

Operations update



International Federation
of Red Cross and Red Crescent Societies

Haiti: Earthquake

Emergency appeal n° MDRHT008
GLIDE EQ-2010-000009-HTI
Operations update n° 5
9 February 2010

Period covered by this Ops Update:
29 January – 8 February 2010

Appeal target (current): This Operations Update includes a revised budget for CHF 218.4 million (USD 203,478,000 or EUR 148,989,000) in cash, kind, or services to support the Haitian National Red Cross Society (HNRCS) to assist up to 80,000 beneficiary families with basic non-food items and emergency shelter solutions; in addition, the Appeal foresees provision of emergency health care,



Feb 2, 2010. Marie Helene Destin, Elvie Joseph and Mayo Joseph open a cooking set provided by the Red Cross in the Diahatsu settlement. Port-au-Prince, Haiti. Photo Credit: Talia Frenkel/American Red Cross

fulfilment of basic needs in water and sanitation and livelihoods support for vulnerable populations in the earthquake-affected region. The Appeal coverage listed on the donor response report found on the International Federation web page will not be updated immediately as the revised budget is not yet reflected in the financial systems. However, the current unofficial coverage, including pledges yet to be registered, is of approximately 39 per cent in relation to the revised budget.

Of the total budget of CHF 218.4 million required for the operation, the International Federation solicits CHF 2.07 million to support its interagency coordination of the Shelter and Non-Food Items (NFI) Cluster.

[<Click here to go to the revised preliminary appeal budget or here to view contact details>](#)

Appeal history:

- CHF 500,000 (USD 491,265 or EUR 338,880) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to jump-start response activities and mobilization of Federation personnel. Non-earmarked funds to replenish DREF are encouraged.

- A Preliminary Emergency Appeal for CHF 10.1m was launched on 12 January 2010 to support the Haitian National Red Cross Society (HNRCS) to immediately deliver life-saving assistance to some 20,000 families (some 100,000 beneficiaries) for 9 months.
- A Revised Preliminary Emergency Appeal with a Revised Budget of CHF 105.7 million to assist up to 60,000 families (300,000 people) for 3 years was issued on 26 January 2010.
- This Operations Update presents a Revised Plan of Action for the six-month emergency phase of the operation together with a Revised Budget to support the efforts of the HNRCS in emergency response, as well as to implement a recovery plan for the three-year duration of this operation. A comprehensive recovery plan will be developed after the completion of a recovery assessment which will begin in the coming days.

Summary:

The humanitarian relief needs after the 12 January 2010 earthquake in Haiti continue to be widespread and merit continuous urgent action. Despite the difficulty in ascertaining the exact figures of numbers of dead, destruction and damage, approximately 700,000 people survive in conditions without adequate shelter. The internally displaced population has been estimated at between 800,000 and one million people which is putting an array of pressures on receptor regions which were not affected by the earthquake. Demands for shelter, sanitation and hygiene, childcare, food and healthcare, particularly hospital capacity to attend post-surgical patients, remain high.

The Haitian National Red Cross Society tirelessly continues its emergency relief actions which began immediately following the earthquake. Currently participating and coordinating with a wide-range of actors to ensure efficient and effective humanitarian response, it is the host to the International Federation and over 35 sister National Societies which are, or have been, in Haiti to support this operation. The level of mobilized support (human, material and financial resources) has made this operation the largest humanitarian operation ever carried out in a single country. More than 70 National Societies are actively involved in supporting the HRCNS in cash, kind, or services. Twenty-one Emergency Response Units (ERU), composed of 230 people representing 16 National Societies, have been deployed in Haiti. The International Committee of the Red Cross (ICRC), present in country before the earthquake, has dedicated its energies to conducting relief efforts as well as employing its skills in restoring family links and military-civilian relations in the context of the emergency response.

The combined Movement response is attending to the humanitarian needs of the most vulnerable earthquake affected population. As of 5 February 2010, the Movement has provided health treatment for at least 13,000 people. To date, 37,054 families (185,270 people) have received non-food relief items; furthermore, 17,007 households have received tarpaulins and rope, a shelter tool kit has been provided to 1,645 households and 925 households have received a tent. A total of 15 million litres of safe drinking water has been distributed and sanitation interventions are being carried out in 9 transitional settlements.

This Operations Update incorporates revised relief objectives based on the recently revised Plan of Action for the relief phase of the Haiti Earthquake Operation to be carried out over six months. However, distribution of non-food items will take place in a maximum of three months. The current objectives more precisely respond to the relief needs of the most vulnerable in the earthquake-affected population.

For the International Federation the main priorities in the immediate months are as follows:

- Secure access to non-food items and cash transfers that enable families to resume essential household activities
- Ensure adequate shelter
- Improve water and sanitation conditions
- Provide curative and preventive basic health care, community-based health education and psychosocial support
- Strengthen disaster preparedness in anticipation of the forthcoming rainy and hurricane seasons

While building the foundations for the early recovery of the most affected population.

The Haiti Earthquake Operation will distribute non-food items and emergency shelter materials to 80,000 families (400,000 people), representing approximately 13 per cent of an estimated overall total of 3 million people who were severely affected by the earthquake. Complementary to the essential non food items, targeted households will benefit from cash transfers, and some 300,000 people from water, sanitation and hygiene activities. While the relief objectives have been reformulated to provide humanitarian support for more people, the orientation of this operation remains constant. Bilateral support by Participating National Societies (PNS) will

boost the quantity and quality of relief actions and enable expanded reach and impact.

The Red Cross Red Crescent Haiti Response Summit will be held in Montreal, Canada on 9 and 10 February 2010. This Summit has the objectives of better understanding the current context and situation of the Haiti operation, agreeing to a consolidated Movement position on priority action areas in relation to relief, recovery and support to the HNRCS, and establishing approaches and mechanisms for enhancing Movement Coordination and relations with others in the Haiti operation.

This operation ensures coordinated humanitarian response with the Haitian government, interagency actors, non-governmental organizations and other groups, including the affected communities themselves. At the request of the UN Emergency Relief Coordinator, the International Federation will be taking on the leadership of the Shelter and Non Food Items (NFI) Cluster.

The International Federation offers its sincere gratitude to the National Societies, governments, private donors and individuals who have contributed to this Appeal. Their support contributes to achieving the Appeal's objectives and strategic aim to save lives, protect livelihoods, and strengthen recovery from disasters.

The situation

The 7.0 (Mw) earthquakes which struck Haiti on 12 January 2010 had its epicenter at 25 km southwest of the Haitian capital of Port-au-Prince. This earthquake primarily affected the population in the departments of Sud-Est (South East), Sud-Ouest (South West), Nippes and Ouest (West), wreaking particular damage on the already vulnerable population in this economically impoverished Caribbean country. Aftershocks, particularly those on 20 January (6.1 Mw) and 24 January (5.5 Mw), have continued to challenge the already affected Haitian people. Eighty per cent of the 9 million inhabitants of Haiti lived below the poverty threshold before the earthquake.

While the complete panorama of death, destruction and damage is still unknown, in recent days Haitian authorities have provided numbers which range from approximately 112,000 to 170,000 deaths and the number of injured people reaches approximately 196,501. State figures also estimate that the internally displaced population (IDP) ranges from 800,000 to one million people with over 263,000 IDPs who have moved to Haiti's Northern and Western departments. The earthquake massively damaged buildings and infrastructure in urban and rural regions. Public buildings such as hospitals, schools, administrative buildings, government facilities and housing were destroyed in Port-au-Prince and smaller cities. Up to 80 and 90 per cent of residential buildings and communal buildings in Leogane, located 29 kilometres to the west of the capital, have been destroyed or rendered unsafe.

As the Haitian government and interagency assessments, in which the International Federation participates, continue in earthquake affected regions, the human toll of this earthquake's destruction daily increases. Demands for shelter, sanitation and hygiene, childcare, food and healthcare, particularly hospital capacity to attend post-surgical patients, remain high priorities.

The most recent figures describe a population of approximately 700,000 people who survive in conditions without adequate shelter. The lack of shelter and weakened State institutions as a result of deaths and infrastructure damage have hindered governmental strategies and decisions regarding the population displaced by the earthquake. The government is creating a national plan that will establish four large camps for survivors.

Human movement into regions not affected by the earthquake increases the humanitarian demands. Assessments by the United Nations Stabilization Mission in Haiti (MINUSTAH) regional offices in the departments of Sud, Grand Anse, Nippes and Centre confirmed an estimated 15 to 20 per cent increase in the population in receptor departments. Movement teams have assessed this situation in Les Cayes and Gonaïves. The non-governmental organization (NGO) Floresta has noted an increase of households in Haiti's rural regions which range from 33 per cent in Grand Goave/Leogane, 55 per cent in Bainet, and as much as 90 per cent in the Fond Verettes-border region. MINUSTAH has reported that the increasing prices of basic commodities have generated difficulties for people in the Nord and Nord-Est departments to meet their basic food needs. Recent assessments in receptor regions have found that local prices, particularly for staple products, have increased from 50 to 100 per cent. The World Food Programme (WFP) now is providing food assistance in Artibonite department.

Despite the lack of reliable economic figures to allow for the distinction between the more and less vibrant neighbourhoods, observation in Port-au-Prince indicates that acquiring money from trading, remittances and social networks is a time consuming daily activity for the majority.

