,830

Targeted Persons: 7,550

Indicators

Title	Target	Actual
# hand washing stations installed by the operation	9	10
# of household reached with essentials hygiene items	1,100	870
# of sanitation kits delivered (HTH, ORS and Soap products)	10	0

# of people reached by hygiene promotion activities by HRCS volunteers	7,500	10,228
# of volunteers trained on Hygiene promotion	50	41
% of families satisfied with access to water	80	0
# of construction of wooden rooms and tarpaulins for sanitary areas	2	1
# of women reached with essentials menstruation hygiene items	750	280

Progress Towards Outcome

A total of 41 volunteers (53.7% women) have been trained in hygiene promotion and water treatment.

Training for HRCS volunteers in Hygiene Promotion and Safer Access: 41 volunteers (22 women and 19 men) were trained in two training sessions on hygiene promotion, the use of Conservation et au traitement de l'eau à domicile - Water conservation and treatment at home (CTED) products and Safer Access during June 2024.

- On 13 and 14 June 2024, a first group of 21 HRCS volunteers (11 women) from Tabarre, Delmas and the Central Office, including 11 women, were trained.
- On 20 and 21 June 2024, a second group of 20 (11 women) HRCS volunteers from Tabarre and Delmas were trained on the same theme.

The training on Safer Access was integrated to both groups, so that the volunteers are better equipped to carry out their activities in the field and know how to manage dangerous situations.

Hygiene and menstrual kits Mass sensitization of IDPs on hygiene promotion and use of home water treatment products (CTED):

Mass sensitization of IDPs on hygiene promotion and use of home water treatment products (CTED):

- Awareness-raising activities on hygiene promotion were carried out on 27 and 28 June 2024, for internally displaced persons (IDPs) at three (3) sites (Sylvio Cator, Eglise Primitive and Paul Lochard 2) in the commune of Delmas. The sessions reached 752 (407 women and 345 men).
- Awareness-raising sessions on hygiene promotion and the use of home water treatment products were carried out in July 2024 for internally displaced persons (IDPs) at several sites (Eglise Primitive, Gloria, Paul Lochard 2 and Nou se Fanmi) in the Port-au-Prince metropolitan area, more specifically in Delmas and Tabarre. The sessions have reached 1,110 people (616 women and 494 men) as follows:
 - With the aim of encouraging better hygiene practices and preventing water and sanitation-related illnesses at IDP sites, hygiene promotion is one of HRCS key activities within the DREF framework. In August 2024, several awareness-raising sessions (18) on hygiene promotion and the use of home water treatment products were held for internally displaced persons (IDPs) at 4 of our intervention sites (Eglise Primitive, Gloria, Paul Lochard 2 and Nou se Fanmi) in the Port-au-Prince metropolitan area, specifically in Delmas and Tabarre. This initiative, much appreciated on the sites, enables them to adopt behaviors in line with the rules of hygiene to protect water supplies and guarantee the proper use of sanitary facilities. The sessions reached 1,754 IDPs (303 girls, 596 women; 240 boys and 615 men).
 - In September 2024, several awareness-raising sessions (24) on hygiene promotion and the use of home water treatment products were held for internally displaced persons (IDPs) at our intervention sites in the Port-au-Prince metropolitan area, more specifically in Delmas and Tabarre. This initiative, much appreciated on the sites, enables them to adopt hygiene practices that protect water supplies and promote the proper use of sanitary facilities. The data collected during this period show that 3,333 IDPs were reached (569 girls, 1,096 women; 514 boys and 1,154 men).
 - In October 2024, several awareness-raising sessions (17) on hygiene promotion, the use of home water treatment products and the use of sanitary blocks were held for internally displaced persons (IDPs) in intervention sites in the Port-au-Prince metropolitan area, more specifically in Delmas and Tabarre. This initiative, which was very much appreciated at the sites, is part of the drive to develop a culture among IDPs that will enable them to adopt behaviors that comply with hygiene rules, to protect water supplies and ensure the proper use of sanitary facilities. The sessions reached 2,379 IDPs were reached (503 girls, 817 women; 503 boys and 556 men).
- On 21 May 2024, the tender process for the acquisition of 1,100 hygiene kits and 750 menstrual kits was launched.
- On 31 May 2024, the bid opening ceremony was held. All documents were shared with the IFRC in Panama, including the bid opening report, for review and authorization.
- On 24 June 2024, the 1,100 hygiene kits were delivered and stored at the HRCS base camp.
- A pool of volunteers was mobilized to check the kits. This work was carried out under the supervision of HRCS logistics team, accompanied by the HRCS DREF regional coordinator.
- On 28 June 2024, the 750 menstrual kits were also delivered. The same mobilization was carried out to check them before distribution to the IDP sites.

