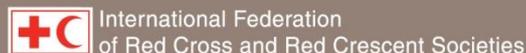


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Emergency Appeal Final Report

Haiti: Hurricane Matthew



One International Appeal	Operation n° MDRHT013
Date of Issue: 20 September 2018	Glide number: TC-2016-000106
Date of disaster: 4 October 2016	
Operation start date: 6 October 2016	Operation end date: 6 April 2018
Host National Society: Haiti Red Cross Society (HRCS)	Operation budget: 28,236,416 Swiss francs (CHF)
Number of people affected: 2.1 million	Number of people assisted: 65,000 people (13,000 households) *through the IFRC appeal.
N° of National Societies involved in the operation: The International Committee of the Red Cross (ICRC), American Red Cross, Canadian Red Cross Society, Dominican Red Cross, French Red Cross, German Red Cross, Italian Red Cross, the Netherlands Red Cross, Spanish Red Cross, Swiss Red Cross and International Federation of Red Cross and Red Crescent Societies (IFRC).	
N° of other partner organizations involved in the operation: The Department for Civil Protection (DPC for its acronym in French), Ministry of Public Health and Population (MSPP for its acronym in French), the United Nations (UN) system (United Nations Office for the Coordination of Humanitarian Affairs [UNOCHA], Pan American Health Organization [PAHO]).	

The total operation budget was **CHF 28,236,416**, of which CHF 27,054,076 were multilateral response, and CHF 1,182,340 bilateral response.

*As per the financial report attached, this operation closed with a balance of **CHF 86,241**. The International Federation seeks approval from its donors to reallocate this balance from the MDRHT013 Hurricane Matthew emergency appeal to the Cuba, Haiti and Dominican Republic Country Cluster Annual Appeal MAA49004 to support 2019 Operational Plan for Haiti, which focuses on Disaster Risk Reduction, Health, Water, sanitation and hygiene promotion, and Migration. Partners/Donors who have any questions regarding this balance are kindly requested to contact Ines Brill, Head of Country Cluster Office, at ines.brill@ifrc.org within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.*

[<Click here to view the final financial report and here to view contact details>](#)

A. SITUATION ANALYSIS

Description of the disaster

Hurricane Matthew was the largest humanitarian emergency in Haiti since the 2010 earthquake. A category 5 tropical hurricane had not formed in the area for nine years, prompting the Haitian government to rapidly activate the National Emergency Plan, the National Emergency Operation Centre and regional emergency operation centres. Moreover, while the Haitian government did not declare a state of emergency, a red alert was issued and international humanitarian assistance requested, and the national presidential elections were postponed until November 2016. The storm was raised to a Category 5 on 1 October 2016 before it weakened back to a category 4.

Hurricane Matthew struck Haiti on 4 October 2016 as a **Category 4** hurricane, causing massive destruction mainly in the departments of **Grande-Anse, Sud, Nippes, and Nord-Ouest** and to a lesser extent in **Sud-Est and Ouest** departments. As of July 2017, OCHA reported "1.4 million people among the 2.1 million affected by Hurricane Matthew

are still in need of humanitarian assistance”¹. At least 20 percent of the territory was affected. The hurricane brought extensive flooding and mudslides, damage to road infrastructure and buildings, electrical grid and the water system; additionally, the hurricane impacted telecommunications in the affected areas due to the lack of electrical power and damage to both the electrical and telecommunication grids.

The Haitian Red Cross Society (HRCS)’s preliminary assessments revealed a need for a humanitarian intervention in water, sanitation and hygiene promotion (WASH), food and non-food items (NFIs), shelter and health. Furthermore, the HRCS found that water infrastructure damage was massive in the main affected cities and that water sources had been contaminated, increasing the risk of waterborne diseases, particularly cholera. The storm severely impacted Haiti’s agricultural sector, causing food shortages.

The IFRC launched an [Emergency Appeal](#) on 6 October 2016 seeking CHF 6.8 million to support the HRCS to assist affected populations. Taking into consideration the scope of the disaster and the needs revealed by the various assessments conducted within the first month of the operation, the members of the International Red Cross and Red Crescent Movement (the Movement) in Haiti further articulated their efforts for a stronger and better aligned response to Hurricane Matthew.

The process of Strengthening Movement Coordination and Cooperation (SMCC) was followed and led to the signing of a **tripartite agreement** specifically for **Hurricane Matthew Operation**, among the National Society, IFRC and ICRC. That agreement provided for joint Movement intervention strategy in Haiti. Thus, the Appeal was revised to the [One International Emergency Appeal](#) for CHF 28.2 million to be implemented by all Movement partners present in country, namely American, Canadian, Dominican, French, German, Italian, the Netherlands, Spanish and Swiss Red Cross Societies, ICRC and IFRC.

The [emergency plan of action \(EPoA\)](#) put in place by the Movement to respond to Hurricane Matthew was divided into **two phases**:

	Timeframe	Focus
Emergency phase	October to December 2016	<ul style="list-style-type: none"> ▪ Damage and needs assessments ▪ Relief distributions (non-food items, food-when possible- and water) ▪ Health
Recovery phase	January 2017 to April 2018	Integrated approach to the delivery of assistance: <ul style="list-style-type: none"> ▪ Health ▪ Water, sanitation and hygiene promotion ▪ Shelter ▪ Livelihoods

The Operation updates no. [1](#), [2](#), [3](#), [4](#) and [5](#) present detailed progress made by the Movement during the emergency and recovery phases of the operation. The Movement implemented planned activities within the EPoA in the following sectors:



Relief (non-food items) including the distribution of immediate essential household non-food items, emergency wash and shelter materials. When possible, relief teams distributed food to meet the urgent nutritional needs of the affected population during the operation’s first three months.



Health: Based on health assessments, the strategy was comprised of four areas of intervention: delivery of first aid and capacity building in first aid; mobile primary health care clinics; psychosocial support and epidemic prevention.



WASH: All WASH activities have been accompanied by hygiene promotion and social marketing campaigns to ensure sustainability. During the immediate phase, WASH activities focused on the establishment of a solid HRCS hygiene promotion volunteer and trainer pool and hygiene promotion activities around water and NFI distributions. The long-term activities focused on the provision of sustainable WASH technologies, in close coordination with shelter activities and cholera preparedness and other health-related activities. Through appropriate household water treatment and safe water storage (HWTS) as well as excreta disposal solutions, an overall positive public health impact was reached.



Shelter and settlement: Community and household support was done through a community participatory approach using the build back better approach. This ensured that the proper training was received and capacity building activities for repairs and rebuilding were conducted. Cash instalments and/or in-kind distribution also facilitated the construction/repair process.

¹ OCHA Humanitarian Snapshot on <https://www.humanitarianresponse.info/en/operations/haiti/infographic/haiti-humanitarian-snapshot-july-31-2017-enfr>



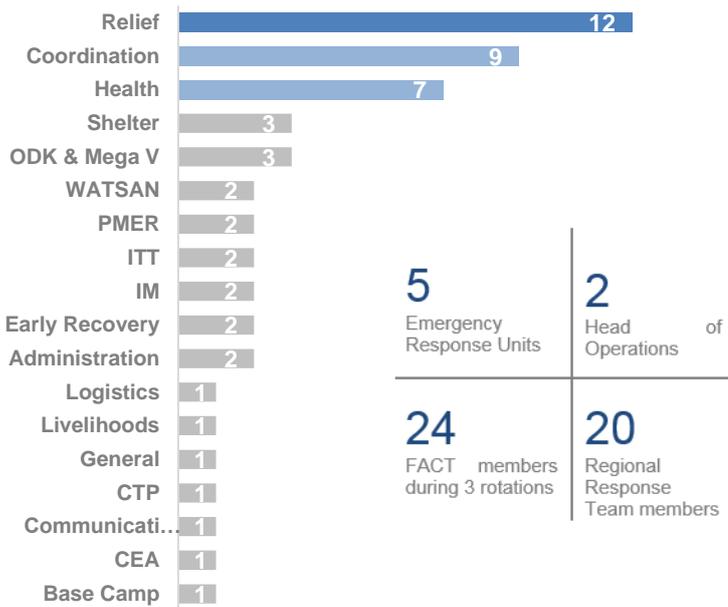
Livelihoods: Support for households was provided to ensure economic security, the restoration and protection of beneficiaries' livelihoods as well as income-generating activities. Cash transfer and in-kind distributions provided the household items needed to restart their activities. Capacity building activities and the installation of safe spaces was conducted to help strengthen and protect their assets.

Summary of response

Overview of Host National Society

The HRCS guided the operation, supported by Movement partners working in Haiti, in coordination with the DPC at the national and local level. A total of **846 Red Cross volunteers and HRCS staff** in affected localities were mobilized to assist the most vulnerable. The information on achievements by Movement partners are centralized on an online database, where each entry was validated by the HRCS prior to being used for monitoring, reporting and dissemination. Coordination and sharing of information with the Department for Civil Protection and other international partners was ensured.

Surge capacity deployed by area of expertise



Overview of Red Cross Red Crescent Movement in country

The following Red Cross partners were active in country: **American Red Cross, the Canadian Red Cross Society, Dominican Red Cross, French Red Cross, German Red Cross, Italian Red Cross, Netherlands Red Cross, Spanish Red Cross and Swiss Red Cross**, which supported the HRCS on programmes throughout the country; the **ICRC** and the **IFRC** were also present in country. The IFRC has been active since the beginning of the operation through its Country Cluster Support Team. IFRC support focused on assessments, sensitization activities, logistics, distributions, financial, in-kind resources, and coordination efforts to operationalize a Movement-wide plan of action to respond to the affected population's needs.

Initially, the HRCS and the IFRC chaired daily Movement Operations Committee (MOC) meetings. As the operation progressed into the recovery phase, the meetings were held quarterly. The PNSs in country and ICRC representatives attended the meetings, during which updates, and common issues were discussed.

Overview of non-RCRC actors in country

The Movement collaborated with international and local humanitarian actors, including United Nations system agencies in country, and the Haitian Government - UCLBP, MSPP, DINEPA Government - UCLBP, MSPP, DINEPA agencies in country.

Needs analysis and scenario planning

Needs analysis

The HRCS worked in collaboration with the government to prioritize intervention areas. The **Sud, Grand'Anse, Nippes, Sud-Est, Ouest and Nord-Ouest departments** were designated as the most affected by Hurricane Matthew and the damage and needs assessments determined that emergency health and care, psychosocial support (PSS), water and

sanitation and shelter were key needs. In addition, the HRCS conducted a market assessment and confirmed the feasibility of cash transfer programming (CTP) as part of livelihood recovery and shelter interventions.

Health

Haiti is the poorest country in the Western hemisphere, with inadequate public health, water and sanitation infrastructure is poor and low immunization rates are low. The IFRC's field assessment team reported and confirmed an increase in health-related problems due to Hurricane Matthew.

While the process of repairing damaged health facilities had started, there was still a need to cover the population's basic health needs in the recovery phase through mobile health clinics and the provision of support and repair of existing health facilities.

After the hurricane, the prevalence of soft tissue injuries, infected wounds, and fractures increased during the acute emergency phase; nevertheless, there was also an increased risk of injuries during the reconstruction phase, further burdening an already overstretched health system. Additionally, there was a need for capacity building in basic first aid, as properly applied first aid can mitigate the long-term effects of an injury.