Medical needs still merit focalized attention. Insufficiently attended wounds and fractures and infections needing debridement or amputation remain challenges. Post-operative care is scarce. No precise data exists regarding the comprehensive health situation of women, men and children. A mass immunization campaign with the aim of reaching 530,000 children in transitional settlements and elsewhere began on 2 February 2010. Vaccinations for rubella and diphtheria-tetanus-pertussis for children under seven years of age and diphtheria and tetanus for older children, youth and adults are administered by interagency partners working within the coordination structure provided by the UN Office for the Coordination of Humanitarian Affairs (OCHA). In addition to responding to immediate needs, this action is a preventative measure when many IDPs move into large State-organized camps.

Although the water supply has been restored in some parts of Port-au-Prince, most areas still depend on water trucking. Sanitation is a critical concern everywhere, but particularly acute in overcrowded transitional settlements.

Landline communications and electricity are not operating. The mobile telephone network, while restored and functional, is heavily congested.

The government has estimated that approximately USD 32 million is needed to buy seeds, tools and fertilizers so rural agricultural families can plant their spring cycle in March. The current harvest of the August to October planting cycle makes it difficult to gather a full picture of the earthquake's impact in rural areas. A Food and Agriculture Organization (FAO) aerial assessment of the Grand Goave and Leogane areas found destruction in 20 to 60 per cent of the farms which the WFP is reinforcing. OCHA reports that the lack of rain in the Gonaives area, the region's bread basket, might reduce the February-March harvest.

While schools in unaffected areas reopened on 1 February 2010, an assessment of 6,500 schools lead by the Ministry of Education and the United Nations Children's Fund (UNICEF) in the affected areas has shown that 65 per cent (ranging from between 2,500 and 4,600 schools) are completely destroyed. Remaining schools are scheduled to reopen by 1 March 2010.

The government has extended the state of emergency, programmed to end on 1 February 2010, for an additional two weeks.

At the request of United Nations Secretary General Ban Ki-Moon, the UN Special Envoy for Haiti, former US president Bill Clinton, will assume expanded functions to support the relief and reconstruction efforts.

Coordination and partnerships

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

At the request of the UN Emergency Relief Coordinator, the International Federation will be taking on the leadership of the Shelter and Non-Food Items (NFI) Cluster. A dedicated International Federation-led shelter coordination team will be deployed, with the support of contributing National Societies and cluster agencies, to take over this role from the International Organization for Migration (IOM) on 10 February 2010. Unearmarked funds to the Appeal (to date or in the future) will not be allocated to shelter cluster coordination, which has a separate budget and financial code linked to the Appeal. Further funding is required to cover the cost of this additional activity; funds will be allocated to shelter cluster coordination when the partners expressly indicate their interest to

do so. The International Federation is soliciting CHF 2.1 million for the coordination of the Shelter Cluster through the project linked to this Appeal.

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

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

OCHA has informed that interagency assessments continue. Of the 508 identified transitional settlements where approximately 600,000 – 700,000 people live, 314 with an estimated population of 470,000 people, have been assessed. Preliminary results, now completed for Port-au-Prince, highlight food, water and sanitation, health and shelter needs. Findings in the transitional settlements include deficiency of adequate lighting (93%) and lack of separate male-female latrines (93%). While 41 per cent of the surveyed people considered security in the transitional settlements to be acceptable, 29 per cent considered it very poor.

The interagency actions through the Health Cluster will contribute to the continuing search for feasible solutions to the demand for post-operative care and mobile clinics. More details on the vaccination campaign and post-operative needs are discussed in the Emergency Health section below.

The Agriculture Cluster has focused attention on supporting and restarting agricultural production as a source of income for the rural population and food provision for affected areas. According to the FAO, agriculture composes 26 per cent of Haiti's economic output.

In the light of proposed cash for work programmes, the Early Recovery Cluster, led by the UNDP, has established the minimum daily rate for six hours of work at 180 Gourdes (approximately USD 4.50 or CHF 4.86)

The Food Aid Cluster announced that between 31 January and 4 February 2010, WFP programmes and partners have reached some 600,000 people with a two-week ration of rice, as part of a food support campaign that aims to reach 2 million people in 2 weeks.

Following the earthquake, many organizations are providing specialized support to children and youth. The 21 Child Protection Cluster partners active in Haiti currently attend to the non-food, health, nutrition and WASH needs of approximately 150,000 children in 24 communes. These Cluster partners are registering unaccompanied children and immediately referring them to interim care. This Cluster is disseminating prevention messages against human trafficking to communities and local authorities.

A Post Disaster Needs Assessment (PDNA), with representatives from the European Commission, the World Bank, the Inter American Development Bank and UNDP, is scheduled to begin on 8 February 2010. The complete PDNA is programmed for the last half of February so that its findings and recommendations can be presented at the OCHA-sponsored donor conference scheduled for the following month in New York.

Internal coordination within the Movement is continually strengthened. The level of mobilized support (human, material and financial resources) has made this operation the largest humanitarian operation ever carried out in a single country. The Memorandum of Understanding (MoU) between the HNRCS, the International Committee of the Red Cross (ICRC), and the International Federation is in its final stage. The MoU will have an annex, "Framework for Movement cooperation in the Haiti earthquake operation", which individual PNS will be able to endorse.

The ICRC has amplified its pre-earthquake activities in Haiti, as explained below. The International Federation and the ICRC are collaborating within the Field Assessment and Coordination Team (FACT).

Many PNS are involved in assessment efforts in different affected regions. The International Federation is encouraging the coordination of these assessments through the establishment of joint assessment teams when possible and employing standard procedures and methodologies.

A proposed three-level Movement coordination mechanism is being discussed which delineates responsibilities and tasks. The proposal includes the possibility of having a Movement Platform to take strategic orientation decisions and develop and endorse the operational strategy. The proposal also includes a second level in which a Task Force, or Cooperation Management Group maintains an overview of activities, assesses changing humanitarian needs and monitors the joint response to needs, as well as a third level organized into particular operational areas. This proposal is scheduled to be discussed during the Red Cross Red Crescent Haiti Response Summit (detailed below).

Composed of technical staff from the HNRCS and Movement partners, the Technical Working Group with 22 participants met on 31 January 2010 to arrange coordinated joint assessments between PNS and to determine the use of similar assessment methodologies. This meeting, combined with a TWG health meeting, discussed urgent health issues and urged increased Movement response. The ERU Movement Coordinator has been facilitating and disseminating the results of the coordination, which have been positively received.

As of 4 February 2010, 21 Emergency Response Units (ERU) have been deployed in Haiti. Composed of 230 people representing 16 National Societies, this is the largest deployment of ERUs in the history of the International Federation. The following table details on these ERU deployments:

ERU Deployments (as of 5 February 2010)

ERU Type	Number of Personnel	National Societies
Field Hospital (including Wat/San M15)	51	German/Finnish
Rapid Deployment Hospital	30	Norwegian/Canadian/Magen David Adom
Basic Health Care (Fixed)	16	Japanese
Basic Health Care	18	Finnish/French/Swedish
Basic Health Care	9	German/Swiss
Basic Health Care	9	French/Qatari
Relief/Shelter	7	American
Relief/Shelter	6	Benelux/French
Relief/Shelter	6	French/Finnish
Relief/Shelter (Shelter Focus)	4	Danish
Logistics	6	British/Spanish (operating in Santo Domingo)
Logistics	6	Swiss
Water and Sanitation M15*	7	French
Water and Sanitation M15*	6	Spanish
IT /Telecom	4	Spanish
IT/Telecom	5	Danish/American
Mass Sanitation M20**	7	Austrian
Mass Sanitation M20**	6	British
Mass Sanitation M20**	6	Spanish
Base Camp	14	Italian
Base Camp	7	Danish
21 ERUs	230	16 National Societies

* M15 refers to a Water and Sanitation Module 15 which provides treatment and distribution of water up to 225,000 litres daily for 15,000 people, with storage capacity of a maximum of 200,000 litres daily.

** Mass Sanitation M20 or Mass Sanitation Module 20 refers to the provision of basic sanitation facilities (latrines, vector control and solid waste disposal) for up to 20,000 people as well as the start of hygiene and health promotion programmes.

The Field Assessment and Coordination Team (FACT) in Haiti has begun the second staff rotation. While new members continue to arrive, the complete change of the FACT will be completed by mid-February 2010. Future Operation Updates will continue to inform on FACT composition. As of 8 February 2010, the following are the FACT members in Haiti:

FACT Composition (as of 8 February 2010)

FUNCTION	NATIONAL SOCIETY
Team Leader (1)	International Federation
Deputy Team Leader- Operations (1)	Spanish Red Cross
Deputy Team Leader- Support Services (1)	British Red Cross
Reporting (1)	International Federation
Relief Coordinator (1)	International Federation
Health (1)	International Federation
WatSan (1)	British Red Cross
Shelter (1)	Swiss Red Cross
Recovery (1)	British Red Cross
Movement Coordinator (1)	Norwegian Red Cross
Reporting (1)	International Federation
IT and Information Management (1)	International Federation
Delegates' health (1)	International Federation/Finnish Red Cross
Finance (1)	Icelandic Red Cross
Logistics (Coordinator 1, liaison 1)	International Federation /American Red Cross
Security (1)	International Federation
Senior Administrator	Danish Red Cross

Support is also being provided with personnel from the Americas Zone Office and a Regional Intervention Team member.