Registration of beneficiaries for kit distribution: After receiving the kits, the HRCS volunteers were deployed to the following sites: Eglise



Primitive in Delmas 19 and Paul Lochard 2, in Delmas 24, on 27-28 June to register beneficiaries at these two IDP sites and carry out the distribution of these kits as quickly as possible. A total of 301 beneficiaries were registered, including 99 at the Paul Lochard 2 site. The process continues. However, it was delayed by the attack by armed civilians in Solino / Delmas, earlier this week. From July 22 to 24, 2024, a pool of HRCS volunteers was mobilized and deployed to the site Nou se Fanmi, in Delmas 24/Solino, in order to register beneficiaries. In the same vein, from 29 to 31, a team of volunteers was deployed to the Gloria site in Caradeux, where they registered all the families living on the said site. A total of 412 beneficiaries were registered on the two sites, including 135 on the Gloria site.

Distribution of hygiene and menstrual kits: During the month of July 2024, 735 hygiene kits and 190 menstrual kits were distributed to vulnerable families at the following PDI sites: Eglise Internationale Primitive in Delmas 19 and Paul Lauchard 2 in Delmas 24. Beneficiaries included people living with disabilities, pregnant women and the elderly, among others. Prior to each distribution, a series of meetings are held with the site management committees to explain the process and get them more involved in carrying out the activity. This approach has worked very well, enabling the kits to be distributed to the IDP sites without incident. The coupons were distributed to the sites the day before, to prevent any difficulties that might arise, such as: loss, theft or copies of the coupons.

At the beginning of August 2024, 135 hygiene kits and 90 menstrual kits were distributed to vulnerable families on the Gloria site in the Tabarre commune. As a prelude to the distribution, a series of meetings were held with the site's management committee to explain the process and get them more involved in carrying out the activity. To date, this approach has worked very well, enabling the kits to be distributed without incident at the IDP sites. In addition, to avoid any misunderstandings at site level, the coupons were distributed the day before, which could prevent any difficulties that might arise, such as: loss, theft, cases of copies of these coupons.

Construction of sanitary blocks: A sanitary block in two compartments (men's and women's), each containing two cubicles and a shower, including a 4-foot-deep slump, on the Morne Prière 2 site in Delmas 24/ zone Solino, is currently under construction. Excavation of the septic tank (3.50 m x 2 m x 3 m) is 100% complete, and the purchase of materials is underway.

Installation of hand-washing stations: As part of the needs assessments carried out on the IDP sites, in addition to the precarious situation in which people are housed, there were no hand-washing facilities either. In response to this vital need, the HRCS, through DREF, deemed it necessary to install Hand Washing Stations (HWS) at IDP sites in the Port-au-Prince metropolitan area.

- As planned, the 9 hand-washing stations were delivered to the base camp on 5 August 2024. Following their receipt, the WASH team planned and proceeded rapidly with their installation. 6 of them have been installed at the following sites, where SNCRH carries out its daily activities through the DREF: Gloria, Primitive Church, Paul Lochard 2, Nou se Fanmi, Morne prière 1, Morne prière 2. With a view to assisting more IDPs at other sites in difficulty, the other 3 have been set up respectively at: Kay Soraya (190 families), Croix-Desprez Adventist Church (140 families), Muron à carrefour feuille (250 families).