In response to the destruction of 34 of Haiti's 212 cholera treatment facilities (CTCs/CTUs) and the reports of 6,096 suspected cholera cases from the 2 October to 9 November 2016, the MSPP launched a cholera vaccination campaign on 8 November, covering the most affected areas with one dose of oral vaccine². In 2017, the lowest number of suspected annual cholera cases since the beginning of the epidemic in 2010 was recorded as a result of an effective and coordinated response, timely clinical care and improved epidemiological surveillance system. During the month of December, 776 cases were notified, resulting in the annual total of 13,681 suspected cases of cholera and 159 deaths: a respective decrease of 67% and 64% in comparison with 2016."

Finally, psychological and mental health services were very difficult to access in Haiti, and few humanitarian organizations responding to this disaster were working this area; consequently, MSPP, PAHO and the HRCS all identified this as a gap and thus an appropriate area of intervention for the Red Cross Red Crescent Movement.

Water, Sanitation and Hygiene Promotion

Despite significant advances in the water and sanitation sector over the last six years, access to safe water and sanitation remained inadequate and could not protect people against waterborne diseases (mainly cholera) in the departments' poor urban and rural areas. According to UN-OCHA, 47 per cent households did not have individual sanitation facilities, 44 per cent did not have access to safe water and 55 per cent did not have access to handwashing facilities at the end of 2015.

Even before the disaster, in the numerous areas in which rural piped water networks and rural water pumps were not functioning, the local populations were using water from the river despite the HRCS's dissemination of hygiene messages on safe water-treatment methods and the necessity to perform water treatment at the household level; furthermore, through the distribution of free aqua tabs during cholera prevention campaigns, people became reliant upon them, resulting in the improper treatment of their water. Moreover, the severe flooding caused by the storm contaminated the affected communities' drinking water, triggering diarrhoea and possible cholera cases.

In the short term, the affected population required access to treated drinking water, which was provided through household chlorination (aqua tabs) and chlorination systems at the source when available or filtration in urban and rural areas. When possible, the water distribution system was repaired immediately, and the water supply restored, and hygiene and household water treatment awareness reinforced to ramp up behavioural change and diminish the health impact.

Shelter

The DPC reported extensive hurricane damage across the country with over 75,000 houses destroyed and damaged in the department of Grand'Anse alone; similar levels of housing destruction were reported in the departments of Nippes and Sud. Hurricane Matthew also caused large-scale flooding and landslides throughout the departments of Nippes, Sud, Grand'Anse and Nord.

The widespread destruction could be attributed to the use of substandard, non-hurricane-resistant building techniques and materials as well as to the fact that the affected communities were in areas that are highly susceptible to flooding

² PAHO Situation Report no. 26

and landslides; however, the houses that were built after Hurricane Sandy by the IFRC proved to be resistant to the hurricane, with many being used by other families as small communal collective centres.

Affected communities needed resources, technical support and training to rebuild their houses and communities; consequently, the recovery phase included community disaster risk reduction planning, safe shelter awareness training and capacity building of local masons and technicians, community planning using existing methodologies such as Participatory Approach for Safe Shelter Awareness (PASSA), Participatory Hygiene and Sanitation Transformation (PHAST) and participatory DRR programmes in-country.

Livelihoods

The hurricane had an extreme impact on livelihoods in Nippes and Sud-Est departments, affecting agriculture and fishing most severely; other activities related to trade or transportation have been disrupted or hampered by flood damage to infrastructure. Meanwhile, 100 per cent of the crops like beans or tuberculous, cacao and coffee were destroyed in some areas, and these crops will be impossible to restore until the environmental conditions are themselves restored, which could take many years; therefore, new activities to compensate for the reduction in income will have to be considered.

After the disaster, people tried to save and collect perishables; however, there was not enough storage space to store what had been left from the hurricane. As part of livelihoods activities, the response considered that households will need to cover other basic needs like the replacement of personal items that were lost such as clothing, mattresses, kitchen items, and school materials, among other items.

Beneficiary selection

The HRCS and Movement partners selected beneficiaries based on the key principles of **impartiality, neutrality and humanity**, and process followed the International Red Cross and Red Crescent Movement's and non-governmental organizations (NGOs) in disaster relief operations' Code of Conduct. Lastly, in compliance with the IFRC's Gender Policy, child protection policy and pledge on non-discrimination and respect for diversity, the operation's beneficiary selection process has considered **socially or economically-disadvantaged and excluded groups**, as well as the issues of disability, gender, age, and minority.

Risk Assessment

The immediate relief response in affected areas could have triggered severe civil unrest and disrupt activities; they could have also been triggered by political instability. The social and political context was monitored on a weekly basis by the IFRC's Security Unit, the UN, and the HRCS, and security regulations were in place and followed. Furthermore, mitigation measures such as travel restrictions, contingency and relocation plans, ongoing security risk assessments were applied throughout the implementation of the appeal. Considering the security issues encountered from the start of the operation, additional measures were put in place, including the adoption of a common protocol among partners, a preventive code of conduct for staff and delegates, and the implementation of the ICRC's Safer Access Strategy.

Among the other risks identified for this operation were the likelihood of another major disaster (earthquake, tropical cyclone, floods), the deterioration of the humanitarian situation due to food insecurity, outbreaks of cholera and misunderstanding among the population regarding the actions taken. As per mitigation measures, through its international network, the Red Cross Movement had contingency plans and was ready to mobilize additional available surge capacity at the regional and global level. A communication policy was in place, and the IFRC deployed a communication delegate the moment the operation began; additionally, the mitigating actions also included the implementation of a sound communication plan containing updated key messages that were shared on a regular basis.

The impact of the hurricane rendered access to some affected localities extremely difficult, which has had an adverse effect on the supply of key materials. Transitional planning and approvals by authorities delayed the recovery programme implementation in shelter, and due to the integrated approach, also affected WASH.

B. OPERATIONAL STRATEGY

Proposed strategy

The Integrated Approach applied to the interventions was as follows:

- ✓ Affected zones narrowed by HRCS's prioritization of intervention zones and sectors;
- ✓ Integration through selection of beneficiaries;
- ✓ Integration through activities: some sectors are a natural match for integration (WASH/health, WASH/shelter, livelihoods/distributions);
- ✓ Integration through cross-cutting sectors (Cash Transfer, community mobilization, planning, monitoring, evaluation and reporting [PMER], Communications,) cash transfer programming is being used to deliver assistance to livelihood and shelter sector beneficiaries. In addition, monitoring measures related to the cash

transfer were integrated into the overall monitoring and evaluation scheme; this also constituted part of the cross-cutting CEA strategy and its related activities;

- ✓ Integration through partners PNSs (integration of partners' expertise in the field to enhance activities and create synergy) or the ICRC (safe access, security for example); and
- ✓ Establishment of Movement cash transfer taskforce to compile PNS experience and ensure alignment and the standardization of the implementation of cash transfer activities.

C. DETAILED OPERATIONAL PLAN

Indicators:	Target	Actual
<div style="display: flex; align-items: center;">  <div> <h3 style="color: red;">Disaster Risk Reduction</h3> <p>People reached: 5,000 (indirectly)</p> </div> </div>		
% of targeted communities with a contingency plan which include measures for households and schools	0	0
# of people reached with information on community-based risk reduction	0	0
# of check dams	0	0
# of volunteers trained	0	0
Narrative description of achievements		
<p>IFRC supported the HRCS during the first days of the emergency to strengthen its EOC, to improve the coordination of the response and information management of the data from the field. Furthermore, HRCS and IFRC worked with the Regional Committee in Grand Anse to strengthen the contingency plan of the Grand Anse Regional Committee, including a component on cholera. 5,000 beneficiaries in Les Irois and Anse D'Hainault are now covered (indirectly) through the inclusion of a Cholera component, as part of the overall Contingency Plan revision for the Grand Anse Region.</p>		
Challenges		
<p><i>Lack of funding to implement DRR activities.</i></p>		
Lessons Learned		
<p><i>One of the most important lesson in terms of implementing DRR activities is that the funding for such activities must be prioritized and set aside as soon as possible, and be considered as an important element of the response. Additionally, this needs to be understood by decision makers in the IFRC secretariat as well as in the National Society. DRR activities are not considered lifesaving as for the implementation for recovery phase</i></p> <p><i>The strengthening of branches in Grande Anse in terms of institutional capacity building for disaster preparedness was at the core of this sector.</i></p>		

Indicators:	Target	Actual
<div style="display: flex; align-items: center;">  <div> <h3 style="color: red;">Shelter</h3> <p>People reached: 61,065</p> </div> </div>		
Relief Phase		
# of households that receive shelter solutions, materials or tools	11,000	11,982
# of households provided with kitchen sets	11,000	1,394
# of households that received emergency shelter	11,000	11,982

Recovery Phase		
# of households using safer building techniques	3,110	231
# of households received durable shelter	3,110	231
# of households that received orientations	3,110	231
Narrative description of achievements		

Relief Phase

Mobilize volunteers and provide orientation on distribution protocols (Mega V and Open Data Kit [ODK])

23 HRCS's volunteers in the commune of Anse d'Hainault received an orientation on the revalidation process and distribution' protocol from HRCS staff, which was also supported by surge relief staff. They have been introduced to the ODK system, which was used to register beneficiary's households.

Identification, registration, verification and mobilization of beneficiaries for relief

The initial FACT rapid assessments for immediate shelter needs were conducted in the department of Grand'Anse in Jérémie, Anse d'Hainault, Dame Marie, Chambellan and Les Irois, in conjunction with WASH and Livelihoods' sectors; the assessments aimed to evaluate the immediate needs and identify longer term actions to assist the affected populations to restore livelihoods and increase resilience to future crises. The initial assessments identified large -scale destruction of housing and infrastructure from the hurricane's winds and rain and continuing poor weather conditions and rains worsened the affected population's already difficult living conditions. The FACT team developed a rapid survey tool to collect household data, which was used to identify urgent needs for immediate relief activities while gaining an understanding of the levels of housing damage for longer term assistance. HRCS's volunteers were trained in the use of Open Data Kit (ODK), and they began recording beneficiary data to facilitate the planning and distribution of relief items on 28 October 2016.

Distribution of non-food items to 11,000 households

The IFRC Relief ERU conducted distributions of 8,195 NFIs such as tarpaulins, kitchen kits, blankets, shelter tool kits and buckets in Anse d'Hainault. Further distributions were planned in Dame Marie, Chambellan, Les Irois, but continuing poor weather conditions, remote locations and damaged road and port infrastructure, limited logistics and storage hubs, transport restrictions and increased insecurity hampered the distributions. As of 10 November, the IFRC relief ERU's distributions of shelter items were as follows. (please see Annex 2 of Ops Update No. 1 for data on all Red Cross Red Crescent Movement distributions).

Kitchen Sets	Tarpaulins	Toolkits	Blankets	Food Kits	Total NFI distributed
1,394³	3,598⁴	1,409	1,196	598	8,195

Monitoring and reporting on distributions

HRCS' trained volunteers and the shelter FACT delegate monitored the distributions, providing feedback on the use of tarpaulins and identifying needs for further capacity building.

Identify and mobilize volunteers and staff to support the operation and provide orientation on revalidation process and distribution protocols (Mega V and ODK) and the shelter preliminary survey

The FACT team trained PNS and HRC in the use of the Open Data Kit (ODK) to continue recording beneficiary data to facilitate the planning and distribution of relief items and to support beneficiary identification for programme activities. Fact Shelter second delegate was deployed to continue to conduct field assessment damage, supply chains and markets, partners and evaluate Sandy shelters for improving methodology for future shelter programme.

Distribution of emergency shelter Kit to 11,000 households

11,982 shelter kits⁵ were distributed in the targeted communes of Grand'Anse department.

