

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Haiti: Earthquake Three Month Progress report

Emergency appeal n° MDRHT008  
GLIDE EQ-2010-000009-HTI  
Operations update n° 14  
23 April 2010

Period covered by this Progress Report: 12 January - 15 April 2010

**Appeal target (current):** 218.4 million Swiss francs (203,478,000 US dollars or 148,989,000 euro) in cash, kind, or services is solicited to support the Haitian Red Cross Society (HRCS)/Federation to provide basic non-food items and emergency/transitional shelter to 80,000 beneficiary families and provide emergency health care, fulfilment of basic needs in water and sanitation and livelihoods support for vulnerable populations in the earthquake-affected region. Of the 218.4 million Swiss francs sought, the International Federation solicits Swiss Francs 2.07 million to support its inter-agency coordination of the Shelter and Non-Food Items Cluster.

The donor response report shows current coverage of 63% of the overall Appeal target.



An injured man received first aid from a Haitian Red Cross Society volunteer in the days following the devastating earthquake. Source: American Red Cross Relief ERU / Colin Chaperon.

The budget for inter-agency coordination of the Shelter and Non-Food Items Cluster currently stands at 57%

[<Click here to go directly to the donor response report;](#) [here to view the interim financial statement;](#) [or here to view contact details>](#)

**Summary:** This Progress Report summarizes the achievements made during the initial three months of the emergency response operation that is being jointly carried out by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Haitian Red Cross Society (HRCS) in response to the earthquake

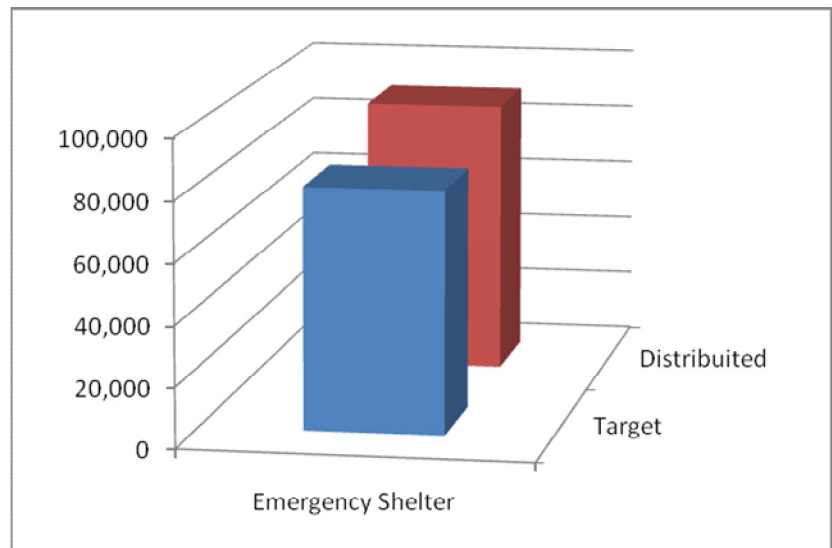
which occurred on 12 January. Three months into the emergency response, the IFRC and the Haitian Red Cross Society continue to work in a highly challenging environment, delivering on an ambitious plan of action designed to provide critically needed services in the areas of emergency shelter, health, relief and water and sanitation. As a result, the IFRC/HRCS are ensuring a substantial percentage of assistance being delivered by the respective Cluster groups in each of these sectors. Water and sanitation teams are responsible for providing water to one-third of the areas being covered by the country's WASH Cluster and just under 40% of all tarpaulins distributed in Haiti since the quake have come from the IFRC, which has now delivered just under 156,355 tarpaulins (two per family). Two field hospitals, four Basic Health Care Units and facilities run by two bilateral National Society partners are providing essential health services to a total medical catchment area of some 700,000 people.

Significant achievements in all sectors are being made in the provision of assistance to the vulnerable earthquake-affected population. However, there are a number of serious constraints to implementation. These include the issue of the need for space to ensure adequate installation of shelter, the risks posed by the lack of appropriate sanitation as the rainy season approaches, as well as the need to ensure that the capacities of the Emergency Response Units (ERUs) are replaced once the Units withdraw from Haiti, and the essential need for more qualified human resources in the field, as teams rotate.

Although the situation usually begins to stabilize some three to four months into an operation, this is not the case in Haiti where the rainy season has begun and is overlapping with the operation's extended emergency phase. The complexity of the situation is demanding a commitment from the Federation and Partner National Societies to continue to work in a prolonged emergency phase of the operation throughout the hurricane season which lasts until the end of November.

## The situation

On 12 January 2010, the fate of Haiti and its people shifted with the ground beneath them as the strongest earthquake in 200 years and a series of powerful aftershocks demolished the capital and multiple areas throughout the southern coast in thirty seconds, leaving some 220,000 people dead, and 300,000 persons injured. A landscape of makeshift settlements now stands where neighbourhoods, government buildings, and parks formerly stood. Three months into the emergency response, the IFRC and the Haitian Red Cross Society continue to work in a highly challenging environment in the prolonged emergency phase, successfully implementing an ambitious plan of action designed to deliver critically needed services in the areas of emergency shelter, health, relief and water and sanitation. Over the past three months, the HRCS with the support of 21 Emergency Response Units (ERUs) and delegates, staff and volunteers originating from some 59 Red Cross/Red Crescent National Societies have worked together to attain the operation's initial target of reaching eighty thousand (80,000) households with the provision of emergency shelter materials namely tents and/or tarpaulins, shelter kits, and ropes; provide healthcare to some 95,000 people in Red Cross/Red Crescent health care facilities; and to provide some 314,000 people with 90,000 cubic metres of water throughout 118 water points in settlements and communities throughout the earthquake affected area. These programmes are complemented by activities such as the establishment of psychosocial support sessions targeting mothers and children, and health and hygiene promotion which provides advice on how to maintain good health in a lively and fun format, reminding people that a smile lights up the bleakest circumstances.



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The Emergency Appeal objectives are being reached thanks to the combined efforts of relief and health workers, ERUs, the HRCS staff, IFRC international staff and the HRCS volunteers. For those Red Cross workers who call

Haiti home it is important to realize that the magnitude of the disaster has had a profound personal impact. Behind the Red Cross t-shirt is a person who may have lost children, family homes, close friends and businesses but who courageously report to work every morning, even after a night of sleeping on the ground in the rain, to carry out emotionally and physically difficult work. Heavy traffic and damaged or bad roads make travelling to project sites very difficult. Even travelling a short distance of 5 km through the dense streets of Port-au-Prince can take up to an hour. Hundreds of kilometres have been covered by the project assessment and ticketing teams who patiently meet with household after household to make sure that families are receiving assistance. Daily work involves such tasks as the regular cleaning of latrines, hauling trash and delivering water, loading and unloading medical supplies, heavy equipment and relief items such as family tents, tarpaulins, stacks of blankets or family kits in dizzying mid-day heat - temperatures can reach up to 40 degrees celsius in the warehouses both in Haiti and the Dominican Republic - and finally delivering items and essential services to a centrally located urban settlement of 20,000 people or a small orphanage of 30.

The close of the initial three month period in an IFRC response operation usually signifies the winding down of the emergency phase, and the transfer of the responsibility for coordinating activities from the Emergency Response Units to a longer-term structure. With many of the ERUs currently scheduled to complete their activities on 15 May, the HRCS and the IFRC must work with Red Cross/Red Crescent partners to ensure that the HRCS/IFRC capacity to continue to deliver services at their current level remains constant for a minimum of the next nine months.

There is little room to rest as increasingly frequent heavy rains usher in Haiti's annual rainy season during which potential new emergencies can be triggered by floods, mudslides and hurricanes. Streets in areas such as Bon Repos and Carrefour are already suffering from flooding and reduced road access. Communities affected by the earthquake in the departments of Sud-Est (South East), Sud-Ouest (South West), Nippes and Ouest (West) are also very vulnerable to seasonal disasters. Prior to the earthquake, from 2004 through 2009 heavy damage caused by tropical storms and hurricanes necessitated several interventions by the IFRC and HRCS in Haiti. Of note, as reported on the IFRC website, were activities carried out in response to damage caused by Tropical Storm Jeanne in 2004, Tropical Storm Ernesto in 2006, Tropical Storm Noel in 2007, Hurricane Gustav in 2008 and floods in 2009. In some years the HRCS and IFRC responded to multiple incidents in Haiti which took place throughout the months of August through November. Many of these prior interventions involved areas which are now heavily damaged by the earthquake, such as Carrefour and Cabaret. According to the Post-Disaster Needs Assessment (PDNA) conducted over the period of 18 February to 24 March 2010 at the request of and under the direction of the Government of the Republic of Haiti, with the technical support of the UN, the Inter-American Development Bank (IDB), the Economic Commission for Latin America and the Caribbean (ECLAC), the World Bank and the European Commission, Haiti has the highest cyclone risk index of all the small, developing island states.



**Haitian Red Cross Society volunteers lead singing and dancing for health promotion at La Couronne camp. Red Cross Red Crescent health promotion activities at the camp that include street theatre are part of a drive to reach half a million quake-affected people by the end of the year. More than 100 Haitian Red Cross Society volunteers are working in health promotion activities in coordination with the Austrian, British and Spanish sanitation ERUs. IFRC/ Jose Manuel Jimenez**

To reduce the risks posed by floods, mudslides and hurricanes to vulnerable Haitian communities, specialists have designed a disaster preparedness (DP) surge plan intended to be fully underway before the rainy season peaks in mid-May. This DP programme is intended to reach some 425,000 especially vulnerable people nationwide, and will include up to 120 improvised settlements in the quake zone. Two nationwide surveys have been carried out to identify secure warehouse locations where relief supplies for 125,000 people will be pre-positioned. Hygiene, kitchen and shelter-relief materials have now been ordered for pre-positioning in Port-au-Prince, Hinche, Jacmel and Saint Marc. A new regional office focusing on hurricane preparedness will be established in Hinche, 70

kilometres north of Port-au-Prince in Centre province, and this will also house a new radio hub.

To truly comprehend the operational context it is important to understand that even prior to the earthquake Haiti was ranked by the United Nations Development Programme (UNDP)'s 2009 Human Development Report as 97<sup>th</sup> among 135 countries on the human poverty index. According to the PDNA, some 67 percent of Haitians were living on less than USD 2 a day and Port-au-Prince had experienced a high level of population growth resulting in about twenty five percent of the country's population of 8.1 million concentrated in the slums of the country's capital, Port-au-Prince. Sanitation services were practically non-existent and some 70 to 80 percent of Haitians had no access to clean water, whilst a reported 80% of all diseases in Haiti are water borne. Furthermore, according to the International Crisis group, as of 2008, 75% of the population had no access to any kind of health care. There were virtually no emergency wards in the country, and only one doctor for every 3,000 citizens, with private hospitals charging fees that put medical care out of reach for everyone but the wealthy. At the same time, Médecins Sans Frontières reports that public clinics often become ineffective due to management problems, strikes, and shortages of staff, drugs, and medical supplies. According to the 18 April Haitian Epidemic Advisory System (HEAS) Situation Report, historically, since the 1950s there has been a tendency for civil unrest breaking out during periods of political instability. Flooding was cited among the triggers for incendiary riots, where activity was driven by the following cited issues:

- access to shelter;
- access to food and safe water; and
- perceived exposure to a higher risk of infectious disease

As the earthquake proved to a tragic degree, the buildings in overpopulated Port-au-Prince and throughout the affected area were poorly built. Most of the concrete was inadequately mixed and the concrete blocks used in the buildings were weak and sandy. Before the earthquake, 'disaster risk reduction' in building techniques was very minimal, and the inadequately reinforced concrete was unfit to withstand the earthquake. Additionally, there was no appropriate city planning and areas such as Fontamara 47, created by the city's constant flow of new arrivals, were created in precarious locations prone to mudslides and flooding. At the same time, the constantly expanding population, combined with the increasing demand for charcoal and wood for fuel, has contributed to the deterioration of the environment. These factors, combined with the proximity of the earthquake's epicentre to Port-au-Prince, significantly contributed to the exceptionally high number of deaths and level of damage caused by the 7.0 earthquake as compared to subsequent earthquakes in 2010 which were of a similar or greater magnitude, such as those which affected Chile and Mexico, which caused far less damage.

