



Haiti earthquake 2010

One-year progress report

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity / The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality / It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality / In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence / The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service / It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity / There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality / The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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P.O. Box 372
CH-1211 Geneva 19
Switzerland
Telephone: +41 22 730 4222
Telefax: +41 22 733 0395
E-mail: secretariat@ifrc.org
Web site: <http://www.ifrc.org>

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“It is in the deepest adversity that we discover who we really are. In Haiti we have lost so much. But we have learned a great deal about who we are as a nation, as a National Society and as individual volunteers.”

Dr. Michaële Amédée Gédéon,
President of the Haitian Red Cross Society



Welcome note

On 12 January 2010, a magnitude 7 earthquake struck the most heavily populated area of the poorest country in the western hemisphere. Already struggling with poverty, low levels of healthcare, unemployment, lack of access to water and sanitation, and highly vulnerable to violent tropical storms; Haiti suddenly faced the biggest natural disaster in its history.

This report covers the Red Cross Red Crescent relief and early recovery operation from January to November 2010. Ten months of intensive activity has provided sufficient experience with which to reflect on what has been a monumental operation for the humanitarian community. The dust has settled and the engine is in motion. There is sufficient progress to weigh what has been accomplished and to gauge what still needs to be done.

Generous donations from the public account for 67 per cent of the Red Cross Red Crescent funding for Haiti. The Red Cross Red Crescent commits to providing regular, transparent information on how money is being spent to improve the lives of Haitians. Rigorous planning, monitoring and evaluation of programmes help to measure successes and see where the greatest challenges lie.

Ten months ago things looked very different as aid agencies arrived en masse in a capital in ruins, a government crippled and a population shaken to the core. Much real progress has already been made but reconstruction and rehabilitation will take years.

The Haitian people have demonstrated immense resilience in the face of the disproportionate trials thrust upon them recently and over the past years and decades. It is they who must steer the future of their country.



Dr. Michaële Amédée Gédéon
President,
Haitian Red Cross Society

Mr. Xavier Castellanos
Director of Zone for the Americas,
International Federation of Red Cross
and Red Crescent Societies

24-year-old James Aloute has lived in a tent with his brothers and sisters since the earthquake. He has just received new tarpaulins from the Red Cross Red Crescent to prepare for new hurricanes.

A Red Cross worker moves boxes of medicine from the health clinic at Automeca camp in Port-au-Prince to the Red Cross Red Crescent clinic in Léogane.



A note on reading this report

This report presents the results of the cumulative and collective efforts of the Red Cross and Red Crescent in Haiti in response to the earthquake on 12 January 2010. It reflects a consolidated portrait of the best available data obtained in Haiti and through the participation of National Red Cross and Red Crescent Societies around the world. This is the first Federation-wide public report in the proposed series of reports that will allow us to monitor progress over time and to account for the funds raised for the relief and recovery work in Haiti.

The report consists of programmatic and financial data. The programme information and indicators illustrate the principal activities carried out during the relief and early recovery phases of operations through to 15 November 2010. The intention is to report the combined achievements that are the most representative of National Societies' efforts. However, the scale of the operation does not allow the indicator information to reflect the full spectrum of the support provided by the Red Cross and Red Crescent. The indicators and methodologies used to gather information on programme progress will continue to be refined to reveal future phases of the operation. Although some recovery indicators such as livelihoods support and the building of transitional shelters are already included in this report, the majority still reflect relief activities due to the extended emergency phase.

The financial data reported as of 30 September 2010 shows an analysis of the funds received and expended for the operation in response to the earthquake. The financial information presented in each Federation-wide progress report is reflective of the number of National Red Cross and Red Crescent Societies reporting into it. For this first public report 26 National Societies provided financial information. The report tries to also capture data regarding activities funded by the Red Cross and Red Crescent, but implemented through external partners.

As the methodologies continue to be refined, the definitions of some indicators might alter, which will lead to changes in the figures reported. For explanations of the methodology and definitions used in this report, please refer to Annexes 1 and 2.

International Federation of Red Cross and Red Crescent Societies (IFRC): refers to the Federation Secretariat and all member National Societies, collectively. The term Red Cross Red Crescent is used interchangeably with IFRC. Note that this is different from 'the Red Cross and Red Crescent Movement' which would include the International Committee of the Red Cross (ICRC) in addition to the Federation Secretariat and member National Societies.

Federation Secretariat: refers to the coordinating entity which represents the IFRC members. In the earthquake response operation in Haiti – as in many other operations – the Secretariat also performs an operational role in the implementation of programmes. For the purpose of Federation-wide reporting, the Secretariat reports income, expenditure and the programme results of its operations in the field.

External partner: refers to a non-Federation member, including ICRC, United Nations agencies, governments, foundations, universities, or other international or local NGOs.



Operational overview

Financial overview	Total
Total Red Cross Red Crescent income through September 2010	1,118.5 million Swiss francs
Total Red Cross Red Crescent expenditure through September 2010	273.1 million Swiss francs



In the days and weeks following the earthquake, tons of aid and hundreds of Red Cross and Red Crescent relief workers arrived in Haiti from around the world.

The Haiti earthquake operation has been the largest single country response in the history of the Red Cross Red Crescent. In the emergency phase, the focus was firmly on urgently needed shelter, healthcare, relief items and water and sanitation. Ten months on, needs are still great and many people are still vulnerable. Non-food relief items continue to be distributed with a focus on replacing emergency shelter materials. Emphasis on recovery programmes is steadily increasing.

Achievements continue to be made in supporting the affected population towards the recovery phase. Ten months on, housing the earthquake-affected population still presents challenges as land issues persist in hampering



Transitional shelters built by the Red Cross Red Crescent at l'Annexe de la Mairie, a camp on the fringes of Cite Soleil in Port-au-Prince.

progress but gradually transitional shelter is replacing emergency shelter and a number of alternative solutions are proving successful.

The Red Cross Red Crescent has assumed an interim support role, in collaboration with other humanitarian agencies, to alleviate the huge strain placed on local authorities in healthcare, water and sanitation, and civil protection. Capacity-building activities aimed at strengthening competence are a crucial element in the Red Cross Red Crescent plan of action supporting the public authorities in reclaiming full control in their respective sectors.

The heart of the Red Cross Red Crescent approach to disaster recovery and disaster risk reduction is to address the local vulnerabilities that lead to disaster. When an unexpected outbreak of cholera emerged in October, an integrated approach focusing on healthcare and water and sanitation was adopted to encompass hygiene promotion, cholera prevention and treatment. In November, as Hurricane Tomas threatened, tens of thousands of people were reached through disaster-preparedness activities in dozens of camps and communities.

The emergency phase

The effort began as soon as the ground stopped shaking. The challenges were vast. The country's densely populated capital city, Port-au-Prince, was effectively disabled. The full human cost would not be known for weeks and the real number may never be identified. Bodies of thousands of victims started to pile up in the streets and outside hospitals. More were found trapped beneath the rubble. According to government estimates, more than 220,000 people died.

The Haitian Red Cross Society's staff and volunteers suffered terrible personal losses but continued to work around the clock helping individuals in affected communities throughout Port-au-Prince and other affected areas. The United Nations suffered its largest single loss of life in its

According to government estimates, almost a quarter of houses in Port-au-Prince were totally destroyed by the earthquake. In Léogane and Jacmel, the damage was equal if not worse. In less than a minute, hundreds of thousands of people lost their homes.



peacekeeping history. Many humanitarian agencies already present in Haiti were unable to access their warehouses for relief supplies. The presidential palace and many government buildings collapsed, hampering the central government.

Coordination efforts were disrupted by frequent power cuts and communications outages. Port-au-Prince's international airport was at first crippled by the quake, before being overloaded with the influx of humanitarian assistance and cargo. Even airports in the Dominican Republic struggled to cope with the number of aid flights that quickly began to arrive. The main port in Port-au-Prince was closed due to serious damage and many roads were blocked by rubble and crushed vehicles.

In response, the Red Cross Red Crescent immediately deployed a Field Assessment and Coordination Team to assess needs. This led to the deployment of an unprecedented number of Emergency Response Units (ERUs) – self-contained specialized units which provide essential services for fixed periods of time. ERUs deployed to Haiti included field hospitals, water treatment plants, logistic bases, portable operational centres, emergency telecommunication infrastructure and sanitation supplies.

The total of 21 ERUs and 3 other response teams deployed to Haiti make this the largest single country response in the history of the Red Cross Red Crescent, in support of the Haitian Red Cross Society's staff and volunteers, in delivering critically needed items and services to the affected families.

Relief

Relief assistance	Total
Estimated number of households provided with at least one type of essential non-food relief item	159,100
Households provided with a hygiene kit at least three times	80,000
Households provided with food assistance	195,160
Expenditure for relief assistance through September 2010	96.1 million Swiss francs

In a matter of seconds the lives of people living in the earthquake-affected area were turned upside down. Three million Haitians were affected. Some literally lost everything. Needs were great, and swift, decisive, coordinated action was vital.

In the days immediately following the earthquake, priority was given to the distribution of food, water and basic non-food items (such as blankets, mosquito nets, kitchen sets, jerry cans, buckets and hygiene kits). It quickly became apparent that, given the level of destruction, there was also an urgent need for emergency shelter items. In these first days and weeks, access to sites was often difficult because of steep, rutted, dirt and gravel roads, and the earthquake debris that lay everywhere.



People queue for emergency shelter materials. Since the earthquake, tens of thousands of families have received this basic but crucial support from the Red Cross Red Crescent.

Basic relief items meet people's immediate needs and help to protect the dignity of survivors living in precarious conditions. By November 2010 more than 159,000 households had been provided with at least one type of essential non-food relief item and 80,000 households had received a hygiene kit at least three times. The Red Cross Red Crescent aims to assist these 80,000 families with six rounds of hygiene kit distribution. Additional relief items such as baby kits are being distributed based on needs, and so far a total of 5,584 households have received baby kits. Some 1,839 households were reached with emergency cash distribution to cover their immediate needs and more than 195,000 households were provided with food assistance.

An innovative feature of the Haiti relief operation has been the introduction of a new system of distribution using plastic beneficiary cards with a bar code system. The card contains beneficiary information and is more difficult to duplicate than the paper cards used in the past. The result is improved security and accountability. The cards have only been used for distribution so far but may be used for other purposes and programmes in the future.

The relief phase of an operation typically lasts about six months, at which point it transitions to recovery and reconstruction activities. Some early recovery has already started, but as a result of the considerable damage to homes and infrastructure, and the profound vulnerability of many people even before the earthquake, some relief distribution of traditional non-food items continues to be necessary. In particular, this includes redistribution of tarpaulins that rapidly deteriorate in Haiti's harsh climate for those staying on in camps due to a lack of available permanent shelter.

A possible unwelcome consequence of prolonged relief distributions is that people stay in camps longer when it would be in their best interests to move on. However, it seems inevitable that some Haitians will be living in camps for extended periods. It therefore becomes necessary to strike a balance between providing essential assistance to those who truly need it and making sure that access to aid is not encouraging people to stay in camps when better options are available to them.



The first in line

On 12 January, when the earthquake hit, Tanya Petit-Frère Bien-Aimé was five months pregnant. “I was at home when I felt the ground shake. I didn’t know what was happening so I stayed right there. It sounded like a storm was coming.”

Over the coming days, Tanya, her daughter and her unborn son took refuge in the yard of a car dealer, in a camp that came to be known as ‘Automeca’.