-Nine hand-washing stations (PLM) have been installed at 9 IDP sites in the Port-au-Prince metropolitan area. It should also be noted that a case of soap was given to each site management committee to facilitate handwashing. A pool of volunteers was also mobilized at each site to raise awareness of handwashing, help IDPs understand the benefits of handwashing and demonstrate how to wash their hands.

- To meet the water needs of IDPs in the new HRCS intervention sites, storage tanks (Tuff Tanks) were installed at the following two sites during September 2024: Cité Castro and Kay Soraya.

- Also, as part of the awareness-raising activities carried out on the sites, HRCS volunteers are still encouraging people to wash their hands regularly to prevent the transmission of various diseases, notably diarrheal diseases, undernutrition and neglected tropical diseases. So, on 15 October 2024, to celebrate Global Handwashing Day, these PLMs were used for practical handwashing sessions at the various intervention sites. It should also be noted that the DREF team ensures that soap is available at the sites to encourage this vital action of handwashing.

- To meet the water needs of internally displaced people in the new HRC intervention sites, storage tanks (Tuff Tanks and blader) were installed during the month of October 2024. A total of 3 Tuff tanks and 1 blader were installed.

Blader installation: Two bladers are currently being installed. One on the Building 2004 site, the second on the Kay Soraya site. Note that these bladers will be used to store raw water. The groundwork for their installation is almost complete, and they will be installed in the first week of October.

Distribution of drinking water and raw water:

- Following the installation of these Tuffs Tanks, 4 sites (Eglise Primitive, ISBACOM, Paul Lochard 2 and Nou se Fanmi) in Delmas benefited from treated and raw water. Overall, 13,400 gallons of raw water and 5,600 gallons of treated water were distributed to families living in these sites.

- In July 2024, 15 trucks of raw water (3,200 gallons each) and 11 trucks of treated water (1,400 gallons each) were distributed to IDP sites in Delmas and Tabarre as part of the DREF program.

- The distribution of raw and treated water to the IDP sites targeted by the DREF is of vital importance for displaced people in difficult situations, during this very hot summer period. In August 2024, 11 truckloads of raw water (3,200 gallons each) and 11 truckloads of treated water (1,400 gallons each) were distributed to IDP sites in the Port-au-Prince metropolitan area.

- In September 2024, 27 trucks of raw water (3,200 gallons each) and 15 trucks of treated water (1,400 gallons each) were distributed to IDP sites in the Port-au-Prince metropolitan area.

- The distribution of raw and treated water to IDP sites targeted by the DREF has proved to be of vital importance to displaced people in difficult circumstances over recent months. During the month of October 2024, 17 trucks of raw water (3,200 gallons each) and 23 trucks



of treated water (1,400 gallons each) were distributed to IDP sites in the Port-au-Prince metropolitan area as part of the DREF.

Distribution of mattresses and tarpaulins: On 19 September 2024, 12 small mattresses were distributed at the Paul Lochard 2 site, as well as 12 tarpaulins at the Cité Castro site. These distributions followed an evaluation at these sites showing that this group of beneficiaries really needed this humanitarian action to improve their suffering.

Distribution of soap, HTH and Aquatabs: To support and encourage IDPs to put into practice the various key messages conveyed during on-site awareness-raising sessions, a range of materials were distributed, including Soap, Aquatabs and High-Test Hypochlorite (HTH). Calcium hypochlorite, the main active ingredient in HTH chlorination granules. A total of 14,000 units (1,400 packs of 10), 23 soap boxes and 13 boxes of 5Kg HTH. The indicator is reported as 0 kits distributed since these materials were not given in a precise kit and were distributed according to the needs of each of its IDPs sites.