Concerns over securing legally recognized land rights and access have been voiced since the inception of the operation. In Haiti land tenure either is transacted through ownership, renting, or sharecropping. In urban areas such as Port-au-Prince, the poor are obligated to rent. While the remaining majority of the population lives in rural areas, very few actually own the land they work on. Rather large landowners ("grandons") own or manage the larger properties, and operate on a sharecropping system. Haiti's system of land is administered by two parallel systems, one of which is a formal legal structure and the other which is customary. According to an 8 March 2010 report on land issues published by National Public Radio in the United States, the majority of the population rents their homes, and the majority of land in Haiti is owned and controlled by less than 20 families. The lack of access to land ownership is partially attributed to Haitian law whereby, although the law has provisions permitting the government to seize land for the purpose of the public interest so long as land owners are fairly compensated, squatters, unreliable notaries and judges have left a paper trail where multiple individuals have the grounds to claim title to the same properties.

According to the 2000 study "Land Tenure and the Adoption of Agricultural Technology in Haiti" conducted by the International Food Policy Institute, Haiti has not conducted a nationwide survey of land holdings in over 200 years. There are no definitive records of public and private land boundaries and many people live on land which was informally granted. Haiti's land laws are rooted in Napoleonic law, which gives equal rights to each child of a deceased landowner, allowing a single member in a large family to prevent the sale or development of a lot, sometimes tying up land use for years. As a result, large families in rural areas control small lots of land through a series of oral contracts passed down for generations. At the same time, abrupt changes in the country's leadership throughout the years has resulted in confusing breaks and duplication in chains of title that make it difficult to confirm usage rights.



The constraints that existed in Haiti prior to the earthquake have all been magnified in the months following the disaster which, according to the PDNA, destroyed some 105,000 homes and damaged more than 208,000 currently leaving some two million people homeless.

<b>HRCS/IFRC</b>	
<b>Haiti Earthquake Operation in Figures</b>	
<b>*Statistics as of 14 April 2010.</b>	
<b>Health</b>	<ul style="list-style-type: none"> <li>• <b>95,000</b> people have been treated by Red Cross Red Crescent health care facilities including 2 mobile field hospitals, 4 Basic Health Care Units (BHCU)s as well as 4 fixed and 41 mobile sites run by two bilateral partners, covering a population of approximately 700,000 people.</li> <li>• <b>1,000 to 2,000 patients</b> seen daily by basic health care units and integrated mobile health clinics.</li> <li>• <b>152,342 people</b> were vaccinated (<i>including against measles</i>).</li> <li>• <b>More than 16 million text messages</b> with key community health awareness messages sent to people participating in the programmes.</li> </ul>
<b>Relief</b>	<ul style="list-style-type: none"> <li>• 69,986 Hygiene kits distributed to households.</li> <li>• 46,835 Kitchen sets distributed to households.</li> <li>• 48,119 Buckets distributed to households.</li> <li>• 43,881 Food items distributed to households.</li> <li>• 105,306 Mosquito nets distributed (<i>2 pcs per HH</i>).</li> <li>• 96,869 Jerry cans distributed (<i>2 pcs per HH</i>)</li> <li>• 188,709 Blankets distributed (<i>3 - 5 pcs per HH</i>)</li> <li>• Between 1,500 - 2,500 families PER DAY receiving Non-food and Food Items</li> </ul>
<b>WatSan</b>	<ul style="list-style-type: none"> <li>• <b>90,000 m3</b> of drinking water distributed. (<i>**est.no. beneficiaries 314,000</i>)</li> <li>• <b>118 camps</b> have water points.</li> <li>• <b>1,491</b> latrines built.</li> </ul>
<b>Shelter</b>	<ul style="list-style-type: none"> <li>• <b>6,342</b> tents distributed.</li> <li>• <b>156,355</b> tarpaulins distributed.</li> <li>• <b>30,532</b> ropes distributed.</li> <li>• <b>14,392</b> shelter tool kits distributed.</li> </ul> <p><b><i>The IFRC has met the operation's initial target of 80,000 households with the provision of emergency shelter materials.</i></b></p>
<b>Logistics</b>	<ul style="list-style-type: none"> <li>• <b>104</b> flights received in the operation.</li> <li>• <b>244</b> sea shipments (40' containers).</li> <li>• The estimated tonnage of shipments is 7,411</li> </ul>

## Red Cross and Red Crescent action

This is the largest single-country disaster response that the Red Cross/Red Crescent has ever undertaken in terms of the deployment of Emergency Response Units and funds committed and spent in the first two months of the emergency. At the moment, the Haitian Red Cross Society and Federation Partners are delivering what is in essence two operations: one which is urban, that addresses the needs in Port-au-Prince, a setting in which no organization or agency has substantial experience in large-scale disaster response and recovery, and one which is rural.

Usually the situation begins to stabilize some three to four months after an operation has begun. However, this is not the case in Haiti where the rainy season has begun and is coinciding with the operation's extended emergency phase. The complexity of the situation is demanding a commitment to continue implementation of the emergency relief phase throughout the hurricane season (end of November).

The Red Cross meeting in New York City taking place from 27-28 April is the second major internal coordination meeting (following the meeting held in Montreal in February) and is intended to define the roles and responsibilities of the respective Red Cross/Red Crescent partners in supporting the HRCS in providing emergency and recovery programming to the affected areas. National Societies will be asked to present their current planned programming for Haiti based on the overall framework of the Plan of Action under development. By the close of the month there will be a clearer picture regarding principal implementational roles in the respective sectors, where the operational sites will be, and the level of resources which will be allocated to the respective activities.

## Progress towards objectives

Relief distributions (basic non-food relief items)	
<b>Objective 1: The most vulnerable people affected by the earthquake have access to basic non-food items and cash transfers that enable them to resume essential household activities.</b>	
<b>Expected Results (Relief Phase)</b>	
<ul style="list-style-type: none"> <li>80,000 families resume essential household activities using non-food relief items: 1 kitchen set, 2 blankets, 1 bucket, 2 jerry cans, 2 mosquito nets and 1 hygiene kit.</li> <li>20,000 families are supported in fulfilling the basic care and non food needs of their children under two years of age with baby kits.</li> <li>Up to 60,000 families have access to cash that allows them to purchase items to supplement their basic household needs during the emergency phase. <b>** Please note that this objective has been changed</b></li> </ul>	

The table below summarizes the distributions to date per Distributor as of **14 April 2010** (*three month progress*):

Distributor	Shelter Items				NonFood Items										
	Tents	Tarps	Shelter ToolKits	Rope	Blankets	Mosquito Nets	Kitchen sets	Jerry Cans	Buckets	Detergent	Plastic Rolls	Hyg_kits	Sum of Baby kits	Sleeping Mat	Food_Total IHH
Colombian RC	0	200	776	1426	1564	0	110	677	10			9746		1026	19016
French RC	1442	8789	78	0	4438	1302	193	814	0			193		100	0
German RC	0	0		0	0	0	865	1020	0			510		0	0
Haiti RC	0	0		0	0	0	0	0	300			0		0	3000
Spain RC	0	400		0	1600	800	0	800	800			225		0	0
Turkish RC	177	0		0	650	0	100	0	600			0		0	3059
IFRC-German RC	0	2640		2569	5209	30	15	756	2584			771		0	0
IFRC-DR RC	0	4685		400	5082	3632	1741	3772	2992			2496		0	1400
IFRC-French/Finn ERU	0	22992	1893	8200	30126	22181	11913	15718	7017.5			10102		11802	0
IFRC-Turkish RC	0	2832		2000	500	700	350	700	1918			200		700	0
IFRC-Colombian RC	0	3280		50	3396	3096	50	3196	1748			1698		0	0
IFRC-Canadian RC	1990	11560		1527	26814	16360	5812	14282	5717			7856		11308	0
Danish ERU	2177	26959	11617	246	0	0	0	0	0			0		0	0
IFRC-RIT/RDRT-Relief	295	2898		1135	19108	9028	3355	10488	3770			4865		4500	3180
IFRC-MEX/COL RC	0	0		0	0	0	0	0	0			0		0	5837
IFRC-AmCross/BeNeLux	61	59310	25	12779	81999	45071	19823	41260	18310	1056	1337	25239	12	34094	30
IFRC-Haitian RC	200	9810	3	200	8223	3106	2508	3386	2353			6085	232	2706	8359
<b>Grand Total</b>	<b>6342</b>	<b>156355</b>	<b>14392</b>	<b>30532</b>	<b>188709</b>	<b>105306</b>	<b>46835</b>	<b>96869</b>	<b>48119.5</b>	<b>1056</b>	<b>1337</b>	<b>69986</b>	<b>244</b>	<b>66236</b>	<b>43881</b>

## Basic Non-food items (NFIs)

As noted in the IFRC's Operations Update no. 5, published on 9 February 2010, the IFRC and the HRCS made the commitment to deliver relief items to 80,000 families (400,000 people). This figure represents approximately 23.5 per cent of an estimated overall total of 1.7 million people who were affected by the earthquake. The IFRC pledged to deliver a complementary package of basic non-food items which respond to emergency household, water and sanitation and shelter needs. This includes a kitchen set, a hygiene kit, 2 blankets, a bucket, 2 jerry cans and 2 mosquito nets. The kitchen set contains 2 cooking pots (5 and 7 litres), a frying pan (2.5 litre), a kitchen knife, a wooden spoon, a stainless steel wire scouring pad and 5 each of the following: fork, spoon and knife. The hygiene kit contains 1 kg of laundry bar soap, 12 rolls of toilet paper, 1.3 kg of body bar soap, 5 tubes of toothpaste, 1 bottle of shampoo, 5 razors, 1 package of sanitary pads (10), 5 hand towels and 2 combs.

This package has been slightly adjusted and families have been given 3 to 5 blankets to use as cushioning against the ground providing an alternative option to sleeping mats. Although it was initially planned to distribute sleeping mats, beneficiaries experienced difficulties in carrying all of the items. The blankets are more appropriate in this case as they can be used as cushioning or covers, and are easier to carry. To date, more beneficiaries have received hygiene kits than the other items. The reason for this is that the beneficiaries for basic NFIs have been extended beyond "families" (defined as a family unit of 5 - 7 people), and NFIs such as hygiene kits, are also being included in smaller distributions which are made on a regular basis to orphanages, and to facilities addressing special needs, for example, schools for the blind.

Support to the HRCS for the distribution of basic NFIs is provided by a relief team composed of four Relief ERUs from the American Red Cross and the BeNeLux Red Cross Societies (mainly focused on Port-au-Prince), the Danish Red Cross (focused on shelter distributions in Port-au-Prince), and the French Red Cross/Finnish Red Cross (focused on Leogane). Additionally, a Canadian Red Cross team has worked with the HRCS branch in Jacmel. Although it was originally envisioned that the distribution of non-food items would take place for a maximum of three months, most agencies in Haiti do not have the human resources and logistics capacity of the HRCS/IFRC, so the Red Cross/Red Crescent is being asked to increase beneficiary numbers by 50,000 people.



Relief Benelux Red Cross ticketing team reviews beneficiary lists, Port-au-Prince. Source: American Red Cross Relief ERU / Colin Chaperon.

It can be argued that one of the biggest challenges faced when distributing relief items is placing limits on the number of families receiving items and having to exclude people from distributions. It is inevitable, no matter how carefully one works to assess the needs, identify beneficiaries and prepare for a distribution, that there are always additional people requesting assistance. Nevertheless, the HRCS and the IFRC relief team have clear procedures in place to ensure transparency and fairness in identifying beneficiaries prior to distributions, and protecting the safety and dignity of beneficiaries during a distribution of relief items.

## Assessment

The HRCS is responsible for generating the preliminary list of appropriate areas/communities for distributions. Once the site list is generated, the HRCS works with the ERUs/IFRC to assess the sites, choose beneficiaries, issue tickets to the beneficiaries and finally distribute the items.

Since the early weeks of the earthquake response operation, the BeNeLux Relief ERU has been partnering with the American Red Cross ERU to support the HRCS with the rapid distribution of basic NFIs and emergency shelter items (namely 2 tarpaulins and rope as per the Haiti Shelter Cluster's standards). Furthermore, the

BeNeLux ERU has worked with the HRCS on site and beneficiary assessments, and the ticketing of beneficiaries. Due to the pressure to quickly deliver items in January, the BeNeLux ERU assumed the lead role in administering the assessments and ticketing. By February, however, the HRCS assumed a greater role in decision making, and by March the HRCS assumed the lead role in coordinating assessments and ticketing.

The HRCS follows guidelines developed by the ERU and set down in an operation handbook which was developed over the past three months. This field generated handbook has been translated into French and English. The handbook is being given to the HRCS to ensure best and consistent practice for the remainder of this operation and for future operations.