Selection and registration of beneficiary households that will receive shelter assistance, including a first quick evaluation of the beneficiaries' house conditions with ODK system

The Shelter assessment quick survey was designed to determine housing typologies, general scope of the damage and location information. The Shelter quick assessment survey conducted with the 300 beneficiaries prioritized in Anse d'Hainault for the distribution of shelter kits, NFIs and hygiene kits. Some volunteers found difficult to understand the information in the quick shelter assessment survey, as such the quick shelter assessment survey was adapted to make it easier for the volunteers to understand

³ Of which 10,080 kitchen sets were procured through the IFRC appeal

⁴ Of which 43,535 tarpaulins were procured through the IFRC appeal

⁵ 9,689 shelter kits were procured through the IFRC appeal

Contextualization of technical guidelines for the construction of emergency shelter

EIC materials for the shelter kit recommended use were selected printed and shared with the Shelter Working Group in Jérémie. Preparation of 1:1 model of the recommended tarpaulins fixing systems was conducted to make the community sensitization easier.

Provision of technical orientations for volunteers and beneficiaries in the construction of emergency shelters

Training was conducted for 26 HRC volunteers in Anse d'Hainault on the recommended fixing systems for tarpaulins, in preparation to support the community sensitization on this aspect. Community sensitization on the recommended way of fixing the tarpaulins was provided to the 300 beneficiaries prioritized in Anse d'Hainault. The sensitization was provided with 1:1 models (models in real scale dimension) of the different recommended fixings in groups of 5 to 10 people

Conduct community sensitization through the HRCS's volunteers trained in the recommended safe use of the shelter kit

300 beneficiaries were reached through by sensitization on recommended safe use of shelter kit

Monitoring and reporting on distributions and evaluation of assistance

A monitoring visit in Anse d'Hainault was conducted to check the installation of the tarpaulins distributed. Most of the families visited during the monitoring activity in Anse d'Hainault kept only one tarpaulin and shared or sold the other. The tarpaulins were one of the most appreciated goods from the distribution (among kitchen sets, hygiene kits and shelter toolkits). Although very thankful for these distributions, beneficiaries' main priority remained, during the emergency phase, food information and training on how to keep up their houses to ensure they are safe from future disasters.

Recovery Phase

Identification of communities and specific beneficiaries in coordination with local government authorities

The selection of the communes was one of the first activities conducted. The most affected municipalities, were selected according to predefined criteria.

Identification of households that will receive shelter repair and rebuilding assistance, revalidate their eligibility, and be registered as beneficiaries

The choice of the beneficiaries and houses to be repaired, was made in collaboration with the HRCS and local authorities, who have a very good knowledge of the environment and the post-Matthew situation. A set of criteria was defined emphasizing not only the level of vulnerability of the beneficiaries, but also the technical aspects and the budget available by house. These criteria included:

- The beneficiary needed to be registered by the Haitian / American Red Cross.
- The house was to be located beyond 50 m from the sea and 25 m from a river).
- The house was not to be located near sloping land or at-risk of landslide. A clearance of at least 10 meters is required between a sloping terrain and a steep area.
- The house was not to be built over a river or irrigation canal.
- The terrain under the house was not to be swampy, liquefiable.
- Houses representing a huge danger for families were to be prioritized. (Columns damaged / bent, no roofs or bad roofing applications, internal sanitation problems and around the house "wastewater drainage, bad waste management")
- At least one person with a disability, over 60 years old, pregnant woman or breastfeeding woman or head of household has 5 children under 18 and one of whom is under 5 years old lived in the house.

Providing selected households with orientation on the programme, the distribution process, and guidance on building back better and safer principles

Orientation was provided to beneficiaries through key and simple messages, information sessions and distribution of posters with explanatory images on building back better.

Hiring of technical experts and support staff

A call for proposals was launched on May 19th, 2017 with the aim of recruiting a private firm with expertise in the field of training technicians in masonry and carpentry and in evaluation of damaged shelters. Seven construction firms submitted their proposals. After a technical and costs analysis of the proposals received, the selection committee chose Genitech Construction to fulfil the tasks based on the following criteria:

- ✓ Feasibility of the proposal
- ✓ Coherence of the proposal
- ✓ Cost analysis and quality of the proposal
- ✓ The overall experience of the firm

In addition, technicians were selected from the lists of names that had been submitted to American Red Cross by the Haitian Red Cross and the local authorities. Following interviews and a technical evaluation (review), a final list of 51 technicians was retained to be trained and involved in the shelter repair program. With a view to effective coverage of the municipalities and localities concerned, the technicians were divided into ten groups, including team leaders chosen accordingly to their capacity, their sense of responsibility and leadership.

Construction of model houses in selected localities to demonstrate safer construction techniques and to provide beneficiaries with visual demonstration on how to build back better and safer

4 Model houses were completed in each of the two communes (Les Irois and Anse d'Hainault). This supported the training in safe construction techniques, served to engage the local authorities and communities in terms of the selected house model to be constructed. This was a learning experience for the communities and supported their involvement in this sector.

Provision of training to the local labour force on safer construction

To contribute to meeting durable and sustainable shelter needs of the affected population in the communes of Anse-d'Hainault and Les Irois of Grande-Anse department, the IFRC/Shelter team conducted training sessions on improved vernacular construction, on safe construction techniques for 121 local carpenters and masons.

Provision of 64 households with shelter rebuilding materials, technical guidance and labour support (cash transfer programming will be considered depending on the results of the market assessments), and to build one latrine, one safe storages and one improved kitchen per house

A total of 64 households were supported with new constructions, 25 in Les Irois and 39 in Ainse D'hainault.

Rehabilitation of 47 existing housing structures with shelter rebuilding materials, technical guidance and labour support

IFRC supported the HRCS in the rehabilitation of 47 existing housing structures in the commune of Les Irois. Furthermore, with the support of the ARC and the IFRC, the HRCS carried out targeted interventions in the communes of Sud, specifically Chardonnières, Les Anglais and Chantal with the rehabilitation of 103 houses.

As mentioned earlier, an integrated approach combining shelter with WASH and Livelihood interventions has been a key element in providing sustainability for the improvement of the affected communities living conditions. As such, it has been possible to build latrines, distribute water filters, and conduct training sessions and sensitization activities on hygiene and sanitation to help prevent certain diseases related to poor hygiene behaviour and use of non-potable water. In addition, the involvement of the community in the rebuilding efforts, through capacity building of local carpenters and masons in safe construction techniques, also contributes to the sustainability of these efforts as the know-how stays in the community, which enables replication. These efforts have contributed to the process of changing people's living conditions by making them stronger and more resilient. To support this integrated approach, a livelihood and WASH RDRTs were deployed during the early stages of the recovery phase. This helped to further define the interventions and identify beneficiaries to be linked to the shelter activities.

Regular monitoring to ensure that households receiving support to repair or retrofit their houses and households that receive support to rebuild have completed construction using building back safer principles, and that cash instalments are in accordance with the conditions specified in the beneficiary pledge agreement

Offices were set up in Les Irois and Anse D'Hainault, through which the Shelter team could be closer to the communities and monitor the progress of the rehabilitations and other works being conducted.

Conduct evaluations

There were no available funds to implement this activity.

Training for volunteers and staff so that they can better support and monitor implementation of shelter activities in communities

Throughout the implementation of actions, the Shelter team trained and coached the HRCS volunteers supporting the activities from the Anse d'Hainault and Les Irois local branches.

Participatory approach to Safe Shelter Awareness (PASSA) training for volunteers and roll out in communities

The integrated intervention for this sector relied on a community-led approach using various methodologies such as the Participatory Approach for Safe Shelter Awareness (PASSA). As such, it has been possible to build latrines, distribute water filters, and conduct training sessions and sensitization activities on hygiene and sanitation to help prevent certain diseases related to poor hygiene behaviour and use of non-potable water. In addition, the involvement of the community in the rebuilding efforts, through capacity building of local carpenters and masons in safe construction techniques, also contributes to the sustainability of these efforts as the know-how stays in the community, which enables replication. This support was essential to create shelter conditions that are more resilient to future disasters. The concept of safe shelter also integrated awareness on improved environmental conditions and better hygiene practices to ensure that communities rebuild settlements that are healthy and less prone to risk of disease incidence.

Training on Building Back Better (volunteer and rolling out in communities)

4 training sessions were conducted, with 112 local people trained.

Training on disability inclusion shelter (volunteer and rolling out in communities) Not completed**Using IEC materials developed by the shelter cluster, raise awareness of how households targeted by shelter interventions can improve their houses to be safer against future disasters**

These materials were distributed as well as efforts were focused on continuously raising awareness and providing guidance to target population.

Challenges

The shelter sector was faced with many logistical challenges, as many of the construction materials were not available locally and could not be found in the required quantities. There were further challenges with suppliers not meeting the procurement guidelines and providing acceptable bids. Continued rainfall made access impossible for days, affecting the delivery of materials during the first months of the operations.

In May 2017, the decision was made that the American RC will take the lead in shelter implementation in Grand Anse. However, due to delays in the finalisation of this process and changes in ARC's capacity to implement shelter solutions in Grand Anse, the IFRC had to retake the lead in implementation. Further, the procurement process had to restart in July 2017, causing an additional two-month delay in implementation.

Further delays were due to the newly installed government (2017) revised the recovery strategy for Hurricane Matthew, specifically the shelter component. The International Organization for Migration (IOM) and The Construction Unit of Housing and Public Buildings (UCLBP for its acronym in French) were obliged to work with the government to reach an agreement on the guidelines for the size of reconstructed shelters, which affected all the partners involved with shelter reconstruction. While the IFRC was already working within the guidelines, the HRCS halted the shelter programme until there was an official signed agreement between UCLBP and the National Society, which was not signed until September 2017.

The inclusion of latrines was challenge in several houses as the water table was too high to implement the intended latrine model as well as little land space to build the latrines.

Given budget constraints, severe humanitarian needs and the existing presence of other PNSs that were implementing shelter programs, numerous discussions took place to readjust the existing strategy to maximise operation efficiency and to align Red Cross Movement approach. The budget was revised based on available funding.

Lessons Learned

The cost of house rehabilitation and construction in rural areas in Haiti is extremely high and required serious consideration as a movement in terms of recovery prioritization. This type of activities requires a long-term approach with communities and partners so that the investment made in assessments, HR technical capacities, logistics is cost efficient.

**Livelihoods and basic needs**

People reached: 25,800

Indicators:	Target	Actual
% of targeted households that have enough food and incomes to meet their survival threshold during project implementation	100	43
# of households that have enough food to cover their basic food needs the two months following the hurricane	2,300	1,000
# of households that have enough income to meet their livelihood protection threshold after the CTP distribution	2,000	5,160
# of target households that are able to replace their productive assets	3,300	1,200
% of target population that have restored their livelihood activities to pre-disaster level	100	36

% of target households that have enough productive assets to recover their livelihoods before planting season 2017	100	35
% of target households that have the productive assets to maintain their livelihoods as pre-disaster level by the end of 2016	100	25
# of people provided with new skills and knowledge to strengthen their livelihoods at the end of the project	2,300	685
% of target population declaring they apply newly acquired knowledge, skills promoted by the project at the end of the project	100	30

Narrative description of achievements

Identification of communities for intervention and beneficiaries targeting

An assessment was undertaken in the field to identify the beneficiaries for the cash transfer program. As ARC had already identified the most vulnerable communes and communal sections in the South department during its rapid-post disaster assessments, the beneficiaries for the cash transfer were selected from among the existing beneficiary groups and cross-checked with the Minister of Social Affairs and Labor's (MAST) vulnerable and affected households list.