Disinfection of IDP sites: In its daily fight against the spread of these diseases, HRCS has deemed it necessary to carry out disinfection activities at the IDP sites where it operates. Thus, on 25 September 2024, an orientation session on site disinfection was held with the participation of 8 volunteers. Following this session, they were mobilized to the sites to help the IDPs.

The sites that benefited from this activity during the month of September are as follows:

- 6 September 2024: Orientation of a group of community volunteers (PDIs) living in the Paul Lochard 2 site, on disinfection. This activity is carried out so that they can accompany the HRCS volunteers and continue to do so on their own after the DREF.
- 27 September 2024: disinfection of the Paul Lochard 2 site.
- 30 September 2024: disinfection of the Eglise Internationale Primitive site.

This activity is part of the National Society relentless fight to reduce the microbial load on surfaces and in water, while minimizing the risk of contagious diseases at site level. It focuses on critical areas such as: Washrooms and showers: Regular cleaning of toilets, showers and other facilities; Communal areas: Staging areas, communal kitchens and food distribution areas; Shelter and accommodation: Surfaces of temporary shelters to ensure a safer environment.

The sites that benefited from this activity during the month of October 2024 are as follows:

- 2 October 2024: Disinfection of the Morne Prière 1 site. 5 HRCS volunteers and 4 IDPs living on the site were mobilized to carry out the activity.
- 11 October 2024: Disinfection of the Cité Castro site: 5 HRC volunteers and 4 IDPs were mobilized to carry out the activity.
- 11 October 2024: an orientation session was carried out for 2 IDP volunteers living on the building 2004 site to check the residual chlorine after treatment of raw water in the blader.
- 11 October 2024: Direct chlorination of the water in the blader before distribution. This control is carried out/repeated each time a truckload of raw water arrives on site.
- 11 October 2024: Sanitation at the Building 2004 site. On this day, 6 IDPs living on the site, accompanied by 5 HRCS volunteers, were mobilized to clear the site of all the garbage and weeds littering the area, particularly around the water tank installations, and thus enable the IDPs to live in a much more pleasant and healthy environment. After all, a healthy living environment depends on adequate sanitation.

Refurbishment of a 2-cabin sanitary station into 2 cabins and 2 showers at the Paul Lochard 2 site: This sanitary station comprises 1 cabin and a bathing area. It is currently in a very critical state. It was emptied by the HRCS last August 2024. Work already completed: Rehabilitation plan, Removal of the completely damaged roof, Manual emptying of the existing small pit, Mobilization of materials (blocks, sand, cement, gravel, iron, planks and 2x4 wood).

Celebrating Global Handwashing Day: Every year on 15 October, Global Handwashing Day is celebrated to remind people of the importance of hand hygiene for good health. This global awareness day is dedicated to raising the profile of handwashing with soap. A simple, effective and economical way to prevent disease and save lives. This year the theme is "Why is it always important to have clean hands?" Indeed, as part of the DREF, a whole range of initiatives have been put in place to mark this day, especially at the IDP sites where the HRCS is active. It was an opportunity for us to motivate and mobilize IDPs of all ages, especially children, to improve their hand-washing habits. It should also be noted that this celebration took place not only at the IDP sites, but also at the HRCS base camp, where 3 hand-washing stations were installed, and in four schools in the Delmas commune. To carry out these activities, HRCS volunteers were mobilized at target locations to remind people of the benefits of handwashing, while providing targeted educational institutions with buckets with taps, and carrying out demonstrations and putting up handwashing posters. As part of this day, awareness is built around the following key messages: Handwashing with soap is the most effective and least expensive way to prevent diarrheal diseases and pneumonia, Handwashing is one of the most important steps you can take to prevent food poisoning. Hand washing is the best way to prevent the spread of infection, Wash your hands before, during and after food preparation.