In summary, the assessment and ticketing procedures are as follows: the HRCS is responsible for identifying potential distribution sites and compiling a list of these sites. A preliminary site visit is then made by the HRCS and ERU team members based on the information received from the HRCS. The team uses a questionnaire which requests information such as the number of households in the settlement/area, the GPS coordinates of the site, the best means of entering the site, whether or not another aid agency is providing any form of assistance, the availability of water and sanitation facilities and so forth. The sheet also includes information for the distribution team about any difficulties in terms of road access that the distribution team may encounter. For example in Fontamara 17, which is located in a cramped, virtually unpaved and hilly section of Port-au-Prince, the dirt roads are uneven, steep and narrow and larger trucks will not be able to travel the roads.

Training is an important part of the process as all activities are carried out with the intention that HRCS will eventually attain the capacity to fully manage these activities. IFRC/BeNeLux Delegates and HRCS staff and volunteers meticulously go through each step of the manual for assessments and ticketing using a checklist. There are briefings both before and after ticketing and assessment teams have gone out. Teams prepare carefully for any event that may occur on site. For the most part, the biggest constraint in Haiti so far has been that non-ticketed persons or persons from nearby areas arrive, having heard about a distribution. At present the needs in Port-au-Prince are immense, and it is difficult for the humanitarian community as a whole to deal with the demand among the communities for relief items. In order to make sure that distributions and ticketing take place in a safe environment, assessment and ticketing teams must move efficiently and plan well. Prior to arrival at a site, the Committee de Gestion (the local committee managing the camp) is contacted to ensure that a security team composed of men and women from the area accompany the volunteers, and verify that chosen families are indeed residents.

In Haiti, departmental and communal structures such as the Committee de Gestion represent the interests of communities at local level. These structures, including the HRCS, are responsible for the implementation of prevention and response actions. Under the supervision of the departmental or municipal representatives of the central government, these representatives include the local mayor's offices, other government departmental or municipal structures, local community based organizations, and local private sector institutions. Departmental and communal committees are responsible for preparing local-level action plans which address the needs of the related population. At the moment, an abandoned school bus at the edge of the Annexe de la Marie settlement functions as the committee's meeting room.

Following a site evaluation, the HRCS submits a handwritten report to the ERU which subsequently enters the data on a database (the information gathered is then submitted to the IFRC Relief Coordinator's office where master lists of distributions, communities reached, and the ERU involved with the distribution is updated and maintained). The HRCS and the Relief Delegates then discuss the findings and a decision is made whether to distribute items to the community and precisely what items should be distributed based on the needs and whether or not any other organizations have previously distributed items.

## **Ticketing**

Following these assessments, the beneficiary list is finalized, and the teams return to the communities to distribute tickets to the beneficiaries. These tickets are precious items and many beneficiaries will store them close to their bodies until the time of the distribution. At times, non-beneficiaries try to replicate tickets used for distributions, however, these attempts are unsuccessful as the tickets are distinctive and are colour coded to represent the beneficiary's entitlement.



## Distribution

While the items handed over at each of the individual distributions have not been uniform due to factors such as the availability of the items and prior distributions by other aid agencies in the respective temporary settlements, in general, Federation distributions have been efficient and the Red Cross has not faced some of the security constraints experienced by other agencies operating in the country distributing similar items. The Federation's Relief Coordinator attributes the relatively smooth operations to the fact that the distributions are the culmination of a process and procedures developed based on lessons learned in recent large scale disaster response operations. These involve a thorough assessment and site identification based on consultations with the settlement's Committee de Gestion, training and continuity of Red Cross volunteers and national staff, and the use of community members who support the organization of the distribution. Communities have been consistently tolerant about giving priority to pregnant and elderly beneficiaries, and distributions usually commence with



**The American Red Cross and the Mexican Red Cross relief teams are working together to improve the current design of the ration card concept. The design includes barcoding to enhance the ability for information management and reporting. Bar coding will allow the relief team to identify the number of beneficiaries per site. Source: American Red Cross Relief ERU/ Colin Chaperon**

serving these two groups. Men and women are also separated so that women do not face any additional risks based on crowded conditions. A safety protocol has been developed with IFRC's security team whereby access to the actual distribution point is limited to Red Cross/Red Crescent volunteers and staff and to a limited number of beneficiaries at a time. Upon receiving the items, if these are too heavy then HRCS volunteers and security are on hand to assist the beneficiary with carrying items to a meeting point outside of the marked off distribution area. Safety of Red Cross staff and the beneficiaries is a priority; before the distribution, an IFRC/HRCS lead car arrives at the site to ensure that a sufficient security team is in place and to prepare the area for the distribution. Red Cross staff are clearly identifiable, wearing clothing or vests that prominently display the emblem while security staff are issued generic fluorescent yellow vests. At the end of the distribution, all of the yellow vests are methodically collected by the Red Cross from the security staff.

To date, the various relief teams have tried creative ways of ensuring that the distribution of relief items goes as smoothly as possible. By way of example, the Mexican Red Cross team composed of volunteers from Mexico who are supporting a separate bilateral distribution of supplementary food items, as well as distributions of basic NFIs have tried using music and live bands to entertain beneficiaries while they wait in line, as well as using bracelets and a scanner to validate beneficiaries in an effort to speed up the process.

On the day of the actual distribution beneficiaries will line up in advance to receive the items, but inevitably non-ticketed families try to benefit from the situation. Due to the capacity of the trucks to transport items and the control of the stock, items must be requisitioned in advance and the amount ordered from the warehouse must correspond to the number of ticketed beneficiaries. This leaves little flexibility for last minute requests or changes. Despite efforts to create a security team from community members, sometimes crowds can be aggressive and this may lead to the cancellation of the distribution. Often security team members and Red Cross volunteers try to negotiate with troublesome attendees by explaining the harm they are causing to their neighbours who are

While the items handed over at each of the individual distributions have not been uniform due to factors such as the availability of the items and prior distributions by other aid agencies in the respective temporary settlements, in general, Federation distributions have been efficient and the Red Cross has not faced some of the security constraints experienced by other agencies operating in the country distributing similar items. The Federation's Relief Coordinator attributes the relatively smooth operations to the fact that the distributions are the culmination of a process and procedures developed based on lessons learned in recent large scale disaster response operations. These involve a thorough assessment and site identification based on consultations with the settlement's Committee de Gestion, training and continuity of Red Cross volunteers and national staff, and the use of community members who support the organization of the distribution. Communities have been consistently tolerant about giving priority to pregnant and elderly beneficiaries, and distributions usually commence with

patiently waiting for relief assistance. In cases where distributions are cancelled, further work is done with the communities to come to a peaceful agreement and to reschedule the distribution at a later date.

The scarcity of basic items which are available in country in general, and perhaps more importantly the lack of resources for most people to afford them has created a high demand for NFIs. This issue is compounded by the fact that some of the goodwill which flooded the country with supplies in the weeks immediately following the earthquake has subsided, more people are returning to Port-au-Prince and there are fewer organizations distributing relief items on a regular basis. For the families who are currently calling cramped makeshift shelters their home, items like a new set of clean plates provides them with an option to protect food from the dust and squalor that surrounds them, while the bucket is indispensable for storing clean water or washing.

## HRCS

An independent Haitian Red Cross Society relief-distribution team was developed and coordinated by the RIT/RDRT member from the Cayman Islands Overseas Branch of the British Red Cross. The HRCS team is now functioning as an independent distribution team operating on a daily basis in compliance with all of the International Federation's standards. The HRCS team successfully carries out regular distributions of basic NFIs. At present the team focuses on the orphanages and special needs cases.

## Baby Kits

In February the HRCS and the IFRC included baby kits for 20,000 families with a child under two years of in the distribution plan. The baby kit contains a bathing tub, a bucket, 100 g of baby soap, a baby brush, 250 ml of baby oil, a baby towel, 10 cloth diapers and diaper pins, one baby-sized shirt and pants, a baby sheet and a cloth shoulder bag to carry the smaller items. While a percentage of these items have been distributed to orphanages, the distribution of these items has gone more slowly than envisioned. The reason for this is that the committees who support the HRCS with identifying beneficiaries have had trouble keeping track of families with children under two. Given the shortages in sanitation facilities of any kind, it is currently being considered to expand the age range for which these kits would be given. Also under consideration is providing kits to hospitals with strong mother and child health care components, as many women do not have appropriate facilities in their temporary settlements for their newborns.

## Cash Transfer Programme (CTP)

Based on the dynamic nature of the situation in Haiti, like many sectors, the Cash Transfer Programme is adjusting its objectives and plan of action.

There has been significant progress since the effort began, including ongoing assessment of the appropriateness and viability of unconditional cash grants in this response, conducting emergency market assessments, extensive process mapping, developing monitoring tools, defining required fiscal and system controls, developing a secure beneficiary database, testing innovative methods using SMS/mobile phone technologies and air credit concepts, and raising awareness and opportunities for cash transfer programme options in several sectors.

While the most of the initial premises remain valid for unconditional cash transfers, circumstances that indicate that the initial objective may warrant revision include the dynamic nature of the camp population, identifying a secure delivery mechanism for cash transfers at a such a large scale and rapid rate, and varying capacity and feasibility of relief teams to collect beneficiary data, and the need to evaluate the current pilot.

As such, the CTP objective has changed and a pilot programme has been redesigned.

## Water, sanitation, and hygiene promotion

**Objective 1: The risk of waterborne and water related diseases has been reduced through the provision of minimum safe water, minimum sanitation and hygiene promotion.**

### Expected Results (Relief phase)

- 150,000 people in Port-au-Prince, Carrefour, Leogane, and Jacmel and Petit Goave have access to safe water.
- Three health facilities in Port-au-Prince and Leogane have access to safe water.
- At least 150,000 people in Port-au-Prince and Leogane have improved environmental sanitation through community clean-up committees and healthier hygiene practices.

- 150,000 to 300,000 people in Port-au-Prince, Leogane and Jacmel have better access to sanitation facilities.

<b>Water and Sanitation Operation Figures</b>	
<b>15 April 2010</b>	
<b>WATER SUPPLY</b>	
• Total water points in camps/makeshift, peri-urban and rural in PaP and Leogane	<b>118</b>
• Estimated beneficiaries	<b>314,000</b>
• Daily water distribution (PaP & Leogane)	<b>1.8 M litres</b>
• Global average l/p/d	<b>5.7</b>
• Medical Units supplied	<b>8</b>
<b>TOTAL WATER DISTRIBUTED TO DATE</b>	<b>90,000 m3</b>
<b>SANITATION</b>	
• Total number of sites	<b>67</b>
• Estimated beneficiaries	<b>220,000</b>
• Latrines (trench latrines)	<b>1,317</b>
• Tank latrines	<b>184</b>
• Global average lat/p	<b>147</b>
<b>TOTAL NUMBER of LATRINES</b>	<b>1,491</b>
<b>SOLID WASTE</b>	
• Solid waste disposed of	<b>2,000 m3</b>
<b>DRAINAGE</b>	
• Clearance of main drains	<b>4 camps</b>
• Distribution of drainage kit	<b>60 in 3 camps</b>

In the immediate wake of an emergency, drinking water is essential to preserve the health of the affected population and prevent the outbreak of disease. Port-au-Prince does not allow for a traditional water, sanitation and hygiene intervention. Constraints such as the lack of sufficient space for settlement, the high groundwater table, paved areas and makeshift settlements in public places prevent the installation of classic emergency pit latrines and future family latrines. The IFRC was quick to support the HRCS with addressing water and sanitation needs and by 27 January (ten days after the earthquake struck) some 2,395,000 litres of water had been distributed through the combined efforts of the Red Cross and Red Crescent Movement to people in camps and settlements as well as to the General Hospital. Water and sanitation teams from the National Societies in Colombia, the Dominican Republic, France, Spain and the ICRC worked with the HRCS to set up systems to purify and transport potable water.

In the days immediately following the earthquake, the lack of access to ports of entry in Port-au-Prince resulted in a delay in bringing in heavy equipment and in commencing with sanitation activities. By the third week of January, however, the Austrian and British Red Cross Red Cross Societies were actively engaged in the assessment process to conduct sanitation interventions, and by 27 January the Austrian Red Cross had established a presence in Leogane and the British Red Cross had identified the areas in Port-au-Prince where it would be appropriate to provide assistance.