Soon, as the huge international response to the earthquake built momentum, Tanya found herself first in

line for the initial Red Cross relief distribution. She was five months pregnant and clearly one of the most vulnerable.

“Three times I received help from the Red Cross,” she recalls. “I still have the pots and utensils that I got in the kitchen set and I was also given hygiene kits but I used those up a long time ago.”

Tanya Petit-Frère Bienaimé and her son Widjmy at their home. Tanya and her family lived in a camp after the earthquake and received a cooking set from the Red Cross. They have now moved back to their home in Port Au Prince.



Healthcare

Healthcare	Total
Patients treated in Red Cross Red Crescent healthcare facilities	216,900
Estimated total catchment population of the provided healthcare facilities	766,000
People reached by community-based health services	288,240
Expenditure for healthcare through September 2010	30.1 million Swiss francs



Vanessa, a volunteer in the Red Cross Red Crescent psychosocial support programme (PSP) in a Port-au-Prince field hospital, plays with a young girl still in pain after surgery.

Haiti's health indicators before the earthquake were already amongst the worst in the Americas with the region's highest rates of infant and maternal mortality, the worst malnutrition and the highest HIV and AIDS rates. Life expectancy is 59 years for males and 63 years for females. The earthquake placed a huge strain on the healthcare system and tragically, a number of senior medical personnel, professors, medical and nursing students were killed by the earthquake, leaving a human resource gap in the country's health sector.

Since January 2010, more than 216,000 patients have been treated by Red Cross Red Crescent healthcare facilities. For many of Haiti's affected, the earthquake response represents the first time that they have had access to formal and free healthcare. The main services included basic healthcare and promotion, vector-borne disease prevention and psychosocial support activities to address the psychosocial effects of the earthquake.



Cholera

Cholera had not been seen in Haiti for a hundred years. The first cases were confirmed in mid-October in Artibonite, an area not directly affected by the earthquake; and while the onset of the disease does not appear to be related to the earthquake, post-earthquake conditions are providing fertile ground for the spread of the disease.

Clean water distribution and hygiene promotion are the key elements being carried out by the Red Cross Red Crescent in order to control the epidemic. More than 1,000 volunteers have been trained in cholera prevention and hygiene promotion to date, and more than 100 Haitian Red Cross Society staff members have received training in cholera prevention and response. Some 15,000 people residing in or near camps in Port-au-Prince have been reached with cholera prevention and hygiene awareness messages through specially trained volunteers.

Cholera treatment centres and units have been established in several areas. The Red Cross Red Crescent

A Red Cross supported cholera treatment centre in La Piste camp, Port-au-Prince, Haiti.

operates one treatment centre and one treatment unit and, as of November 2010, supports several others. These treatment facilities provide assessment, treatment and patient care but also aim to protect other people from contamination.

To date, 3.7 million SMS messages have been sent to communities across the country providing simple information on how to avoid contracting cholera. In the first four days of this campaign, more than 75,000 people called the toll-free Red Cross information line where they could access additional messages on cholera prevention and treatment. According to the latest information from the Pan American Health Organization (PAHO), the outbreak could affect up to 650,000 people in the next six months. Efforts to promote prevention at community level will be essential in tackling the ongoing epidemic.

Students listen to Red Cross hygiene promoters talking about things they can do to prevent contracting cholera in La Piste camp. Port Au Prince, Haiti.



More than 152,000 people have been vaccinated against measles, diphtheria and rubella directly by the Red Cross Red Crescent. In addition, the Red Cross Red Crescent also provided funding to this nationwide vaccination campaign, contributing to the overall campaign achievement of immunizing some 928,000 people.

As of November 2010, Red Cross Red Crescent hospitals and clinics operate on 16 sites providing essential health services to the population of Haiti. Care given in the healthcare facilities has been complemented by community-based health services, reaching more than 288,000 people.

The health infrastructure was severely compromised by the earthquake and human resources are still lacking. Emergency healthcare has filled a huge void functioning in a 'substitute' capacity, unable to step back and take on a support role because health services in the country are still not fully operational. This has led to concern that the influx of humanitarian agencies providing healthcare since the earthquake is having a negative impact on existing health providers in the country. This is certainly not the intention of humanitarian intervention. The need to transition from emergency healthcare, which was

“I was seeing survivors and I was helping people to live.”

Marie Claude César Fauster is the head nurse at the Red Cross field hospital in Carrefour. “I have 92 nurses under my responsibility,” she says. “I never imagined that I would have been doing something this important.”

“There were injured people everywhere but working in the hospital helped me to feel better,” she remembers of the days after the earthquake. “On the television we were seeing only dead bodies but here I was seeing survivors and I was helping people to live.”

The Red Cross opened its field hospital in Carrefour on 17 January. Once it closes, many of the now highly trained staff will begin to work within the Haitian public healthcare system, bolstering local capacity.

“This hospital served as a school for many of us,” says Fauster. “I’ve learnt so much. I’ve helped lots of people.”

Marie Claude Cesar Faustin, head nurse, left, and Marie Andreelle Michel, center, talk to a patient at the temporary Red Cross hospital in Carrefour, Haiti.



indispensable in the months following the disaster, to a support role is clear. The handover process is already in progress in consultation with the Haitian Red Cross Society and the Ministry of Public Health and Population.

Initial focus on supporting curative health services for the first year of the response will give way to a focus on community mobilization and behaviour change, supporting the long-term objectives of the Haitian Red Cross Society which include bolstering its capacity in responding to HIV and AIDS, and strengthening its existing blood donor recruitment programme. A key Red Cross Red Crescent area of strength is in its community participation approaches to health activities facilitated by volunteers at the local level. These initiatives are designed to help empower people to live healthier lives and prevent disease. The Haitian Red Cross Society is able to equip volunteers with the tools needed to develop community mobilization and behaviour change communication skills; this, coupled with basic health knowledge, enables volunteers to work in their communities as effective health promoters.

Water and sanitation

Water, sanitation and hygiene	Total
People provided with daily access to drinking water	317,480
People provided with access to sanitation facilities ¹	265,400
People reached through hygiene promotion activities	564,700
Expenditure for water and sanitation through September 2010	21.2 million Swiss francs

Good public health is at the core of a functioning water and sanitation system, yet, even before the earthquake, only 63 per cent of Haitians had regular access to drinking water. The majority of the population was dependent on trucked-in water and water packaged in bottles or small plastic bags. Sanitation was lamentable with only 17 per cent accessing sanitation services and watery diarrhoea causing between 5 and 16 per cent of child deaths. The earthquake therefore further weakened already fragile water and sanitation systems and services. In areas near the epicentre more than a million vulnerable people were left with limited access to safe drinking water and at risk of water- and sanitation-related diseases.

Since the earthquake, Haiti's water network has not been able to provide for the estimated three million people lacking access to safe water and latrines. The Red Cross Red Crescent and its partners are working with the Haitian government's water and sanitation authority Direction Nationale de l'Eau Potable et Assainissement (DINEPA) to address this critical need. Water trucking was identified as the best solution to supply drinking water to the affected population and the Red Cross Red Crescent is serving 87 camps in this regard. Water quality standards are high and rigorously tested to ensure it remains so.

¹ This shows the number of people to whom the Red Cross Red Crescent is providing access to sanitation through the provision of latrines in camps and makeshift settlements. This indicator does not capture the number of people provided with access to sanitation through the building of sanitation facilities on transitional shelter construction sites.

The total number of beneficiaries is 317,480 with an average amount of 8 litres per person per day. From the beginning of the operation to now, 678 million litres of water, or the equivalent of 151 Olympic-sized swimming pools, have been distributed.



Red Cross Red Crescent water trucks arrive at Automeca camp in Port-au-Prince, Haiti.

In the crowded conditions of the camps that sprang up in the days and weeks following the disaster, ensuring that communities understand and practise good hygiene was vital. The Red Cross Red Crescent has reached approximately 564,700 people through hygiene promotion activities as an essential component of its water and sanitation operation. Activities include going door to door and providing information on noticeboards in camps, disseminating hygiene messages through SMS, radio advertisements and sound trucks. Camp residents are hired to keep the latrines clean, generating much-needed income and stimulating community involvement.

To date, 265,400 people have been provided with access to sanitation facilities by the Red Cross Red Crescent. Pit latrines used in the emergency phase have been filled in and replaced by 1,355 elevated tank latrines which are more resistant to flooding. The water and sanitation programme is moving from the emergency phase into the recovery phase with a focus on water source rehabilitation and the provision of sanitation facilities through transitional shelter programmes.

There is a clear need for a sustainable water and sanitation infrastructure in Haiti. The aim of the partnership with the public authorities is to improve on pre-earthquake conditions. Negotiations are ongoing with DINEPA who will resume responsibility for providing water to the population through water trucking as well as through the network, which will be progressively repaired. The Red Cross Red Crescent will transfer institutional capacity to public authorities through technical advice, training and the provision of 15 water trucks and 4 de-sludging trucks, including maintenance on the trucks for one year. In Port-au-Prince all water supply is related to network-piped water and water truck delivery; however, in the rural areas the strategy will be focused on rehabilitating drawdown wells and boreholes and eventually disrupted springs, creating new water points when necessary. Until DINEPA is ready to take over, the Red Cross Red Crescent will continue its services to the population.

Protecting the water

Loudspeaker in hand, Antoine Cassagnol faces a section of the Lindor camp in Port-au-Prince, reading aloud cholera prevention advice. “Wash your hands with soap after using the toilet,” he bellows. “Wash your hands before eating or preparing meals. Drink clean water only. Go quickly to the clinic if you have diarrhoea or vomiting.” Cassagnol is the president of the Lindor community committee and is responsible for safeguarding the camp’s water supply.

“When the driver comes to deliver water, I use the pool tester to check the quality, which should be at 0.5 or

0.6. Anything under 0.4 is not acceptable.” Cassagnol is describing the process of testing the level of chlorine in the water. If the figure is too low, then there is a chance that it could be contaminated and become unfit to drink.

“The Red Cross trained me to treat water. I took part in several trainings where I learned about water quality. It has helped me to help my community.”

Antoine Cassagnol tests water delivered by the Red Cross Red Crescent to make sure it is safe. Cassagnol is one of the people in charge of distributing water delivered by the Red Cross Red Crescent in a camp on Delmas 89, Port-au-Prince, Haiti.



Shelter

Shelter		Total
Households provided with emergency shelter materials		172,700
Households provided with emergency shelter materials for replacement	Planned	Reached
	80,000	41,885
Households provided with improved shelter solution	Planned	Completed
	30,000	2,645
Households provided with a transitional/upgradable shelter		2,524
Households provided with other shelter solution		121
Expenditure for shelter through September 2010		40.8 million Swiss francs

Take an urban setting in one of the world's poorest countries, add a couple of million people packed tightly together in poorly constructed dwellings built on steep or otherwise hazardous sites, omit enforced building codes, construction quality inspections, adequate urban planning, sewerage systems and municipal solid waste management and shake. Hard.

The tragic outcome is more than 220,000 lives lost, 1.5 million displaced and as many as 80 to 90 per cent of buildings destroyed in Leogane and up to 60 or 70 per cent of buildings in some districts of Port-au-Prince. The displaced population has since decreased to a little more than a million individuals, according to the latest estimates of the Camp Coordination and Camp Management cluster, living in some 1,200 spontaneous sites, with some of the most congested locations still accommodating more than 1,000 households. The early need for emergency shelter was addressed with the distribution of tarpaulins and tents to more than 437,000 families by humanitarian agencies during the first six months, including 125,650 families reached by the Red Cross Red Crescent.