Based on these assessments, ARC identified that many households continued to be in a precarious economic situation and needed cash transfer support for recovery. The beneficiaries were prioritized so that only families in vulnerable situations such as female-headed/single-parent households, households with higher number of children, presence of the elderly and people with disabilities in the household, were selected to receive the cash transfer. As these criteria were used for the original selection of the beneficiary groups surveyed, the questions related to the families' food security and severity of losses were analyzed to rank beneficiaries in order of those who most in need of the cash transfer support were to be able to recover.

Distribution of dry food kits to targeted families

During the emergency phase of the operation, the IFRC supported the procurement of 1,000 food parcels; and the direct distribution of 598 food parcels to contribute to the food security of the targeted families. The remaining food parcels were distributed by RCRC partners.

Monitoring and reporting on distributions

The team conducted follow-up monitoring and an evaluation of 440 beneficiaries to determine the use of cash programming.

Cash transfer programme feasibility study

A cash feasibility study was completed, concluding that markets were functioning and cash would be a feasible response option. The choice of multi-purpose cash transfer was based on two factors: i) the capacity to rapidly provide assistance within a short period of time; and ii) providing families with the purchasing power to choose those items that they considered most needed for their livelihood restoration and overall recovery. Cash transfers also assisted in restoring household purchasing power and infusing funds into the local economies, thereby supporting economic recovery in the community.

IFRC/HRCS to hire the transfer service

This activity experienced significant delays with the signing of the contract, but eventually a contract was signed with the remittance company Unitransfer. A company with presence in all the municipalities targeted for the cash grants to women to support small income generating activities.

Distribution of unconditional multipurpose CTP to families

Based on the vulnerability criteria and level of impact from the hurricane, the HRCS identified 4,800 families for the cash transfer programme under the Operation. The CTP was divided in two separate projects, one supported by the IFRC in Grande Anse Department and a second one by the ARC in Sud Department.

Unconditional Cash transfer Program in Grande Anse Department:

A cash feasibility study was conducted, concluding that markets were functioning and cash would be a feasible response option.

However, it was decided to provide in-kind support for immediate needs (Output 6.2) instead of CTP during the relief phase, as it would take time to go through the tender process and signing a contract with a service provider. The food kits and NFIs distributed are mentioned in [Operations update 1, 2 and 3](#).

The tender process and selection of Financial Service Provider was approved on 18 January. The remittance company, Unitransfer, was selected for the distribution of cash to the beneficiaries, both for livelihoods purposes and for the shelter programme. However, some last minutes' misunderstandings pushed Unitransfer to step out of the process. At that time negotiations took place with the service provider, and an agreement was reached in April 2017. 2,200 people were identified as beneficiaries for the cash transfer programme under the Matthew Operation. Several meetings were organized with local authorities to review and validate the list of beneficiaries. These 2,200 beneficiaries consisted of

880 fishermen (40 per cent) and 1,320 farmers (60 per cent), and the CTP was completed, despite delays in the signing of the contract with the transfer service.

During the emergency phase of the operation, IFRC supported the distribution of 300 cleaning kits and 598 food kits. The distributions were made by 36 HRCS volunteers and 3 national staff (1 team leader and 2 agricultural technicians), under the supervision of a livelihood delegate hired on a short-term basis. Finally, a livelihoods Senior Officer was hired in April 2017 to support the implementation of livelihoods activities for six months. Activities were implemented with the support of the community engagement and accountability (CEA) team, which facilitated contacts with local communities.

Unconditional Cash Transfer Program in Sud Department

The American Red Cross (ARC) had planned to implement an unconditional Cash Transfer Programme to help families affected by Hurricane Matthew in Haiti. The ARC identified 2,600 families that received the cash transfer as summarized in the following table:

Department	Communes	Families identified
Sud	Coteaux	489
	Les Anglais	507
	Chardonnières	490
	Chantal	288
	Tiburon	517
	Roche-A-Bateau	309
Total	6	2,600

The ARC has contracted with UNITRANSFER, jointly with IFRC, for the distribution of cash to beneficiaries in all selected communes. The beneficiaries had been selected based on vulnerability criteria and level of impact from the hurricane. Beneficiaries without ID card had been identified and special badges provided. Community meetings were held with local authorities to ensure all targeted households were aware of the activity and informed on the distribution date (particularly for beneficiaries without cell phones). The main issue for this activity was the delay in signing the agreement with the service provider, UNITRANSFER.

Conditional CTP distribution to households to buy inputs for the planting season

360 households were reached with conditional cash transfer distribution, including 1,694 people of which 898 were women and 796 were men.

Distribution of seeds for family gardens

Commune	Seed distributed	Toolkits distributed	Number of direct beneficiaries	Comments
Roche-à-Bateau	12,900 suckers of bananas, 1,075 coconut plants	215	215 (125 W, 90 M)	100% of the targeted
Coteaux	18,060 suckers of bananas, 1,505 coconut plants	301	301 (192 W, 109 M)	
Chantal	25,320 dozen of cassava cutting, 25,320 dozen of sweet potato cutting	211	211 (112 W, 99 M)	98.5% of the targeted. Three people did not show up
Chardonnières	36,000 dozen of cassava cutting, 36,000 dozen of sweet potato cutting	300	300 (159 W, 141 M)	100% of the targeted
Tiburon	41,760 dozen of cassava cutting, 41,760 dozen of sweet potato cutting	348	348 (184 W, 164 M)	100% of the targeted
Les Anglais	37,920 dozen of cassava cutting, 37,920 dozen of sweet potato cutting	316	316 (167 W, 149 M)	100% of the targeted
Total of beneficiaries			1,691 (939 W, 752 M)	99.82% (three people did not show up)

*The table above includes the summation of the Movement distribution of seeds.

Support and technical accompaniment

A total of 1,200 beneficiaries received HRCS support on gardening, with 720 beneficiaries in the commune of Les Irois and 480 beneficiaries in the commune of Anse d'Hainault

Identification, registration, verification and mobilization of beneficiaries

Households had been registered using ODK.

Identification and hiring of local suppliers

Following a field verification survey, ten (10) local suppliers had been selected from the list provided by American Red Cross/HRCS. They were invited to submit quotations for the seeds acquisition and were selected based on (i) the availability of stock, and (ii) the delivery capacity. A contract was then signed with the selected supplier.

Selection of training modules and training plan design

This activity was completed satisfactorily.

Implementation of training programmes:

Training of beneficiaries in financial literacy and business management: Before the realization of the cash grant distribution, a one-day training session was conducted on financial literacy for the beneficiaries in each municipality, to strengthen their capacity in micro-business management. The specific objectives of the training were to:

- Strengthen the capacities of the 100 women beneficiaries to face the main challenges in the management of their activities;
- Provide beneficiaries some core but simple techniques for good management of the cash grant;
- Encourage women to organize themselves in MUSO (Mutuelle de Solidarité in French which is a community micro/credit scheme used in Haiti) if they wished to, so that they could develop close relations between them and undertake collective economic activities that would lead to major impacts on their economic situation and their community;

These trainings took place from August 10th to August 24th, 2017, through 4 sessions which benefited 97 women. The three other beneficiaries, who were not present the day of the training, later received the same training by individual appointments. At the end, all 100 targeted women were trained.

The HRCS provided technical training on cultivation techniques and storage methods to the 277 targeted farmers in the two communes of Haiti Grande-Anse department, 157 in Les Irois and 120 in Anse d'Hainault, with strong participation from women, 148 (53.43 per cent). Finally, 225 participants attended (175 in the Irois and 50 in Anse d'Hainault) three Training on techniques for the conservation and marketing of fishery products workshop.

Support and accompaniment in the field during application of new knowledge

Completed

Identification of new small-scale income-generation activities

The HRCS conducted the income diversification activities, reaching 1,480 beneficiaries between two municipalities (885 in Irois and 595 in Anse d'Hainault); also 280 fishermen received a cooler for the conservation of their fishery products (livelihoods strengthening): 165 in the commune of Les Irois and 115 in the commune of Anse- d'Hainault.

Capacity building for new activities & Support and accompaniment provided to the implementation of the new activities

Not completed, due to limited funding and HR capacities.

Distribution of items for the new activities

This activity was completed satisfactorily.

Accountability and complaint mechanisms implementation, including project committees

Community Engagement and Accountability (CEA) officers supported this feed-back process

Monitoring and evaluation (M&E) activities

The team conducted follow-up monitoring and an evaluation of 440 beneficiaries to determine the use of cash programming.

Exit strategy design and implementation

This activity was completed satisfactorily.

Challenges

The main challenge for the cash transfer program was the delay in the necessary approvals for the signing of an agreement with the service provider, UNITRANSFER. Further delays were also experienced in the verification of beneficiary information. During the last three months of implementation, the Project leader was unable to return to the field for 7 weeks due to visa issues, which slowed the implementation of activities. Due to lack of time, the HRCS could not provide follow-up on the gardens after the operation ended.

Lessons Learned

CTP has been done by the RCRC Movement many times over the last 8 years in Haiti. Previous agreements and experiences across the movement should be considered, when negotiating new contracts.

For major Cash Transfer Programs in Haiti we need to strengthen the preparedness of the response, with pre/agreements with service providers or readily available models of contracts for Haiti, market assessments and other studies, both within and external to the movement, should be analysed as contingency preparedness.

Planned activities should consider the NS local capacities and focus – otherwise impact monitoring will not be done and captured.



Health

People reached: 188,224

Indicators:	Target	Actual
# of people in areas affected of the Hurricane Matthew can access appropriate health services	50,000	6,019
# of people reached by First Aid training or services	N/A	1,556
# of HRCS volunteers and other health service actors with updated training in PSS	N/A	23
# of people reached by psychosocial support	N/A	2,820
# of people reached with water, vector borne and STI diseases prevention activities	N/A	188,224
# of people reached by mobile clinic services	N/A	3,501
# of health care facilities supported/repared	N/A	0

Narrative description of achievements

Procurement and deployment of first aid kits: IFRC/HRCS teams distributed 250 First aid kits⁶, in 9 communes of Grande-Anse Department, benefiting 7 local RC branches, 7 schools and 10 Community Based Organizations (CBOs).

Procurement and deployment of personal protection equipment to the volunteers: 6 local branches received first aid kits composed of stretchers, a spinal board for first aid, and protection materials for volunteers.

Support the training of HRCS volunteers in the provision of first aid: The HRCS supported by IFRC organized simultaneous training of trainers sessions on basic first aid (32 hours modules-5 days training) in 9 communes of Grand-Anse Department. The training sessions that took place in February and May 2017 were attended by 166 HRCS volunteers from the 7 communes targeted.

Provision of first aid to beneficiaries: To better prepare communities in First Aid response, with the support of IFRC and HRCS, 140 beneficiaries (students, teachers, health staff, drivers,) in 7 targeted communes of Grand'Anse received 3 days first aid training and simulation exercises from 20 March to 30 April 2017. The communities provided the venue for the training and some participants from remote communal sections were accommodated in host families. Further, 458 people received basic first aid services. The HRCS repaired the ambulance in Jérémie to facilitate the transportation of patients from the communities to Jérémie hospital.

Design and reproduction of messages on which actions to take during situations of immediate health risk, to be disseminated in affected communities or collective centres: 200 brochures on cholera and malaria prevention, which were later distributed to the HRCS volunteers who attended the first aid training. During the carnival period in Haiti (from 26 to 28 February 2017), 3,000 people received human immunodeficiency virus (HIV) prevention message in Grand'Anse, and HRCS volunteers also disseminated messages on safe blood donation.