In addition to the Federation and the ICRC, the American, Canadian, French, German and Spanish Red Cross Societies were present in Haiti before the earthquake. As of 1 February 2010, the ICRC, the International Federation and the following sister National Societies are, or have been, in the field participating in this operation: American Red Cross, Andorra Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross-Flanders, British Red Cross, Colombian Red Cross Society, Costa Rican Red Cross, Croatian Red Cross, Chinese Red Cross, Danish Red Cross, Dominican Red Cross, Ecuadorian Red Cross, Finnish Red Cross, Grenada Red Cross Society, Kuwait Red Crescent, Icelandic Red Cross, Italian Red Cross, Iranian Red Crescent, Luxembourg Red Cross, Irish Red Cross, Japanese Red Cross Society, Magen David Adom, Mexican Red Cross, Monaco Red Cross, Netherlands Red Cross, Norwegian Red Cross, Red Cross Society of Panama, Portuguese Red Cross, Republic of Korea National Red Cross, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent.

A combined base camp, run by two ERUs from the Red Cross Societies of Italy and Denmark, is now operational. This camp, situated close to the airport in a location referred to as Hilton field, has ensured that the Movement has a central and highly functional base from which to coordinate its relief and recovery actions. Approximately 250 people are currently hosted at the base camp. Due to the overwhelming Movement response, the base camp sleeping tents now are filled to capacity, although there is space for free camping. Office space is currently being set up, but services are still basic. Both ERUS now provide a meal service. Discussions are currently underway to determine the best approach to ensure meals for the HNRCS volunteers active in the operation.

Many PNS also have had field visits of the leadership of their National Societies. Since the beginning of the operation, the National Societies of Iceland and Norway have hosted their respective Secretaries General. The President of the French Red Cross (FRC) and a delegation of three other FRC representatives, arrived in Santo

Domingo on 1 February 2010 and are in Haiti for a week to work with staff and analyze actions in earthquake affected areas.

Programmed before the Haiti earthquake with Norwegian Red Cross support, the Continental Directors' Meeting for Disasters/ Relief and/or Risk Management of the National Societies in the Americas was held in Panama from 25 to 29 January 2010. With the participation of nearly 30 National Societies, those who responded to the emergency in Haiti were able to share their experiences. Due to the generous actions on the part of National Societies and the people in their countries surpassing the logistic capacities of the International Federation in this emergency response, the issue of non-solicited humanitarian aid was discussed. At the continental level, the Zone Office for the Americas is currently systematizing the combined Movement actions in the Americas for evaluation and to ensure lessons learned in future emergency responses.

National Society Capacity Building

The guidance and tireless actions of the Haitian National Red Cross Society (HNRCS) leadership, volunteers and staff continue to make a large impact on the response to the humanitarian needs of the earthquake affected population in Haiti. Continuing its remarkable emergency relief operation which began immediately following the earthquake, the HNRCS is participating and coordinating with a wide-range of actors to ensure efficient and effective humanitarian response.

The HNRCS has demonstrated a commitment to the Movement Principles in hosting, supporting and facilitating the relief efforts of all Movement actors. HNRCS volunteers and Movement members jointly implement relief activities. The volunteer presence has ensured clear and appropriate communication with the affected communities, as well as contributing to safe and efficient relief distributions.

The HNRCS President has requested that PNS support in Haiti also include training at the technical, management, and governance levels of the HNRCS. There is a major need to train staff and volunteers in order strengthen capacities in key technical departments and ensure strengthening of emergency response capabilities. PNS with the capacity to offer this support will initiate dialogue with the HNRCS about future actions within this aim. One of the Appeal's objectives, further detailed below, is the strengthening of the National Society. This is a principal issue on the agenda in the summit in Montreal mentioned in the next section.

The International Federation and other Movement members are committed to supporting the HNRCS with material and human resources during this operation. This includes seconding HNRCS staff in coordination with the HNRCS governance bodies and where necessary. This combined and multipronged support will assure the sustainability of the joint actions conducted by the HNRCS and the Movement during the three years programmed for this Appeal.

Red Cross and Red Crescent action

The Red Cross Red Crescent Haiti Response Summit has been organized to take place in Montreal, Canada on 9 and 10 February 2010. The agenda was developed by a summit planning committee made up of representatives from the American, Canadian and Colombian Red Cross Societies as well as senior management from the ICRC and the Americas Zone of the International Federation. Although the HNRCS was unable to attend, their input has been crucial in the planning and implementation process. This Summit has the objectives of better understanding the current context and situation of the Haiti operation, agreeing to a consolidated Movement position on priority action areas in relation to relief, recovery and support to the HNRCS, and establishing approaches and mechanisms for enhancing Movement Coordination and relations with others in the Haiti operation. Attention also will be given to the integration of lessons learned from previous large-scale operations, and the manner to implement actions which integrate relief, recovery and development that involve communities, government and partners.

As of 5 February 2010, the Movement has provided health treatment for at least 13,000 people. One thousand to 1,300 people daily receive attention in basic health care units and mobile clinics. 37,054 families (185,270 people) have received non-food relief items, and total of 14 million litres of safe drinking water has been distributed. Approximately 1 million litres of water are distributed daily for 200,000 people and sanitation intervention is provided to 9 transitional settlements. 17,007 households received tarpaulins and rope, whilst a shelter tool kit has been provided to 1,645 households and 925 households have received a tent.

While still fully engaged in relief actions, work to facilitate early recovery actions is also underway. The Recovery Scoping Mission took place between 1 and 5 February, meeting with State and non-State actors, as well as

international institutions, to strategize and progress in the definition of the Movement's comprehensive recovery assistance plan. The Terms of Reference of the Recovery Assessment Team itself have been issued and members of the team are being identified. The findings of the Scoping Mission and the Recovery Assessment Team mission to take place between 12 and 26 February, will determine how the early recovery approach implemented during the relief phase can lay the foundations for the transition to longer term programming, taking into consideration the vast numbers of people severely affected by the earthquake and factors such as the forthcoming rainy season. The early recovery approach will require a strategy that addresses the needs of directly and indirectly affected people.

ICRC Response

The International Committee of the Red Cross (ICRC), present in Haiti before the earthquake, has dedicated its energies to conducting relief efforts, which have included training and providing support for humane treatment of the dead, which complements its previous work in the country.

The ICRC has activated its Restoring Family Links (RFL) initiative to assist those separated by this disaster with information regarding their loved ones and restore contact. As of 8 February 2010, this action has facilitated 3,930 "safe and well" messages and 22,642 "anxious for news" messages on its web site. Together with the HNRCS, the ICRC has established a fixed antenna at the HNRCS headquarters and created three RFL mobile units to assist people looking for their loved ones, particularly working in some of the largest transitional settlements and pre-earthquake squatter settlements in Port-au-Prince. The ICRC and the HNRCS continue to inform the population about the availability of its tracing service through radio spots and street broadcasts. Since needs are clearly diminishing in Port-au-Prince, coordination with the different relief areas is occurring so that future requests are referred to the RFL team. A decision has been made to shift from mobile teams to fixed antennas in Delmas, Carrefour and Petionville (Port-au-Prince arrondissement) and temporary antennas in Petit Goave, Mirebalais, Gonaives and a fixed antenna in Cap Haitien. The radio broadcasting of people's names who have been transferred to the Dominican Republic for medical reasons will be followed up so that these people can look for missing family members.



Port-au-Prince. Earthquake victims who have set up camp outside the ICRC delegation receive drinking water. The ICRC is trucking the water in and transferring it to a storage bladder for distribution.

As the only agency carrying out active tracing for unaccompanied minors (UAM), the ICRC is coordinating with case managers responsible for children in interim-care facilities or placed with foster families. The capacity of interim-care facilities is extremely limited with more than half of its 150 beds being used. The ICRC participates in the Child Protection Sub-Cluster and is in the process of researching options for foster care and assessing all possible community care options.

The ICRC and the HNRCS already have registered 24 unaccompanied minors and provided them with RFL services. The RFL team in Port-au-Prince also is undertaking active tracing for 20 more cases of children being looked for by their families. UNICEF and other child-protection agencies in Haiti are referring cases of unaccompanied and separated children to the ICRC and HNRCS for addressing their RFL needs. The RFL team is also following a number of family reunifications between children in Haiti and their families abroad.

The ICRC maintains visits to detention centres to support the humanitarian needs of detainees and authorities. The main concerns for current detainees are those found in the pre-earthquake period -access to food and difficulties for families to reach the police stations where they are held.

The ICRC has conducted distributions for 239 families located in the transitional settlement adjacent to the delegation. Special efforts to avoid disturbances during distributions have been taken.

Continuing to strengthen HNRCS's capacities, the ICRC provides materials to HNRCS first-aid posts, supporting twelve HNRCS committees, and running seven water points. The first aid clinics are located in Canapé Vert, Croix-des-Prez, Bicentenaire, Centre Ville, Carrefour Sports Centre, Place Jérémie and two in Route des Frères. The seven water points are located in Cité Soleil, Bellecour, Lintheau, Place Fierté, the Soeur de Rosalie dispensary and three transitional settlements which ensure water availability for approximately 25,000 people. The ICRC's work in the three transitional settlements also includes sanitation actions focusing on collection of solid waste.