Ten months on, housing the earthquake-affected population presents enormous challenges. Progress has been made but continues to be slower than hoped. However, along with enormous challenges comes enormous scope for innovation.

The overriding challenge is land. Access to land has often been blocked due to a complex and informal system of land tenure making it unclear who actually holds the title to a piece of land. Haiti lacks almost all of the key attributes of a functional civil land system. The earthquake did not create land issues but it has certainly exacerbated them. As a result, plans to build shelters have been seriously impacted. The humanitarian community has no control over land ownership and efforts to secure sufficient amounts of land have taken much longer than expected with only a handful of identified settlements having



Workers and Red Cross Red Crescent carpenters erect a transitional shelter in l'Annexe de la Mairie, Port-au-Prince.

been established over the past months. The Red Cross Red Crescent has so far successfully built transitional shelters on available land for 2,524 families who were chosen based on criteria to identify the most vulnerable households.

A second challenge is that of rubble removal from potential building sites. While a more straightforward task than the one above, there is an estimated 20 million cubic metres of debris in the earthquake-affected areas and clearing it requires equipment, manpower and a place to dump the debris. Clearing available land of debris is one solution. Rubble can also be processed and transformed into construction material, ready to use on site. Rubble crushers are already being used to this end. One innovative prototype currently under development, the gabion house, uses caged rubble as building blocks and is now being assessed for earthquake and hurricane resistance.

“I helped to build this house.”

“Good day! Come inside. How can I help you? Or did you come to help me?” asks 43-year-old Marie-Andrenise Silvius, with a broad smile, blue paint splattered all over her face and hands. “I helped to build this house. I brought the gravel from outside to make the foundation. And now it’s finished, my son and I are doing the painting.”

Silvius is a single mother. Before 12 January, she lived with her three children in a room rented from a landlord in Lafferonnay, a community close to Léogane. That house was flattened in the 12 January earthquake.

In the days, weeks and months following the earthquake, Silvius and her family stayed in a small, impromptu shelter on land close to where they had rented. One day, a team

from the Red Cross came and told them they would receive a shelter.

At first it seemed to Silvius that this promise had been forgotten as some time passed without any visible sign of progress. But the Red Cross was verifying the ownership of the land and trying to pre-empt any other issues that could hinder construction.

“They began construction at the end of August and I realized that it was real. I would really have a house,” says Silvius. “When I was living in my tent, I never thought I would have a home again.”

Marie-Andrenise Silvius and her new transitional shelter in Léogane.



Focusing on survivors' differing needs makes for better programming. Some people will return to where they came from while others will be unable to do so. Working together with displaced communities, a series of options has been identified and is being proposed from which families can then choose, depending on what would best enable them to return to a semblance of more normal life, as listed below:

- Transitional shelters on available land prioritizing the most vulnerable families
- Families who own houses or land on which they can build a transitional shelter
- Families who have houses that require simple repair work to make them habitable again
- Families who have the opportunity to move to a plot of land
- Families who can move to live with a host family

Follow-ups with families will be carried out to ensure that they are able to move on with their lives at their new or former homes.

Disaster preparedness

Disaster preparedness and risk reduction	Total
Households covered by pre-positioned non-food relief stock for Haiti	24,846
People trained in vulnerability and capacity assessment or community-based disaster management	1,036
Camps/communities reached with mitigation activities	71
Temporary camps	45
Communities in high-risk areas outside the earthquake-affected area	26
Expenditure for disaster preparedness through September 2010	7 million Swiss francs

Recently crushed by a magnitude 7 earthquake, Haiti was immediately faced with the very real possibility of another threat-hurricanes. The 2008 hurricane season was still fresh in all minds after hurricanes Hanna, Gustav, Fay and Ike battered the country. In order to avoid further tragedy, disaster preparedness measures had to be put in place alongside the tireless relief efforts going into meeting the pressing needs of the injured, homeless and traumatized earthquake survivors. How unforgiving would nature be to Haiti in 2010?

The Red Cross Red Crescent prioritizes disaster preparedness in all of its activities in an effort to reduce human and socio-economic costs resulting from disasters. Haiti is regularly exposed to hurricanes and tropical storms and, partly as a result of almost total deforestation in past decades, is vulnerable to floods and mudslides during the rainy season. Earthquake-damaged roads and buildings are more vulnerable to wind and water damage, and earthquake rubble can further restrict the drainage of rain water in affected areas. The estimated 1.3 million people still living in emergency shelters had little protection against storms, flooding and landslides.



A Red Cross Red Crescent delegate briefs his team of volunteers. Red Cross representatives from the Caribbean and Latin America all played their part in the Red Cross Red Crescent response in Haiti.

Stocks of non-food relief items were pre-positioned across Haiti and in Panama, covering almost 25,000 households. Tens of thousands of people were reached through disaster preparedness activities in dozens of camps. The Red Cross Red Crescent worked with communities to help them dig drainage ditches, lay sandbags on hillsides and create evacuation routes. In addition, volunteers have provided emergency first-aid training, and handed out waterproof bags that contain safety messages and can be used to store and protect important documents.

In an effort to increase the preparedness of communities, more than 1,000 people were trained in vulnerability and capacity assessment or community-based disaster management. Reinforcing the Haitian Red Cross Society's capacity in preparedness and risk reduction as well as strengthening links with the country's civil protection authorities remain a priority. The aim is to build on this capacity to ensure that all vulnerable areas of the country are prepared for future disasters.

An estimated 494,000 people were reached through approximately 4 million text messages with simple information on steps to take to prepare for floods, storms and landslides, thanks to a partnership with Trilogy International allowing simple accessible messages to be sent to communities right across the country whenever needed. A free information line has been set up to provide life saving information. These important messages have also been relayed through a weekly, national radio programme (Radio Croix-Rouge Haïtienne), and as messages carried through camps on sound trucks, and via interactions between communities and trained Red Cross volunteers.

Preparedness programmes should be adaptable. The model used for hurricane disaster preparedness was reoriented to support cholera preparedness and prevention in response to the sudden outbreak which occurred in October.

By the end of October it looked as if everyone's greatest fear would be realized as Hurricane Tomas bore down on Haiti. Mercifully, the storm passed a few miles west of the southern and northern Haitian peninsula which still brought heavy rainfall, flooding and six reported deaths. With this near miss and escalating numbers of cholera cases, it is important to bear in mind the triggers for new humanitarian crises that are still on the horizon and the vulnerability of Haiti to natural hazards.

“I wanted to help people to protect their families.”

Pierre Redens Fritz is a member of the *Komité Vijilans* (vigilance committee) in camp Maïs Gaté 8 in Port-au-Prince.

This committee is made up of community members who are trained by the Red Cross in disaster risk reduction, vulnerability and capacity assessment methods and basic first aid. They are also provided with equipment to carry out rapid evaluations on sites affected by or vulnerable to a disaster. Such committees are an essential part of the community-based early warning system.

Dozens of vigilance committees have been formed in camps across Port-au-Prince with hundreds of volunteers trained in risk reduction. “I wanted to help inform the camp

residents how to prepare for hurricanes, how to protect their families. But then I realized that it's so much more,” explains Fritz.

In early November, when Hurricane Tomas threatened to make a direct hit on Haiti across Port-au-Prince, the committees swung into action.

“When we heard hurricane Tomas was coming, we used a loudspeaker to inform residents right away that it might be a threat for us,” explains Fritz. “People listened attentively and we all got ready together.”

Pierre Redens Fritz, camp committee member at the Mais Gate 8 camp, Port Au Prince, Haiti.



Community and social infrastructure

Community and social infrastructure	Planned	Completed
Schools built, rehabilitated or strengthened	25	1
Clinics or hospitals built, rehabilitated or strengthened	22	1
Haitian Red Cross Society's branches rebuilt or rehabilitated	2	1
Expenditure for community and social infrastructure through September 2010		1.6 million Swiss francs



Children participate in a Red Cross psychosocial support programme.

Reconstruction in Haiti will take time. Infrastructure was already weak and to date much of the humanitarian effort has focused on stabilization. Programmes for building community and social capacity are still largely in the planning phase. Furthermore, construction or rehabilitation of public buildings is subject to government authorization.

Initial plans for community and social infrastructure programmes have been developed and construction/rehabilitation work has begun on three schools and five hospitals. According to the current plans, 25 schools and 22 clinics or hospitals will be built, rehabilitated or strengthened through Red Cross Red Crescent support.

As part of the efforts to strengthen the Haitian Red Cross Society, rebuilding or rehabilitation of 2 regional branches and 26 local committees is planned, with one of the regional branches already supported through the rehabilitation of its training centre and warehouse and some rehabilitation work on its main building. Plans are also under development to help rebuild the Haitian Red Cross Society's blood services in order to ensure a self-sufficient and sustainable blood service in the country.

An initiative currently under development is to establish safe community centres designed to provide protection to families during hurricanes. Still in the planning phase, the likely approach will be to try to give a double function to community structures such as schools and healthcare centres and to provide instruction on how communities can use these safety shelters.

The community-based nature of the Red Cross Red Crescent encompasses prevention as well as alleviation of suffering but also commitment to longer-term community development. It is not sustainable to only provide short-term emergency aid and neglect the long-term recovery of individuals and the communities in which they live. The Haitian Red Cross Society was there before the earthquake and will continue to be there providing continuity and community outreach once relief and planned reconstruction objectives have been achieved.

Livelihoods

Livelihoods		Total
Households that have received livelihood support grants, loans or other forms of financial support		48,725
Children who have gained access to education through the payment of school fees and other educational expenses during one school year	Planned	Reached
	8,000	6,789
Total number of people supported through the provision of short-term employment opportunities — cash-for-work activities		45,685
Expenditure for livelihoods through September 2010		14.3 million Swiss francs



Men work hard at a bakery in La Piste camp in Port-au-Prince, Haiti.

Jose Manuel Jimenez/IFRC

Like many of the hardships facing Haitians, income and livelihood needs in Haiti pre-date the earthquake. The country suffers from chronic unemployment with around 50 per cent of the population living on less than a dollar a day. Poverty inevitably contributed to the severity of January 2010's disaster and any recovery effort must address it wherever possible. People have lost family members, income, housing and jobs, as well as physical, financial and social assets.

Red Cross cash grants programme in Automeca camp, Port-au-Prince

In September, Eliana received a text message from the Red Cross telling her that she was entitled to a cash grant of 9,750 Haitian gourde (approximately 250 US dollars). She went to collect it immediately.

"The money has really helped me," says Eliana. "I used 5,000 Haitian gourde to pay off my debts, and then 2,000 to pay for the school fees for three of my children. The rest I used to buy charcoal to resell in the camp.

"If I had more money I would do lots of things, but first and foremost I would use it to grow my business. I would also send the rest of my children to school."

Life has been hard for Eliana Celan Coto, who at 51 is living in Automeca camp in Port-au-Prince with 10 other family members displaced by the earthquake. Eliana lost one of her daughters, Fedna, 23, in the disaster.

"Life was so bad for me after the earthquake. Fedna was the one who always helped me out financially. So after the earthquake I didn't have my daughter, and I didn't have anything. We were living on the street and had nowhere to go."