Reproduction and printing of information on stress management and coping mechanisms:

HRCS volunteers with PSS experience walked in the streets of the major cities to popularize PSS messages, using condoms distribution to draw people's attention. 3,000 people received HIV prevention messages in Grande-Anse during the carnival. 6,912 male condoms⁷ were distributed during the same occasion. HRCS volunteers also distributed messages on safe blood donation.

⁶ Of which 100 First Aid Kits were procured through the appeal and 150 were an in-kind contribution of Qatar Red Crescent

⁷ Of which 43,200 male condoms units were procured through the appeal

Training of Trainers (ToT) on psychosocial support (PSS) activities for HRCS volunteers:

14 to 17 March 2017, the IFRC and the HRCS conducted a PSS Training of Trainers in Jérémie for 23 HRCS volunteers from 6 communes in Grand'Anse department

Provision of psychological first aid to communities during mobile clinics based on HRCS standards:

During the mobile clinics in communes of Grande Anse, 2,518 people received psychosocial support from PSS delegates. In addition, PSS and sensitization were conducted in three villages in the west coast (Anse d'Hainault, Dame-Marie and Les Irois). Most people who benefited from this were children, pregnant women, and elderly people. The most common pathologies identified were dermatoses, especially scabies, dermatophytes, gynecological infections.

Implementation of psychosocial support activities (managing stress, strengthening coping mechanisms, preventing violence in collective centres) during mobile clinics and in target communities:

The team provided psychosocial support activities to 223 people. During the support groups, families reported that psychosocial activities had the positive impacts on their psyche, especially with the various scenarios and recreational games allowed them to relax and promote the psychosocial wellbeing of the families affected by Post-traumatic stress after Hurricane Matthew.

Monitoring activities of PSS were also conducted. During the implementation 48 families were interviewed by the IFRC team Leader. According to the interviewed families the psycho-educational activities had a positive impact with a reduction in post-traumatic stress. During the implementation of the activities, the families were very active, and they participated massively in the individual interviews sessions and in the support groups carried out by the PSS field technicians.

Psychosocial interventions reinforce the social ties that exist between people in the affected communities by improving the psychosocial well-being of individuals and the community as a global entity. Individual psychosocial activities were carried out at St Jean Baptiste D'Anse D'Hainault hospital with 9 patients. The listening sessions were carried out and according to the patients, it's was for the first time that they received psychosocial support. Some of them who lost an inferior or superior member and others suffering diseases felt that they were breaking up, but with the active listening sessions they could express their sufferings and felt relieved according to them. Relaxation exercises were done to improve the psychosocial well-being of these patients.

Training on the implementation of PSS activities in communities and schools through volunteers and health care workers:

216 HRCS volunteers and 139 teachers, health staff and drivers were trained to provide PSS services. HRCS volunteers visited 6 schools, reaching 565 students through PSS activities. Additionally, 712 students from 4 schools in the communes of Moron, Chambellan, Anse d'Hainault and Roseaux participated in PSS activities in April 2017. Meanwhile, 31,699 people were reached through psychosocial support including home visits, groups awareness on psychosocial first aid, together with stress management and recreational activities.

Provision of psychosocial support to volunteers/ Support the health and well-being of staff and volunteers including PSS

During the training activities on PSS to 70 volunteers in the Grand Anse region, volunteers received psychosocial support themselves which included preparing them to confront the psychological situation of affected populations. It is key to remember that most volunteers who participated in these trainings were themselves affected by the disaster. As such PSS was crucial to ensure both that their mental health needs were met, and that they were able to tend to the needs of the affected population

Reprinting of Information, Education & Communication (IEC) materials on cholera, vector borne diseases and STIs (with Wash): 200 Cholera & Malaria materials were printed and distributed by volunteers**Support the HRCS in implementing its existing community mobilization strategy to decrease the risk of vector- and waterborne diseases transmission:**

A synchronized campaign for the prevention of epidemic diseases (malaria, cholera, conjunctivitis, etc.) was organized in the Moron communes from 27 to 29 May 2017. The activity mobilized 100 volunteers from the CRH in the commune of Moron. At the same time, 30,000 aquatab tablets were distributed and 100 families received impregnated mosquito nets. In Dame Marie, the campaign mobilized 105 volunteers on the themes of prevention of epidemic diseases (malaria, cholera, conjunctivitis, etc.). At the same time, 50,000 aquatab tablets were distributed and 200 families received impregnated mosquito nets.

In Les Irois, the campaign mobilized 100 volunteers on the themes of prevention of epidemic diseases (malaria, cholera, conjunctivitis, etc.). At the same time, 15,000 aquatab tablets were distributed and 400 families received impregnated mosquito nets.

In Roseaux the campaign mobilized 100 volunteers on the themes of prevention of epidemic diseases (malaria, cholera, conjunctivitis, etc.). At the same time, 50,000 aquatab tablets were distributed and 100 families received impregnated mosquito nets.

30 HRCS volunteers (15 Moron & 15 Chambellan) were trained on Epidemic Control for Volunteers methodology for 3 days. All participants received a training kit (ECV manual in Creole) and some visibility items (bags, cholera and malaria albums)

Active case finding and surveillance for cholera as part of mobile clinics:

Completed

Assessment of need of Surveillance in Grande-Anse:

There was an agreement amongst partners to remove this activity

Develop an integrated WASH/health program addressing communicable disease including waterborne- and vector borne diseases and STIs:

The IFRC WASH programme is integrated across multiple sectors, namely Health, Livelihoods and Shelter, and is part of cash based approach with participatory community planning, training and capacity building at individual and community level. The integrated approach is aimed at creating a solid foundation for family and community resilience in the future. As an example of this, trainings were designed to include cholera and community-based water quality and were co-facilitated by HRCS cholera team from PaP and IFRC WASH (Matthew).

Awareness campaign on cholera prevention:

This activity was not prioritized in this sector, as the MSPP had planned and implemented a cholera awareness campaign. However, through the joint work of both WASH and Health Sectors, 60,300 beneficiaries were reached through Hygiene promotion and cholera awareness campaigns, in 20 localities of Anse D'Hainault and Les Irois. The activities, conducted jointly with the Health Team of the Operation, included discussions in focus groups on how to keep store water safely, how to use aqua tabs, washing hand -washing facilities and how to keep clean the latrines; distributions of posters and flyers, distributions of soap; as well as community level cholera awareness and prevention campaigns

Engagement in emergency OCV immunization campaigns led by MSPP, primarily through community sensitization and mobilization based on HRCS standards

Completed

Distribution of long-lasting insecticide treated mosquito nets units (10,000 households):

The awareness campaigns sessions on malaria prevention were conducted to show the families the consequence of malaria to their health. There were considerable discussions between volunteers and families, and many questions were raised by beneficiaries, particularly regarding the signs and symptoms of malaria and the importance of going to health facilities for drug treatment of suspected cases. A demonstration on the proper use of mosquito nets was also made. Families were very pleased to participate in the mass awareness session and in the distribution of mosquito nets. Through this activity, the HRCS supported by its partners distributed 46,153 mosquito nets⁸, which implied a 185% progress on this activity; reaching an estimated 115,382 people.

Procurement and provision of condoms

HRCS volunteers distributed 6,912 male condoms during February 2017.

Implement existing programs of prevention of cholera transmission.

1,281 cholera kits were distributed.

Set up a mobile primary health care clinic program: A Canadian/French RC mobile primary health care clinic program was set up. Movements of the mobile clinic were coordination closely with MSPP, HRCS and other actors operating mobile clinics.

Clinical management of primary health care in mobile clinics: The Canadian/French RC ERU consulted 3,501 patients in remote villages in the communes of Beaumont, Pestel, Corail, Moron, Anse d'Hainault, Aceline, Les Irois and Dame-Marie, of which 64 percent were women, 36 per cent were men and 25 per cent were children under the age of 5 years.

Targeted immunization: The ERU mobile health clinic did not include this activity. The MSPP oral vaccination campaign was supported by the National Society, through community sensitization sessions conducted by trained volunteers.

⁸ Of which 46,800 mosquito nets were procured through the IFRC appeal

Data collection and regular reporting as per MSPP requirements

This has been followed as per MSPP requirements.

Management of medicines and medical consumable supply chain supporting mobile clinic & Ongoing assessment and repair/support of functionality of damaged health facilities in targeted areas

Completed.

Challenges

No electronic files/copy of information/awareness tools that were developed during the earthquake and cholera response operations could be located both in the IFRC and Haitian RC offices/files.

Organising simultaneous events/trainings was a challenge during the relief phase, due to limited logistical resources and further compounded by socio-political unrest.

Many of the targets for this sector were not set during the operation.

Lessons Learned

IFRC should have electronic copies of information/awareness materials both at the country and regional offices.

All sectorial targets must be established in the EPoA prior to the start of the operation.

**Water, sanitation and hygiene**

People reached: 79,875

Indicators:	Target	Actual
# of households reached through WASH interventions (relief phase)	11,000	12,155
# of HRCS volunteers trained	N/A	50
# of assessments carried out and shared	N/A	2
# of households provided with a set of essential hygiene items	11,000	15,975
# of people reach by hygiene promotion information	50,000	35,000
# of households reached through WASH interventions (recovery phase)	11,000	2,950
# of households having access to safe WASH technology	11,000	218
# of households provided with a set of essential hygiene items	11,000	988
# of people reached by community mobilization and hygiene promotion campaigns	65,000	35,000
# of HRCS volunteers trained	N/A	194
# of households assessed and information used	13,000	12,155

Narrative description of achievements**Training of HRCS hygiene promotion volunteers and trainers in targeted communities**

20 HRCS volunteers were trained on home based water quality assessment in 7 communes of Grand Anse, namely Ainse d'Hainault, Les Irois, Moron, Chambellan, Roseaux, Beaumont and Pestel. The team from the Dominican Republic RC supported in this activity.

Assessment of the water, sanitation and hygiene situation in targeted communities using Rapid Mobile Phone-based (RAMP) technology

One of the hardest hit areas by Hurricane Mathew, Cap á Fou village with estimated 600-1,500 inhabitants, had an outbreak of dysentery with 37 cases treated by Canadian RC Mobile clinic. In a joint effort to follow up the Canadian mobile clinic returned, and the Swedish/Austrian ERU assessed the WASH situation. Diarrheal cases treated by the mobile clinic was reduced. Overall the current WASH situation in the Village was very poor, with a river contaminated by animals, bathing, washing of clothes etc. as the only used water source.

Production, printing and distribution of IEC materials

The Dominican Republic RC supported in the distribution of IEC materials. The IEC materials were distributed in 5 communes not targeted by the recovery phase to enable the HRC committees to sustain hygiene promotion activities.

Continuous monitoring of the water, sanitation and hygiene situation in targeted communities

The HRCS trained 30 of its volunteers in home-based water quality assessment in 7 communes of Grande-Anse, namely Anse d'Hainault, Les Irois, Moron, Chambellan, Roseaux, Beaumont and Pestel; in addition, HRCS volunteers assessed the water, sanitation and hygiene situation in Anse d'Hainault and Les Irois.

Coordination with other WASH actors and respective authorities on target group needs and appropriate response

IFRC was regularly represented at all WASH and hygiene promotion coordination meetings that were presided over by DINEPA and DSGA.

Procurement of 11,000 buckets

In total 10,000 buckets were procured.