All water and sanitation teams have followed a protocol of working closely with the HRCS and local committees. Whenever possible, water and sanitation teams also directly engage beneficiaries in the planning process. To the best of their ability sanitation teams make all efforts to create facilities that respect the privacy and security of the beneficiaries by creating separate facilities for men, women and when the situation allows, children. Projects are also planned so that the communities themselves are vested with the responsibility for administering and maintaining facilities. Other factors affecting planning include the differences in settlements in Port-au-Prince depending on the area. There are settlements in schools, churches, parks, plazas, football grounds, private companies, public fields and many other areas. The ground can be pavement, rocks, tarmac or many different materials. Some settlements are very well organized, where sanitation interventions would not require a major effort, while others require social work prior to building latrines.

In terms of sanitation, where there are high levels of concern given the poor drainage and overcrowding in the settlements, the Red Cross Red Crescent is primarily concentrating on addressing the need for toilets in the settlements by installing tank /elevated latrines through four MSM ERUs and a Colombian Red Cross Society team. Latrine design has evolved over the course of the past three months from standard emergency designs such as trench and pit latrines, to the current design for a tank latrine. The tank latrine features a seated toilet and waste material is collected in a tank which can be buried into the ground. The IFRC tank latrine design has been generally adopted by the respective sanitation ERUs as the primary design which will be used for latrines installed in temporary settlements where Red Cross Red Crescent actors are working. The installation of tank latrines is becoming increasingly necessary in addition to addressing drainage in the settlements.

Additionally, water and sanitation teams have complemented activities such as water distribution and the building of washing facilities and toilets with garbage removal and improving drainage capacity in the operational areas by trucking in gravel and providing residents with wheel barrows and tools to clean up garbage and make improvements to the settlements themselves.

The pre-existing problems in Port-au-Prince with water and sanitation combined with the urban context and the density of the population have led to a shift in standard indicators for providing assistance. In particular, SPHERE indicators for the optimum number of latrines and provision of water have been adapted to the circumstances. At present, the goal is to provide 5 litres of water per person per day and one latrine for every one hundred persons. The HRCS, IFRC and Red Cross Red Crescent partners will continue to ensure that all activities are carried out in a manner that preserves the dignity of the affected population given the available means.

Three months after the earthquake, ensuring that the level of sanitation in Port-au-Prince is sufficient to mitigate against outbreaks of disease, particularly during the rainy season, remains the primary concern of the Water, Sanitation and Hygiene (WASH) Cluster. There is also increasing concern over the pressing need to improve the current drainage situation now that it is raining in Port-au-Prince almost on a daily basis. Red Cross/Red Crescent partners are responding by distributing tools to communities which they can use to improve drainage.

The operation and development of Port-au-Prince's water supply network has been constrained due to ongoing discussions between government agencies, DINEPA and CAMEP; nevertheless, seven settlements have now been connected to the network. The network supply, however, is not reliable and in some cases is available only once at week. Water trucking remains the main source of water for 90 settlements in Port-au-Prince.

At the Water, Sanitation and Hygiene (WASH) Cluster meeting held during the first week of April, six key constraints were identified as a common experience of Cluster group members implementing activities in response to the earthquake. These constraints included: 1) land ownership issues/availability of space (many sites are on privately owned land); 2) no clear camp management beyond the communal committees; 3) no agency coverage of sites/too many agencies working in one site; 4) customs procedures; 5) human resources; and 6) uncertainty of sites. Following the meeting, a senior IFRC Water and Sanitation Officer from the Secretariat Headquarters commented that while most disaster response operations are always fraught with a selected number of these constraints, the Haiti response operation is distinct because the work is being carried out within the context of all of these constraints. The most significant of these is land ownership, and the lack of clarity over land tenure and ultimate ownership. Until a clear mechanism is in place to identify available land, and legally assign and guarantee the scope of use and the rights to use the land under national law, the efforts to move forward with longer term water and sanitation plans and provide individuals with transitional shelter will be constrained. In parallel, the increasing number and size of existing sites is also a major challenge for humanitarian partners.



## Hygiene Promotion

The IFRC has discussed and shared the content and format of the hygiene promotion campaign with all of the Water and Sanitation ERUs and the HRCS to agree upon a common approach and to standardize content and messaging as well as to prepare a Training of Trainers' session for one hundred volunteers. IFRC's health and water and sanitation teams have combined efforts to create a curriculum for a joint health and hygiene promotion campaign, and an increasing number of National Societies are introducing health and hygiene promotion activities. Given that at present one of the primary health concerns are fears of increased incidences of malaria over the coming months, the campaign covers issues such as the importance of hand washing and appropriate waste disposal, as well as the effective use of mosquito nets and community based malaria prevention initiatives. These include ensuring that, when observed, stagnant water is removed. The first training of trainers' module took place in Port-au-Prince over the week commencing 12 April. The initial training used materials prepared based on the IFRC standard training modules. These standard materials are being further adapted to reflect the realities of communities in Haiti.

To date, the British Red Cross Society ERU has recruited some 40 hygiene promoters who are working in the field while the Spanish Red Cross has ten promoters. 150 community members received a one day basic training course on hygiene promotion and are now ready to disseminate messages in their communities. Further volunteer trainings are planned for the remainder of April. At the same time, French Red Cross hygiene promotion volunteers are also conducting hygiene promotion activities disseminating the four key messages validated by the IFRC. Ten Red Cross facilitators are working on different sites facilitating collective sessions and "door to door" campaigns.

To date the IFRC has trained 12 HRCS volunteers to be trainers of volunteers. The participants are from Port-au-Prince, Jacmel, Petit Goave, Nippes, Carrefour and Gressier and are working with 14 volunteers who will function as hygiene promoters.

## Emergency Health

**Objective 1: The immediate health risks of the emergency are reduced through the provision of curative and preventive basic health, emergency evacuation services, targeted community-based health education and psychosocial support for the affected population.**

### Expected Results (Relief Phase)

- Medical health, surgical care and physiotherapeutic treatment are ensured in the rapid deployment hospital ERU in Port-au-Prince, referral hospital ERU in Carrefour, and other Movement-supported medical facilities with the capacity to provide essential surgical services for a population of 500,000 people.
- Primary health care needs are met by the Basic Health Care ERUs and their respective Mobile Health Clinics with a capacity to provide basic health care to a population of 150,000 people.
- Affected communities increase their capacity and skills in epidemic control, community based first aid and psychological first aid.
- The HRCS has improved capacity to provide a more effective and relevant evacuation service of wounded and ill to reduce acute injuries and infections during the emergency phase.
- Selected affected groups and communities and Movement personnel and volunteers receiving psychosocial support have improved their resilience and coping mechanisms.

More than 95,000 people have been treated by Red Cross Red Crescent health care facilities: two mobile field hospitals and four Basic Health Care Units and health services provided by two bilateral partners at 4 fixed and 41 mobile sites, covering a population of approximately 700,000 people.

In the days immediately following the emergency the focus of health care activities was on treating trauma cases and setting up emergency health care facilities. The 6.1 earthquake of 20 January and the other subsequent aftershocks have created new strain on Port-au-Prince's operating hospitals, as patients and medical personnel evacuated buildings and were refusing to go back inside. It was apparent that the Red Cross Red Crescent response needed to address both the physical and mental trauma experienced by the population and that in addition to treating physical injuries and illnesses, there was an urgent need to provide psychological support.

By the end of January, within two weeks of the earthquake, the Red Cross Red Crescent had a strong presence throughout the affected area: the German/Finnish Red Cross Societies Field Hospital ERU was established at the Carrefour Soccer Stadium. The Norwegian/Canadian Red Cross Rapid Deployment Emergency Hospital ERU was established in Port-au-Prince and was actively conducting surgeries, psychological support (PSP), including

PSP training of volunteers, focusing on managing children's reactions, and outpatient care. The Finnish/French/Swedish Red Cross BHC ERU team initially operated two mobile clinics, one in Croix-des-Prés and one in Place Jérémie-Carrefour seeing up to 300 patients a day. The German Red Cross BHC ERU averaged consultations of 100 patients a day in Delmas 54. The Japanese Red Cross Society BHC ERU team members initially supported other ERU teams until their equipment arrived and they were able to function at full capacity. A Republic of Korea National Red Cross medical team was integrated into activities and the Iranian Red Crescent is conducting integrated medical activities with the health ERUs. The Colombian Red Cross health team also supported efforts in the Hospital La Paix, together with personnel from Chile, Cuba and Spain.

Some 152,342 people benefitted from an emergency vaccination campaign initiated by the Haitian Ministry of Health, UNICEF and the Pan American Health Organization (PAHO). The IFRC was the main implementing partner of this major public health campaign and mobilized over 100 people, mostly HRCS volunteers.

Psychosocial support is an integral part of the IFRC relief operation. This initiative is now being carried out in both of the Red Cross hospitals and by Partner National Societies and has made a major difference to hundreds of earthquake survivors - helping them to express their grief, their worries, their fears. HRCS PSP volunteers manage activities such as working with "Mother's Groups" in the settlements to address fears and concerns of the community, while child friendly spaces staffed by HRCS volunteers are allowing children to play.

As the number of trauma related cases began to diminish, Red Cross Red Crescent health care teams have primarily functioned to fill gaps in the health care infrastructure. On 17 February the Norwegian and Canadian Red Cross Societies, along with medical personnel from the Magen David Adom moved from Port-au-Prince to Petit Goave. According to the HRCS the German-Finnish Red Cross hospital is now one of the most modern hospitals in Haiti. Imported equipment such as that to perform ultrasound examinations has proven to be essential in ensuring the highest quality of treatment to the hundreds of women who have come to the hospital seeking mother-child health care services. The complex of tents includes facilities such as an out-patient department, laboratory, x-ray room, delivery room, and surgery. Additionally the hospital features several wards to house patients, a kiosk with information about public health and a kindergarten room for children. At the same time Red Cross Basic Health Care Units and mobile medical units are reaching out to communities on a daily basis providing primary health care services.

At present, the health care facilities are targeting the general community and anyone seeking health care within the affected area is treated. For those who lacked access to health care prior to the earthquake, this is the first time they are receiving appropriate care which means that sometimes the lack of medical records or knowledge about patient history can prove challenging to the medical personnel in charge of treating the patient. On the other hand patients with life threatening conditions which they were previously unaware of are now receiving the treatment they need. It is for this reason that the IFRC, as well as the humanitarian community working in Haiti, is concerned over the government's consideration of terminating access to free medical care. The Ministry of Health (MoH) continues to express its apprehension over providing services and medicine free of charge. The World Health Organization will provide follow up with the MoH. A position paper on the matter is being drafted with inputs from the organizations, recommending free health care through the end of 2010.

Three months into the operation, the first PSP network meeting was held to share information on current programme plans and priorities. The HRCS will develop a concept note on PSP programming in Haiti as part of an overall national programme strategy to guide and ensure a harmonized approach between all partners.

The German/Finnish Red Cross field hospital in Carrefour is experiencing more frequent incidences of flooding due to increasing rain in Port-au-Prince. A new site, which is less vulnerable to rain, has been identified and discussions are ongoing with regards to contract and conditions. The BHCU fixed site will be phased out by the end of April, while the mobile clinic sites will continue until the middle of May. The Japanese and Finnish Red Cross teams have initiated regular meetings with the camp committees where they have fixed clinics. The mobile clinics are now included as a part of the primary health care services, and a meeting will be held in the third week of April to see how the clinics should be linked into a fixed referral structure.

Concerns are high over the affected population's risk of contracting malaria due to the onset of the rainy season and people living in situations where there is less protection from mosquitoes and insects. The IFRC is participating in the coordination of the distribution of treated mosquito nets. Through the IOM - NFI tracking and the Vector Borne Disease Working Group a number of organizations have indicated that they either have Long Lasting Insecticide Treated Nets (LLINs) on the ground or in the pipeline. Based on the number of LLINs reported, there are now sufficient LLINs for distribution to cover 1 LLIN per household in the temporary

settlements. This assumes an average household size of 5, and that 1 LLIN can fit in a shelter. However, this quantity of LLINs does take into consideration the "host" populations in the earthquake affected areas who may be living in at-risk areas. Discussions under the Programme Nationale de Contrôle de la Malaria wish to see universal coverage of LLINs in the earthquake affected areas, however current LLIN supplies would not be sufficient for this need. Entomological mapping by the US Centre for Disease Control and Prevention (CDC) and partners is assisting to determine where the highest risk of transmission is and where LLINs would be most suitable for distribution. Additionally the HRCS and the IFRC are continuing to support the Center for Disease Control in a study relating to malaria – taking samples in Carrefour, Leogane and Petit Goave.

As of today, the medical stocks in the ERUs need to be reinforced and buffer stock needs to be replenished. The IFRC has decided to place the order for medical supplies in order that there are sufficient supplies in place to scale up and mobilize a team in case there is a need to cover gaps as PNS are scaling down and phasing out the currently active ERUs. The IFRC continues to search for a medical warehouse to ensure that these essential items are stored appropriately.