Fedlina, 17, is one of Eliana's three daughters who has been able to return to school thanks to the grant. "I am very happy at school. Biology is my favourite subject. When I am older I would like to be a nurse, to help people who are suffering," Fedlina says.

When asked about her contact with the Red Cross, Eliana replies, "I am very satisfied with this help. The SMS system worked well and I knew where to turn to for help. If I hadn't received this money, I would have got more and more into debt. I feel that things will change because of the help we have received."

Eliana Colo, 51, Automeca resident and cash grant beneficiary.



The wide displacement of people to rural areas has placed an unmanageable burden on host families. Many of those remaining in the city are dependent on external support, and that is currently inadequate to meet their basic needs. Damage to the market system is substantial and exists at all levels.

People have expressed a desire for jobs or income, or improved access to credit, even as a priority over immediate survival needs such as food. Red Cross Red Crescent efforts have been made to develop the livelihoods aspect of the operation, and to start to deliver pilot projects that can be replicated in the future. By November, 48,725 households had been assisted to start rebuilding their lives through cash grants or loans, with the amount of grant ranging from 128 to 250 United States (US) dollars, and with an average loan size of 278 US dollars. Some 45,685 people were supported through the provision of short-term employment opportunities.

Planning is still under way and in some cases livelihoods programmes may be integrated with shelter and water and sanitation programmes. For example, opportunities clearly exist in relation to the building of transitional shelters, the repairing of damaged houses, and removal and transformation of rubble. Some camp residents already work at testing water quality and keeping latrines clean in their camps.

For the present school year, a total of 6,789 children have been supported in having access to education through the payment of school fees for one school year. Finding the necessary resources to ensure that children can attend the coming school year is a concern for many of the displaced as well as for host families in Haiti.

Beneficiary communications

Beneficiary communications	Total
People reached with community health awareness text messages	1.2 million
People reached with text messages about steps to take to prepare for disasters	494,000
People reached with text messages about cholera prevention and treatment	500,000

Following a disaster people need help; but they are not helpless. Beneficiary communications is about community outreach and participation. It is about giving communities a voice and involving them in decision-making. The concept works across the disaster environment from preparedness and early-warning as well as in emergency and post-emergency settings. It involves getting life-saving information out to people, keeping them up to date with Red Cross Red Crescent activities and getting people's feedback to improve programmes.

A range of communications channels are being used in Haiti. The nationwide network was quickly repaired following the earthquake, and now mobile phones are among the principal means of communication. In partnership with Trilogi International, SMS technology is used to disseminate a variety



As part of the beneficiary communication strategy, the Red Cross and Red Crescent collaborates with Radio One to run a weekly radio show broadcast nation-wide. Listeners learn about health, disaster preparedness, hygiene and other issues.

of messages about preparedness, hygiene promotion and cholera prevention. Around 1.2 million Haitians have been reached in this way.

The Red Cross Red Crescent broadcast live nationwide every Wednesday on the Radio 1 network (Radio Croix-Rouge Haïtienne). Each week, a panel of guests and Red Cross experts take part in interviews and answer questions from listeners about Red Cross projects and keeping safe and healthy. Three-minute radio advertisements with key cholera prevention and treatment messages have also been shared with 20 other radio stations.

In camps, noticeboards, posters and sound trucks are used to communicate information about health, shelter issues, and most critically how to prevent and respond to cholera outbreaks. An information line has also been set up to provide recorded messages on preventing the disease.

People instinctively want to rebuild their interrupted lives. Meaningful engagement with beneficiaries helps to empower them and involve them in their own recovery while ensuring they get the information they need to stay safe and healthy.

Looking ahead

The relief and recovery challenges in Haiti are enormous, particularly given that a large part of the response is taking place in an impoverished, densely populated, urban context. At the same time, great needs exist in areas far from the capital as a result of the influx of earthquake-displaced people.

Successful reconstruction in Haiti will take many years and require integrated, sustainable programming. Transparency, accountability and communication to beneficiaries, the general public, donors and governments, including the allocation and management of resources, will be an integral part of the process. Adhering to a community-based approach supports those affected in driving their own recovery based on their humanitarian needs and capacity while ensuring their protection and dignity.

Haitians own their future. The Red Cross Red Crescent is committed to the Haitian people for the long term. The Haitian Red Cross Society and its volunteers remain the cornerstone of sustainability in all activities. Supporting the Haitian Red Cross Society to build back its capacity and reclaim its critical role in civil society is of key importance.

The main consideration is to mitigate avoidable suffering and vulnerabilities and to promote development by preventing and reducing the underlying causes of vulnerability. This will allow Haitians to achieve their full potential and to lead productive and creative lives in dignity, according to their needs and choices.

Strengthening the resilience of communities to cope with disasters and crises and to prevent or reduce risks will remain a priority. Hurricane Tomas and the sudden cholera outbreak attest that Haiti remains incredibly vulnerable to disasters and health crises. A safer, more secure Haiti must be our goal.

Central hospital in Port-au-Prince. This woman lost her husband, daughter and unborn baby in the earthquake. She arrived at the hospital with a broken leg.



Programmatic analysis

Table 1 is a summary of the Red Cross Red Crescent's collective performance data on the earthquake operation in Haiti. It reports cumulative data from the start of the operation to 15 November 2010.

Table 1. Analysis of programmatic performance indicators¹

Figures represent progress achieved up to 15 November 2010.

Programme area	Ind. no.	Programmatic progress indicators	Total reached
Relief distributions	1	a) Estimated number of households provided with at least one type of essential non-food relief item	159,100
		b) Total number of households provided with a hygiene kit at least three times	80,000
	2	Total number of households reached with emergency cash distributions	1,839
	3	Total number of households provided with food assistance	195,160
	4	Total number of households provided with relief items to prevent the spread of cholera	27,400
Healthcare	5	Total number of patients treated	216,900
	6	Total number of people reached by community-based health services	288,240
	7	Total number of people reached with community health awareness text messages	1.2 million
	8	Total number of sites where Red Cross Red Crescent healthcare facilities provide services	16
	9	Estimated total catchment population ² of the provided healthcare facilities	766,000
	10	Total number of people vaccinated	152,342 ³
	Cholera response		
	11	Total number of cholera treatment centres or units operated by the Red Cross Red Crescent	2 ⁴
	12	Total number of patients treated in Red Cross Red Crescent cholera treatment centres and units	1,650
	13	Total number of people reached with text messages about cholera prevention and treatment	500,000

1. The programmatic information in this report reflects contributions from Red Cross and Red Crescent National Societies and organizations working in Haiti as well as the IFRC's secretariat which is conducting relief and recovery operations on behalf of 95 National Red Cross and Red Crescent Societies. The Red Cross and Red Crescent National Societies and organizations that have provided data for the programmatic performance section of this report are: American Red Cross, British Red Cross, Colombian Red Cross Society, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross Society, Luxembourg Red Cross, Norwegian Red Cross, Spanish Red Cross, Swiss Red Cross, the Canadian Red Cross Society, the Netherlands Red Cross, and the Republic of Korea National Red Cross.

2. It is the sum of the estimated population that the Red Cross Red Crescent hospitals, fixed and mobile clinics are covering with their services. In the case of mobile clinics, population figures for camps where clinics visit regularly are used. This indicator is not cumulative; it reports the catchment population as it stands at the end of the reporting period (November 2010).

3. Besides this direct implementation, the Red Cross Red Crescent also provided funding to this nationwide vaccination campaign, contributing to the overall campaign achievement of immunizing some 928,000 people.

4. This includes one cholera treatment centre and one cholera treatment unit operated by the Red Cross Red Crescent as of November 2010. As of early December 2010, preparatory work has been made for opening a second cholera treatment centre to be run by the Red Cross Red Crescent.

Programme area	Ind. no.	Programmatic progress indicators		Total reached
Water, sanitation and hygiene	14	Total number of people provided with daily access to drinking water (emergency set-up)		317,480
	15	Total number of (emergency) water distribution sites set up		87
	16	a) Total amount of drinking water distributed (litres)		678 million
		b) Average amount of drinking water distributed per day per person (litres)		8
	17	Total number of people provided access to sanitation facilities ⁵		265,400
	18	Total number of elevated tank latrines installed in camps ⁶		1,355
	19	Total number of people reached through hygiene promotion activities		564,700
	20	a) Total amount of drinking water provided to the cholera treatment centres or units and other healthcare facilities (litres)		1.28 million
		b) Average total amount of drinking water provided to the cholera treatment centres or units and other healthcare facilities per day (litres)		73,000
Shelter	21	Total number of households provided with emergency shelter materials		172,700
	22	Total number of households provided with emergency shelter materials for replacement	Planned	Reached
			80,000	41,885
	23	Total number of households reached with reinforcement/improvement of emergency shelter		1,008
	24	Total number of households provided with improved shelter solution <i>Disaggregated by type of shelter solution</i>	Planned	Reached
			30,000	2,645
		Total number of households provided with a transitional/upgradable shelter		2,524
Community and social infrastructure	25	Total number of households provided with emergency shelter materials for replacement	Operational	1
			Completed	1
			Under construction	3
			In a planning phase	21
		Total number of schools to be built, rehabilitated or strengthened		25
	26	Total number of clinics or hospitals built, rehabilitated or strengthened	Operational	1
			Completed	1
			Under construction/ongoing support	5
			In a planning phase	16
		Total number of clinics or hospitals to be built, rehabilitated or strengthened		22

5. This shows the number of people to whom the Red Cross Red Crescent is providing access to sanitation through the provision of latrines in camps and makeshift settlements. This indicator does not capture the number of people provided with access to sanitation through the building of sanitation facilities on transitional shelter construction sites. The current standard set by the Haitian government's water and sanitation authority (DINEPA) for access to adequate sanitation facilities in Haiti is 100 people per latrine. The Red Cross Red Crescent is working towards this standard.

6. This includes the number of elevated tank latrines installed in the camps that are available for use by the people living in camps and makeshift settlements. It does not include emergency pit latrines built at the beginning of the operation that had been closed since then or latrines that are out of service. Neither does it capture the sanitation facilities built on transitional shelter construction sites.

7. This refers to households provided with a settlement package to ensure that the family has the resources for a safe shelter solution.

Programme area	Ind. no.	Programmatic progress indicators		Total reached
Livelihoods	27	Total number of households that have received livelihood support grants, loans or other forms of financial support		48,275
	28	Total number of children who have gained access to education through the payment of school fees and other educational expenses during one school year		6,789
	28	Total number of people supported through the provision of short-term employment opportunities — cash-for-work activities		45,685
Disaster preparedness and risk reduction	30	a) Total number of households covered by pre-positioned non-food relief stock for Haiti		24,846
		b) Total number of households covered by pre-positioned food stock for Haiti		177,854 ⁸
	31	Total number of people trained in vulnerability and capacity assessment or community-based disaster management		1,036
	32	Total number of camps/communities reached with mitigation activities <i>Disaggregated by target population</i>		71
		Temporary camps		45
		Communities in high-risk areas outside the earthquake-affected area		26
	33	Total number of people reached with text messages about steps to take to prepare for disasters		494,000
Strengthening the Haitian Red Cross Society	34	Estimated total number of Haitian Red Cross Society volunteers involved in the earthquake operation ⁹		1,726 ¹⁰
	35	Total number of Haitian Red Cross Society volunteers trained		2,718 ¹¹
	36	Total number of Haitian Red Cross Society branches rebuilt or rehabilitated	Completed	1
			In a planning phase	1
		Total number of Haitian Red Cross Society branches to be rebuilt or rehabilitated		2
Programme support and coordination	37	Total number of air consignments received		289
	38	Total number of consignments received by sea		430
	39	Total number of expatriate staff in Haiti at the end of the reporting period		346
	40	Total number of national staff in Haiti at the end of the reporting period		1,876
	41	Total number of project, programme and operations evaluations in Haiti	Planned	Reached
			57	19
	42	Total number of National Societies or Red Cross Red Crescent organizations operating in Haiti		18
	43	Total number of Red Cross Red Crescent National Societies or organizations supporting the Haiti operation with people, cash or in-kind ¹²		124

8. These 177,854 households are covered by ready-to-eat meals through external partnership with another organization.

9. This estimated figure includes only the Haitian Red Cross Society volunteers involved in relief distributions, healthcare, water and sanitation, shelter, disaster preparedness, community and social infrastructure or livelihoods activities during this reporting period. It does not include volunteers helping with search and rescue teams, general support to the operation or other activities not directly linked to the activities in these sectors.