Protection, Gender And Inclusion

Budget: CHF 22,365



Targeted Persons: 2,460

Indicators

Title	Target	Actual
# of people reached by awareness-raising sessions on SGBV-PSEA message prevention (specially on the IDPs sites)	2,000	2,961
# of volunteers reached on the Code of conduct, PSEA, PGI concept for the staff and HRCS volunteers	30	14
# 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	0
# of free calls services/RFL services provided to IDPs	300	0

Progress Towards Outcome

RFL and SGBV-PSEA training for HRC volunteers: As part of DREF, two training sessions are planned. One on RFL, the other on Gender-Based Violence & Gender Protection and Inclusion (PGI). The terms of reference have been drafted and discussions are underway with the Regional Committee to select the volunteers who will take part in the training sessions. The training sessions will take place in September 2024.

RFL awareness-raising sessions (at IDP sites): A working session was held to identify and mobilize volunteers recently trained in RFL, with a view to rapidly launching these activities at the sites, pending the completion of the training planned in this area under the DREF. Following the working session held at the end of the previous month, a pool of recently trained volunteers was mobilized and deployed to sites to raise awareness among IDPs of the Restoring Family Links (RFL) service, while encouraging them to prevent gender-based violence. 7 sites were sensitized on the themes of RFL with the participation of 2,913 people. It should be noted that 3 cases have been reported for research. The RFL team is working to gather more information and follow up on the requests.

Distribution and display of flyers: During awareness-raising activities at the sites, the team took the opportunity to distribute these flyers to the IDPs. In addition, several posters were stuck on the walls at the sites to give them an idea of the process to follow to initiate a search for their loved one via the RFL service.

Distribution of mattresses to the elderly, pregnant women: On 11 October 2024, 10 small mattresses were distributed at the Gloria site in Caradeux to people with reduced mobility, pregnant women and the elderly, among others. This distribution followed an evaluation of the site showing that this group of beneficiaries really needed this humanitarian action to improve their living conditions on the site.

RFL awareness-raising sessions (at IDP sites): The HRC volunteers assigned to the Restoring Family Links (RFL) sector continue their activities at intervention sites to promote the service and raise awareness among IDPs, while encouraging them to prevent gender-based violence. In October 2024, an awareness-raising session was held at the Kay Soraya site in Carrefour-Feuille, reaching 48 people, including 32 women. Note that one case for research was reported. The RFL team is working to gather more information and follow up on this new request. 1 large poster was put up on site and 12 flyers distributed to IDPs.

Cluster meetings: During the month of October 2024, the PGI/RFL sector had the opportunity to participate in several meetings centered around migration issues and challenges in the field of Restoring Family Links (RFL). These meetings provided an opportunity to address the urgent needs of migrants, exchange views with key partners and strengthen our efforts to improve the support offered to people separated from their families.



Community Engagement And Accountability

Budget: CHF 12,780



Targeted Persons: 5,000

Indicators

Title	Target	Actual
# of IDPs reached through dissemination of information and key messages	5,000	631
# of HRCS hotlines running	1	0
% of community feedback received that has been addressed	80	0
# of community discussion held during the intervention with local leaders and representative per districts	6	14
# of lessons learned workshop with staff and volunteers	1	0

Progress Towards Outcome

Volunteer orientation session on CEA and APS: This orientation session on Community Engagement and Accountability (CEA) and Safer Access (APS, for its Acronym in French) was held from 16 to 18 July 2024, at the HRCS Training Center with the participation of 20 Volunteers from the communes of Tabarre and Delmas.

Dissemination of information and key messages/ Community meetings:

Community meetings: Two community meetings were held in July on HRCS key messages and areas of intervention, at targeted IDP sites. An information and key message dissemination session was held on 23 August 2024, with the IDPs of the Gloria site in the Tabarre commune, with the participation of 94 people aged 18 and over.

Three other information and key message dissemination sessions were held with IDPs at the Gloria, building 2004 and Cité castro sites. A total of 537 people took part in these community meetings with over 60% of them women. Suggestion boxes have been set up at the building 2004, Cité Castro and Eglise Primitive sites to collect feedback/opinions from IDPs and report abuse or inadequacies in complete confidentiality.