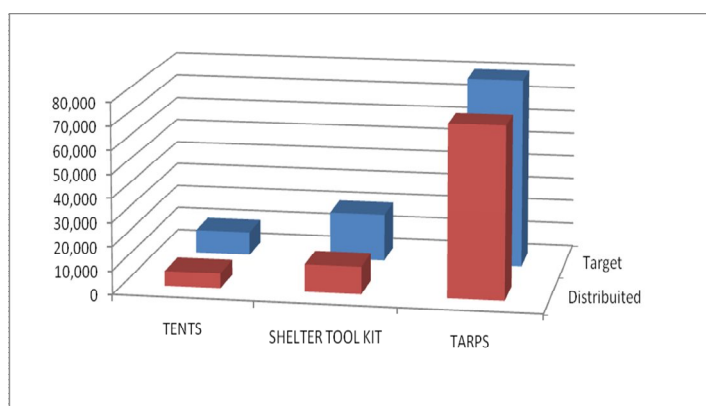
## Emergency Shelter Items

**Objective 1: Ensure that 80,000 affected families have healthy and safe emergency shelter to help preserve their physical and mental well-being, human dignity and prevent the further deterioration of their humanitarian situation.**

### Expected results:

- The most vulnerable affected families are supported in the recovery of their comprehensive well-being through the distribution of emergency shelter materials to 80,000 families in Port-au-Prince, Carrefour, Leogane and Jacmel.
- Collective rubble removal is achieved by local committees using 1,200 clearing kits linked with a cash for work programme in Carrefour, Leogane and Jacmel.
- 3,000 host families receive cash vouchers for the purchase of shelter materials to improve the living conditions and promote housing solutions in host families.

As of 12 April, the IFRC exceeded its target for distribution of emergency shelter items by some 10,000 families. Just under forty percent of all tarpaulins distributed in Haiti since the earthquake struck have come from the IFRC which has distributed 144,653 tarpaulins to some 72,327 families. Tarpaulins are an essential item and the majority of the people in the improvised settlements now live under shelter materials – mainly tarpaulins – fixed to the ground or to the ruins of their houses. The distribution of these items was conducted by the IFRC/HRCS relief team using the methodology described in the section on relief.



### Distribution of Emergency Shelter Items as of 14 April 2010

PER FAMILY	ITEM	QUANTITY	FAMILIES
1	TENTS	6,342	6,342
1	SHELTER TOOL KIT	11,684	11,684
2	TARPS	144,653	72,327
	<b>TOTAL</b>		<b>90,353</b>
	<b>TARGET</b>		<b>80,000</b>
	<b>DIFERENCE</b>		<b>-10,353</b>
	<b>% DIFERENCE</b>		<b>-13%</b>

To date, tarpaulins have made up the majority of emergency relief shelter items distributed. Tarpaulins are practical and versatile; they are easy to buy, ship and distribute; they can be used as homes, kitchens and to shelter small businesses; and people can stand up under them.

The shortage of available land in and around Port-au-Prince is the principal reason why it has not been possible to move more people into a tent. At present, a significant proportion of the people living in temporary settlements would have to vacate the site in order to allow people living in settlements to be moved into tents which are spaced far enough apart to be safe.

In Haiti, tents are regarded as unsatisfactory within the humanitarian community for a number of reasons, namely:

- If not generously spaced, they are notorious fire hazards,
- They are expensive
- The number of people who can be helped with tents is much lower than with tarpaulins,
- They cannot be used for any other purpose once alternatives become available,
- Their manufacturing quality is erratic and they are often not waterproof, and
- They have short life-spans.

### **Transitional and Core Shelter – Changes in planning**

In parallel to the distribution of the emergency shelter relief items carried out by the IFRC relief team and the four Relief ERUs, a transitional shelter team was formed to develop designs for core and transitional shelter, and commence project planning and assessments.

The plan to build 20,000 emergency “Core” shelters of a size of 12 m<sup>2</sup> with tarpaulin walls has been cancelled. These shelters, were originally intended to be built before the rainy season, and are not considered to be a part of the transitional shelter programme. Additionally, the Safe Community Centre concept, which was presented has been put on hold for various reasons.

The difficulty is that there are resources, funds and items in the pipeline but in order to deliver on promises made at the Montreal meeting, the IFRC and all humanitarian aid agencies are subject to constraints which are beyond the organization’s control. The IFRC can participate in efforts to free up space by helping authorities to decongest areas, but until there is legitimate and reliable space available the IFRC must wait for further clarification on this issue. The IFRC continues to advocate, and negotiate, and on 3 March, the IFRC “decongested” an improvised settlement on the outskirts of Leogane where 635 families who lost their homes in the 12 January earthquake had taken refuge.

The Danish Red Cross Relief Emergency Response Unit resettled 126 families in a new tented encampment on privately donated land alongside the old site. The other 509 families were given a choice of a family-size tent or emergency shelter materials – timber, tarpaulins and toolkits – and are returning to the areas from which they came. This was carried out on an entirely voluntary basis.

As part of the planning process the following selection criteria was developed by the Transitional Shelter team, and is being used to identify families for shelter assistance.

1. The home has been completely destroyed.
2. The family is composed of all minors (age 18 and under) without a parent.
3. A minor is the head of the household.
4. An elderly person living alone.
5. A person who has lost a limb, or was paralyzed due to an injury sustained in the earthquake.
6. Single unemployed female taking care of a family of five or more people.
7. Single pregnant woman.
8. People who were unemployed/impoverished prior to the earthquake and live in exceptionally bad conditions.
9. A family where no-one is employed.
10. A family of 7 people or over where only one person works.
11. A single man taking care of several children



In order to facilitate further cooperation with local authorities and protect beneficiary families from possible future conflicts about land rights, the IFRC's legal unit in the Zone Office has drafted several agreements for consideration by the IFRC, the HRCS and local municipalities. Key points which are covered include the Municipality's pledge to permit the beneficiaries to remain at the site for a continuous 18 month period without charges. These agreements also contain an option to extend the term and a pledge to continue to permit humanitarian agencies to work with beneficiaries on activities within the respective sites. These agreements have been shared with all Partner National Societies interested in developing shelter activities. The IFRC has also developed detailed guidelines in the French language that provide information to programme managers regarding all phases of the implementation process from initial consultations with the communal committees to the final stages of assembling the structures. A tripartite protocol has been developed identifying roles and responsibilities to be established between the IFRC, HRCS and the communal committee. Additionally, agreements will be made with beneficiaries which clarify their ownership rights. In brief, beneficiaries will be vested with full ownership of all of the shelter materials. This will allow them to transport materials if necessary or desired to another site.

Under the current operating structure the shelter team is receiving logistics support through the IFRC from the British Red Cross Society Logistics ERU. The ERU is assisting the shelter team with the pre-cutting and pre-assembling of the shelter unit.

In addition to challenges posed by site identification and securing land tenure agreements with local authorities, there is considerable work to be done in terms of clearing the enormous amounts of rubble and disposing of it. Integrating rubble removal into activities will be an essential part of planning for land preparation. Additionally, the IFRC is integrating a water and sanitation strategy into programming that will address the households' water and sanitation needs, including the installation of communal water points.

## Logistics

**Objective 1: To effectively manage the supply chain from arrival of relief items and ERUs, including clearance, storage and forwarding to distribution.**

### Expected result (Relief Phase)

- All programmes receive professional logistics support and goods are received for distribution as planned.

### Key Statistics for the period ending 14 April 2010

Activity	To Date Total
Flights received in the operation	104
Sea shipments (40' containers)	244
Total tonnage of shipments	7'411

Activity	
Trucks / containers received Haiti	21
Estimated tonnage received	341
Trucks dispatched	55
Estimated tonnage dispatched	275

The early days of the operation were particularly challenging since initially Port-au-Prince, the central port of entry and source of goods and services, was completely inaccessible by air or by sea. Given the lack of access to Haiti's airport and main entry ports, the Federation logistics operation was coordinated from the Regional Logistics Unit in Panama (RLU). This unit deployed a logistician to Santo Domingo to carry out initial assessments and set up the transport system from the Dominican Republic to Haïti, as well as a procurement coordinator to support the Haïti operation from the Dominican Republic. Two Logistics Emergency Response Units from the Swiss Red Cross and the British Red Cross were immediately deployed. The Swiss Red Cross team was operational in Port-au-Prince and the British Red Cross Society team, reinforced by four Spanish Red Cross logisticians, was operational in Santo Domingo. Santo Domingo served as the staging point for air operations. ERUs and / or goods arriving from abroad were cleared and stored until they were dispatched either by road or air. Warehousing and transport was secured through the Dominican Red Cross. In Port-au-Prince a warehouse was made available at the base camp location. ICRC and German Red Cross stocks that were in the HRCS warehouse in Diquini prior to the earthquake were also moved to the Base Camp, The logistics operating

base in Haiti managed the logistics support to ERUs and the operation including the air cargo reception, customs clearance, warehousing, distribution, transport and fleet management. Over the past three months, the work of the logistics team was systemized whereby the Swiss Red Cross ERU was charged with the primary responsibility for providing logistics support for the procurement and distribution of basic NFIs and emergency shelter items, while the British Red Cross Society team was assigned to working with the transitional shelter team on procuring lumber and materials for the transitional shelter team.

At present the IFRC logistics team is transitioning to a longer term operational team. At present the team is continuing to improve the warehousing conditions for the operation, providing better storage spaces for the shelter stock and identifying a warehouse for the health and water and sanitation projects. A Regional Intervention Team member accompanied the IFRC Surge Project team to assess and recommend plans for regional DP stock piling at the HRCS branch in Hinche. There is a very strong tie between logistics and security, and the logistics planning in this operation demands a strong security component. As mentioned in the section on relief the needs on the ground are immense. Despite pledges of billions in aid from the international community, anger and resentment are growing against both the Haitian government and the international community. Anger is being driven by increased efforts to move a number of the larger camps, which is resented by many of the residents. Ensuring the safe storage and transport of goods and persons in a precarious environment is one of the primary responsibilities of the IFRC logistics teams. Factors that need to be considered in ensuring safety include maintaining an appropriate flow of items and not allowing too many items to remain in a warehouse at one time.

The late arrival of petrol from Venezuela during the third week of April has demanded changes in expectations regarding the use of vehicles. It is expected that these fuel shortages will occur throughout the operation and operational planning will need to accommodate this issue. The rainy season could potentially limit road access to many of the operational areas and, once again, planning in advance is required, as well as pre-positioning of stock. Other challenges faced by the logistics team in this operation are the availability of items in particular the materials required for transitional shelters. At this point, the wood that will be sourced for this operation will come from Canada. Good planning is needed to ensure the flow of goods is not constrained by the demands in North America in the summer when construction activity increases.

### Strengthening of HRCS capacities

**Objective 1: HRCS volunteer management in emergencies is improved.**

**Expected result (Relief Phase)**

- The HRCS has reinforced its body of active, trained volunteers.

The Haitian Red Cross Society has played an essential role in all programming. Prior to the implementation of any programming, plans are shared and developed with the HRCS which has the ultimate say in their approval. The HRCS is responsible for providing lists of potential operational sites, which are then followed up with joint assessments and a collaborative process in identifying operational areas and activities. The HRCS continues to play a critical role in ensuring access to communities for carrying out activities. Much of the time the National Society volunteers are the spokespersons in the field due to language constraints, and have had to handle tough situations both in negotiating with communities and addressing individuals seeking assistance. To date all learning has been hands on, and the experience obtained over the past three months is allowing the HRCS to assume increasing levels of responsibility in all of the sectors. In particular, the HRCS relief teams trained by the RIT members are assuming greater levels of responsibility and continue to carry out distributions on a regular basis.

A consultant has recently worked with the HRCS to review the priorities for the National Society and adapt them to the post-earthquake situation.

### IT/Telecom

**Objective 1: A well functioning and reliable communications system has been established to ensure effective communication and security for all Movement partners for the immediate response to the disaster.**

**Expected Results (Relief Phase)**

- The shared ICRC / HRCS VHF network is covering the operational areas.
- Radio contact is possible from branches to communicate operational updates.
- Data communication and office facilities are available for the operation.