10. This figure was calculated by aggregating the number of volunteers engaged in the different programme areas. In some cases double counting was eliminated, however in some other cases there was no credible estimate available on double counts, and therefore not all double-counting issues could be addressed.

11. The main source of information for this indicator was the participant list of different training events. It was not possible to eliminate double counting of volunteers this time. Efforts will be made to refine the data collection method for this indicator in the future.

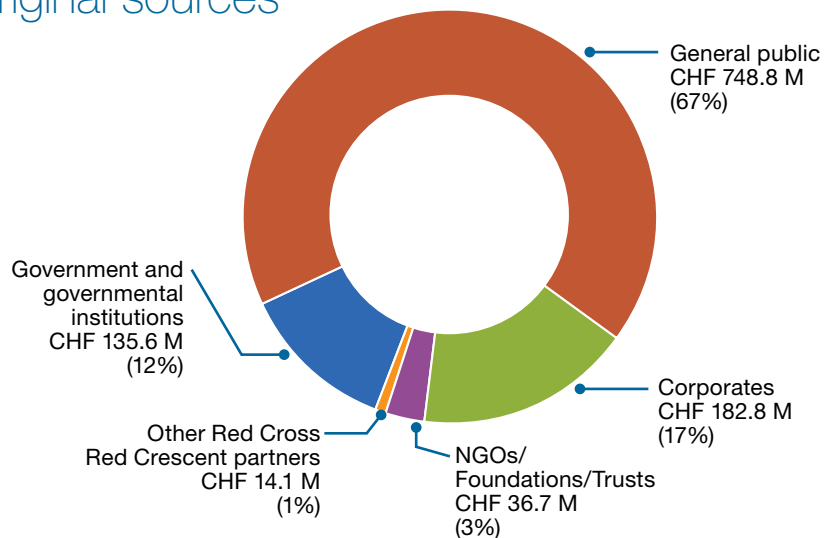
12. A list of these 124 Red Cross and Red Crescent National Societies and organizations is included as Annex 3 in this report.

Financial overview

The International Federation of Red Cross and Red Crescent Societies (IFRC)² has raised a total of 1,118.5 million Swiss francs in support of its response operation in Haiti.³

Figure 1. Total funds donated to the Red Cross Red Crescent by original sources

in millions of Swiss francs (CHF)



As of 30 September 2010, 273.1 million Swiss francs, or 24 per cent of the total income, has been spent for relief and recovery operations in Haiti. Additionally, an estimated 150.8 million Swiss francs were projected to be spent in the last three months of 2010. The recent cholera outbreak, however, as well as the deteriorating security situation following the presidential elections in November might have an impact on projected programme spending in the last quarter of the year.

Figure 2 reflects spending by programme area through to 30 September 2010.⁴ The largest amounts spent by the Red Cross Red Crescent are in the areas of relief assistance (96.1 million Swiss francs), programme support and coordination (60.5 million Swiss francs) and shelter (40.8 million Swiss francs).

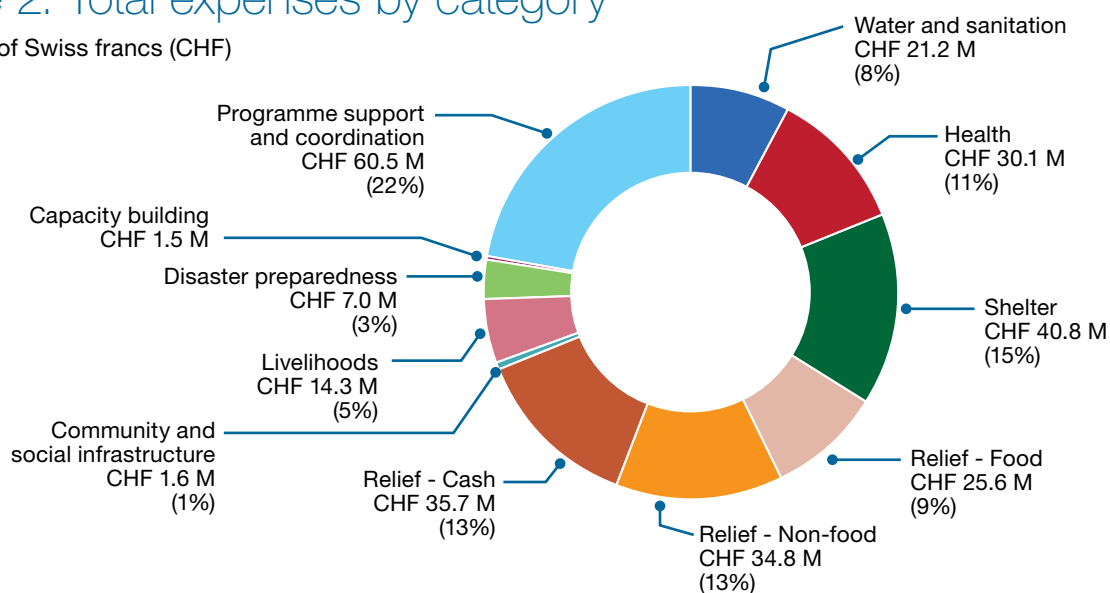
² The financial information in this report combines unaudited data from 26 independent National Societies (listed below) and the IFRC's secretariat, which is conducting Haiti relief and recovery operations on behalf of 95 National Societies which contributed directly to its Haiti appeal. The financial data for this report was provided by the following Red Cross and Red Crescent National Societies and organizations: American Red Cross, Austrian Red Cross, Australian Red Cross, Belgian Red Cross – Flanders, Belgian Red Cross – French community, British Red Cross, Colombian Red Cross Society, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Haitian Red Cross Society, Icelandic Red Cross, Irish Red Cross Society, Japanese Red Cross Society, New Zealand Red Cross, Norwegian Red Cross, Qatar Red Crescent Society, Red Cross Society of China – Hong Kong branch, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, the Canadian Red Cross Society, the Netherlands Red Cross, the Republic of Korea National Red Cross, and the Thai Red Cross Society. The Mexican Red Cross submitted its financial information after the deadline, therefore their data could not be included in this report but it will be consolidated in the next round of Federation-wide reporting. Four other National Red Cross and Red Crescent Societies (Costa Rican Red Cross, Red Crescent Society of the United Arab Emirates, Slovak Red Cross, and Turkish Red Crescent Society) have not given updated data during this reporting period, and therefore their data has been included to the extent of their past submission covering income, expenditure and projections as of 28 February 2010.

³ Financial reporting was received in local currencies and converted to Swiss francs, which is the statutory currency of the IFRC. The foreign exchange rates used were derived in the following way: the exchange rate to translate income is the weighted average of IFRC income receipts from 13 January through 30 September 2010; the exchange rate to translate expenditure is the average rate from 13 January through 30 September 2010; and the rate as of 30 September 2010 is used for projected expenditure. The summary table of rates used is included in the financial reporting methodology notes, annexed to this report.

⁴ Financial reporting has been restricted to 11 categories. Each Red Cross or Red Crescent National Society and organization has its own unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the Red Cross Red Crescent Societies and organizations were simplified into the 11 categories shown in Figure 2. For definitions and a detailed list of these categories, see the financial reporting methodology notes, annexed to this report.

Figure 2. Total expenses by category

in millions of Swiss francs (CHF)



Figures 3.1 and 3.2 reflect how the expenditure is split among the IFRC's secretariat, the 26⁵ Red Cross and Red Crescent National Societies and organizations reporting for this period and other partners outside the IFRC. The majority of the expenditure is carried out by Red Cross and Red Crescent National Societies and organizations,⁶ while the IFRC also coordinates relief and recovery efforts through other actors to avoid unnecessary duplication or gaps in the provision of assistance. The percentage of assistance delivered through these external agencies is 31 per cent.

Figure 3.1. Implementers of Red Cross Red Crescent funding

in millions of Swiss francs (CHF)

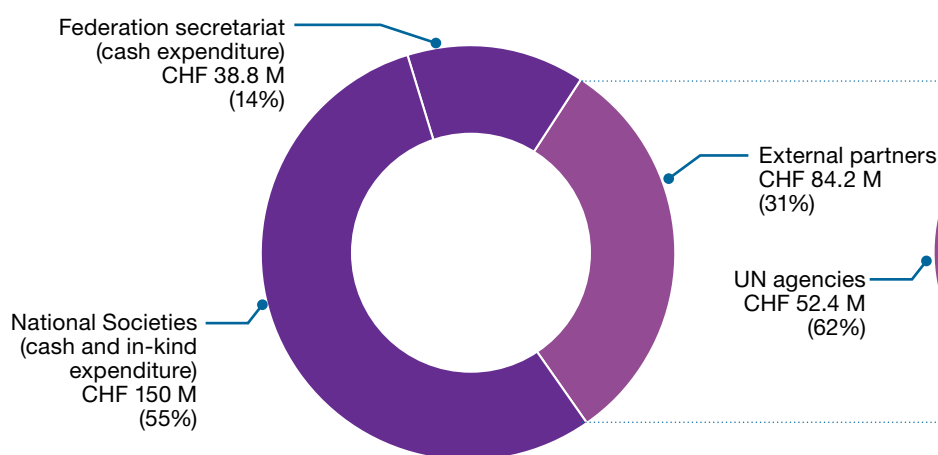
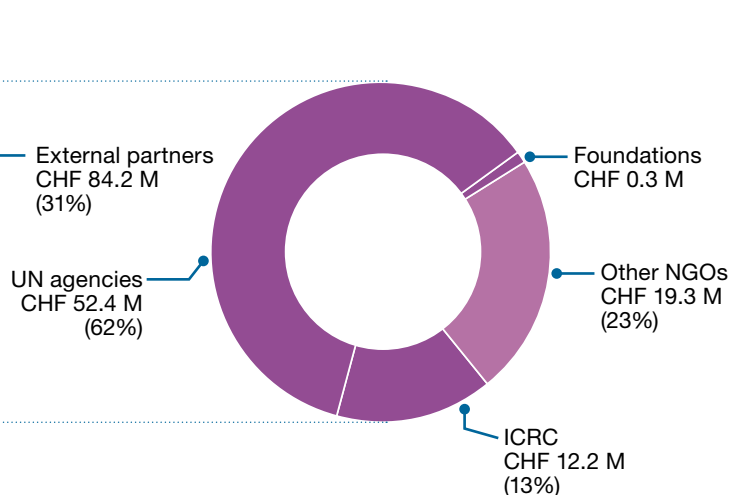


Figure 3.2. Total expenses spent by external agencies

in millions of Swiss francs (CHF)



⁵ The expenditure of four other Red Cross and Red Crescent National Societies that have not given updated data during this reporting period has been included to the extent of their past submission covering expenditure up to 28 February 2010.