Procurement and pre-positioning of 9,949 hygiene kits

In total, 15,975 hygiene kits were **distributed** to affected areas. Items were procured through the appeal and through direct in-kind contribution of actors that supported this operation. RC actors that supported the distribution of these items included American Red Cross, French Red Cross, German Red Cross and ICRC, all through the support of HRCS volunteers.

Procurement of 22,000 jerrycans (2 per family)

23,860 jerry cans were procured. 19,422 jerrycans have been distributed.

Procurement and prepositioning of water purification tablets for 11,000 households

The implementation of two organized campaigns in eight communes (Moron, Anse d'Hainault, Roseaux, Irois, Beaumont, Jérémie (Previle), Corail and Pestel) included sensitization on cholera, malaria (with mosquito net distributions) and hygiene promotion activities with the distribution of 600,000 tablets of Aqua tabs.

Provide safe water to the affected community

Water distribution plants were established in Grand Anse and provided drinking water to households. The Dominican Red Cross supported the HRCS on the water, sanitation and hygiene promotion activities, including the assessment of water availability in Grand Anse. With the Spanish Red Cross' support, the team also installed a water purification system, allowing for the distribution of about 757,410 litres of safe drinking water to affected people in Grand'Anse department.

1,597,862 litres of water were distributed to the target population of the communal sections of Anse d'Hainault and Les Irois⁹; 11 water catchment sources were rehabilitated in the following areas: commune of Abricots and five targeted localities of the Les Irois commune (Dupond, Garcasse) and the Anse d'Hainault commune (Simon, Deli, Cacao) in Grand'Anse department. In addition, the IFRC also supported the rehabilitation of the water chlorination system for the two water sources in Anse d'Hainault, the reinforcement of drinking water infrastructure, the rehabilitation, disinfection and reinforcement of wells; moreover, the HRCS made leakage repairs to water distribution system for the 162 subscribers in Anse d'Hainault. The HRCS has also rehabilitated 4 rural water distribution networks and 1 well in Anse d'Hainault (2) and Les Irois (2), with communities contributing to digging the ground for burying pipes, and CAEPA plumbers connecting the newly installed pipes to the distribution network.

Provide information to the population of targeted communities on safe use of water treatment products and safe water storage

As part of the integrated approach with shelter, beneficiaries received rainwater harvesting systems (water tanks and filters) installed in shelters constructed. At the community level, there was training and distribution of water quality testing equipment to the local authorities and further community mobilization on hygiene promotion.

Monitor treatment and storage of water through household surveys (post-distribution monitoring)

Trained water chlorination agents and WASH technicians who were active in Anse d'Hainault and Les Irois during the response, conducted water quantity and quality checks post distribution.

Hygiene promotion activities around the use of WASH NFIs provided to the target communities

During the distribution of WASH items, the HRCS briefed affected populations on how to keep their water safe at home and disinfect water using chlorine solution.

Disseminate hygiene promotion messages through radio programmes

Not completed due to limited funding.

Identification of WASH technical staff and hygiene promoters & Recruitment of WASH technical staff and hygiene promoters

Completed

⁹ In total more than 2.3 million litres of safe water were distributed by RC partners.

Training of WASH technical staff and hygiene promoters

Hygiene Promotion specialists with a ToT background trained hygiene promotion volunteers in seven communes of Grand'Anse department; furthermore, hygiene promotion messaging was done during relief distributions, and the HRCS organized a two-week hygiene promotion campaign in Anse D'Hainault, Les Irois, Dame Marie and Roseaux, which was aimed at reaching beneficiaries through hygiene promotion messaging and allowing the recently trained hygiene promotion volunteers to practice and obtain real time coaching from ERU mass sanitation module (MSM) hygiene promotion experts.

Procurement and distribution of 988 cleaning kits

During the emergency phase of the operation, the IFRC supported the distribution of 300 cleaning kits; while partners supported the distribution of the rest.

Coordination with other WASH actors and respective authorities on target group needs and appropriate response

Haiti's National Bureau of Water and Sanitation of Haiti (DINEPA for its acronym in French) lead the general coordination with other WASH actors, which has also been supported by the United Nations Children's Fund (UNICEF). During the coordination meetings, general recommendation for a uniform approach of all actors are formulated and the exchange of relevant information is facilitated. A 4W coordination matrix on WASH activities, which was developed by Red Cross actors in Haiti, was shared with UNICEF; the UNICEF 4W matrix also includes information on WASH actors in other departments of Haiti that are responding to Matthew

Procure and distribute water treatment devices and additional NFIs to 1,000 households, including beneficiaries of the shelter programme

A pool tester and water treatment devices were made available to the HRCS volunteers and CAEPA¹⁰ technicians. Additional NFIs were not purchased due to gaps in funding.

Procure water quality monitoring devices

A pool tester and water testing kits have been put at the disposal of HRCS volunteers and Drinking Water Supply and Sanitation Committee (CAEPA for its acronym in French) technicians for hygiene promotion and water purification activities

Identification of additional NFI requirements in targeted community

1000 water filters and 1000 water tanks were purchased. Out of the water tanks, 750 were distributed directly to beneficiaries and 150 were distributed as part of the rainwater harvesting systems.

Implementation of sustainable WASH techniques (including training) aligned with the shelter programme

All houses rehabilitated received a supplemental WASH component including the construction or repair of latrines, the installation of a rain water catchment system from the roof of the houses. Volunteers in Grand Anse, previously trained in hygiene promotion were trained in quality parameters testing and the kits in the ERU equipment to do it.

Implementation of rainwater harvesting, and sanitation technologies as required for 65 reconstructed houses aligned with the shelter programme

During the emergency phase, the teams installed rainwater harvesting systems and water filters in 68 households that received emergency shelters.

Implementation of rainwater harvesting technology and sanitation technologies for 100 new and rehabilitated houses aligned with the shelter programme

750 beneficiaries (150 households) have benefited from the installation of 150 rainwater harvesting systems (water tanks and filters) in their reconstructed houses, as part of the integrated approach of the operation.

Rehabilitate rural distribution networks

2,950 families, (16,100) people have access to safe water through the rehabilitation of rural water distribution networks in Anse D'Hainault and Les Irois. This entailed the rehabilitation and protection of water catchment areas, water distribution pipes and end point water collection facilities.

Pre-positioning of WASH related NFIs and water treatment tablets/sachets together with health material for cholera preparedness in target departments

PUR sachets were pre-positioned in Dupond, Cap a four and Carcasse localities for subsequent WASH activities.

Rehabilitation of sanitation facilities

This activity included sanitary bloc assessments, meetings with community level actors, cleaning of septic tanks, Masonry works, put ventilation works, focus groups in the community on how to keep clean the toilettes, making use of with PHAST posters, and reparation and building of hand washing facilities.

- Rehabilitation of Well - 11
- Construct of Hand Washing Facilities at School) - 02
- Rehabilitation of Community Sanitation Block – 02

Study to develop a long-term WASH/cholera project

Not completed due to limited funding.

Assess the possibility of integrated project health/WASH "Prevention of communicable diseases and early treatment of cholera" (waterborne, vector-borne, STIs)

Although there had been progress in the fight against Cholera, it was still an issue at the time when Hurricane Matthew impacted Haiti, and the Red Cross continued to work together with the government and other organizations to ensure coordination and long lasting and sustainable actions to eradicate cholera form Haiti.

As Haiti is also vulnerable to vector-borne diseases, particularly Malaria, Zika, Dengue and Chikungunya, the health and water and sanitation strategy of the Red Cross Red Crescent Movement in Haiti also addressed these vector-borne diseases. A programme on long term actions on both waterborne and vector-borne diseases was identified as a priority.

Training of HRCS volunteers for cholera response teams

32 HRCS volunteers trained in Emergency Response Team (ERT) from the communes of Anse d'Hainault, Les Irois, Jérémie, Moron, Chambellan, Roseaux -Dame Marie

Monitoring of the water, sanitation and hygiene situation in targeted communities using RAMP technology through HRCS volunteers

Volunteers were trained in the use of RAMP technology. However, there were challenges in being able to involve volunteers, particularly teachers and students, during the emergency phase, given that 65% of volunteers were not able to attend the training.

Monitor treatment and storage of water through household surveys and household water quality tests through HRCS volunteers

Home surveys conducted on water quality and testing conducted in Anse D'Hainault

Hygiene promotion activities addressing the target communities through HRCS volunteers

The HRCS has assisted at least 35,000 people through this sector; 11,000 people reached through hygiene promotion during relief distributions, 16,330 during the 2-week hygiene promotion campaign in Anse D'Hainault, Les Irois, Dame Marie and Roseaux and 12,000 people received hygiene promotion messages (hand washing, cholera prevention). During the carnival in Jérémie (26 to 28 February 2017), the HRCS branch deployed 54 volunteers (6 hygiene promoters, 12 volunteers on HIV- acquired immune deficiency syndrome (AIDS), 30 volunteers trained in first aid and 6 PSS volunteers. The HRCS now has 162 volunteers trained in hygiene promotion and 25 trainers available for future hygiene promotion activities; likewise, the HRCS has developed a monitoring and reporting template for ongoing and future Hygiene promotion activities.

Disseminate hygiene promotion messages through radio programmes

Not completed due to lack of funding.

Other results

Furthermore, the Dominican Red Cross also supported the maintenance of 7 ambulances, 19 power generators and 6 vehicles, as well as HRCS water and sanitation equipment; these efforts, which align with an existing Binational Plan between the Dominican Red Cross and Haiti Red Cross Society, enabled the HRCS to respond more effectively to Hurricane Matthew.

Challenges

Volunteer recruitment during the emergency phase was a challenge.

The integrated approach with shelter proved a large challenge, as the shelter programme was slowed down due to unforeseen factors. This affected both the rate of implementation the WASH activities linked with this, and impacted the timeline of the pledges and operating costs.

Lessons Learned

Recruiting of professional volunteers (teachers, nurses, etc) and students during the emergency phase of operations should be avoided, as it is challenging for them to attend and participate fully in trainings.