Like other logistics-related objectives, the IT/Telecom actions are fundamental contributions to the well-functioning and safe relief distributions currently underway. The IT/Telecom team supports clear communication and contributes to safety in all aspects of this operation via computer support services and radio. Support for IT/Telecommunications was initially provided by two IT/Telecom ERU teams from the American Red Cross and the Spanish Red Cross. These teams overcame the damage to electricity, phone systems and the infrastructure to establish communications networks and a radio system which are essential to the operation. On a daily basis, radios contribute to the safety of volunteers and staff who are able to remain in constant communication when travelling to project sites and while working in remote areas. They also allow for safer transportation throughout the country where communications remain open in the event that there is an emergency on the road. Hundreds of national and international staff have benefited from access to the internet provided by the IT/telecomms team under very challenging circumstances. The operation originally relied on VSAT based internet connections but now uses standard internet service. Cell coverage is relatively reliable. For the purposes of this operation radio operators were trained and now manage the radio network. Ongoing support was also provided to the sectors in data formatting and mapping. GPS units with maps and known waypoints were handed out to the sector teams and are used to identify the locations where services are being provided. The team continues to adjust its activities on a daily basis to the needs generated by the operation both inside and outside of Port-au-Prince.

## Security

**Objective 1 (Relief phase): A well functioning and effective operational security framework that will enable RC/RC personnel to operate safely and securely.**

<b>Expected results:</b>
<ul style="list-style-type: none"> <li>• Sound operational security management structures and procedures established and operating effectively ensuring a safer working environment.</li> </ul>
<ul style="list-style-type: none"> <li>• Federation and HRCS operations have good security awareness and are able to anticipate and react to changing situations and circumstances in a timely manner</li> </ul>
<ul style="list-style-type: none"> <li>• Improved planning capacity, more effective management and prevention of security incidents, and enhanced ability to be proactive through reports, analysis and lessons learned.</li> </ul>
<ul style="list-style-type: none"> <li>• Effective working partnerships established with other agencies providing increased access to information and resources.</li> </ul>

Despite the operation's size and complexity, Movement actors continue to operate safely and securely. Having volunteers and staff from the HRCS participate in all phases of the relief efforts is advantageous. Clear communication in the local language of Creole, as well as cultural understanding of their society, allow HRCS volunteers to contribute to security objectives. Since the inception of the operation, the IFRC security team monitors and analyzes matters which are pertinent to the safe implementation of activities ranging from monitoring the political situation in Haiti to ensuring the individual safety of volunteers, staff and delegates. The security team works with each of the sectoral programme managers to identify any security risks posed to the operation and introduce means of addressing them.

## Communications – Advocacy and Public Information

### Media

Worldwide interest in this emergency was very high in January and the communications team continues to conduct media interviews on a regular basis. Photo galleries, videos and web stories can all be found on <http://www.ifrc.org/what/disasters/response/haiti>. Both traditional and social media were crucial for dissemination of information on the needs and for fundraising with the general public. At field level, materials were produced to ensure the visibility of the Red Cross in the field. Federation volunteer shirts, vests, polo shirts and caps, stickers, distribution vouchers and census books, plus Red Cross flags and ID for personal identification in the field were also made available. The one month anniversary of the earthquake generated further media interest. A brochure entitled Haiti: from Tragedy to Opportunity was issued one month after the earthquake struck, summarizing actions undertaken by the Movement to date and providing details on the context and the integration of lessons learned from previous large-scale disasters into the programming. The communications team continues to produce a weekly Fact Sheet which is shared with the communications departments of the interested National Societies, ensuring consistency and accuracy in disseminating information to the media on all fronts.

## Information to the affected population

In February, the HRCS information line was launched. Haitian citizens were able to dial \*733 and receive updated information on the Federation vaccination campaign and on acute diarrhoea. The service is ongoing and will offer information on HIV prevention, condom distribution locations, as well as water and sanitation information. Haitians were able to call a free mobile phone number to receive updates on Red Cross Red Crescent work to stop the spread of diseases in the many camps. The information line was set up by the HRCS, the Irish Red Cross and the IFRC in partnership with the Haitian telecommunications firm Voila. The information line followed another innovative move by the IFRC and Voila, an SMS campaign that delivered crucial health messages to 1.2 million phones. The IFRC is working in close collaboration with a working group on Communicating with Disaster Affected Communities, CDAC, that brings together leading relief agencies as well as media development organizations to maximize aid effectiveness, accountability and transparency to those vulnerable to or affected by crisis. The group includes the Thomson Reuters Foundation, Internews, UN-OCHA, Merlin, BBC World Service Trust, Save the Children, the Irish Red Cross and the British Red Cross Society, and is now working on the ground to deliver crucial information to the people of Haiti.

## Coordination and partnerships

IFRC coordination for the operation has evolved from the initial rotations of the Field Assessment and Coordination Team (FACT). At present the operation is relying heavily on the ERUs, however, ERUs are gradually winding down activities and most are scheduled to finish their assignments during the middle of May. FACT and ERU teams and the RDRT/RIT deployment mechanisms form part of the Federation's Disaster Management / Response methodology and have been the foundation of the operation. However, the dimensions of this operation, the needs and the complexity of the situation, result in the need for the Federation and Partner National Societies to continue to address emergency needs. The New York Summit, to be held on 27 and 28 April, will include pledging of support in the various sectors of the operation on the part of the Partner National Societies. This will assist in building an overall view of plans of the PNS for both the prolonged emergency phase as well as the recovery phase. The Federation will assume both coordination and operational roles in both the emergency and recovery phases, depending on the plans put forward by the Partner National Societies. Should the IFRC be involved substantially in implementation of programmes, this will require a significant surge in human resources.

By 8 February a combined base camp, run by two ERUs from the Red Cross Societies of Italy and Denmark, was operational. This camp, situated close to the airport in a location referred to as Hilton field, was established to ensure that the Movement has a central and functional base from which to coordinate its relief and recovery actions. The Danish Red Cross and Italian Red Cross Base Camp teams and the IFRC continue to make improvements to the facilities. New office space is under construction. There is an outstanding need to secure the land of the Base Camp for a long period of time and negotiations are ongoing. This, like all land and property matters in Haiti, will take a while to settle. Two sub offices are planned: one in Jacmel and one in Leogane. Land was identified in Leogane, however this transaction was unable to be finalized given questions about title. Creating a Federation office in Jacmel is less urgent, and the search is continuing for an appropriate property to establish offices. Human resources is proving to be a challenge in this operation and with the ERUs approaching their end of mission, there is the risk of a gap in staffing, particularly in the area of health where several key positions are still being advertised.

Following the Federation's Recovery Scoping Mission from 1-5 February 2010, formal commitments to Haiti were made at a gathering of 23 National Societies, the International Federation of Red Cross and Red Crescent Societies and the International Committee of the Red Cross (ICRC) in Montreal, Canada on 9-10 February 2010. The Montreal Commitment included an agreement that all recovery and development programming would be guided by the principles of Haitian ownership, inclusiveness, unity, coordination, effectiveness, sustainability and accountability. The agenda was developed by a Summit planning committee made up of representatives from the American, Canadian and Colombian Red Cross Societies, as well as senior management from the ICRC and the Americas Zone of the International Federation. Although the HRCS was unable to attend, their input was crucial in the planning and implementation process. This Summit was intended to serve as a platform to agree to a consolidated Movement position on priority action areas in relation to relief, recovery and support to the HRCS, and establishing approaches and mechanisms for enhancing Movement Coordination and relations with others in the Haiti operation. Attention also will be given to the integration of lessons learned from previous large-scale operations, and the manner to implement actions which integrate relief, recovery and development that involve communities, government and partners.



Following the Scoping Mission, the Haiti Recovery Assessment Team (RAT) conducted its assessment over the period 10 February to 4 March. The team was composed of 28 members representing nine National Societies plus the Federation and bringing expertise in six technical sectors (shelter, water and sanitation, health, economic recovery and livelihoods, organizational development and logistics), six cross-cutting areas (gender, protection, psychosocial programming, disaster risk reduction, environment and the Better Programming Initiative), and information management. The technical sectors had from one to four experts each and the cross-cutting group had a total of six experts (one per cross-cutting area).

Given the scope and complexity of the disaster, including the almost complete absence of government leadership due to the large-scale infrastructural and human losses, coordination was a challenge from the outset despite the presence of the FACT coordinators and the activation of the UN's Cluster-based coordination mechanism.

The International Federation coordinates and cooperates with aid agencies, governments and other actors to respond to the humanitarian needs of the most vulnerable people affected by the earthquake. Coordinated interagency work continues to be conducted through the Cluster system, the coordination mechanism of UN agencies, NGOs and other international organizations around particular sectors in a humanitarian crisis. Based on the United Nations Flash Appeal, there are currently 12 clusters active in Haiti, with decentralized coordination mechanisms functioning in Haiti outside of Port-au-Prince. The Cluster system also functions in Jacmel (Sud-Est department) and Leogane (Ouest department). Given the challenges to information sharing due to the massive presence of diverse organizations providing humanitarian aid, the Cluster system facilitates more effective coordination.

In Haiti, the active clusters and their respective lead agencies are as follows:

- Agriculture and Food Security – Food and Agriculture Organization of the United Nations (FAO)
- Camp Coordination and Camp Management – International Organization for Migration (IOM)
- Early Recovery – United Nations Development Programme (UNDP)
- Education – UNICEF
- Emergency Shelter and Non-Food Items- International Federation
- Emergency Telecommunication – United Nations World Food Programme (WFP) and UNICEF
- Food Aid – WFP
- Health – World Health Organization (WHO) and Pan-American Health Organization (PAHO)
- Logistics – WFP
- Nutrition – UNICEF
- Protection – Office of the High Commissioner for Human Rights (OHCHR) and UNICEF for child protection and UNFPA for Gender Based Violence
- Water Sanitation and Hygiene (WASH) – Direction Nationale d'Eau potable et Assainissement – Ministère de Travaux Publics with the support of UNICEF

### **Coordination of the Emergency Shelter & NFI Cluster**

The International Federation is convening the Shelter/NFI Cluster as of 10 February. The Shelter/NFI Cluster is made of 110 members, of which around 50 participate actively. These members include NGOs, the Red Cross Red Crescent, UN agencies, donors, and the IOM. The shelter members are aiming at covering the emergency shelter needs of all the affected population by 1 May 2010. The Cluster members have distributed emergency shelter materials (tarpaulins, tents, toolkits) to cover the needs for around 96% of the 1.3 million homeless people in the zone affected by the earthquake. However, it is important that the surge in the supply of emergency shelter continues beyond the 1.3 million target, as prepositioned stocks will be a necessity for immediate coverage of increased needs anticipated as a result of the approaching rainy and hurricane season.

The members of the Shelter Cluster are also working on transitional shelter and support to host families as well as NFI distributions. Over 120,000 transitional shelters have been planned by 42 agencies within the Shelter Cluster and agencies have started working on pilot shelters where land is available. With only 18,071 tool kits reported as distributed and only 82,697 households having received ropes and fixings, this remains a vital gap in the response. Most constructed emergency shelters will therefore require strengthening prior to the rainy season. It is becoming increasingly evident that most tents distributed do not provide waterproof protection coverage. Plastic sheeting is therefore being distributed as an additional measure, hence increasing the need for more plastic sheeting in this emergency phase. Kitchen set coverage is also low despite being prioritized at

the onset of the response. For more detailed information, visit the website of the Cluster [www.shelterhaiti.org](http://www.shelterhaiti.org) in English and French.

Given the scale of the disaster and the fact that shelter is a high priority, the IFRC has deployed a large dedicated Shelter Coordination Team (SCT) to be able to provide good coordination services. This team is being deployed for at least 6 months. The team is made of twelve persons at the moment. They are summarized in this table:

<b>In Port –au-Prince:</b>	
covering PaP, Carrefour, and the areas near the border with Dominican Republic. This team also gives support to the teams in the other hubs.	
Shelter Cluster Coordinator	Netherlands Red Cross
Shelter Cluster Deputy Coordinator	CARE
Shelter Cluster Hub Coordinator	IFRC
Shelter Technical Coordinator	CARE
Shelter Information Manager	IFRC
Shelter GIS & Mapping Specialist	MapAction
Communications Advisor	British Red Cross
Logistics Advisor	Finnish Red Cross
<b>In Leogane:</b>	
covering Leogane, Gressier, Petit-Goave, and Grand-Goave	
Shelter Cluster Hub Coordinator	UNHCR
Shelter Information Manager	CARE
<b>In Jacmel:</b>	
Covering Jacmel	
Shelter Cluster Hub Coordinator	IFRC
Shelter Information Manager	IFRC

As shown in the table, 42% of the positions are provided by Cluster partners (CARE, UNHCR, and MapAction), 33% by IFRC-hired consultants, and 25% by Red Cross National Societies (Netherlands, British, and Finnish). Additional people are going to be deployed in the coming days in the roles of Shelter Recovery Advisors and Environmental Advisors.