⁶ The costs of Emergency Response Units (ERUs) are reflected in Partner National Society expenditures. In-kind expenditure distributed by the IFRC's secretariat is attributed to the source Partner National Society. This adjustment during the consolidation of figures reduces the actual expenditures attributed to the IFRC's secretariat by approximately CHF 23.1 million.

Several Red Cross and Red Crescent National Societies and organizations report that Haiti relief and recovery programming will continue through to the end of 2011, with some members indicating that programming will continue into 2012 and possibly longer.⁷ Estimated spending projections are shown in Figure 4, Table 2 and Figure 5.⁸

Table 2. Red Cross Red Crescent expenditure and projected expenditure by year and by category (2010 to 2012+)

in million Swiss francs (CHF)

Programme area	Actual expenditure	Forecast				Total (Expenditure + forecast)
	Until 30 September 2010	Last quarter of 2010	2011	2012+	Total forecast	2010 to 2012+
Water and sanitation	21.2	38.0	59.9	49.3	147.2	168.4
Health	30.1	12.1	25.9	48.2	86.2	116.3
Shelter	40.8	56.2	109.0	79.7	244.9	285.7
Relief – Food	25.6	0.3	0.0	0.1	0.4	26.0
Relief – Non-food	34.8	5.0	14.8	3.1	22.9	57.7
Relief – Cash	35.7	0.0	0.0	0.0	0.0	35.7
Community and social infrastructure	1.6	2.7	13.7	14.1	30.5	32.1
Livelihoods	14.3	7.3	35.1	56.2	98.6	112.9
Disaster preparedness	7.0	7.3	15.4	21.3	44.0	51.0
Capacity building	1.5	3.4	16.9	18.1	38.4	39.9
Programme support and coordination*	60.5	18.5	65.1	49.6	133.2	193.7
Total	273.1	150.8	355.8	339.7	846.3	CHF 1,119.4 m
Unallocated balances					28.7	28.7
Grand total					875.0	CHF 1,148.1 m

* The category of programme support and coordination includes the following expenses: operations support and assessment (staffing or transport) if not included in other categories; headquarters and field management and staff costs such as local or international staff expenses; planning, reporting staff and associated costs like workshops and trainings; monitoring and evaluation (surveys or assessments) and other quality and accountability activities; communications and advocacy staff, publications; human resources – recruitment and support; logistics functions; coordination and direction; accounting, audit and other financial services; cross-cutting themes such as gender, environment, sustainability, beneficiary participation and risk reduction; fund-raising costs and donations processing; head-office costs (service fees and similar); other indirect support; and foreign exchange losses and gains.

⁷ Financial reporting for this consolidated report has been restricted to a three-year time frame, although some Red Cross and Red Crescent National Societies and organizations project expenditure beyond that date. For purposes of consolidating financial figures, Red Cross and Red Crescent National Societies and organizations were requested to adapt their plans to the time frame shown in Figure 4.

⁸ The forecasts portrayed in this report are not to be considered as formal commitments, but estimated allocations that are still likely to be adjusted as details of plans and budgets in certain programme areas become available.

Figure 4. Red Cross Red Crescent expenditure and forecast combined (2010 to 2012+)

in millions of Swiss francs (CHF)

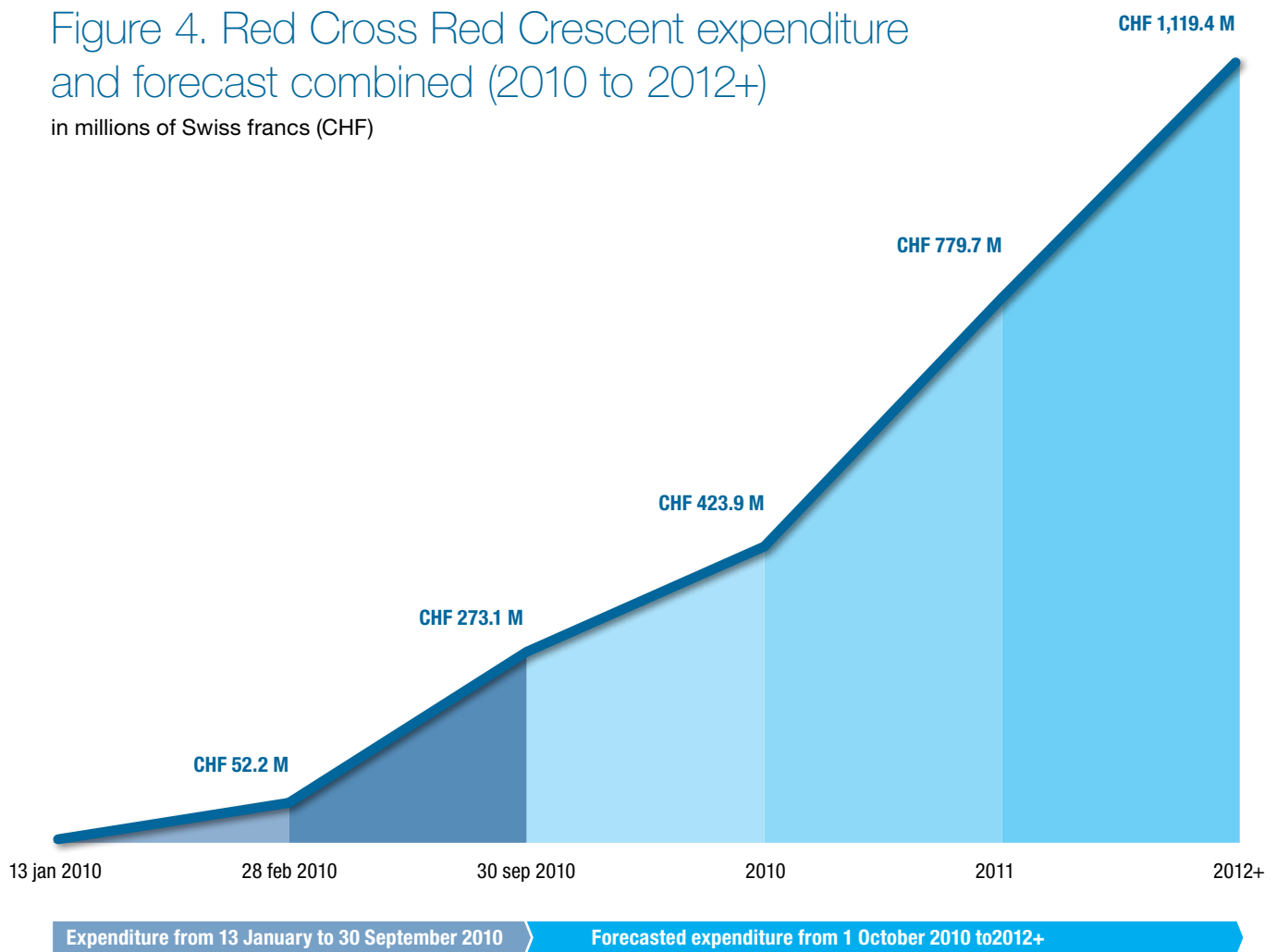
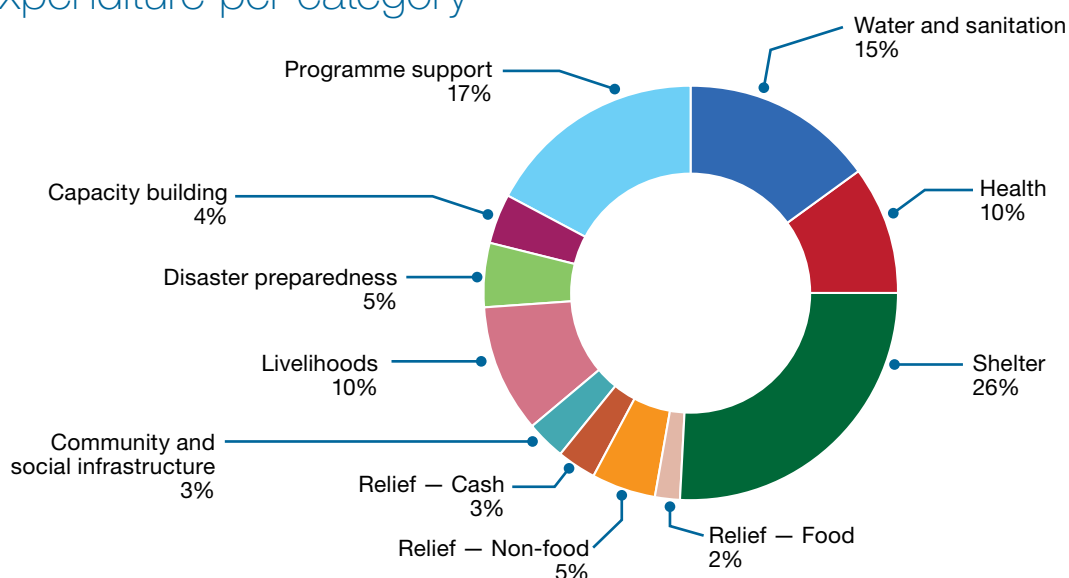


Figure 5. Red Cross Red Crescent expenditure and projected expenditure per category





A volunteer performs a quick survey with beneficiaries who have just received their tarpaulins.

Annex 1. Notes and methodology regarding the programmatic progress indicators

The following is a summary of the methodology used for programmatic progress indicators captured in the one-year progress report.

Relief distribution

1a. Estimated number of households provided with at least one type of essential non-food relief item

A household is counted as reached when it has received at least one out of the following six non-food relief item categories:

- | | |
|------------------|----------------------|
| a) kitchen set | d) a bucket |
| b) a hygiene kit | e) two jerry cans |
| c) two blankets | f) two mosquito nets |

1b. Total number of households provided with a hygiene kit at least three times

This includes the number of households that have received a monthly hygiene kit at least three times since the beginning of the earthquake operation.

2. Total number of households reached with emergency cash distributions

A household is counted as reached when it has received at least one cash distribution. Emergency cash is cash which is provided during the first 12 months of the earthquake relief operation. This does not include cash assistance to host families for shelter enhancement. Longer-term cash support for livelihoods is not included here either since it is separately reported under livelihood indicators.

3. Total number of households provided with food assistance

A household is counted as provided with when a member of the household has received food assistance at least once. Food assistance is supplementary food for an emergency situation, normally distributed only once to a household.

4. Total number of households provided with relief items to prevent the spread of cholera

A household is counted as provided with when a member of the household has received at least one type of relief item in order to reduce the risk of disease transmission.

Healthcare

5. Total number of patients treated

This includes the number of people who have received treatment in the Red Cross Red Crescent mobile units, fixed units or field hospitals.

6. Total number of people reached by community-based health services

This is the number of people who have received community-based health services from Red Cross Red Crescent interventions (community-based first-aid, health promotion, HIV prevention, vector-borne disease prevention, psycho-social support or other intervention). It does not include people who have only received a health message via a text message. The same person is counted only once during the reporting period, regardless of the number of services received. People reached through hygiene promotion activities is reported under a separate indicator under the water, sanitation and hygiene promotion sector (indicator 19).

7. Total number of people reached with community health awareness text messages

This includes the recipients of Red Cross Red Crescent health awareness text messages counted once during the reporting period, regardless of the number of messages received.