Secretariat Services

Budget: CHF 85,200

Targeted Persons: 0

Indicators

Title	Target	Actual
# of surge deployments	3	2

Progress Towards Outcome

The IFRC Surge team deployed an operations manager as part of the response who worked on implementation with the Haitian Red Cross DREF team. At the same time, a Security Delegate was also deployed and available in Port-au-Prince to support IFRC security risk management.

It was not possible to have a surge CVA officer in Haiti to support the National Society for activities related to Cash and Voucher Assistance. The option to support remotely was not viable. The decision of the National Society was prioritized to recruit a national CVA Officer to work with the Program Manager.



Budget: CHF 135,127

Targeted Persons: 0

Indicators

Title	Target	Actual
# of volunteers insured	100	130
# of volunteers involved in the operation	100	100
# of volunteers who have received support in terms of reinforcement (visibility equipment and materials, etc.)	100	61
# 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	100
% of volunteers and staff who know and have access to Stay Safe protocols and operational security procedures	100	62
# of volunteers and staff who have received Radio training and security	109	0

Progress Towards Outcome

130 HRCS Volunteers have received the insurance plan.

The process for acquiring visibility materials (T-shirts, bibs, kepis, overcoats, etc.) is underway with 61 HRCS volunteers having already received the visibility materials

Challenges:

- The ISBACOM site in Delmas commune was closed on 18 June.
- Several new humanitarian actors were assisting IDPs at the Lycée Jean Marie Vincent site in Caradeux, Commune de Tabarre, initially selected by the National Society for the implementation of its humanitarian actions.
- Insecurity in the areas surrounding the sites targeted by the DREF in the Delmas 24/Solino zone.

Lessons learned:

- Being informed that the vast majority of the IDPs went to other sites close to Delmas, those in the Delmas 24 area (Paul Lochard, Nou se fanmi) and in relation to the presence of other actors at the sites, after a coordination meeting, it was decided to evaluate the sites of displaced people located in areas accessible to the intervention of the National Society. This was done to avoid duplication with the activities of other actors, and to ensure that activities were implemented efficiently and effectively. The Haiti Red Cross Society dispatched a team of volunteers, led by the WASH Coordinator, to several sites in the Port-au-Prince metropolitan area (Nazon/Delmas 24; Carrefour-Feuille) on 20-21 June 2024, to verify the information provided by the DGPC, talk to members of the management committees of these sites and identify the priority needs of the IDPs. During these visits, 8 sites were assessed by the National Society.
- 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.
- 21 June 2024: 3 other sites (Nou se Fanmi/Delmas 24/Terrain Tico; Kay SORAYA/DesPrez/Carrefour Feuille and Site Gloria/Caradeux/Tabarre) were assessed.

- Due to the security situation in the soline/delmas 24 area, the project coordinator, in collaboration with the heads of the various sectors, the security manager and the site management committees, decided to postpone field activities until the following week.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

For the implementation of this DREF, 109 National Society staff and volunteers (9 staff and 100 volunteers) are involved in the response.

For the ambulance service, volunteers are assigned to ambulatory teams of first aiders providing on-site emergency care in displaced persons camps. In addition, the Haitian Red Cross's West Metropolitan Ambulance Service will continue to transport emergency cases to health facilities for the general population as part of its routine activities. The 109 number is still operational as part of the Haitian Red Cross ambulance service.

As part of psychological first aid activities, support groups with HRCS staff and front-line volunteers are set up and deployed in the project's target displacement sites. Volunteers trained in psychosocial support will carry 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 are carried out by volunteers. A case referral and networking system psychological support is set up.

Volunteers who have received training sessions on epidemic control and community-based surveillance will be 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 are mobilized to follow up on mass awareness raising which will be implemented through the sharing of key messages related to cholera. For this awareness campaign, the Haiti Red Cross Society uses online tools, such as social media (Facebook, X, CRH website). Furthermore, contracts are signed with the two telephone companies based in Haiti (Natcom/Digicel) to allow the national company to share messages on cholera by sending SMS messages.