The IFRC is appealing for Swiss francs 2.07 million to convene the Shelter/NFIs Cluster in Haiti and the Dominican Republic through the IFRC Emergency Appeal in a separate project; funds for this purpose need to be earmarked for coordination. This cost represents less than 1.5% of the funds that are being requested for shelter in Haiti by all the Shelter Cluster members including the UN agencies, the Red Cross and Red Crescent Movement, IOM and NGOs. The budget is detailed in Operations Update no. 5. So far the Shelter Cluster Coordination project of the appeal is funded at 57%.

To resource the initial IFRC-led Shelter/NFI Cluster Coordination Team, acknowledgement is made of the human resources provided by or being finalized with: the Andorra Red Cross, Australian Red Cross, Canadian Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Netherlands Red Cross, Spanish Red Cross, Care, MapAction, UN Habitat, UNHCR and WWF US. The Federation also acknowledges the financial support provided to date from the Netherlands Red Cross, DFID (via IOM in support of CARE), and the Swedish Red Cross.

### Movement Coordination

<b>Movement coordination</b>	<ul style="list-style-type: none"> <li>• <b>38 National Societies are now providing information on their activities, plans and location</b> for the Movement Coordination database.</li> <li>• The International Federation will open two offices to provide the Movement members with the same services as in the Base Camp in Port-au-Prince</li> </ul>
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From the second week after the earthquake, the Host Society together with all Red Cross Red Crescent partners present in Haiti, including ICRC and the Federation, began to take part in weekly Movement Coordination Technical Committee meetings for sectors such as Water and Sanitation, Health and Care, and Shelter. Also for

those working within relief projects a number of meetings have been arranged with good participation from RCRC partners. This open dialogue has contributed to a coordinated, rapid and major response to the overwhelming needs for support to those affected by the earthquake. In addition, the Operational Coordination Committee (OCC) partners have met on a regular basis with the senior management of HRCS, ICRC, the Federation, and PNSs, as well as ERU Team Leaders present. To date, seven OCC meetings have been held and internal processes and progress have been presented and debated. Technical level coordination initiatives have been much in the focus, but also initiatives have been taken to coordinate on a geographical level. The Movement Coordination mechanism keeps matrixes up to date, displaying every PNS in the operation, their different ongoing programmes as well as their future plans based on sectoral and geographical areas. Another matrix of common use is the list including all Federation and PNS contacts. A number of maps have been developed in GIS format, which soon may be viewed as Google maps. These are displaying where in Haiti the various sectoral projects / programmes are being implemented, as well as where the different PNSs are located within this operation in the areas of health, water and sanitation and shelter.

## ICRC Response

Following the earthquake, the ICRC activated its Restoring Family Links (RFL) initiative to assist those separated by this disaster with information regarding their loved ones and helping to restore contact. The ICRC conducted distributions for families located in the transitional settlement adjacent to the delegation.

Continuing to strengthen HRCS's capacities, the ICRC provided materials to HRCS first-aid posts, supporting twelve HRCS committees, and running seven water points. The first aid clinics are located in Canapé Vert, Croix-des-Prez, Bicentenaire, Centre Ville, Carrefour Sports Centre, Place Jérémie and two in Route des Frères. The seven water points are in Cité Soleil, Bellecour, Lintheau, Place Fierté, the Soeur de Rosalie dispensary and three transitional settlements which ensured water availability for approximately 25,000 people. The ICRC's work in the three transitional settlements also includes sanitation actions focusing on collection of solid waste. The ICRC is responsible for relations between military and police bodies for all of the Movement's activities related to this operation. This role is essential to ensuring the continued provision of relief aid, water and medical care to the affected population.

For more on the ICRC response please visit:

[www.icrc.org/web/eng/siteeng0.nsf/htmlall/haiti-earthquake-interview-120210](http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/haiti-earthquake-interview-120210)

## APPEAL HISTORY

- CHF 500,000 (USD 491,265 or EUR 338,880) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to jump-start response activities and mobilization of Federation personnel. Non-earmarked funds to replenish DREF are encouraged.
- A Preliminary Emergency Appeal for CHF 10.1m was launched on 12 January 2010 to support the Haitian Red Cross Society (HRCS) to immediately deliver life-saving assistance to some 20,000 families (some 100,000 beneficiaries) for 9 months.
- A Revised Preliminary Emergency Appeal with a Revised Budget of CHF 105.7 million to assist up to 60,000 families (300,000 people) for 3 years was issued on 26 January 2010.
- On 9 February, Operations Update no. 5 was published, reflecting revised objectives for the six-month relief phase of the operation under the plan of action, and including a revision of the preliminary budget to CHF 218.4 million of which CHF 2.07 million is designated to support the Federation's inter-agency coordination of the Shelter and Non-Food Items (NFI) Cluster.
- **An Appeal, replacing the current Preliminary Appeal is expected to be launched in the weeks to come**, following the agreements reached at the Montreal Summit, as well as those which will be made during the forthcoming New York Summit, and based on a plan of action for the prolonged relief phase of up to 12 months and for the recovery phase of the operation and their associated budgets.

## How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster](#)

### **Response (Sphere) in delivering assistance to the most vulnerable.**

The International Federation's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The International Federation's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

### **Contact information**

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

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- In Geneva: Pablo Medina, Operations Coordinator for the Americas; phone: (41 22) 730 42 74; fax: (41 22) 733 03 95; email: [pablo.medina@ifrc.org](mailto:pablo.medina@ifrc.org)
- Shelter Cluster: Coordinator can be contacted on [shelterhaiti2010@gmail.com](mailto:shelterhaiti2010@gmail.com); Information and updates can be obtained from [www.shelterhaiti.org](http://www.shelterhaiti.org)

**[<Interim financial report; or click here to return to the title page>](#)**



# International Federation of Red Cross and Red Crescent Societies

MDRHT008 - Haiti - Earthquake

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/3
Budget Timeframe	2010/1-2012/12
Appeal	MDRHT008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>197,238,906</b>	<b>0</b>	<b>0</b>		<b>2,076,750</b>	<b>199,315,656</b>
<b>B. Opening Balance</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>

### Income

#### Cash contributions

American Red Cross	10,585,410					10,585,410
Andorra Red Cross	54,398					54,398
Arcos Dorados B.V.	1,215,429					1,215,429
Argentine Red Cross	213,419					213,419
Australian Red Cross	2,873,000					2,873,000
Australian Red Cross (from Australian Government)	926,900					926,900
Australia - Private Donors	439					439
Austrian Red Cross	17,298					17,298
Austrian Red Cross (from Austrian Government)	292,398					292,398
Bahamas Red Cross	377,960					377,960
Bain & Co. Inc.	46,921					46,921
Bangladesh Red Crescent	1,099					1,099
Barbados Red Cross	266,173					266,173
Belarusian Red Cross	2,968					2,968
Belgium - Private Donors	14,682					14,682
Belgium Red Cross (Flanders)	15,421					15,421
Belize Red Cross	259,556					259,556
Bolivia private donors	830					830
British Red Cross	105,814					105,814
British Red Cross (from DEC (Disasters Emergency Committee))	1,696,353					1,696,353
British Red Cross (from DFID - British Government)	1,085,666					1,085,666
Bulgarian Red Cross	127,000					127,000
Cambodian Red Cross	10,415					10,415
Cambodia - Private Donors	724					724
Canada - Private Donors	264					264
Canadian Government	14,465					14,465
Canadian Red Cross	6,116,846					6,116,846
Canadian Red Cross (from Canadian Government)	10,770,905					10,770,905
CERN Staff Association	17,000					17,000
Chilean Red Cross	547,044					547,044
China RC, Hong Kong branch	11,820					11,820
China RC, Macau branch	103,000					103,000
China Red Cross	530,673					530,673
China Red Cross (from Jet Lee One Foundation)	319,898					319,898
Consolidated Contractors Co. (CCC)	72,020					72,020
Costa Rican Red Cross	639,334					639,334
Credit Suisse	16,162					16,162
Croatian Red Cross	301,675					301,675
CWT Beheermaatschappij BV	104,145					104,145
Cyprus - Private Donors	135					135
Czech private donors	7,300					7,300
Danish Red Cross	951,493					951,493
Danish Red Cross (from Danish Government)	375,412					375,412
Denmark - Private Donors	103					103
Dominica Red Cross	66,225					66,225

# International Federation of Red Cross and Red Crescent Societies

MDRHT008 - Haiti - Earthquake

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/3
Budget Timeframe	2010/1-2012/12
Appeal	MDRHT008
Budget	APPEAL

All figures are in Swiss Francs (CHF)

<i>Economist Group</i>	16,689			16,689
<i>Egyptian Red Crescent</i>	52,010			52,010
<i>Egypt - Private Donors</i>	513			513
<i>Ericsson</i>	513,084			513,084
<i>Estonia Government</i>	235,246			235,246
<i>Estonia Red Cross</i>	63,650			63,650
<i>Finnish Red Cross</i>	9,290			9,290
<i>France - Private Donors</i>	220			220
<i>French Red Cross</i>	28,803			28,803
<i>Gambia Red Cross</i>	884			884
<i>Georgia Red Cross</i>	320			320
<i>Georgia Red Cross (from American Government)</i>	680			680
<i>Germany - Private Donors</i>	297			297
<i>Germany Red Cross</i>	147,264			147,264
<i>Great Britain - Private Donors</i>	16,412			16,412
<i>Hellenic Red Cross</i>	73,790			73,790
<i>Hilton worldwide</i>	343,581			343,581
<i>Icelandic Red Cross</i>	52,846			52,846
<i>India - Private Donors</i>	308			308
<i>Iranian private donors</i>	74			74
<i>Ireland - Private Donors</i>	23,968			23,968
<i>Irish Government</i>	368,895			368,895
<i>Irish Red Cross</i>	478,488			478,488
<i>Italian Government</i>	267			267
<i>Italian Govt Bilateral Emergency Fund</i>			737,681	737,681
<i>Italy - Private Donors</i>	691			691
<i>Jamaican Red Cross</i>	76,291			76,291
<i>Japanese Government</i>	3,776,789			3,776,789
<i>Japanese Red Cross</i>	238,971			238,971
<i>Japan - Private Donors</i>	8,894			8,894
<i>Jordan - Private Donors</i>	2,059			2,059
<i>Kazakhstan - Private Donors</i>	1,645			1,645
<i>Korea Republic Red Cross</i>	95,351			95,351
<i>Korea Republic Red Cross (from Korea (Republic of) - Private Donors)</i>	539,491			539,491
<i>Kuwait - Private Donors</i>	50,374			50,374
<i>Kuwait Red Crescent</i>	1,052,147			1,052,147
<i>Latvian Red Cross</i>	5,870			5,870
<i>Lebanese Red Cross</i>	35,387			35,387
<i>Liberian Red Cross</i>	4,275			4,275
<i>Libyan Private Donors</i>	4,063			4,063
<i>Lichtenstein - Private Donors</i>	5,199			5,199
<i>Liechtenstein Red Cross</i>	50,000			50,000
<i>Luxembourg - Private Donors</i>	183			183
<i>Luxembourg Red Cross</i>	18,466			18,466
<i>Macedonia (FYR) Red Cross</i>	47,581			47,581
<i>Macedonia private donors</i>	100			100
<i>Malaysia - Private Donors</i>	31			31
<i>McDonald corp.</i>	513,084			513,084
<i>Mexico - Private Donors</i>	1,026			1,026
<i>Michelin</i>	50			50
<i>Monaco Red Cross</i>	73,649			73,649
<i>Moroccan Red Crescent</i>	32,560			32,560
<i>Nepal Red Cross</i>	1,500			1,500
<i>Nestle</i>	136,871			136,871

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MDRHT008 - Haiti - Earthquake