8. Total number of sites where Red Cross Red Crescent healthcare facilities provide services

This includes all camps and other sites where mobile clinics, fixed clinics or hospitals provide services regularly (even if it is not a daily service) during the relief and early recovery phase. The indicator does not cover permanent clinics or hospitals which are built or renovated by the Red Cross Red Crescent. This indicator is not cumulative (i.e. reporting progress to date since the beginning of the operation); it reports the number of sites where Red Cross Red Crescent healthcare facilities have been providing services since the end of the previous reporting period (August 2010).

9. Estimated total catchment population of provided healthcare facilities

This is the sum of the estimated catchment population of fixed and mobile clinics and hospitals. In case of mobile clinics, population figures for camps where clinics visit regularly are used (even when the clinics do not serve all the camps daily). This indicator is not cumulative; it reports the catchment population as it stands at the end of the reporting period.

10. Total number of people vaccinated

A person is counted as vaccinated if they have received any type of vaccination administered or funded by the Red Cross Red Crescent (if several vaccinations have been given, such cases are still only counted once).

11. Total number of cholera treatment centres or units operated by the Red Cross Red Crescent

This includes the cholera treatment centres or units provided by the Red Cross Red Crescent as a response to the cholera outbreak in October 2010. This indicator is not cumulative; it reports the number of cholera treatment centres or units as they stand at the end of the reporting period.

12. Total number of patients treated in Red Cross Red Crescent cholera treatment centres or units

This includes the number of people who have received treatment in the Red Cross Red Crescent cholera treatment centres or units.

13. Total number of people reached with text messages on cholera prevention and treatment

This includes the recipients of Red Cross Red Crescent text messages on cholera prevention and treatment counted once during the reporting period, regardless of the number of messages received.

Water, sanitation and hygiene promotion

14. Total number of people provided with daily access to drinking water

This refers to all people to whom the Red Cross Red Crescent is providing water daily, through water trucking or other emergency water set-up. Longer-term solutions where water systems are installed or renovated and improved water sources are built are not reported here. This indicator on its own does not measure if the access is adequate according to Haiti Water, Sanitation and Hygiene (WASH) cluster standards (initially 5 litres per day per person, but increased to 10 litres per day per person in response to the cholera outbreak); therefore the indicator is reported together with indicator 16b, average amount of drinking water distributed per day per person. This indicator is not cumulative; it reports the number of people who are provided daily access to drinking water as it stands at the end of the reporting period.

15. Total number of (emergency) water distribution sites set up

This includes camps and makeshift settlements where the Red Cross Red Crescent is distributing water. This indicator is not cumulative; it reports the number of sites where the Red Cross Red Crescent is providing water at the end of the reporting period.

16a. Total amount of drinking water distributed (number of litres)

This is the cumulative amount of water distributed since the beginning of the operation.

16b. Average amount of drinking water distributed per day per person (number of litres)

This indicator is not cumulative; it reports the average amount of water distributed per day per person at the end of the reporting period.

17. Total number of people provided access to sanitation facilities

This refers to all people to whom the Red Cross Red Crescent is providing access to sanitation facilities by providing latrines in camps and makeshift settlements.

18. Total number of elevated tank latrines installed in camps

This includes the number of elevated tank latrines installed in the camps that are available for use by the people living in camps and makeshift settlements. It does not include emergency pit latrines built at the beginning of the operation that had been closed since then or latrines that are out of service; neither does it capture the sanitation facilities built on transitional shelter construction sites. This indicator is not cumulative, but covers the number of tank latrines available in the camps at the end of the reporting period.

19. Total number of people reached through hygiene promotion activities

This includes the total number of people reached through hygiene promotion activities.

20a. Total amount of drinking water provided to the cholera treatment centres or units and other healthcare facilities (number of litres)

This is the cumulative amount of water provided by the Red Cross Red Crescent to the cholera treatment centres or units and other healthcare facilities since the outbreak of cholera.

20b. Average total amount of drinking water provided to the cholera treatment centres or units and healthcare facilities per day (number of litres)

This indicator is not cumulative; it reports the average amount of water provided to the cholera treatment centres or units and other healthcare facilities per day at the end of the reporting period.

Shelter

21. Total number of households provided with emergency shelter materials

This refers to all households that have received at least one type of emergency shelter material (two tarpaulins, a tent or a shelter toolkit). If a household receives several different types of emergency shelter materials, it is still only counted once.

22. Total number of households provided with emergency shelter materials for replacement

This refers to all households that have received at least one type of emergency shelter material (two tarpaulins, a tent or a shelter toolkit) for replacement of emergency shelter materials.

23. Total number of households reached with reinforcement/improvement of emergency shelter

It refers to all households that have been supported with interventions to improve/upgrade the emergency shelter in order to offer a more secure environment and a healthier living area. It might include work to ensure that the roof is pitched and rain resistant or that the shelter has sturdy frame posts and is fixed well into the ground.

24. Total number of households provided with improved shelter solution

This includes shelter solutions that provide better resistance to the elements as well as greater privacy and security than emergency shelter. It covers temporary as well as more permanent solutions, including transitional/upgradable shelter, provision of a settlement and livelihoods package to ensure that the family has the resources for a safe shelter solution, as well as permanent housing.

Transitional or upgradable shelters are temporary but solid structures which can house families until they are able to move into, or return to, permanent houses. For families living on land they own, transitional shelters can be expanded and upgraded with additional materials to become permanent.

A household is defined as a group of people who live together and share resources and intend to do so in future.

This indicator is disaggregated as follows:

- Total number of households provided with a transitional/upgradable shelter
- Total number of households provided with other shelter solution.

Community and social infrastructure

25. Total number of schools built, rehabilitated or strengthened

This indicator is disaggregated as follows:

- Operational: this is the number of schools that have been completed and where students are attending classes at the fully built and equipped school.
- Completed: this is the numbers of schools where building work is complete and the school building can be used.
- Under construction: this is the number of schools to be built or rehabilitated that have begun the process, with some form of preparatory work at least.
- In a planning phase: this is the number of schools for which plans have already been developed or commitments have been made but construction has not yet started.
- Total number of schools to be built, rehabilitated or strengthened: this is the total number of schools to be supported by the Red Cross Red Crescent.

26. Total number of clinics or hospitals built, rehabilitated or strengthened

Methodology similar to above has been applied.

Livelihoods

27. Total number of households that have received livelihood support grants, loans or other forms of financial support

This is the number of households that have directly received some form of financial support to restart or strengthen their productive activities (it does not include those who have indirectly benefited from the financial support or who have received asset or in-kind support).

28. Total number of children who have gained access to education through the payment of school fees and other educational expenses during one school year

This is the number of children who have gained access to education through the payment of school fees and other educational expenses. This support is reported under the livelihoods sector since it enables families to free resources to be used for their own prioritized economic recovery activities.

29. Total number of people supported through the provision of short-term employment opportunities — cash-for-work activities

This is the number of people who have increased resources to meet their basic needs through cash-for-work activities in community-driven projects.

Disaster preparedness and risk reduction

30a. Total number of households covered by pre-positioned non-food relief stock for Haiti

This is the number of households that could be served with non-food relief stocks, in the aftermath of a disaster in Haiti.

30b. Total number of households covered by pre-positioned food stocks for Haiti

This is the number of households that could be served with food stocks, in the aftermath of a disaster in Haiti.

31. Total number of people trained in vulnerability and capacity assessment or community-based disaster management

This refers to the number of persons who have successfully completed community-based vulnerability and capacity assessment training or community-based disaster management training. Ideally this would include some sort of quality control check allowing verification of 'successful completion' e.g. pre/post tests, skills demonstration or other form of quality control resulting in provision of a certificate or recognition of skills transfer.

32. Total number of camps/communities reached with mitigation activities

This includes the number of camps/communities reached with at least one mitigation micro-project such as tent reinforcement, strengthening of banks, pathways, small-scale infrastructure, improving water and sanitation, digging drainage channels or clearing blocked drains, or addressing other specific needs identified by the communities. If more than one mitigation activity has been implemented in one community, this community is counted only once.

33. Total number of people reached with text messages on steps to take to prepare for disasters

This includes the number of people reached with text messages across the country, offering people advice on steps that they can take to prepare for disasters.

Strengthening the Haitian Red Cross Society

34. Estimated total number of Haitian Red Cross Society volunteers involved in the earthquake operation

This refers to the estimated total number of Haitian Red Cross Society volunteers who have worked freely to support the delivery of services of the Red Cross Red Crescent for at least four hours between the end of the previous reporting period (August 2010) and the end of this reporting period (November 2010). Since in Haiti there is a common practice of paying a daily per diem for the volunteers, the definition allows the inclusion of volunteers receiving a daily per diem during their activities.

35. Total number of Haitian Red Cross Society volunteers trained

This includes the total number of Haitian Red Cross Society volunteers trained by the Red Cross Red Crescent. The same volunteer is counted only once during the reporting period, regardless of the number of trainings received.

36. Total number of Haitian Red Cross Society branches rebuilt or rehabilitated

This indicator is disaggregated as follows:

- Completed: this is the number of Haitian Red Cross Society branches where building or rehabilitation work is complete.

- **Under construction or rehabilitation:** this is the number of Haitian Red Cross Society branches for which the building or rehabilitation process has begun, e.g. site prepared, materials delivered, some form of preparatory work begun.
- **In a planning phase:** this is the number of Haitian Red Cross Society branches for which plans have already been developed or commitments have been made but work has not yet been started.
- **Total number of Haitian Red Cross Society branches to be rebuilt or rehabilitated:** this is the total number of branches to be rebuilt or rehabilitated, summing completed, under construction and in a planning phase.

Programme support and coordination

37. Total number of air consignments received

This includes all air consignments received by the Red Cross Red Crescent in Haiti since January 2010.

38. Total number of consignments received by sea

This includes all consignments received by sea by the Red Cross Red Crescent in Haiti since January 2010.

39. Total number of expatriate staff in Haiti at the end of the reporting period

This includes all expatriate staff working in Haiti for the Red Cross Red Crescent at the end of the reporting period.

40. Total number of national staff in Haiti at the end of the reporting period

This includes all national staff working in Haiti for the Red Cross Red Crescent at the end of the reporting period.

41. Total number of project, programme and operations evaluations in Haiti

This includes all evaluations planned or undertaken by the Red Cross Red Crescent in Haiti.

42. Total number of National Societies or Red Cross Red Crescent organizations operating in Haiti

This refers to National Societies or Red Cross Red Crescent organizations who have set up their presence and operations in Haiti. This indicator is not cumulative; it reports the number of Red Cross and Red Crescent National Societies or organizations operating in Haiti at the end of the reporting period.

43. Total number of Red Cross Red Crescent National Societies or organizations supporting the Haiti operation with people, cash or in-kind

This figure refers to all Red Cross Red Crescent National Societies or organizations that have supported the Haiti operation with people, cash or in-kind donation.

