



ICRC / AR, 2011
 + ICRC delegation * Dominican Republic is covered by the ICRC delegation in Haiti

EXPENDITURE (IN KCHF)	
Protection	1,309
Assistance	3,457
Prevention	729
Cooperation with National Societies	818
General	-

► **6,313**
 of which: Overheads 384

IMPLEMENTATION RATE	
Expenditure/yearly budget	90%

PERSONNEL	
Expatriates	14
National staff (daily workers not included)	74

KEY POINTS

In 2011, the ICRC:

- supported the penitentiary administration in strengthening the cholera response, including by hiring additional medical staff and launching a mobile health team for treatment, prevention and health promotion in Haiti's prisons
- working with the Haitian National Red Cross Society, ensured that residents of Port-au-Prince's Cité Soleil and Martissant neighbourhoods had access to medical evacuation and heard cholera-prevention messages
- helped the authorities address overcrowding in prisons by advocating reform, facilitating implementation of judicial guarantees, renovating prison infrastructure and conducting an in-depth technical assessment of Haiti's prisons
- improved access to safe drinking water for some 200,000 residents of Cité Soleil by refurbishing 2 pumping stations and 23 water distribution points
- briefed over 1,600 police and prison staff, military and police officers, and gang members on international human rights norms, the Movement and humanitarian principles, such as letting people access medical care

The ICRC opened a fully fledged delegation in Haiti in 2004. It responds to acute humanitarian situations in prisons and supports national authorities in improving conditions of detention and respect for judicial guarantees. It seeks to mitigate the effects of social unrest throughout the country and in violence-prone neighbourhoods in Port-au-Prince. It also supports the security forces in integrating human rights norms applicable to the use of force into their doctrine, training and operations. With other Movement partners, the ICRC helps strengthen the emergency-response capacity of the Haitian National Red Cross Society.

CONTEXT

Michel Martelly won the second round of presidential elections held in March after the ruling party candidate stood down amid allegations of electoral fraud that had led to violent protests. After Martelly's victory, the security situation reportedly calmed down. However, the new government did not take office until October, and the justice minister stepped down two weeks later. Haiti finished the year without a budget for the new fiscal year and with continuing uncertainty as to the future of the Interim Haiti Recovery Commission, a body tasked with the disbursement of aid money.

The UN Stabilization Mission in Haiti (MINUSTAH) continued to carry out security duties alongside the Haitian National Police.

High food and fuel prices further exacerbated Haiti's dire economic and social situation. Many people continued to suffer the ongoing consequences of the 2010 earthquake. Some 500,000 people were still living in temporary shelters, leaving them particularly vulnerable to the tropical storms endemic to the region. Haiti's overcrowded prisons remained a chronic problem, exacerbated by the effects of the earthquake.

A cholera epidemic which broke out in late 2010 receded briefly in April 2011 but then made a resurgence during the rainy season in May, reportedly resulting in over 6,900 deaths; some 516,000 contracted the disease.

ICRC ACTION AND RESULTS

The ICRC focused on monitoring the treatment and living conditions of people held in civilian prisons and police stations throughout the country, sharing its findings and recommendations, in confidence, with the authorities. After conducting a comprehensive assessment of all places of detention, it prepared a report aimed at providing technical advice to the penitentiary administration in overhauling the system.

Given the harsh conditions in prisons, detainees countrywide were affected by the cholera epidemic. The ICRC reinforced its support to the penitentiary administration, resulting in the creation of a strategic plan and a treatment protocol and the establishment of a cholera treatment centre in Port-au-Prince's main prison. An ICRC mobile health team worked alongside penitentiary medical staff in implementing preventive hygiene measures, including health-promotion sessions for detainees and staff, in prisons countrywide. In addition, the ICRC kept prison dispensaries

Main figures and indicators	PROTECTION		Total	
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
Names published on the ICRC family-links website			5	UAMs/SCs*
Reunifications, transfers and repatriations				
People reunited with their families			17	
Tracing requests, including cases of missing persons				
People located (tracing cases closed positively)			2	Women Minors
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs reunited with their families by the ICRC/National Society			17	Girls Demobilized children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited			5,437	Women Minors
Detainees visited and monitored individually			8	1 1
Detainees newly registered			1	1
Number of visits carried out			72	
Number of places of detention visited			19	

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat					
Water and habitat activities	Beneficiaries		207,000	36%	32%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat					
Food	Beneficiaries		6,210		
Essential household items	Beneficiaries		4,708		
Water and habitat activities	Beneficiaries		6,238		

supplied, paid top-up salaries for penitentiary medical staff working overtime until GHESKIO, a local partner NGO, took over in April, and hired and paid for supplementary staff in the worst-affected places of detention until September 2011. It also enabled detainees to maintain contact with their relatives using ICRC-donated mobile phones while family visits were on hold.