The ICRC, in cooperation with the French Water and Sanitation ERU and the Spanish Red Cross, is involved in technical assessments to repair Cité de Soleil's destroyed water network.

The ICRC is responsible for relations between military and police bodies for all of the Movement's activities related to this operation. This role is essential to ensuring the continued provision of relief aid, water and medical care to the affected population.

Furthermore, the planning for the holding of the Red Cross Red Crescent Haiti Response Summit has been effective thanks to the central participation of the ICRC.

Progress towards objectives

This Operations Update incorporates revised relief objectives based on the recently revised Plan of Action for the relief phase of the Haiti Earthquake Operation to be carried out over six months, although it is expected that distribution of non-food items will take place in a period of a maximum of three months. Based on combined assessments carried out by the HNRCS, International Federation and other Movement members, and supplemented by interagency information, the current objectives more precisely respond to the relief needs of the most vulnerable in the earthquake-affected population. It is, however, important to note that while the relief objectives have been reformulated to provide humanitarian support for more people, the orientation of this operation remains constant. The Haiti Earthquake Operation aims to assist 80,000 families with the distribution of non-food items, representing approximately 400,000 people, approximately 13 per cent of an estimated overall total of 3 million who are severely affected following the devastating earthquake.

The International Federation has expanded its objectives to provide non-food relief items and emergency shelter solutions to 80,000 beneficiary families (400,000 people), thus increasing by 33 per cent the quantity of initially projected beneficiary families. Relief distributions have increased 60 per cent from an average number of 1,500 families reached per day to more than 2,500 families. Water, sanitation and hygiene and health care further increase the numbers of people who will be assisted; the Red Cross and Red Crescent medical and surgical care facilities cover a population of as many as 500,000, whilst Basic Health Care units cover a total population of 150,000 in the area of primary health care. Furthermore, up to 300,000 people will benefit from the Movement's water, sanitation and hygiene activities. Additionally, bilateral support by Participating National Societies (PNS) will boost the quantity and quality of relief actions and enable expanded reach and impact.

Given the fast approaching rainy season in May and in view of the forthcoming hurricane season which in recent years has severely affected Haiti which is vulnerable to the passage of tropical storms and major hurricanes, there is a need to incorporate disaster risk reduction programming into the earthquake response operation without delay. As a result, the emergency shelter solutions which are being sought will take into account flood and landslide hazards as well as wind hazards, given that it is likely that temporary shelter will continue to be used at the time

when the hurricane season hits. Community and institutional preparedness focusing on the strengthening of the capacities of the HNRCS will be addressed before the onset of the hurricane season, including the updating and adaptation of the Hurricane Contingency Plan developed in 2009 by the HRCNS with the support of the International Federation and Partner National Societies, as well as the development of basic early warning systems, coordinated evacuation plans, the identification of safe havens and stocking and positioning of basic relief supplies. The risk management strategy is currently being assessed and developed taking into account issues such as food security and livelihoods, also recognizing that Haiti is very vulnerable to multiple hazards

The livelihoods objective of the Revised Preliminary Appeal has been removed. The planned actions under this objective have been integrated into the Relief and Shelter objectives since the focus will be on cash-for-work and cash transfer programming to promote comprehensive relief support for targeted families. Cash distribution methodologies are now being studied and designed to provide additional relief assistance to the affected families, drawing upon the HNRCS experience with this methodology. This type of programming will target the basic and unmet needs for relief items in IDP settlements, host family communities, and rural areas. Cash transfers are based on the respect for human dignity which permits each family to determine its additional priorities during the emergency phase.

The revised relief objectives are supported by information sharing and ongoing joint analysis between Movement members and draw upon the strong commitment to accountability and transparency of Strategy 2020. An integral part of this plan involves a flexible coordination mechanism to support the components of the Movement to respond effectively and efficiently to the identified needs of the targeted population.

The Federation is currently analyzing and defining the most appropriate solutions for the field structures to be set up to support the implementation of the earthquake operation and to ensure optimum service delivery and efficiency. Federation-wide presence is expanding outside Port-au-Prince, as the operation is decentralized to areas including Jacmel and Leogane. Presence in other zones, particularly where there are IDPs, is being assessed, and could include areas not directly affected by the earthquake.

To improve operational management, a Federation country office is being established and for the management of the operation two inter-related units are being structured: an operational unit and a support services unit.

The International Red Cross and Red Crescent Movement, led by the Haitian National Red Cross Society (HNRCS), has the general objective in the relief phase to provide a significant response to the humanitarian needs resulting from the earthquake through the mobilization of the full capacities of the combined Movement partners present in Haiti. While presented as an independent objective below, the actions to strengthen the HNRCS's skills and capacities to manage and implement an integrated multi-sectoral disaster response which focuses on the most vulnerable communities are cross-cutting in all the Appeal's objectives.

The revised plan of action guides the relief actions which have the objective of providing quality services to targeted beneficiaries, implementing an integrated approach linking all programme areas in the services provided to beneficiaries, and employing a livelihoods approach that forms the basis of the recovery phase from the operation's inception. This operation is committed to joint assessment and analysis with affected communities in which their participation and decisions inform their own needs and appropriate solutions.

As the situation evolves rapidly, obtaining consolidated data and visibility of future scenarios is extremely difficult. The revised objectives with the relief phase of the plan of action will be implemented over a period of six months. Efforts are also directed at the further identification of orientations and activities for the early recovery phase and relief activities will be complemented with a longer-term perspective and allow the components of the Movement, including PNS, to plan their support.

The following section presents the revised objectives for this appeal, as well as the most up-to-date information available regarding the progress towards these objectives.

Relief distributions (basic non-food relief items)	
Objective 1 (Relief phase): The most vulnerable people affected by the earthquake have access to basic non-food items and cash transfers that enable them to resume essential household activities.	
Expected results (Relief phase)	Activities planned

<p>80,000 families resume essential household activities using non-food relief items: 1 kitchen set, 2 blankets, 1 bucket, 2 jerry cans, 2 mosquito nets and 1 hygiene kit.</p> <p>20,000 families are supported in fulfilling the basic care and non food needs of their children under two years of age with baby kits.</p>	<ul style="list-style-type: none"> • Relief ERU deployment to support relief activities. • Conduct rapid emergency needs and capacity assessments to develop and implement beneficiary targeting strategy and registration system. • Procure and transport relief supplies and materials. • Distribute supplies and control supply movements from point of dispatch to end user.
<p>Up to 60,000 families have access to cash that allows them to purchase items to supplement their basic household needs during the emergency phase.</p>	<ul style="list-style-type: none"> • Employ relief assessments to identify beneficiaries for cash transfers. • Evaluate methodology, create strategy and implement a cash transfer programme. • Employ HNRCS knowledge in cash transfer programmes to distribute funds. • Implement security measures to ensure safety of beneficiaries.

At least 80,000 families (400,000 people), identified in a comprehensive assessment, will receive a complementary package of basic non-food items which respond to their emergency household, water and sanitation and shelter needs. This includes a kitchen set, a hygiene kit, 2 blankets, a bucket, two jerry cans and two mosquito nets. The kitchen set contains a 2 cooking pots (5 and 7 litres), a frying pan (2.5 litre), a kitchen knife, a wooden spoon, a stainless steel wire scouring pad and 5 each of the following: fork, spoon and knife. The hygiene kit contains 1 kg of laundry bar soap, 12 rolls of toilet paper, 1.3 kg of body bar soap, 5 tubes of toothpaste, 1 bottle of shampoo, 5 razors, 1 package of sanitary pads (10), 5 hand towels and 2 combs.

The baby kits programmed to be distributed to 20,000 families with a child under two years of age will soon be received in Haiti. The baby kit contains a bathing tub, a bucket, 100 g of baby soap, a baby brush, 250 ml of baby oil, a baby towel, 10 cloth diapers and diaper pins, one baby-sized shirt and pants, a baby sheet and a cloth shoulder bag to carry the smaller items.

Although initially planned, sleeping mats are no longer being distributed. Initial distributions demonstrated the difficulties beneficiaries experienced upon receiving and carrying all of the items. If possible, sleeping mats will be distributed at a later stage.

Relief support will be distributed in Port-au-Prince, Carrefour, Delmas, Jacmel, Tabarre and Leogane and could be expanded to other areas. The Relief ERU will coordinate and facilitate distributions, as agreed upon with the HNRCS, in as rapid a manner as possible taking into account the necessary human resources, logistics and security.

The Relief team is composed of four Relief ERUs from the American Red Cross (mainly focused on Port-au-Prince), the Benelux Red Cross (mainly focused on Port-au-Prince), the Danish Red Cross (focused on shelter distributions in Port-au-Prince) and the French Red Cross/Finnish Red Cross (focused in Leogane). Additionally, a Canadian Red Cross team is part of the Relief team and is presently working in Jacmel.