Restoring Family Links

People reached: 257

Indicators:	Target	Actual
# of RFL antennas set up in affected areas	3	4
# of tracing requests, Red Cross messages, realized phone calls with family members, "sound and safe" messages	N/A	198
Narrative description of achievements		
<p>Together with the HRCS, the ICRC set up RFL antennas in les Cayes, Jérémie and Dame-Marie, which were heavily affected by Hurricane Matthew. The antennas were operated by HRCS volunteers and allowed people to search for or reconnect with family members after Hurricane Matthew. They could register as "safe and sound" or put out search requests for people who went missing. Given that not all the affected families have the means to travel to one of the antenna locations, a fourth antenna was set-up and integrated into the FACT structure, allowing people whose families reside in remote areas to reach out to them, thereby offering a more comprehensive Movement response to people affected by Hurricane Matthew. Once the program ended, the antenna infrastructure and knowhow will remain with the HRCS, allowing it to intervene autonomously in a future emergency.</p> <p>The HRCS received 83 search requests, of which 63 were resolved. A total of 257 phone calls were facilitated, which enabled families to reconnect after Hurricane Matthew. Moreover, the antennas allowed for the dissemination of 22 Red Cross family messages to family members of detainees who were worried about the faith of their loved ones after Hurricane Matthew.</p>		
Challenges		
<i>Not provided by ICRC</i>		
Lessons Learned		
<i>Not provided by ICRC</i>		

Quality programming/Areas common to all sectors

Indicators:	Target	Actual
# of assessments conducted (general and/or sectoral)	N/A	2
Assessment reports which show beneficiaries are consulted (assessment reports, plan of action)	N/A	N/A
Operation objectives and activities which reflect the needs, concerns and values of disaster-affected people, particularly those belonging to vulnerable groups	All	All
# of people reached through all media campaigns	N/A	Not measured
# of people reached through mass media campaigns (radio and television)	N/A	0
# of people reached through social media campaigns	N/A	0
# of visitors to the website, blogs and other relevant sites (not social media)	N/A	Not tallied
# of partnerships with traditional media to broadcast communication campaigns with the HRCS	N/A	1
# of Red Cross volunteers trained to deliver community engagement outreach	N/A	10
# of Red Cross CEA outreach volunteers given sector specific training	N/A	10
# of people reached through community engagement outreach campaigns	N/A	Not measured
# of feedback mechanisms put into place during outreach campaigns allowing community members to voice their concerns and questions	N/A	0
# of developed tools	N/A	0
# of radio spots, interactives show produced and trained (# aired)	N/A	0
# of people reached through mobile phone campaigns	N/A	0
# of materials produced to work in two-way communication	N/A	4
# of interactive activities developed with community	N/A	N/A
# of baseline studies/surveys or other risk communication studies	N/A	0

# of follow-up baseline/or other surveys in risk communication	N/A	0
# of SAF workshop established	N/A	3
# of trained HRCS staff	N/A	60

Narrative description of achievements

During the emergency phase, the IFRC Information Management and PMER team worked in close collaboration with the HRCS, the ICRC and all the PNSs in country to update the data collection and reporting system. In addition, HRCS volunteers and Movement partners involved in the operation used the platform that was set up (online database) to report on achievements against the revised EPoA. Various missions were conducted to monitor progress of the operation in the field, and IFRC offices were set up in Anse D'Hainault and Jérémie.

Two heads of emergency operations, FACT and ERU teams were deployed to Haiti to support the operation; these teams conducted needs assessments and prepared the emergency plan of action to respond to Hurricane Matthew.

The HRCS carried out several monitoring visits to check the progress of the activities implemented by the operation teams in the targeted areas affected by the Hurricane Matthew (Roseaux, Anse-d'Hainault, Les Irois).

The [Real-time evaluation \(RTE\)](#) was conducted in February 2017 to provide recommendations to optimize allow the Hurricane Matthew operation team's work and facilitate HRCS's and IFRC's management's decision making. A [Strengthening Movement Coordination and Cooperation \(SMCC\) evaluation](#) was done for this specific operation and the conclusions presented in the General Assembly of the IFRC in Turkey in 2017. Additionally, in the framework of a global Operational Excellency evaluation, this operation was evaluated in terms of how to be more efficient in the response phase of emergency appeals. While a final evaluation was initially planned, due to limited funding and the different evaluations missions carried out in Haiti, this was not feasible.

Communications

The HRCS, with support from IFRC, produced [four videos](#) on the livelihood and water and sanitation programme, and it conducted a CEA workshop in July 2017.

From the onset, the communications team has been actively integrated with the operational team on the ground, documenting the response of Haiti Red Cross and its Movement partners to bring visibility to activities, position the Red Cross as a key responder and support the emergency appeal. With support from global communications team in Port-au-Prince, Panama and Geneva, initially 4 communications delegates were positioned in the affected areas. However, since December 2016 there has not been a communication team working on the ground. In February 2017, it was agreed that the Communication Officer of the cluster will take the role to coordinate the public communication for the Operation. For details on communication materials produced during the emergency phase of the operation, see [Operations Update No 2](#). Communication activities continued during the recovery phase of the operation. A 1 year after Matthew article was drafted and published in the newspaper with wider circulation in Haiti, The Nouvelliste.

Community Engagement and Accountability

With a view to looking at reactivating the sustainable use of these mechanisms, a RIT delegate was deployed in mid-October 2016. This was followed by a CEA consultant from November to December 2016. The aim of the consultant was to use CEA - Community Engagement and Accountability - to support Livelihoods, Shelter, Cash, Wash and Health program interventions in the field. A CEA Senior Officer was recruited to support the rolling out of the CEA strategy, monitor the CEA field support, and work with HRCS staff to develop key sustainable CEA mechanisms such as radio programming. The consultant facilitated the deployment of a Haitian national CEA Manager from American Red Cross to lead the operational CEA field work. The CEA officer travelled to the field, assisting IFRC operations to obtain local community support for programmes on the ground.

The CEA consultant took part in the integration with plans and HR structures along with the different IFRC Sectors, resulting in a range of planning tools and plans for the appeal, and assisted in getting budgetary support to hire an initial two CEA field officers to support the CEA Manager in one of each of the two field locations where IFRC-supported interventions will take place, in Les Irois, and in Anse d'Hainault. The CEA Consultant developed an initial CEA strategy together with Haitian Red Cross (HRC), working with the HRC CEA department to identify opportunities for integrating CEA into the immediate response and the relief phase. The preliminary activities were integrated in the strategy helping to define how CEA activities may be embedded into the National Society's programmes and capacity-building, and attempt to capitalize on the widespread ownership of mobile phones in Haiti and the high radio listenership among the affected communities prior to the disaster; however, this initiative was not without its challenges as communication with some of the hard to reach areas targeted by the Red Cross Movement was poor, physical access for visits and distributions complex, and internet connectivity, cell phone towers and radio stations damaged, making continuous communication with the affected areas a challenge.

While undergoing this process, the National Society sought to ensure coherence with external communications activities and operations to mitigate reputational risks related to the community's perception and understanding of Red Cross

actions.

With the objective of capturing the achievements of the interventions of the Federation after the passage of Matthew, community engagement and accountability (CEA) case studies were carried out in September 2017, through which feedback from direct and indirect beneficiaries were gathered. Field visits were organized by the CEA component, to follow up the progress of the implementation of the activities of the Program "Kwawouj Edem Kanpe Apré Matthew" (KEKAM) in Grand 'Anse, through which testimonies from the communities served by the program were collected. The main products of this initiative were written and video testimonies, as well as photos. Actors involved included Haitian Red Cross Volunteers, beneficiaries, representatives of regional and local committees of the Grand Anse Department and, CEA, WASH, and Shelter teams.

Security

Given the increasingly volatile security environment and rise of the number of security incidents targeting humanitarian organizations in the region affected by hurricane Matthew, the Movement needed an efficient methodology to manage field security in an effective way. Through the dissemination and training of Red Cross volunteers and staff, security management was improved and risk exposure reduced to minima.

To promote safer access and integrate elements into operations, team leaders and other RC staff of the Regional Committee of South Department, 3 safer access workshops were facilitated by the HRCS and the ICRC. The workshops were combined with a mini risk assessment led by the regional board. As an outcome, additional security rules were developed and will be submitted to the regional board for approval and implementation. More than 60 HRCS volunteers and staff of the American Red Cross attended the workshops.

150 first aid kits were distributed to HRCS field structures to replace the material used during and after hurricane Matthew. Nine SAF workshops was conducted in Nippes, Sud, Grande-Anse and Nord-Ouest over a five-week period. 180 volunteers and staff benefitted at regional and local levels of HRC structures of the workshops. Moreover, 425 first aid kits were pre-positioned in the field together with 110 stretchers and 200 body bags, allowing HRCS structures to respond immediately and autonomously to future emergencies.

Furthermore, the IFRC's secretary general visited Haiti and seized the opportunity to talk with government authorities as part of the Disaster Law Advocacy effort.

Challenges

The high turnover of management and technical staff had a negative impact in term of operational planning, internal coordination and technical support for the different sectors. This has been reviewed through the RTE and Opex evaluation as well as through internal discussions within the movement and the IFRC secretariat.

Data management and data analysis was an important challenge as the IFRC doesn't have an information management system in place that can capture both the emergency phase activities and the recovery phase actions. The sheer volume of information that was available and produced through the different rotations of FACTs and ERUs, the implementation of activities by RCRC movement partners and the Haitian RC is not captured in a comprehensive system that can support both decision making, monitoring and quality evaluation of actions.

During the recovery phase of the operations, CEA presented challenges due to the lack of integration of the CEA teams into the structure designed for the implementation of activities. This cause significant delays in implementation in WASH and Shelter.

Another important challenged that was faced is the NS regional and local branch capacities to follow up with communities after completion of different activities, despite having received capacity strengthening trainings in different sectors. Regional and local branches need to develop their follow up plans with communities that benefitted from rehabilitation actions.

An audit and a final evaluation are still part of the activities budgeted for this Appeal as originally planned; however, as no additional contributions were received to decrease the funding gap, it was not possible to complete these.

Lessons Learned

In terms of HR lessons learned, the importance of continuity in management and technical staff has been highlighted, and the response plans for Haiti have been revised accordingly. The need to have from the onset technical program managers is of the outmost importance.

Information management systems needs to be strengthened ahead of emergencies and training provided to IFRC, Haitian RC and PNS in/country.

Humanitarian quality standards need to be better understood by all parties, both in the response as well as in the recovery phase. This goes beyond just training volunteers and managers, but to understand these standards and the impact they have in terms of vulnerability reduction.

CEA Team Leaders needs to be integrated into the operational team. In this operation, the CEA team leader was seconded from a PNS, and was only present in the field during trainings or upon request of the HRCS. This structure caused discordance among the field teams, managerial issues and conflicts and resulted in delays in implementations.

D. THE BUDGET

[Please find attached.](#)

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)
- [One International Emergency Appeal](#)

Contact Information

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

In the Haitian Red Cross Society:

- Dr. Marie Marcelle Cauvin, General Director of Haitian Red Cross Society; email: mm.cauvin@croixrouge.ht

In the IFRC Country Cluster Support Team for the Latin Caribbean:

- Ines Brill; Head of Country Cluster Office; email: ines.brill@ifrc.org

In the IFRC regional office for the Americas:

- Iñigo Barrena, Head of the Disaster and Crisis Department; email: ci.barrena@ifrc.org
- Diana Medina, Communications Unit Manager for the Americas, phone: +507 6780-5395; email: diana.medina@ifrc.org

For Resource Mobilization and Pledges:

- Marion Andrivet, Emergency Appeals & Marketing Senior Officer, phone: +507 6679 5355 +507 6674-1584; email: marion.andrivet@ifrc.org

In Geneva:

- Ruben Romero, Operational Support Lead, email: ruben.romero@ifrc.org

For In-Kind donations and Mobilization table:

- Stephany Murillo, Manager, Logistics Unit, mobile: +507 6679-9674, email: stephany.murillo@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

Paula Martes; Planning, Monitoring, Evaluation and Reporting manager; phone: +507 317-3050; email: paula.martes@ifrc.org

How we work

All IFRC 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 Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC'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