Annex 2. Notes and methodology regarding presentation of combined financial data

1. The combined income and expenditure data in this report was generated based on financial data collected from the IFRC's secretariat and the 26 Red Cross and Red Crescent National Societies referenced in the report. This data was collected and compiled over a period of four weeks, from 15 October to 15 November 2010. The method developed to obtain financial data considered the flows of income and expenditure and eliminated multiple counting (within the Red Cross Red Crescent network) of income and expenditure.
2. This report is a combined cumulative portrait of IFRC financial information. All of the reports received from the Red Cross and Red Crescent National Societies and organizations and used to generate this collective portrait reflected data through 30 September, with the following exceptions: four Red Cross or Red Crescent Societies have not submitted updated data for this reporting period, and in all cases the most recent past submission of data was used.
3. Included in the reporting of income are in-kind goods and services (non-cash contributions). Due to variations in the way that in-kind goods are treated by IFRC members, the value of income and expenditure related to in-kind goods and services (non-cash contributions) may not be fully represented in this consolidation, due to the different accounting treatments of such items. As a result the report possibly under-represents the income and expense values for these in-kind goods and services. However, these values are estimated to be small, and immaterial to the overall report.
4. The exchange rates used to combine the financial data during this round of reporting are shown in the table below.

Forex rate	Income	Expenditure	Projections
AUD	0.9574	0.9575	0.9449
CAD	1.0312	1.0237	0.9512
CHF	1.0000	1.0000	1.0000
CRC	483.0918	483.0219	507.3830
DKK	5.3279	5.3279	5.6249
EUR	1.4379	1.3961	1.3245
GBP	1.6795	1.6310	1.5516
HKD	7.3811	7.2980	7.9066
ISK	117.6260	124.9841	120.3540
JPY	85.8244	83.7013	85.6413
KRW	1123.5955	1095.3085	1167.9705
NOK	5.5195	5.7271	6.0068
NZD	1.3508	1.3241	1.3848
SEK	6.7790	6.8830	6.9529
USD	1.0966	1.0647	0.9812

5. Some Red Cross and Red Crescent Societies and organizations report operating on a cash accounting basis, while others work on an accrual basis. Cash basis means that the reported financial income and expenditure include only income received and expenditure paid at 30 September 2010. Accrual basis means that the reported financial income and expenditure include all income received and receivable and expenditure paid or payable as at 30 September 2010.
6. Treatment of interest income: Each Red Cross or Red Crescent Society or organization's treatment of interest earned on donations is governed by their own financial policies. In the cases where interest is not allocated back to the Haiti operation, Red Cross and Red Crescent Societies report interest being allocated to future international and emergency operations or to general headquarters operations.
7. Categories and definitions used for the classification of expenditure are as follows:

Water and sanitation:

- Water and sanitation Emergency Response Units (ERUs)
- Water trucking and other temporary water supply activities
- Construction of sanitation facilities (latrines and bathing facilities) in camps and make-shift settlements
- Hygiene promotion (if not included in health activities)
- Environmental sanitation interventions: vector control, solid waste management, camp and house cleaning, and trainings
- Repair and replacement of water systems
- Installation of water systems or sanitation facilities as part of shelter initiatives (if not included in shelter expenditure)
- Promotion of hygiene, sanitation and community management of water and sanitation facilities in line with the PHAST approach
- Long-term water and sanitation programming through the Global Water and Sanitation Initiative (GWSI)

Health:

- Health ERUs
- First aid and emergency clinical services
- Education and health promotion campaigns, and hygiene (if not included above in water and sanitation category)
- Psychosocial and disaster mental health
- Disease control; vaccination programmes, and mosquito net distributions (if not included below in the relief category)
- Prosthetics programmes
- Community-based health programming
- Long-term health programming
- Enhancement of blood banking and ambulance services

Shelter:

- Shelter supplies for immediate or temporary use, including tools and kits, tarpaulins, tents, sheeting, rope, etc.
- Training and support to improve emergency shelter solution
- Assistance to host families for shelter enhancements: cash and vouchers (if not listed below in the relief cash assistance category)
- Transitional shelters (with intended duration of 12 to 60 months)
- Assistance (in-kind or cash) to improve or repair houses
- Permanent shelter construction (housing specific)

Relief assistance – food:

- Costs related to procurement, transport, warehousing and distribution of emergency food parcels for earthquake-impacted or host families

Relief assistance – non-food:

- Costs related to procurement transport, warehousing and distribution of items such as blankets, hygiene kits, kitchen sets, jerry cans, mosquito nets, baby kits for earthquake-impacted or host families

Relief assistance – cash:

- Total value of emergency cash assistance distributed to date for earthquake-impacted or host families

Community and social infrastructures:

- Short-term community services such as day care, child-friendly spaces and elderly care
- Protection activities
- Repair, refurbishment or new construction of schools, clinics, hospitals, community centres and other infrastructure such as roads, bridges and other community assets

Livelihoods:

- ‘Cash for work’ programmes
- Livelihood support grants, loans or other forms of financial support
- Economic resiliency and development programmes
- Livelihoods strengthening and diversification programmes
- Asset replacement programmes (if not already included in the other categories)
- Payment of school fees to free resources to be used for economic recovery activities
- Long-term livelihoods programming

Disaster preparedness:

- All mitigation activities in any sector related to hurricane preparedness: building drainage ditches, community mobilization and awareness raising
- Hurricane shelters (if not included in shelter or community and social infrastructure category)
- Tracing services and capacity building of tracing staff (if not included in other categories)
- Pre-positioning of stocks
- Setting and working towards improved disaster management standards
- Building new/enhanced disaster response mechanisms

- Setting and working towards improved disaster management standards
- Risk reduction programmes
- Early warning systems
- Community-based disaster preparedness
- International disaster response law (IDRL) programming

Capacity building in support of the Haitian Red Cross Society:

- Costs related directly to supporting the Haitian Red Cross Society's earthquake response
- Volunteer support (if not reflected in other categories)
- Short-term support to Haitian Red Cross Society for salary, equipment, supplies, transportation or rent
- Refurbishment and construction of earthquake-impacted Haitian Red Cross Society branches and headquarters
- Developmental support, e.g. to enhance financial, reporting and management systems
- Humanitarian values programming
- Provision of technical assistance, training materials and professional development
- Volunteer capacity building

Programme support and coordination:

- Operations support and assessment staffing or transport (if not included in the other categories above)
- Headquarters and field management and staff costs such as local or international staff costs
- Planning, reporting staff and associated costs like workshops and trainings
- Monitoring and evaluation (surveys or assessments) and other quality and accountability activities
- Communications and advocacy staff costs and publications
- Human resources – recruitment and support
- Logistics functions
- Coordination and direction
- Accounting, audit and other financial services
- Cross-cutting themes such as gender, environment, sustainability, beneficiary participation and risk reduction
- Fund-raising costs and donations processing
- Head-office costs (service fees and similar)
- Other indirect support
- Foreign exchange losses and gains

Annex 3. Red Cross and Red Crescent National Societies and organizations involved in the Haiti relief and recovery efforts

The information portrayed in this report is reflective of contributions from the following Red Cross and Red Crescent National Societies and organizations.

Albanian Red Cross	French Red Cross	Nigerian Red Cross Society	Singapore Red Cross Society
American Red Cross	German Red Cross	Norwegian Red Cross	Slovak Red Cross
Andorran Red Cross	Ghana Red Cross Society	Pakistan Red Crescent Society	Slovenian Red Cross
Antigua and Barbuda Red Cross	Grenada Red Cross Society	Palau Red Cross Society	Spanish Red Cross
Argentine Red Cross	Guatemalan Red Cross	Papua New Guinea Red Cross Society	Suriname Red Cross
Armenian Red Cross Society	Haitian Red Cross Society	Peruvian Red Cross	Swedish Red Cross
Australian Red Cross	Hellenic Red Cross	Portuguese Red Cross	Swiss Red Cross
Austrian Red Cross	Honduran Red Cross	Qatar Red Crescent Society	Syrian Arab Red Crescent
Bangladesh Red Crescent Society	Hungarian Red Cross	Red Crescent Society of the Islamic Republic of Iran	The Bahamas Red Cross Society
Baphalali Swaziland Red Cross Society	Icelandic Red Cross	Red Crescent Society of the United Arab Emirates	The Barbados Red Cross Society
Belarus Red Cross	Indian Red Cross Society	Red Cross of Benin	The Canadian Red Cross Society
Belgian Red Cross Flanders	Indonesian Red Cross Society	Red Cross of Cape Verde	The Gambia Red Cross Society
French speaking Community	Irish Red Cross Society	Red Cross of Monaco	The Guyana Red Cross Society
Belize Red Cross Society	Israel — Magen David Adom in Israel	Red Cross of Montenegro	The Netherlands Red Cross
Botswana Red Cross Society	Italian Red Cross	Red Cross of Viet Nam	The Netherlands Red Cross — Curacao Overseas branch
Brazilian Red Cross	Jamaica Red Cross	Red Cross Society of China	The Red Cross of Serbia
British Red Cross	Japanese Red Cross Society	Red Cross Society of China — Hong Kong Branch	The Red Cross of The Former Yugoslav Republic of Macedonia
British Red Cross — Cayman Islands Overseas branch	Kenya Red Cross Society	Red Cross Society of China — Macau Branch	The Red Cross Society of Bosnia and Herzegovina
Bulgarian Red Cross	Kuwait Red Crescent Society	Red Cross Society of Côte d'Ivoire	The Republic of Korea National Red Cross
Cambodian Red Cross Society	Latvian Red Cross	Red Cross Society of Georgia	The South African Red Cross Society
Chilean Red Cross	Lebanese Red Cross	Red Cross Society of Panama	The Sri Lanka Red Cross Society
Colombian Red Cross Society	Liberian Red Cross Society	Rwandan Red Cross	The Sudanese Red Crescent
Costa Rican Red Cross	Libyan Red Crescent	Saint Kitts and Nevis Red Cross Society	The Thai Red Cross Society
Croatian Red Cross	Liechtenstein Red Cross	Saint Lucia Red Cross	The Trinidad and Tobago Red Cross Society
Czech Red Cross	Lithuanian Red Cross Society	Saint Vincent and the Grenadines Red Cross	Turkish Red Crescent Society
Danish Red Cross	Luxembourg Red Cross	Salvadorean Red Cross Society	Ukrainian Red Cross Society
Dominica Red Cross Society	Malaysian Red Crescent Society	Sao Tome and Principe Red Cross	Uruguayan Red Cross
Dominican Red Cross	Malta Red Cross Society	Seychelles Red Cross Society	Zambia Red Cross Society
Ecuadorian Red Cross	Mauritius Red Cross Society		
Egyptian Red Crescent Society	Mexican Red Cross		
Estonia Red Cross	Moroccan Red Crescent		
Ethiopian Red Cross Society	Namibia Red Cross		
Finnish Red Cross	Nepal Red Cross Society		
	New Zealand Red Cross		
	Nicaraguan Red Cross		

How we work

All International Federation of Red Cross and Red Crescent Societies efforts seek to adhere to the code of conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in disaster relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The International Federation of Red Cross and Red Crescent Society'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 International Federation of Red Cross and Red Crescent Society'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.



For further information contact :

Croix-Rouge Haïtienne

Avenue Maïs Gate
En face de Avis Camp de Base Croix-Rouge Haïtienne
Port-au-Prince, Haïti
Tel.: +509 2519-0702
Fax: +509 2942-6471
Web site: <http://www.croixrouge.ht/>

Americas Zone Office

International Federation of Red Cross and Red Crescent Societies

Ave. Vicente Bonilla, #115
Clayton, Panama City, Panama
Tel: +507-317-3050
Fax: +507-317-1304
Haiti Support Team mailbox: haiti.info@ifrc.org
Web site: <http://www.ifrc.org/haiti/>

For media enquiries please contact:
media.service@ifrc.org



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