The ICRC responded to other urgent situations that arose in prisons, including food shortages and recurrent water and sanitation emergencies, by donating food, emptying septic tanks and, in three prisons, making infrastructural improvements. It kept the national authorities updated on the humanitarian situation in detention centres and mobilized international actors on their behalf.

To help reduce severe overcrowding, the ICRC carried out rehabilitation work in Port-au-Prince's main prison and added bed space in Les Cayes prison. Thanks to ICRC logistical support to legal assistants, 100 detainees who had served their prison sentences were released. The ICRC also flagged the cases of detainees in prolonged pre-trial detention to the relevant authorities. It continued to advocate penitentiary reforms, reviving discussions begun before the earthquake. These focused on ways to address issues such as respect for judicial guarantees and other means of combating overcrowding, a cause of poor health conditions and limited access to services in places of detention.

As a neutral and independent intermediary, the ICRC continued to assist residents of the violence-prone neighbourhoods of Cité Soleil and Martissant by strengthening contacts and conducting briefings for local residents, gang members, MINUSTAH and the Haitian National Police. For the first time, members of armed groups in Martissant took part in structured briefings on international human rights norms and ICRC activities. Additionally, new police officers were briefed on international standards

applicable to law enforcement. In all dialogue, the ICRC highlighted the needs of vulnerable groups such as women and children, and facilitated their access to four first-aid posts run by the Haitian Red Cross.

To ensure a safe and affordable water supply for Cité Soleil residents, national and local water authorities pursued cooperation with the ICRC in the maintenance and renovation of water infrastructure damaged by the earthquake.

In coordination with the International Federation, the ICRC continued to strengthen the capacity of the Haitian Red Cross to respond to emergencies, including natural disasters, and facilitated cooperation with the Dominican Red Cross. In response to the cholera epidemic, the ICRC provided the Haitian Red Cross with equipment, staff and training to inform some 8,000 people in Cité Soleil and Martissant about how to lower their exposure to health risks. The Haitian Red Cross was also able to evacuate cholera patients from the two neighbourhoods to medical facilities using ICRC-funded taxis.

CIVILIANS

People have access to safe drinking water and health education

Chronic problems related to poor infrastructure management and maintenance, compounded by the earthquake and ongoing reform of the national water board, continued to impair people's access to safe drinking water, made all the more urgent by the cholera epidemic. National and local water authorities cooperated with the ICRC to ensure a safe and affordable water supply for some 200,000 Cité Soleil residents, continuing work begun in 2009 but disrupted by the earthquake. Two pumping stations and a network of 23 water distribution points were rebuilt or refurbished using ICRC-provided hydraulic materials, fuel and logistical support.

Haitian Red Cross volunteers evacuated 1,045 sick or injured people, including many cholera patients, from Cité Soleil and Martissant and took them to appropriate medical facilities. They did this with the support of other National Societies, using an ICRC-funded taxi system at the height of the epidemic and later the Haitian Red Cross ambulance service. A further 3,000 people received first aid from volunteers based at ICRC-supported first-aid centres. To prevent the further spread of cholera, some 8,000 families in Cité Soleil and Martissant learnt ways of reducing their exposure to health risks through hygiene-awareness sessions conducted by the Haitian Red Cross with ICRC back-up. People received water purification tablets, private water retailers were given chlorine for their tanks, and a chlorination system was installed at one of the main pumping stations in Cité Soleil.

While the security situation had stabilized, residents of violence-prone neighbourhoods, gang members and armed forces continued to be informed of ICRC/Movement activities through multiple contacts with the ICRC, which called on weapon bearers to treat the population with humanity and to facilitate their access to health care (see *Armed forces and other bearers of weapons*). During such briefings, the needs of particularly vulnerable groups, such as women and children, who were often targets of crime and sexual violence, were highlighted; these groups had access to four ICRC-supported first-aid posts run by the Haitian Red Cross.