A cash assessment team has also joined the Relief group and is working closely with them. The team is working in identifying rapid, flexible solutions that can both complement current efforts to meet immediate basic needs and also be utilized for early and longer term recovery programming. An initial market analysis has been done, as well as a pilot test in one IDP settlement together with a risk analysis to assess best alternatives. Using the same targeting applied by the Haitian National Red Cross Society when identifying beneficiaries for NFI distribution, the cash transfer programme will expand the impact of Red Cross activities in the relief phase. Alternatives and systems are being assessed and the programme could be rolled out soon.

Additionally, the following PNS are conducting relief distributions, coordinated by the International Federation Relief cell: the Colombian Red Cross Society, the Dominican Red Cross, the French Red Cross, the German Red Cross, the Spanish Red Cross and the Turkish Red Crescent. Other PNS including the Mexican Red Cross and the Red

Cross Society of Panama, will arrive with relief items and teams; PNS are strongly encouraged to ensure coordination with the International Federation.

All ERUs follow Standard Operation Procedures in distributions, closely work with the local beneficiary communities to establish trust before distributions take place. The involvement of the HNRCS volunteers and local committees continue to be central to the efficiency, increased rapidity and security of distributions.

Food distributions by PNS, particularly those carried out by the Colombian Red Cross Society, the Dominican Red Cross and the Turkish Red Crescent, complement the provision of non-food relief. The Mexican Red Cross is preparing to deploy a fifty person team to implement the distribution of 7,000 tons of food currently being shipped by sea from Mexico.

Progress:

Comprehensive relief actions by the Movement have reached 185,270 people, through 5 February 2010. Objectives related to non-food relief, shelter and community infrastructure and water, sanitation and hygiene are interconnected. The combined Movement relief response will provide a family relief package containing a hygiene kit, a kitchen set, 2 blankets, 2 mosquito nets, 2 jerry cans, a bucket, and a 6-month supply of aqua tabs. Furthermore, 80,000 families will receive additional items for emergency sheltering in accordance with their needs and their dwelling area. Progress relating to shelter and community infrastructure, water, sanitation and hygiene are detailed under the respective objectives.

Comprehensive relief non food items (as of 5 February 2010)												
Households	Estimated number of people	Blankets	Mosquito nets (ITS)	Kitchen Sets	Hygiene Kits	Jerry cans	Buckets	Food	Sleeping mat	Shelter tool kits	Rope	Laundry soap/ detergent
37054	185270	20707	9341	7093	16992	8591	7259	25738	1026	1645	4639	1356

Relief distributions have increased 60 per cent from an average of 1,500 families per day to more than 2,500 families daily reached. In large part, this is due to the organized and efficient coordination between Movement members, particularly PNS. PNS relief actions are now reported to the Federation's relief cell to guarantee an integral approach. A shelter delegate from the International Federation's Pan American Disaster Response Unit (PADRU) also is included in the relief team to ensure full complementarity between relief distributions and emergency shelter actions.

Distributions are based on assessed needs and are well-structured to ensure order. The HNRCS plays a vital role in distributions. The current distribution methodology is composed of four phases. In the first phase, assessment teams visit the proposed location to identify and organize beneficiary committees. Following this, the local (communal or transitional settlement) committees in coordination with the HNRCS and other Movement teams draw up lists of the beneficiary families. Selection criteria emphasizes families whose homes are uninhabitable with the priority on households which are female-headed, have a disabled or elderly family member, or are otherwise identified as most vulnerable. In the third phase, these assessment teams return to distribute vouchers for distribution. Finally, the community committee, HNRCS volunteers, and the Movement distribution team work together to guarantee orderly management during the distribution to those identified persons who hold a voucher. The International Federation relief team attempts to coordinate a multi-pronged approach in distribution sites when possible, with the intervention of teams in health, water and sanitation, and/ or mobile first aid clinics.

The American Red Cross/Benelux Red Cross Relief ERU team, with the support of the Shelter Technical Team, jointly assesses potential transitional settlements where non-food items can be distributed and shelter solutions implemented. The Canadian Red Cross is continuing assessments and coordination in Jacmel, and a distribution plan has been prepared for 1,500 families, including tents.

The Colombian Red Cross Society is distributing food items, with the observation of the American Red Cross/Benelux ERU. Between 2 February and 5 February, the CRC distributed food in Mais Gate near the airport compound, Delmas 35 and 83, Le Menton 54, Bizonton, and Santo 19, Hospital San Vicente de Paul which is a

home for the elderly, and Leogane. As of 5 February 2010, the Colombian Red Cross Society has reached a total of 26,509 families (132,545 individuals). The CRCS is coordinating the dispatch of additional relief items which will arrive by ship in the next week.

As of 6 February, the Danish Relief ERU had distributed shelter tool kits to 1,216 families in Jacomat, Camp Simon, Père Antonie and Rue de Murguet. Further distributions have been planned for 502 families in Afca and 1,131 families in Gheskio in Port-au-Prince. In Afca site, three family tents will be distributed to fulfil the needs of the orphanage. The Danish relief ERU has prepared a shelter distribution plan to respond to the needs of the most vulnerable population in Port-au-Prince, Carrefour, Leogane and Jacmel.

The Dominican Red Cross distributed NFI to approximately 700 families in Delmas 5 on 3 February. Additional distributions have been carried out by this team in Delmas 32 (380 families), Delmas 30 (200 families) and Delmas 30 D444 (411 families). Parallel assessment, beneficiary registration and ticketing are on-going. The DRC has also identified 360 families in La Pleine to receive relief goods.

On 30 January, the Finnish/French ERU distributed tarpaulins and kitchen sets to 185 families and 255 families in two districts of Leogane. On 31 January 2010, they continued distributing tarpaulins and kitchen sets to 240 families in the area, as well as a full ration of NFI to 440 families. On 2 February, distributions were continued to reach 216 more families in Leogane. This ERU is also involved in assessments and coordination with partners in Leogane. The French/ Finnish Relief ERU has increased the number of beneficiaries reached and are currently distributing to approximately 650 families per day in Leogane and will finalize the distribution plan in the upcoming days.

The French Red Cross distributed 25 shelter boxes (large tent, mattresses, blankets, jerry cans, colouring books, kitchen sets) to 50 families in Quartier Richard Brisson with goods provided by the NGO "Shelter Box" on 3 February 2010.

The Turkish Red Crescent, in collaboration with the HNRCS and Dominican Red Cross, distributes food items. The TRC, with the support of HNRCS and Dominican Red Cross volunteers, also distributed International Federation relief items to 166 families in Tabarre 48 on 2 February 2010.

Thanks to the arrival of more personnel from different PNS to support relief distributions, more efforts are established to promote shared distribution methodologies. Alerts have been launched for Regional Intervention Team members to support these efforts.

Challenges:

The population in transitional settlements continues to grow which exacerbates the problems due to insufficient space to accommodate them and fulfil their basic needs. These developments have led to modifications of plans established in the immediate aftermath of the earthquake.

The scale up in rate of distributions (a 60 per cent increase) is challenging, particularly in relation to needs in the area of human resources. Logistics has been working closely with the relief teams to contribute to timely and efficient distributions, and more HNRCS counterparts are being identified for the relief distributions.

Some difficulty exists to finding reliable trucks for distributions in Haiti.

Security issues remain a challenge during distributions, particularly in densely-populated transitional settlements. On 28 January 2010 unmanageable crowds at planned distribution sites in Port-au-Prince held up distributions. Security procedures were reviewed and a FACT evaluation determined that distributions will start earlier in the day when less people are present. Security is a concern in all the distributions and security plans are in the process of being implemented.

Coordination mechanism with all actors merit more improvement to avoid gaps and overlaps in attending to the humanitarian needs of the affected population.

Water, sanitation, and hygiene promotion	
Objective 1: The risk of waterborne and water related diseases has been reduced through the provision of minimum safe water, minimum sanitation and hygiene promotion.	
Expected Results (Relief phase)	Activities Planned

150,000 people in Port-au-Prince, Carrefour, Leogane, and Jacmel and Petit Goave have access to safe water.	<ul style="list-style-type: none"> • Conduct needs and capacity assessments to implement beneficiary targeting strategy and registration system to deliver assistance. • Identify of main water sources. • Analyze the quality of each water source. • Purify water in water sources, trucks and stable tanks. • Set up water tanks in more than 85 IDP transitional settlements. • Design the water distribution plan in coordination with the water and sanitation key actors. • Distribute purified water in all transitional settlements in the targeted areas. • Identify an appropriate exit strategy in order to ensure access to safe water in the affected areas.
Three health facilities in Port-au-Prince and Leogane have access to safe water.	<ul style="list-style-type: none"> • Set up mobile water purification plant. • Conduct water analysis. • Distribute safe water in sufficient quality and quantity. • Water quality monitoring.
80,000 families will receive a 6 months' supply of aqua tablets for water purification.	<ul style="list-style-type: none"> • Distribute relief supplies (safe storage materials) and control supply movements. • Conduct hygiene promotion activities relating to relief articles distributed and aqua tablets.
At least 150,000 people in Port-au-Prince and Leogane have improved environmental sanitation through community clean-up committees and healthier hygiene practices.	<ul style="list-style-type: none"> • Assess sanitation conditions in every transitional settlement where water is distributed. • Research the different community practices • Build hand washing facilities. • Broadcast basic hygiene promotion messages. • Train at least 50 HNRCS volunteers in community approach, participatory techniques and basic hygiene promotion in emergencies (PHAST in emergencies). • HNRCS trained volunteers conduct 10 training in hygiene promotion for community leaders, settlement local management committees or others. • Provide community training on household water treatment, drainage, vector control, community clean-up and other prevention measures and support HNRCS and community members to provide successive trainings. • Carry out hygiene promotion in rural and semi-urban areas affected by the earthquake. • Create, support and follow-up the establishment and functioning of community-level hygiene promotion committees.
150,000 to 300,000 people in Port-au-Prince, Leogane and Jacmel have better access to sanitation facilities.	<ul style="list-style-type: none"> • Three Mass Sanitation ERUs train communities in healthy excreta and solid waste disposal. • Build at least 2,000 latrines for solid waste disposal and drainage in settlements where water is distributed and hygiene campaigns are conducted. • Assist local water and sanitation authorities of rural and semi-urban areas affected by the earthquake and/or communities which are hosting additional populations. • Purchase materials and equipment: vacuum trucks, sludge pump, excreta tank for risen latrine, timber, wheelbarrows, shovels, boots and other materials.