Regarding activities in Protection, gender, and inclusion, HRCS volunteers 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 will be implemented in the displaced sites as part of the implementation of activities with children.

Regarding WASH activities, HRCS volunteers are mobilized to implement awareness sessions on Hygiene Promotion, specifically in sites for displaced people. In addition, volunteers are 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 about the importance of health and hygiene at the sites of displaced people. In addition, volunteers are responsible for setting up RFL services, also feedback mechanisms are put in place by the CEA team of the National Society.

The costs of HRCS personnel, representing around 12% of the total budget, are 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 are necessary to ensure smooth and efficient management of the operation by coordinating logistics, handling financial transactions, and overseeing field activities. Their combined efforts provide 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 ensures that risks are effectively mitigated, supporting the safety of staff and beneficiaries. Given the complexity and scale of the operation, these roles are crucial for safer operations and successful planning, managing risks of implementation delay and ensuring efficient aid delivery.

The following national positions are considered for this operation:

- NS DREF Coordinator: This coordinator oversees 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 manages daily activities, linking field teams to central management and ensuring that field operations align with strategic plans.
- Security Coordinator: The security coordinator assesses risks, implements safety protocols, and advises field teams to maintain safe working conditions. They also conduct briefings and provide risk management strategies.
- PMER Officer: The Planning, Monitoring, Evaluation, and Reporting (PMER) officer leads data collection and reporting, developing monitoring frameworks and ensuring accurate impact assessment to measure the operation's effectiveness.
- CVA Officer: The Cash and Voucher Assistant officer follows up the timely implementation of the multipurpose cash transfer program.
- Drivers (3): Three drivers ensure safe and reliable transportation of staff and equipment to various field locations, playing a crucial role in providing mobility for personnel.



- Dispatcher: The dispatcher coordinates vehicle movement and staff travel, ensuring optimal routing and efficient resource allocation. They handle scheduling, maintain communication with drivers, and oversee fleet logistics.
- Accountant: The accountant manages the financial transactions of the operation, handling budgeting, financial reporting, and compliance to ensure efficient use of resources.

Will surge personnel be deployed? Please provide the role profile needed.

As long as the Port-au-Prince international airport remains closed and the security situation is not clear by the Security Coordinator, deploying surge personnel to Port-au-Prince is not possible. However, there have been discussions about the need to provide additional French-speaking technical support. As such, this support would be provided by three surge personnel originally planned to be deployed in the Dominican Republic:

- Surge deployment of an Ops Manager (4 months)
- Surge deployment of a Security Coordinator (3 months)
- Surge deployment of a CVA Coordinator (2 months)

Initially it was intended for these personnel to be based in Dominican Republic, the Security and Operations Manager were able to work in Haiti to support directly the IFRC and Haitian Red Cross.

Given the complex security situation in Haiti, the surge security coordinators deployed (in two different rotations) have provided specialized, hands-on expertise directly related to this specific crisis. Though temporary, this position bridges current gaps in security management and supports and strengthens the national security coordinator's local capacity who will remain until the operation ends. Additionally, it assists the IFRC security delegate with the implementation of security training, dissemination workshops, and strategic improvements to the security component for the broader operation.

This role complements the longer-term positions of the national security coordinator and the IFRC security delegate. By offering short-term specialized support during the initial stage of the operation strengthening their capabilities and helping build a stronger security framework. The role, and along the IFRC Security Delegate, also coordinates with the Regional Security Coordinator for ARO and the Geneva Security Unit to ensure alignment with international standards while adapting strategies to local realities.

Ultimately, the surge security coordinator will fortify the security management structure by enhancing the local expertise and operational character of the national security coordinator, and the international knowledge and strategic and managerial role of the IFRC security delegate. Together, they ensure that the local operations teams have the guidance and support needed to effectively manage the security environment, ultimately providing a proactive response to the evolving security challenges.