Disaster Response Financial Report

MDRHT013 - Haiti - Hurricane Matthew

Timeframe: 06 Oct 16 to 06 Apr 18

Appeal Launch Date: 06 Oct 16

Final Report

Selected Parameters

Reporting Timeframe	2016/9-2018/8	Programme	MDRHT013
Budget Timeframe	2016/9-2018/4	Budget	2017REVISION
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		16,606,057	9,574,936	808,586	64,496	27,054,076	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		40,191	213,665			253,857	
Andorran Red Cross			6,868			6,868	
Apple iTunes		44,687				44,687	
British Red Cross		1,014,972	8,295			1,023,267	
British Red Cross (from British Government*)		683,016	171,211			854,226	
China Red Cross, Hong Kong branch			311,422			311,422	
Credit Suisse Foundation		20,000				20,000	
Danish Red Cross (from Ole Kirk's Fond*)			138,172			138,172	
European Commission - DG ECHO			280,908			280,908	
Finnish Red Cross		53,568				53,568	
French Red Cross			4,537			4,537	
Great Britain - Private Donors			60			60	
IFRC at the UN Inc			1,693			1,693	
Italian Government Bilateral Emergency Fund		438,144				438,144	
Japanese Government			505,320			505,320	
Japanese Red Cross Society		87,398				87,398	
Japanese Red Cross Society (from Japanese Government*)		349,592				349,592	
Kenya - Private Donors			200			200	
Liechtenstein Red Cross		139,078				139,078	
Luxembourg - Private Donors		548				548	
Luxembourg Red Cross		12,502				12,502	
Luxembourg Red Cross (from Luxembourg Government*)		54,266				54,266	
Mexican Red Cross		1,657				1,657	
Monaco Government		59,304				59,304	
Netherlands - Private Donors		22				22	
New Zealand Red Cross		10,973				10,973	
On Line donations		25,674				25,674	
On Line donations (from Argentina - Private Donors*)		1				1	
On Line donations (from Australia - Private Donors*)		3				3	
On Line donations (from Belgium - Private Donors*)		15				15	
On Line donations (from Brazil - Private Donors*)		20				20	
On Line donations (from Canada - Private Donors*)		10				10	
On Line donations (from Chile Private Donors*)		3				3	
On Line donations (from Colombia - Private Donors*)		11				11	
On Line donations (from Czech private donors*)		2				2	
On Line donations (from Denmark - Private Donors*)		6				6	
On Line donations (from Finland - Private Donors*)		3				3	
On Line donations (from France - Private Donors*)		3				3	
On Line donations (from Germany - Private Donors*)		15				15	
On Line donations (from Ghana Private Donors*)		4				4	
On Line donations (from Great Britain - Private Donors*)		56				56	
On Line donations (from Hong Kong - Private Donors*)		3				3	
On Line donations (from Ireland - Private Donors*)		14				14	
On Line donations (from Italy - Private Donors*)		2				2	
On Line donations (from Japan - Private Donors*)		4				4	
On Line donations (from Kazakhstan - Private Donors*)		2				2	
On Line donations (from Luxembourg - Private Donors*)		1				1	

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On Line donations (from Malaysia - Private Donors*)	14			14
On Line donations (from Mexico - Private Donors*)	4			4
On Line donations (from Netherlands - Private Donors*)	5			5
On Line donations (from New Zealand - Private Donors*)	1			1
On Line donations (from Norway - Private Donors*)	9			9
On Line donations (from Portuguese - Private Donors*)	11			11
On Line donations (from Puerto Rico - Private donors*)	10			10
On Line donations (from Qatar Private Donors*)	2			2
On Line donations (from Singapore - Private Donors*)	28			28
On Line donations (from Spain - Private Donors*)	2			2
On Line donations (from Swedish - Private Donors*)	14			14
On Line donations (from Switzerland - Private Donors*)	25			25
On Line donations (from Taiwan - Private Donors*)	3			3
On Line donations (from Thailand - Private Donors*)	5			5
On Line donations (from Unidentified donor*)	76			76
On Line donations (from United Arab Emirates - Private Donors*)	20			20
On Line donations (from United States - Private Donors*)	273			273
Qatar Red Crescent Society		15,844		15,844
Qatar Red Crescent Society (from Qatar Government*)		138,547		138,547
Red Crescent Society of the Islamic Republic of Iran		10,000		10,000
Red Cross of Monaco			60,605	60,605
Republic of Korea Government	49,229	89,229	9,229	147,687
Singapore Red Cross Society	30,326			30,326
Spain - Private Donors		54		54
Spanish Red Cross		4,121		4,121
Swedish Red Cross	646,937	16,485		663,422
Swiss Red Cross	211,184			211,184
Swiss Red Cross (from Swiss Government*)	300,000			300,000
Switzerland - Private Donors		5,000		5,000
The Barbados Red Cross Society	15,849			15,849
The Canadian Red Cross Society (from Canadian Government*)	226,294			226,294
The Netherlands Red Cross (from Netherlands Government*)	300,885	23,055		323,940
The Republic of Korea National Red Cross	521,440	50,000		571,440
UL LLC -Underwriters Laboratories,LLC		4,879		4,879
UNDP - United Nations Development Programme (from Chile Government*)	49,460			49,460
United Arab Emirates - Private Donors	242			242
United States - Private Donors	926	152		1,078
VERF/WHO Voluntary Emergency Relief			2,000	2,000
C1. Cash contributions	5,389,041	1,999,716	71,834	7,460,591
Inkind Goods & Transport				
American Red Cross		86,606		86,606
British Red Cross		199,120		199,120
China Red Cross, Hong Kong branch		200,634		200,634
French Red Cross		72,808		72,808
Qatar Red Crescent Society		259,750		259,750
Spanish Red Cross		68,811		68,811
C2. Inkind Goods & Transport		887,730		887,730
Inkind Personnel				
Danish Red Cross	7,653			7,653
The Canadian Red Cross Society	18,948			18,948
C3. Inkind Personnel	26,601			26,601

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Other Income				
Write off & provisions		-26,363		-26,363
C4. Other Income		-26,363		-26,363
C. Total Income = SUM(C1..C4)	5,425,370	2,851,906	71,283	8,348,558
D. Total Funding = B +C	5,425,370	2,851,906	71,283	8,348,558

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		5,425,370	2,851,906	71,283		8,348,558	
E. Expenditure		-5,339,129	-2,851,906	-71,283		-8,262,318	
F. Closing Balance = (B + C + E)		86,241	0	0		86,241	

Disaster Response Financial Report

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
A						B	A - B	
BUDGET (C)			16,606,057	9,574,936	808,586	64,496	27,054,076	
Relief items, Construction, Supplies								
Shelter - Relief	351,077		266,934	326,410			593,344	-242,267
Construction - Housing	1,282,723		178,523	236			178,760	1,103,964
Construction - Facilities	93,289							93,289
Construction Materials	19,435		75,375				75,375	-55,939
Clothing & Textiles	113,946		30	152,121			152,151	-38,205
Food	119,526		34,809				34,809	84,717
Seeds & Plants	495,466		1,251				1,251	494,216
Water, Sanitation & Hygiene	2,128,746		4,074	619,051			623,125	1,505,620
Medical & First Aid	56,521		256	57,280			57,536	-1,015
Teaching Materials	268,011		52,353	189,444	1,465		243,263	24,749
Utensils & Tools	226,184		101,672	219,826			321,498	-95,314
Other Supplies & Services	18,172		11,477	10			11,487	6,685
Cash Disbursement	530,192		354,138				354,138	176,054
Total Relief items, Construction, Sup	5,703,290		1,080,893	1,564,378	1,465		2,646,737	3,056,554
Land, vehicles & equipment								
Land & Buildings	0							0
Vehicles	358,579							358,579
Computers & Telecom	116,320		29,152	4,231			33,382	82,937
Office & Household Equipment			1,674				1,674	-1,674
Others Machinery & Equipment	291,528							291,528
Total Land, vehicles & equipment	766,427		30,826	4,231			35,056	731,371
Logistics, Transport & Storage								
Storage	83,571		56,551	11,837			68,388	15,183
Distribution & Monitoring	329,041		39,466	226,947			266,413	62,628
Transport & Vehicles Costs	1,214,111		334,999	92,961	78		428,038	786,073
Logistics Services	219,603		32,955	79,301			112,256	107,346
Total Logistics, Transport & Storage	1,846,327		463,971	411,046	78		875,095	971,231
Personnel								
International Staff	2,844,838		925,224	189,987	73		1,115,284	1,729,554
National Staff	1,343,475		877,054	211,715	9,318		1,098,087	245,389
National Society Staff	1,345,045		94,810	29,703			124,514	1,220,531
Volunteers	187,044		7,067	15,604			22,671	164,373
Other Staff Benefits			8				8	-8
Total Personnel	5,720,403		1,904,163	447,010	9,391		2,360,564	3,359,839
Consultants & Professional Fees								
Consultants	131,509		24,127		40,408		64,535	66,974
Professional Fees	30,000		893	1,016	2,023		3,931	26,069
Total Consultants & Professional Fees	161,509		25,019	1,016	42,431		68,466	93,043
Workshops & Training								
Workshops & Training	624,064		24,989	8,019			33,008	591,057
Total Workshops & Training	624,064		24,989	8,019			33,008	591,057
General Expenditure								
Travel	132,694		168,179	38,899	4,064		211,142	-78,448
Information & Public Relations	493,265		9,686	1,511	5,939		17,136	476,129
Office Costs	354,436		101,598	13,610	67		115,276	239,161
Communications	145,044		44,951	4,891	21		49,863	95,181
Financial Charges	128,029		2,515	2,068	-143		4,440	123,589

Disaster Response Financial Report

MDRHT013 - Haiti - Hurricane Matthew

Timeframe: 06 Oct 16 to 06 Apr 18

Appeal Launch Date: 06 Oct 16

Final Report

Selected Parameters

Reporting Timeframe	2016/9-2018/8	Programme	MDRHT013
Budget Timeframe	2016/9-2018/4	Budget	2017REVISION
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			16,606,057	9,574,936	808,586	64,496	27,054,076	
Other General Expenses	11,078		5,046	2,497			7,543	3,535
Shared Office and Services Costs	324,468		298,298	64,808	3,617		366,723	-42,256
Total General Expenditure	1,589,015		630,273	128,284	13,566		772,124	816,891
Contributions & Transfers								
Cash Transfers National Societies	8,991,852		725,466				725,466	8,266,386
Cash Transfers to 3rd Parties			94,797	113,358			208,155	-208,155
Total Contributions & Transfers	8,991,852		820,263	113,358			933,621	8,058,231
Indirect Costs								
Programme & Services Support Recovt	1,651,188		315,960	157,050	4,351		477,360	1,173,827
Total Indirect Costs	1,651,188		315,960	157,050	4,351		477,360	1,173,827
Pledge Specific Costs								
Pledge Earmarking Fee			35,704	12,882			48,586	-48,586
Pledge Reporting Fees			7,069	4,631			11,700	-11,700
Total Pledge Specific Costs			42,773	17,513			60,286	-60,286
TOTAL EXPENDITURE (D)	27,054,076		5,339,129	2,851,906	71,283		8,262,318	18,791,758
VARIANCE (C - D)			11,266,928	6,723,030	737,304	64,496	18,791,758	

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Reporting Timeframe	2016/9-2018/8	Programme	MDRHT013
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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	5,255,108		2,564,041	2,564,041	2,477,801	86,241	
Food security	3,901,670		1,092,140	1,092,140	1,092,140	0	
Shelter	7,449,279		1,769,189	1,769,189	1,769,189	0	
Subtotal BL2	16,606,057		5,425,370	5,425,370	5,339,129	86,241	
BL3 - Strengthen RC/RC contribution to development							
Disaster risk reduction	1,771,477		21,373	21,373	21,373	0	
Health	1,734,423		1,815,621	1,815,621	1,815,621	0	
Water and sanitation	6,069,036		1,014,912	1,014,912	1,014,912	0	
Subtotal BL3	9,574,936		2,851,906	2,851,906	2,851,906	0	
BL4 - Heighten influence and support for RC/RC work							
International relations	808,586		71,283	71,283	71,283	0	
Subtotal BL4	808,586		71,283	71,283	71,283	0	
BL5 - Joint working and accountability							
Cooperation and coordination	64,496						
Subtotal BL5	64,496						
GRAND TOTAL	27,054,076		8,348,558	8,348,558	8,262,318	86,241	