The displaced populations in Haiti are at high risk from outbreaks of water, sanitation, hygiene and waterborne-related diseases, given the reduced access to safe water and in particular as a result of inadequate sanitation systems and solid waste control. This relief objective shows an increase in the number of people who will be reached with water, sanitation and hygiene activities.

Safe water will be provided to 150,000 people in Port-au-Prince, Carrefour, Leogane, Jacmel and Petit Goave. Although water provision in sufficient quality and quantity already is a concern, source conservation could become a serious issue in the coming months. Since overall sanitation, solid waste and vector control are topics of major concern, this revised relief objective responds to these issues.

Water and sanitation support will focus on households in Port-au-Prince and surrounding area (Delmas, Carrefour, Aviation, Aéroport, Cité Militaire, Bel Air and Centre Ville), Leogane and surrounding areas, as well as other rural and urban locations including Jacmel and Petit Goave, depending on further assessments and available resources. These communities will be supported through the provision of safe water, environmental sanitation and hygiene promotion activities. This targeting complements the Spanish Red Cross, Colombian Red Cross Society, Dominican Red Cross, French Red Cross and ICRC water production, sanitation and hygiene promotion programmes.

Port-au-Prince does not allow for a traditional water, sanitation and hygiene (WASH) intervention. Constraints such as the lack of sufficient space for settlement, the high groundwater table, paved areas and makeshift settlements in public places prevent the installation of classic emergency pit latrines and future family latrines. Special equipment will be needed in order to respond effectively and avoid epidemics outbreaks. The first expected result during this emergency period, which has been requested by the government, will be to provide at least 5 litres daily per person of safe potable water and progressively increase this amount. Sanitation (excreta disposal) will be promoted with the building of suitable latrines (dug pit or risen), de-sludge services with a vacuum truck and other appropriate equipment based on site specification. The goal is to provide a minimum of one latrine for 50 to 75 people and decrease the ratio of people to latrine according to physical space.

The management of sanitation facilities in the current transitional settlements, and in the future in the large government-sponsored camps, is a substantial challenge. In the rural and urban areas outside of Port-au-Prince which are hosting IDPs, the demand on water sources and excreta and solid waste disposal have increased. Addressing safe water availability in quantity and quality, excreta and solid waste disposal, vector control and basic hygiene promotion is critical to prevent degradation of the health conditions of IDPs, receptor populations and those living in transitional settlements.

The water and sanitation interventions will maintain flexibility to adapt to the changing water, sanitation and hygiene needs. Special emphasis will be given to the organization of communities, transitional settlements and/or camps to manage and support community-run solutions with regard to daily cleaning of latrines, excreta disposal, organic and solid waste management.

Participatory hygiene promotion is an essential element of water supply and sanitation in order to facilitate good hygiene behaviour. Basic hygiene practices will be disseminated through hygiene promotion conducted by HNRCS volunteers and community members, alongside broadcast messages. Distinct messages will be produced to focus on the specific needs of women and children.

Progress:

The overall situation of water and sanitation becomes more challenging daily, as concerns increase as to the possibility of an epidemic outbreak of water-borne diseases. Cases of diarrhoea have been reported. The Public Works Ministry, the National Authority for Drinking Water and Sanitation (DINEPA), and authorities in Port-au-Prince, together with private companies and some NGOs continue to work together to repair the damaged water system.

In the face of these challenges, combined water, sanitation and hygiene actions by Movement components are effectively contributing to improving water and sanitation. The ERU and bilateral actions by PNS have distributed approximately 17 million litres of water to 100 different settlements. Movement members currently distribute almost 1,200,000 litres of safe drinking water daily to approximately 300,000 beneficiaries.

Aqua tabs are being distributed to all beneficiary families. These tablets are used for water disinfection at the household level. While household water filters might eventually be distributed, the water and sanitation team, mainly the HNRCS volunteers, train affected people on the use of the aqua tabs. This training, referred to as social work, ensures that these tablets as well as other hardware is properly used and maintained.

In addition to these activities, the HNRCS, water and sanitation ERUs and PNS now are focusing on increasing water storage capacity, monitoring and quality. To date, nine transitional settlements benefit from a sanitation intervention consisting of a communal pit latrine. The FACT water and sanitation delegate has assessed potential

sites for above-ground latrines. A carton box family latrine has been proposed to the cluster as a temporary solution until the risen latrine and vacuum trucks can be utilized.

Eighty HNRCS volunteers have been trained in hygiene promotion. The British Red Cross, the Colombian Red Cross Society and the Spanish Red Cross facilitated this learning experience which has allowed the HNRCS to begin training on safe hygiene practices.

The three MSM20 Sanitation ERUs from the Austrian, British and Spanish Red Cross Societies have the capacity to provide an integral response in sanitation and hygiene promotion through the construction of sanitation facilities, community mobilization and hygiene promotion campaigns.

The Austrian Red Cross WatSan MSM20 ERU is currently working on sanitation in four transitional settlements in Leogane. Seven latrines are almost complete in the St. Rose settlement. This ERU team has carried out additional field assessments in Lacule, where space for 10 latrines has been identified in a well-organized settlement of 600 people. Digging tools have been provided to this community; cleaning tools have also been delivered to Camp à la Mairie. An agreement has been made with the local authority on a raised-trench pit latrine design. A total of 24 latrines have been completed by the team in three main camps in Leogane.

The British Red Cross MSM20 continues working in La Piste and Automeca for latrine installation. With the digger now operational, in La Piste 73 rapid latrines have been installed. In Automeca, a trench to accommodate 6 latrines has been dug.

The Spanish Red Cross M15 ERU is working in two camps in Port-au-Prince. The team has completed 20 latrines in the La Couronne camp, where there are 779 households. Community cleaning and hygiene promotion activities have started in both camps.

As of 5 February 2010, the SRC M15 ERU had distributed over 1 million litres of water. The Spanish Red Cross ERU is the primary producer and distributor of potable water in Leogane where it is distributing between 100,000 litres and 140,000 litres daily through 19 distribution points. In this city, the SRC has conducted bacteriological analysis in different wells; results show that the water is safe in only one location. The SRC coordinates water and sanitation activities with Médecins Sans Frontières (MSF) and CARE in this city.

The SRC/HNRCS have been distributing water in Port-au-Prince from the second day of the emergency, and over 500,000 liters per day have been produced and this will continue in more than 40 camps in the Port-au-Prince area.

The Dominican Red Cross is working in Jacmel with the local water authorities. The DRC is in the process of establishing a mobile water purification plant with a view to conducting water distributions in this city's neighbourhoods.

The French Red Cross (FRC) and the HNRCS installed a 5m³ tank in Rue de la Mine camp in Delmas 31. The French RC M15 ERU and French bilateral aid has set up 14 bladders (5,000 and 10,000 litres capacity). Two water plants are functioning: one is located in the German Basic Health Care ERU in Delmas 54 and one in Ofatma hospital. The French Red Cross M15 ERU also supplies the Japanese BHC in Automeca with water. The French Red Cross is responsible for 54 distribution points and its total distribution capacity is 500 cubic litres daily. The French Red Cross additionally manages latrine installation in 5 sites, in which 14 trenches with 10 latrines are in the process of being completed. In the camp of La Piste (Parc Aviation) the FRC M15 ERU will build a 70,000 litre tank which will be filled in coordination with the Spanish Red Cross, until the water network is repaired.

The Colombian Red Cross Society's water purification plant in Hopital La Paix continues to be operational, providing water to this medical centre and people in the vicinity.

Sanitation initiatives also include educational actions. In coordination with the health and communication areas, text messages (SMS) with hygiene information are being broadcast on mobile phones. It is estimated that up to 1.2 million people could be reached with this method. More information on this hygiene campaign is included in the Communications – Advocacy and Public Information section below.

Challenges

Water and sanitation is a particularly challenging area as there is scarce technical expertise for water provision and waste management.

In addition, the delay in the government decision to establish large-scale camps has made effective planning for water and sanitation activities more complex. Sanitation challenges will arise in the new camps and in other locations where survivors have grouped. The building of latrines and adequate waste disposal systems needs urgent solutions before the arrival of the rainy season. In the cluster meeting, DINEPA has made an emergency request for vacuum trucks.