If there is procurement, will it be done by National Society or IFRC?

Given the operational constraints to import goods, local procurement has been identified as the most viable strategy to mitigate several risks effectively. The primary airport in Port-au-Prince is currently closed and controlled by gangs, severely limiting our ability to safely receive and dispatch international shipments. Furthermore, transit routes from operational airports to Port-au-Prince are compromised by gang activity, posing high risks of delays, customs retention, and potential loss or tampering with goods.

To enhance efficiency and ensure safety, the Haitian Red Cross (HRC) has conducted extensive market research and identified reliable local vendors capable of supplying the necessary goods and materials. This proactive approach confirms the availability of required items within the country, ready for prompt delivery that meets both IFRC and Sphere quality standards. Additionally, it's crucial to note that the HRC is well-versed in IFRC procurement and logistics procedures, ensuring adherence to high standards.

The Americas Regional Office (ARO) Regional Logistic Unit will provide close support throughout the process, further ensuring the quality of goods and adherence to procurement protocols. Opting for local procurement not only facilitates timely and secure aid delivery but also supports the local economy, aligning with strategic objectives to effectively navigate Haiti's complex logistical landscape while maintaining compliance with international quality standards.

How will this operation be monitored?

To ensure effective monitoring and evaluation of the operation, the IFRC will provide ongoing support to the Haiti Red Cross Society. A dedicated Planning, Monitoring, Evaluation, Reporting (PMER) officer from the National Society will be responsible for conducting field-level monitoring. This will involve 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 will also be 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 will serve as baseline data for beneficiary selection.



Furthermore, Post-Distribution Monitoring (PDM) surveys will be 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 will incorporate several strategies to ensure the safety of staff and volunteers during monitoring activities. Security assessments will be conducted prior to each field visit to understand and mitigate potential risks. Coordination with local authorities and community leaders will be strengthened to ensure safe access to all project sites. The PMER officer and other field staff will receive security training, including risk assessment and management, secure movement, and emergency response. Use of technology for teams and secure communication channels will also be implemented to maintain constant contact with field teams during their missions. This comprehensive approach to security will ensure that monitoring and evaluation activities can be conducted safely and effectively, even in challenging environments.

Please briefly explain the National Societies communication strategy for this operation

The communication strategy includes direct information activities at displaced sites to ensure affected populations are well-informed about ongoing humanitarian services such as hygiene kit distribution, ambulance services, psychosocial support, and Restoring Family Links activities. Additionally, the Haitian Red Cross plans to expand its outreach through targeted awareness sessions on social media platforms like Facebook, Instagram, X, and their official website. These activities and results will be documented and shared by the communications team after approval from Governance, prominently featuring the emblems of the Haitian Red Cross and the IFRC.

To further enhance its internal communication capabilities during emergencies, the Haitian Red Cross will also conduct two key virtual trainings supported by IFRC ARO staff. The first training focuses on media management, equipping participants with skills to handle media interactions effectively, manage public relations, and maintain control of the narrative during crises. The second training, Virtual Fast Training on Storytelling for Emergency Operations, aims to teach participants how to capture and communicate compelling human stories that highlight the impact of their work and the resilience of the communities they serve. These initiatives are designed to bolster the National Society's ability to conduct effective and empathetic communications, ensuring that both the media and the public remain well-informed and engaged with their critical humanitarian efforts.



Budget Overview



DREF OPERATION

MDRHT021 - Haiti Red Cross Society Haiti: Complex Emergency

Operating Budget

Planned Operations	466,364
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	167,205
Health	70,184
Water, Sanitation & Hygiene	193,830
Protection, Gender and Inclusion	22,365
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	12,780
Environmental Sustainability	0
Enabling Approaches	220,327
Coordination and Partnerships	0
Secretariat Services	85,200
National Society Strengthening	135,127
TOTAL BUDGET	686,691

all amounts in Swiss Francs (CHF)



Contact Information

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

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