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Netherlands - Private Donors	1,394			1,394
Netherlands Red Cross	2,173,154		731,379	2,904,534
Netherlands Red Cross (from Netherlands Government)	735,943			735,943
New Zealand Red Cross	37,980			37,980
New Zealand Red Cross (from New Zealand Government)	298,380			298,380
Nicaraguan Red Cross	150,419			150,419
Nigeria private donors	220			220
Norway - Private Donors	10,830			10,830
Norwegian Red Cross	1,463,568	544,267	181,422	2,189,257
Office of the Representative of the Dalai Lama	100,000			100,000
Oman - Private Donors	8,556			8,556
On Line donations	876,085			876,085
OPEC Fund For Int-l Development	538,097			538,097
Pakistan Private Donors	5,332			5,332
Palau Red Cross	6,371			6,371
Portugal - Private Donors	147			147
Portuguese Red Cross	737,078			737,078
Red Cross of Montenegro	4,693			4,693
Red Cross of Montenegro (from Montenegro Government)	73,521			73,521
Russia - Private Donors	106			106
Saint Kitts & Nevis Red Cross	44,124			44,124
Saint Vincent & Grenadines Red Cross	64,902			64,902
Saudi Arabia - Private Donors	1,075			1,075
Senegal Private Donor	148			148
Serbia Red Cross (from Government of Serbia)	171,264			171,264
Serbia Red Cross (from Serbia - Private Donors)	1,730			1,730
Seychelles Red Cross (from Seychelles private donors)	26,339			26,339
Singapore - Private Donors	225			225
Singapore Red Cross	583,749			583,749
Singapore Red Cross (from New Creation Church)	20,836			20,836
Slovak Red Cross	146,318			146,318
Slovenia Government	73,746			73,746
Slovenian Red Cross	83,230			83,230
Sonesta Maho BC			26,582	26,582
South African Red Cross	145,408			145,408
South Africa - Private Donors	105			105
Spain - Private Donors	8,228			8,228
Spanish Red Cross	537,849			537,849
Sphene International Ltd	1,570,081			1,570,081
Sweden Red Cross	1,846,020			1,846,020
Sweden Red Cross (from Swedish Government)	747,876			747,876
Swiss Red Cross	67,288			67,288
Switzerland - Private Donors	41,122			41,122
Synovate Inc.	15,836			15,836
Tajikistan - Private Donors	103			103
Thailand - Private Donors	52,443			52,443
Thai Red Cross	3,910,720			3,910,720
Thasia International Development Ltd	53,637			53,637
Thomson Reuters	14,048			14,048
Trinidad & Tobago - Private Donors			5,095	5,095
Trinidad & Tobago Red Cross	1,000,020			1,000,020
Ukrainian Red Cross	9,303			9,303

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<i>Unidentified donor</i>	5,199			5,199
<i>United Arab Emirates - Private Dono</i>	8,382			8,382
<i>United Arab Emirates Red Crescent</i>	165,244			165,244
<i>United States - Private Donors</i>	13,887			13,887
<i>VERF/WHO Voluntary Emergency Relief</i>	7,000			7,000
<i>VietNam Red Cross</i>	21,395			21,395
<i>Xstrata AG</i>	508,906			508,906
<i>Zambia Red Cross (from Zambia - Private Donors)</i>	234			234
<i>Z Zurich Foundation</i>	250,000			250,000
<b>C1. Cash contributions</b>	<b>69,796,260</b>	<b>544,267</b>	<b>1,682,159</b>	<b>72,022,686</b>

### Outstanding pledges (Revalued)

<i>Albanian Red Cross</i>	15,952			15,952
<i>Antigua &amp; Barbuda Red Cross</i>	106,349			106,349
<i>Belarusian Red Cross</i>	12,032			12,032
<i>Bosnia and Herzegovina Red Cross (from Government of Rep. Srpska)</i>	71,602		30,694	102,296
<i>British Red Cross</i>	342,411			342,411
<i>Canadian Red Cross</i>	10,412,328			10,412,328
<i>Caribbean Airlines</i>			2,350	2,350
<i>China RC, Hong Kong branch</i>	1,095,785			1,095,785
<i>Costa Rican Red Cross</i>	742,328			742,328
<i>Danish Red Cross</i>	182,700			182,700
<i>Danish Red Cross (from Danish Government)</i>	187,706			187,706
<i>GDF Suez</i>			10,635	10,635
<i>Irish Red Cross</i>	572,820	716,025	859,230	2,148,074
<i>Netherlands Red Cross</i>	2,864,099			2,864,099
<i>New Zealand Red Cross</i>	562,000			562,000
<i>Singapore Red Cross (from Rahmatan Lil Alamin (Blessings-to-all) Foundation)</i>	47,123			47,123
<i>SSI (Survey Sampling International)</i>	21,481			21,481
<i>Suriname Red Cross</i>	265,873	187,321	145,073	598,267
<i>Sweden Red Cross</i>	2,492,998	1,466,469	439,941	4,399,408
<i>Uruguayan Red Cross</i>			11,698	11,698
<b>C2. Outstanding pledges (Revalued)</b>	<b>19,995,587</b>	<b>2,369,815</b>	<b>1,499,620</b>	<b>23,865,022</b>

### Inkind Goods & Transport

<i>American Red Cross</i>	5,439,883			5,439,883
<i>Austrian Red Cross</i>	266,121			266,121
<i>Belgium Red Cross (Flanders)</i>	282,389			282,389
<i>British Red Cross</i>	1,755,232			1,755,232
<i>Canadian Government</i>	222,537			222,537
<i>Canadian Red Cross</i>	140,299			140,299
<i>China RC, Hong Kong branch</i>	259,828			259,828
<i>Croatian Red Cross</i>	140,097			140,097
<i>Danish Red Cross</i>	128,582			128,582
<i>Finnish Red Cross</i>	216,972			216,972
<i>French Red Cross</i>	443,130			443,130
<i>Icelandic Red Cross</i>	43,782			43,782
<i>Japanese Red Cross</i>	91,340			91,340
<i>Kuwait Red Crescent</i>	362,340			362,340
<i>Luxembourg Red Cross</i>	348,512			348,512
<i>Netherlands Red Cross</i>	262,128			262,128
<i>Norwegian Red Cross</i>	187,521			187,521
<i>Spanish Red Cross</i>	379,427			379,427
<i>Swiss Red Cross</i>	1,035,206			1,035,206
<i>United Arab Emirates Red Crescent</i>	240,280			240,280
<b>C4. Inkind Goods &amp; Transport</b>	<b>12,245,607</b>			<b>12,245,607</b>

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## Inkind Personnel

British Red Cross	5,373				5,373
Canadian Red Cross	9,300				9,300
Danish Red Cross	6,200				6,200
Finnish Red Cross				3,307	3,307
Norwegian Red Cross	3,513			1,860	5,373
Other	9,300				9,300
<b>C5. Inkind Personnel</b>	<b>33,686</b>			<b>5,167</b>	<b>38,853</b>

## Other Income

Miscellaneous Income	98				98
Services	-268,469			-1,329	-269,798
<b>C6. Other Income</b>	<b>-268,370</b>			<b>-1,329</b>	<b>-269,699</b>

<b>C. Total Income = SUM(C1..C6)</b>	<b>101,802,769</b>	<b>0</b>	<b>2,914,082</b>	<b>3,185,618</b>	<b>107,902,469</b>
<b>D. Total Funding = B + C</b>	<b>101,802,769</b>	<b>0</b>	<b>2,914,082</b>	<b>3,185,618</b>	<b>107,902,469</b>
<b>Appeal Coverage</b>	<b>52%</b>	<b>#DIV/0</b>	<b>#DIV/0</b>	<b>153%</b>	<b>54%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0	0	0		0	<b>0</b>
<b>C. Income</b>	101,802,769	0	2,914,082		3,185,618	<b>107,902,469</b>
<b>E. Expenditure</b>	-18,803,706	-109	-109,393		-1,386,873	<b>-20,300,080</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>82,999,064</b>	<b>-109</b>	<b>2,804,689</b>		<b>1,798,745</b>	<b>87,602,389</b>



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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>	<b>197,238,906</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,076,750</b>	<b>199,315,656</b>		
<b>Supplies</b>								
Shelter - Relief	7,620,000	4,757,580				4,757,580	2,862,420	
Shelter - Transitional	6,000,000	1,078				1,078	5,998,922	
Construction - Housing	20,000,000	216				216	19,999,784	
Construction - Facilities/Infrastruc	5,000,000						5,000,000	
Construction Materials	16,000,000	183,830			619	184,449	15,815,551	
Clothing & textiles	4,260,000	2,312,967			38	2,313,005	1,946,995	
Water & Sanitation	15,255,059	179,762				179,762	15,075,297	
Medical & First Aid	7,695,514	402,560			230	402,790	7,292,724	
Utensils & Tools	4,960,000	1,325,621				1,325,621	3,634,379	
Other Supplies & Services	36,508,000	1,611,974			4,700	1,616,674	34,891,326	
<b>Total Supplies</b>	<b>123,298,573</b>	<b>10,775,587</b>			<b>5,587</b>	<b>10,781,174</b>	<b>112,517,399</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	12,400,000						12,400,000	
Vehicles	662,300	365,383				365,383	296,917	
Computers & Telecom	587,825	151,693			93,449	245,142	342,683	
Office/Household Furniture & Equipm.	124,600	32,786			831	33,616	90,984	
<b>Total Land, vehicles &amp; equipment</b>	<b>13,774,725</b>	<b>549,861</b>			<b>94,280</b>	<b>644,141</b>	<b>13,130,584</b>	
<b>Transport &amp; Storage</b>								
Storage	1,708,400	189,980				189,980	1,518,420	
Distribution & Monitoring	9,250,000	3,815,016			409,030	4,224,046	5,025,954	
Transport & Vehicle Costs	4,066,300	777,714			16,981	794,695	3,271,605	
<b>Total Transport &amp; Storage</b>	<b>15,024,700</b>	<b>4,782,711</b>			<b>426,011</b>	<b>5,208,722</b>	<b>9,815,978</b>	
<b>Personnel</b>								
International Staff	13,458,834	163,461			239,722	403,183	13,055,651	
Regionally Deployed Staff	621,000	67,125			1,597	68,722	552,278	
National Staff	1,423,780	126,691		10,330	61,352	198,374	1,225,406	
National Society Staff	3,625,062	141,837		91,239	14,613	247,688	3,377,374	
Consultants	4,060,850	78,007			89,507	167,514	3,893,336	
<b>Total Personnel</b>	<b>23,189,526</b>	<b>577,121</b>		<b>101,569</b>	<b>406,791</b>	<b>1,085,481</b>	<b>22,104,045</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	3,179,950	4,019			2,508	6,528	3,173,422	
<b>Total Workshops &amp; Training</b>	<b>3,179,950</b>	<b>4,019</b>			<b>2,508</b>	<b>6,528</b>	<b>3,173,422</b>	
<b>General Expenditure</b>								
Travel	1,215,841	227,992			111,982	339,974	875,867	
Information & Public Relation	930,000	105,247			84,651	189,898	740,102	
Office Costs	728,035	95,665	103		60,697	156,465	571,570	
Communications	612,500	34,206			18,909	53,114	559,386	
Professional Fees	251,000	13,623			15,134	28,758	222,242	
Financial Charges	315,000	-4,546			-7,934	-12,481	327,481	
Other General Expenses	51,000	2,984			1,139	4,123	46,877	
<b>Total General Expenditure</b>	<b>4,103,376</b>	<b>475,171</b>	<b>103</b>		<b>284,577</b>	<b>759,851</b>	<b>3,343,525</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers Others	1,080,000				40,000	40,000	1,040,000	
<b>Total Contributions &amp; Transfers</b>	<b>1,080,000</b>				<b>40,000</b>	<b>40,000</b>	<b>1,040,000</b>	
<b>Programme Support</b>								
Program Support	12,758,360	934,280	7	6,677	85,194	1,026,157	11,732,203	
<b>Total Programme Support</b>	<b>12,758,360</b>	<b>934,280</b>	<b>7</b>	<b>6,677</b>	<b>85,194</b>	<b>1,026,157</b>	<b>11,732,203</b>	
<b>Services</b>								
Services & Recoveries	2,906,446	45,000			15,502	60,502	2,845,944	
Shared Services					699	699	-699	

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**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>197,238,906</b>	<b>0</b>	<b>0</b>		<b>2,076,750</b>	<b>199,315,656</b>	
Total Services	2,906,446	45,000				16,201	61,201	2,845,245
<b>Operational Provisions</b>								
Operational Provisions		659,955		1,147		25,724	686,825	-686,825
<b>Total Operational Provisions</b>		<b>659,955</b>		<b>1,147</b>		<b>25,724</b>	<b>686,825</b>	<b>-686,825</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>199,315,656</b>	<b>18,803,706</b>	<b>109</b>	<b>109,393</b>		<b>1,386,873</b>	<b>20,300,080</b>	<b>179,015,576</b>
<b>VARIANCE (C - D)</b>		<b>178,435,200</b>	<b>-109</b>	<b>-109,393</b>		<b>689,877</b>	<b>179,015,576</b>	