The ICRC will handle relations with military and police bodies for Movement activities, which includes transmitting the Movement's commitment to providing potable water to the affected people who are located in areas controlled by military or police forces.

The population of the camps is changing every day due to continued displacement. This makes it difficult to estimate needs for water and sanitation facilities to be covered.

Emergency Health	
Objective 1 (Relief phase): The immediate health risks of the emergency are reduced through the provision of curative and preventive basic health, emergency evacuation services, targeted community-based health education and psychosocial support for the affected population.	
Expected results	Activities planned
Medical health, surgical care and physiotherapeutic treatment are ensured in the rapid deployment hospital ERU in Port-au-Prince, referral hospital ERU in Carrefour, and other Movement-supported medical facilities with the capacity to provide essential surgical services for a population of 500,000 people.	<ul style="list-style-type: none"> Assess the health risks of the affected population in terms of access and availability of health services, prevention, health needs and risk of communicable diseases and epidemics. Provision of medical, surgical, maternal and pediatric services) through referral hospital and surgical unit. Deployment of physiotherapists and provision of services
Primary health care needs are met by the Basic Health Care ERUs and their respective Mobile Health Clinics with a capacity to provide basic health care to a population of 150,000 people.	<ul style="list-style-type: none"> Provision of medical services (clinic and mobile health teams). Increase in the quality and quantity of BHC-interventions through integration in the 15 Health-facilities which will serve as second level structure in the Ministry of Health response-plan
Affected communities increase their capacity and skills in epidemic control, community based first aid and psychological first aid.	<ul style="list-style-type: none"> Train HNRCS volunteers in International Federation epidemic control and community health tools (Epidemic Control for Volunteers, and Psychological First Aid tools, using Community-Based Health and First Aid as the strategic framework.) for all community health initiatives in Haiti. Monitor the risk of epidemics (diarrhoea, cholera, measles, vector-borne diseases and others) through active surveillance in health facilities and in the community. Carry out a vaccination campaign with a target of up to 100,000 vaccinations to reduce the risk of measles outbreaks. Reproduce and disseminate printed and non-printed materials on CBHFA, psychosocial support (PSP) training manual, volunteer manuals and other Information, Education and Communication (IEC) materials Carry out a information campaign through SMS and Infoline to disseminate health promotion messages on hygiene, vaccinations, HIV prevention to reach at least 1.2 million people. Distribute at least 100,000 male and female condoms at Red Cross health clinics and first aid posts together with prevention messages., Distribute Mosquito nets and provide health education on their use. Increase disaster-preparedness-capacities for possible outbreak scenarios in the rainy and hurricane season through prepositioning of emergency health kits. Identify training needs in traditionally hurricane-prone areas of Haiti and provide emergency health and epidemic control volunteer trainings in the

	branches.
The HNRCS has improved capacity to provide a more effective and relevant evacuation service of wounded and ill to reduce acute injuries and infections during the emergency phase.	<ul style="list-style-type: none"> • HNRCS, with ICRC support, provide evacuation and first aid services • Refresh HNRCS volunteers' evacuation skills • Rehabilitate and right-size the CRH ambulance services including the dispatch system.
Selected affected groups and communities and Movement personnel and volunteers receiving psychosocial support have improved their resilience and coping mechanisms.	<ul style="list-style-type: none"> • Train HNRCS volunteers for enhanced knowledge and skills on community based psychosocial support, and psychological first aid. • Provide psychosocial support to targeted affected groups and communities. • Monitor the mental health of Movement personnel and volunteers providing information and support on stress management, traumatic experiences and overwork.

The combined Movement health teams continue tirelessly in the effort to attend to the affected population's health needs. Currently 1,000 to 1,300 people are seen daily in the BHCU and integrated mobile clinics.

As of 25 January 2010, earthquake-related traumas have decreased. Non-earthquake related injuries and health promotion have become the main workload for the Movement medical personnel. The revised health objectives respond to the new needs, as well as ensuring improved practices which contribute to sustainable good health. The objective focuses on coverage of a population of some 150,000 people with curative and preventive basic health care facilities, as well as availability of third level health care services including surgical care, for a population of some 500,000 people in Port-au-Prince and Carrefour. Priority will be given to target groups at higher health risk including children, mothers, pregnant women, the elderly and people living with HIV/AIDS and tuberculosis.

The International Federation's response to the disaster will be in line with the design prepared by the Haitian Ministry of Health authorities and involves all three levels of health care. Treatment for level 3 patients is carried out by two field hospitals, reinforcing the local structures and building new capacities. In addition, the mobile health units provide health care to the transitional settlements in Port-au-Prince.

Further attention will be paid to preventive health due to the poor living conditions of IDP settlements with a serious



Japanese Red Cross staff member Naoki Okamura checks on Nude Vechia, 6 months, in a mobile clinic at Camp Diahatsu. Port-au-Prince, Haiti. Photo Credit: Talia Frenkel/American Red Cross

risk of epidemics outbreaks in the upcoming rainy and hurricane seasons. Strengthening the capacities of the HRCNS will be essential. Therefore, preventive health will be closely integrated and coordinated with disaster preparedness actions, identifying training needs and providing emergency health and epidemic control volunteer training in branches located in traditionally hurricane prone areas of Haiti (particularly Gran Sud), as well as ensuring repositioning of emergency health kits.

Moreover, a vaccination campaign, intensive health education with Information, Education and Communication materials, distribution of mosquito nets and community based health and first aid will complement efforts to reduce the risk of epidemics outbreaks.

As part of the health response, this revised objective more precisely identifies the continuation of the already established psychosocial support programme. Mental health and psychosocial support for Movement volunteers and personnel is essential to reduce or mitigate the effects of traumatic experiences related to the emergency. The aftershocks since the earthquake are an added concern for the traumatised population in Haiti. The activities in the area of PSP, to be carried out in accordance with interagency guidelines, are an essential component of the relief objectives.

Progress:

As of 5 February 2010, the Movement health teams have attended 13,000 people. The Emergency Medical Response plan of action for the first six months of the relief phase is divided into three levels. On the first level, mobile health clinics are working in transitional settlements. At the second level, permanent medical clinics are established. At the third level, hospitals and field hospitals are established and/or supported. Coordination continues between the HNRCS, the health ERUs, the Red Cross Society of the Republic of Korea and other Movement members providing comprehensive health services including the Colombian Red Cross Society. The CRCS is providing health support in medical care, psychological support (particularly to children), pharmaceutical organization and distribution, and is providing goods to hospitals and community health clinics. The CRCS also supports training in basic community health tools.

The conditions in transitional settlements, as well as the planned move into larger government-sponsored settlements, could generate serious health concerns.

The Federation, along with other cluster members, is conducting a vaccination campaign in Port-au-Prince which aims to vaccinate 140,000 children, with the Movement health teams conducting about 80 per cent of the vaccinations. HNRCS volunteers have been trained to support this action. The Federation will have 30 to 40 vaccination teams which will initially focus on temporary settlements and priority groups and later will work with the remaining the population, using vaccines against diphtheria, tetanus, whooping cough, measles, and rubella.

The Finnish/French/Swedish Red Cross Societies' BHCU has provided medical services to 2,263 people since its establishment. This ERU additionally is setting up a pharmacy at the base camp and in the German/Finnish Red Cross Field Hospital located in Carrefour. This ERU team also is contributing to occupational and emergency health care activities at the base camp. This hospital is seeing an increasing number of people. The range of ailments includes: earthquake trauma, tetanus, earthquake-related post-traumatic stress, respiratory tract infections, watery diarrhoea, bloody diarrhoea, measles, malaria, malnutrition, skin infections, urinary tract infections and chronic diseases. In addition, 19 HNRCS volunteers have provided psychosocial support to patients at this ERU hospital.

All hospitals are operating at maximum capacity. A large number of discharged people have settled in the areas surrounding hospitals and other medical centres; the lack of post-operative care could cause additional health complications. While 15 sites have been opened to attend to the discharged, the demand exceeds capacity.

The French Red Cross, which worked in Pietonville since before the earthquake, jointly works with the HNRCS in the Pietonville health posts, in the school grounds in Place Saint Pierre and alongside a basic health dispensary run by HNRCS and French Red Cross medical staff. Training was given to 16 HNRCS volunteers. The HNRCS and the French Red Cross work with 20 children (5 - 11 years of age) from the two transitional settlements in Place Saint Pierre and Place Boyer for four hours daily. Psychosocial support is conducted through fostering play activities.

The Norwegian/Canadian ERU which is established in the University Hospital of the Haitian State (HUEH) in Port-au-Prince incorporated two psychosocial support delegates as well as the Colombian Red Cross Society members who arrived soon after the earthquake occurred. After recruiting 30 volunteers, ten of whom are from the HNRCS, the psychosocial support delegates trained them using International Federation manuals (*Coping with stress and crises, Working in stressful situations, Children's stress and how to support them*). This PSP team initiated their support activities on 29 January 2010 with visits to HUEH paediatric wards to play with hospitalized children and to work with adult patients. PSP actions also focus on hospital personnel, including the HNRCS staff from the blood bank.

PSP delegates ensure coordination with the ICRC regarding the psychosocial issues of working with separated children and orphans.