Families able to reconnect after the earthquake

Because of the earthquake, many people had lost contact with relatives. As normal services had resumed in 2010, only the most vulnerable individuals, mainly unaccompanied or separated children, still needed ICRC assistance. All the remaining cases were closed at the end of 2011, after the children had either been reunited with their families or other appropriate long-term solutions had been found for them.

PEOPLE DEPRIVED OF THEIR FREEDOM

Many places of detention were damaged and inmates escaped in the 2010 earthquake, including from Port-au-Prince's main prison housing many of the country's detainee population. When detainee numbers started rising again after the immediate emergency phase, overcrowding rapidly resumed drastic proportions, despite the opening of a new prison and a juvenile centre in May 2011. A dysfunctional justice system and the prevailing security policy were contributing factors; over 60% of the prison population were still awaiting trial. Conditions worsened with the cholera outbreak in October 2010.

Detainees' living conditions addressed

To address the problem of overcrowding in prisons and police stations and improve detention conditions, the penitentiary authorities continued to rely on the ICRC's help to upgrade infrastructure. For example, Port-au-Prince's main prison was extended to accommodate 700 additional detainees, while Les Cayes prison received 300 beds. Construction work to improve security in the courtyards in the Aquin and Miragoâne prisons meant that detainees had better access to the open air and exercise.

Other measures aimed to speed up lengthy judicial procedures. For example, over 100 detainees who had completed their sentences secured their release with the help of legal assistants working with ICRC back-up, which included the provision of office space, help with transport and legal expertise. The cases of detainees in prolonged pre-trial detention were brought to the

authorities' attention in the form of lists to speed up processing. Prison social workers were able to do their job better thanks to ICRC-provided office space.

The penitentiary authorities and the ICRC resumed discussions, begun before the earthquake, on issues such as respect for judicial guarantees and other means of improving health conditions and access to services by combating overcrowding in nine key places of detention. Prison authorities received the results of an assessment of legal and social services in Port-au-Prince prison, as well as those of an ICRC technical assessment of all detention centres, to aid them in defining priorities and mobilizing other support. After a prolonged hiatus, medical committees including prison authorities and relevant partners started meeting again to work on improving service provision. MINUSTAH and other stakeholders in Haiti's prison reform process took part in discussions with the ICRC aimed at generating national and international support to address the situation in prisons.

Year-round, people detained in prisons and police stations were visited by the ICRC, according to its standard procedures, to check that their treatment and living conditions conformed to internationally recognized standards. The authorities were informed, in confidence, of the findings and recommendations.

The Haitian National Police authorities received a summary report of ICRC visits to people in police custody conducted between 2010 and 2011, and the police chief of staff started discussing the findings in monthly meetings with the ICRC.

Detainees' urgent needs met

Various emergencies required urgent ICRC intervention. In February, prison food shortages were alleviated by ICRC-donated emergency food supplies. Year-round, sanitation problems required 13 interventions in various detention centres to prevent the spread of diseases by emptying septic tanks, and a sanitary block was built for Hinche prison.

Some 3,400 detainees had significantly improved access to water and sanitation and reduced health risks thanks to projects carried out with ICRC technical assistance: a general water distribution system was installed in Port-au-Prince's main prison, and Cap-Haïtien prison was reconnected to the municipal water supply.

Prison staff and inmates weather cholera crisis

Detainees in 17 of Haiti's 20 detention centres were affected by the cholera epidemic that broke out in October 2010, dipped slightly between February and April 2011, and resurged during the rainy season. The penitentiary authorities received reinforced ICRC support to devise a strategic plan and a treatment protocol and to establish a treatment centre in Port-au-Prince's main prison.

In addition to receiving help in identifying and treating or ensuring the transfer to hospital of sick detainees, penitentiary staff were assisted by a 10-strong ICRC health team in carrying out preventive measures in detention centres countrywide. These included health-promotion sessions during which inmates and staff learnt to prevent the spread of disease through improved hygiene. To this end, thousands of personal hygiene kits, bars of soap and various cleaning products were distributed, cells and latrines disinfected and the water supply chlorinated. Prison and police station dispensaries were kept supplied with medical materials and drugs. Referral hospitals were able to treat incoming detainees with ICRC-donated supplies.

In Port-au-Prince's main prison, where penitentiary staff had been receiving overtime payments from the ICRC, the Haitian NGO GHESKIO took over activities in April, although the ICRC continued to supply the cholera treatment unit and to facilitate coordination of the response teams. Additional medical staff recruited and paid for by the ICRC worked to contain the crisis in the worst-affected detention centres until September/October. In total, 549 detainees were treated; of these 15 died.

As family visits were suspended while the epidemic peaked, more than 700 detainees maintained family contact using ICRC-donated mobile phones.

After the initial cholera crisis, other health activities returned to normal, notably the ICRC-supported TB and HIV/AIDS control project carried out by GHESKIO in Port-au-Prince's main prison. The prison received medicines, medical equipment and cleaning materials from the ICRC, which also paid the salaries of paramedical staff involved in the TB programme.

Overall, detainees had access to health care through more than 9,000 consultations facilitated by the ICRC, both for TB and HIV/AIDS, as well as for other diseases.

After reopening, the juvenile centre and another facility addressed detainees' health needs, their dispensaries stocked and medical staff trained by the ICRC.

AUTHORITIES

Dialogue with national authorities and representatives of the international community focused on encouraging them to support reform of the penitentiary system, particularly in terms of health care and living conditions (see *People deprived of their freedom*). Their attention was also drawn to residents' needs in violence-prone neighbourhoods.

With political circles focusing on presidential and legislative elections and other issues, IHL implementation was not a priority for Haiti's parliament; after presidential elections in March, the new government was not formed until October (see *Context*). Nonetheless, leading parliamentarians were met with a view to promoting the ratification of international treaties and national legislation regulating the use of the emblem.

Dialogue on IHL matters was maintained with the authorities of the Dominican Republic, which ratified the Convention on Cluster Munitions.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

MINUSTAH remained the largest armed force carrying out public security duties in Haiti. With the potential for violence increasing as the elections took place, MINUSTAH battalions were mobilized across the country to support the Haitian National Police, limiting potential for ongoing dissemination activities. Nonetheless, 379 MINUSTAH officials were briefed on Movement activities and on their obligations to respect civilians and the emblem and to allow humanitarian workers to reach and assist all vulnerable people unhindered. Gang members in violence-affected neighbourhoods took part in similar briefings, and for the first time, some 140 gang members in Martissant took part in structured briefings on humanitarian principles and ICRC activities.

Police officers deployed on the ground, including some 900 new officers, and those based in police stations attended ICRC sessions on humanitarian issues, such as international norms regulating the use of force and the treatment of people during arrest, interrogation and detention (see *People deprived of their freedom*), in addition to respect for civilians, medical personnel and infrastructure. Three hundred new prison officers were briefed on ICRC activities and prison management as part of their induction. Students and instructors at the police academy had access to learning materials in the form of ICRC-donated reference literature on IHL and international human rights law.

In the Dominican Republic, 60 police, army and customs officers were briefed by the ICRC on IHL, international human rights law and the use of force as part of a UN-run workshop on measures against the illegal arms trade.

CIVIL SOCIETY

The media remained key to fostering understanding of the ICRC's humanitarian concerns and neutral, impartial and independent humanitarian action, highlighted in publications commemorating the anniversary of the earthquake in January. Radio was widely used to promote awareness of the emblem and the medical mission, particularly in the run-up to the elections, as well as cholera response in places of detention. Through workshops and first-hand access to violence-prone neighbourhoods and detention facilities with ICRC accompaniment, journalists were able to report on Haitian Red Cross and ICRC activities more accurately.

Personnel of the Office of the National Ombudsman were briefed on the Movement and ICRC activities for detainees.

Three private universities, including one in the Dominican Republic, worked with the ICRC to stimulate interest in IHL teaching and research, enabling some 120 students to participate in IHL seminars and making use of ICRC-donated reference materials.

RED CROSS AND RED CRESCENT MOVEMENT

The Haitian Red Cross remained the ICRC's key partner for the implementation of assistance programmes in Cité Soleil and Martissant (see *Civilians*). Responding to the cholera epidemic, 120 Haitian Red Cross volunteers received training in hygiene-awareness and patient management. Staffing reasons prevented the Haitian Red Cross from effectively reinforcing its family-links network.

In line with its 2010–15 strategic plan, the Haitian Red Cross continued work to strengthen its legal base and capacities with financial, material and technical support from the International Federation and the ICRC, creating a number of working groups on branch development, first aid and community health. Coordination among Movement partners was reinforced, focusing on disaster preparedness, notably the establishment of a contingency plan for the 2011 hurricane season, including cooperation with the Dominican Red Cross.

The Haitian and Dominican Red Cross Societies participated actively in the Movement's statutory meetings, pledging support for ICRC/International Federation initiatives, notably the Health Care in Danger project.