Challenges:

While the demand for comprehensive health care will continue to be a challenge in post-earthquake Haiti, special efforts need to be made to attend to the people who need post-operative care and rehabilitation.

The most vulnerable populations within the wider group of affected people need more attention. People with chronic health conditions, particularly people living with HIV / AIDS (PLHIV) who were taking antiretroviral medication and people with tuberculosis in treatment before the earthquake, need to urgently resume their health programmes. Rapid and effective action is needed.

People with disabilities caused by the earthquake might need specific psychosocial support, as well as physical rehabilitation programmes. The International Federation is coordinating with the ICRC to determine the possibility of links to ICRC programmes in landmine areas.

Links need to be strengthened between the International Federation's public health approach on issues surrounding the prevention of gender based violence (GBV).

The HNRCS has promoted voluntary non-remunerated blood donations and there is an on-going demand for blood donation and rehabilitation of blood bank structures.

Efforts need to continue to establish long-term interventions with Movement members working in the area of psychosocial support; the comprehensive health needs of separated children and orphans merit increased attention.

Shelter and community infrastructure	
Objective 1 (Relief phase): Ensure that 80,000 affected families have healthy and safe emergency shelter to help preserve their physical and mental well-being, human dignity and prevent the further deterioration of their humanitarian situation.	
1. Expected results	2. Activities planned
<p>The most vulnerable affected families are supported in the recovery of their comprehensive well-being through the distribution of emergency shelter materials to 80,000 families in Port-au-Prince, Carrefour, Leogane and Jacmel.</p> <p>Collective rubble removal is achieved by local committees using 1,200 clearing kits linked with a cash for work programme in Carrefour, Leogane and Jacmel.</p> <p>3,000 host families receive cash vouchers for the purchase of shelter materials to improve the living conditions and promote housing solutions in host families.</p>	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop community and beneficiary targeting strategy in coordination with local authorities and other humanitarian actors. • Procure and distribute suitable shelter relief options (tents, shelter kits complemented with other construction materials and tools). • Procure and distribute other household NFIs in coordination with relief. • Provide basic guidance on the use of shelter relief items to complement the distribution. • Develop a shelter strategy and plan of action to deliver on both transitional shelter solutions and shelter early recovery options. • Identify and prioritize vulnerable groups for the next phase. • Monitor and evaluate the shelter activities and report on distributions.

This revised objective has increased its target beneficiary population to cover the emergency shelter needs of 80,000 families (400,000 people) during the relief phase. The original objective has been expanded to better reflect the results of the assessments which highlight shelter as one of the most central and critical needs. Access to

emergency shelter solutions is being given urgent priority so that families are protected from the elements before the upcoming rainy and hurricane seasons beginning in May and June respectively. Close coordination with relief team has ensured joint planning for distribution of relief and shelter items. Therefore, non food items distributions include emergency shelter materials, focusing on the objective of providing emergency shelter support to 80,000 families.



Dominican Red Cross volunteer Joel Calazan Batista organizes tarps at a distribution site in Magassa 14. Port-au-Prince, Haiti. Photo Credit: Talia Frenkel/American Red Cross

The scale of the shelter needs and the characteristics of the affected areas go beyond the scope of globally pre-positioned temporary shelter solutions. A wide range of emergency shelter solutions will be implemented. Shelter support is based on the local characteristics, which vary from location to location. The initial emergency shelter solution focuses on providing tarpaulins and rope as an immediate response to the upcoming rainy season. In other situations a shelter tool kit, timber or family tents will be provided. Shelter tool kits, together with additional technical advice on shelter solutions and safe building, are particularly useful for communities to adapt verified safe communal structures for multi-family occupation, household or community living.

Each beneficiary family will receive 2 tarpaulins and rope. Among these targeted families, 20,000 also will receive a Shelter Tool Kit, a 'how to use' flyer and timber. Understanding the particular needs of the most vulnerable households, 2,000 of the latter group will receive extra timber and other construction materials. Another 10,000 families (50,000 people) will receive family tents. Affected people will be able to build or reinforce simple structures to protect them from the elements and provide some form of privacy and personal space. Tarpaulins can also be used as supplementary materials for existing structures made from salvaged materials or from objects in the areas where they are currently located. The standard International Federation shelter tool kit distributed under this revised plan of action is composed of 30 metres of rope, a handsaw, roofing nails and nails for wood, a shovel, a hoe, a claw hammer, and tie wire. Movement shelter specialists have determined that these shelter tool kits could be complemented with timber or plywood for siding or internal partitions.

Movement members are offering technical guidance and coordinating with the government in the plans to respond to the shelter needs of affected people. The government is in the process of determining the location and establishment of three large-scale camps in Port-au-Prince which are projected to house approximately 30,000 people each. The Movement is already present in one of the possible camps known as La Piste which is located at the Aviation/Parc de la Paix site in Delmas. Around 5,000 families could be situated in this camp and cleaning and preparation for the rainy season are being carried out. Another of the camps that is under discussion is in Tabarre, where the Turkish Red Crescent recently assisted in setting up more than 200 tents and where the International Federation has distributed relief items. However, OCHA reports that all identified sites must meet three criteria before being improved or set up: authorization from the government / civil protection; land tenures issues have to be settled and the viability of the sites needs to be assessed with regard to sanitation, space, security and flood risk.

A total of 1,200 debris clearing kits will be distributed to community committees. One kit is sufficient for 25 families and is made up of 5 metal wheelbarrows, 5 round-nosed shovels, 5 flat-nosed shovels, 5 hoes, 10 brooms, 10 wire brushes, 1 roll of 200 metres of 6 mm rope for tying wood, 100 cotton cleaning cloths, 20 leather work gloves, 5

100-litre water storage containers, 5 tool boxes, 10 sledge hammers (large and small), five 36 inch wrecking bars, five 17 lb digging bars, 1 wood saw, 5 pliers, 250 rubble sacks, and 5 cold chisels. This clearing kit will be associated with a cash-for-work programme in Port-au-Prince, Carrefour, Leogane and Jacmel,

The relief shelter plan takes into account the challenges related to the lack of available land for reconstruction in densely populated areas, lack of or loss of property titles, limited skilled labour and extremely scarce materials available on local markets. Beneficiary identification and registration mechanisms take time. Removal of debris is a particular challenge given the limited in-country resources available, and demolition and initial reconstruction will require temporary/transitional shelter solutions for affected households for a period of between four months and three years. The assessments are providing the needed information so that female-headed households, groups with reduced social networks and other vulnerable groups are identified.

The climatic conditions—most urgently the upcoming rainy and hurricane seasons—are taken into account in all the shelter options. The high number of affected people and the population dispersion, while challenges, are being addressed through the rapid increase in the rate of distributions so that emergency shelter needs are covered in the immediate short-term.

Progress:

The International Federation response for emergency shelter, as mentioned above, is combined with the distribution of non food relief items. The pace of emergency shelter items distributions has greatly improved and the numbers of families receiving emergency shelter items has increased substantially. As of 5 February 2010, the combined Movement actors have distributed 2 tarpaulins and rope to 17,007 households. 1,645 households have received a shelter tool kit and 925 have received a tent.

HNRCS collaboration has not only allowed for the efficient identification and assessment of transitional settlements, but also has been essential to distributions. Educational flyers providing information on how to use the materials are included with each distribution. At least 25 HNRCS volunteers have already been trained on how to use the shelter kit and set up tents and have been included in the shelter teams in Port-au-Prince. These HNRCS volunteers, and at least another 25 who will be trained in the next few days, are essential for disseminating information to beneficiaries. Further training is planned for the next week to incorporate volunteers from the relief teams in Jacmel and Leogane.

The authorities in Port-au-Prince have identified an area which will be allocated as living space for 5,138 families (divided in four areas) and the International Federation has agreed to provide the family tents as soon as the camps are ready. The Federation's shelter plan for this area is as follows:

Site	Population	Emergency response 0-4 months high capacity 10 m ² pp	Transitional phase 5-12 months 20 m ² pp
'La Piste'	Approximately 5,000 families	2,454 families	1,227 families
'Vieille Aviation'	0	816 families	408 families
'Police'	Registered in 'La Piste'	414 families	207 families
'Rivière'	0	1454 families	727 families
Total		5,138 families	2,569 families

The Movement has also conducted assessments and established a plan of action for Carrefour (Dufresnay, Procy and Laval) to provide shelter kits to 1,700 families. An additional 13 self-standing tents for communal schools will be distributed in these same three sectors.

The Canadian Red Cross has assessed shelter needs in Jacmel and is expecting 1,500 tents to arrive in the next few days. The Danish Red Cross ERU relief with a focus on shelter is now in operation and involved in the distribution of shelter tool kits and timber. The Turkish Red Crescent has erected approximately 200 tents in Tabarre.

The shelter kits and timber plan has been established for Port-au-Prince, Jacmel, Leogane and Carrefour. Site assessments, technical evaluation, ongoing identification of beneficiaries and ticketing are in process in these areas for the distribution of shelter kits, timber and tents. To date, shelter kit and timber distributions have been

carried out in the Afca camp (502 families) and will continue in the Gheskia camp (1,131 families).

The strength of this operation's response to shelter needs not only includes the vital provision of shelter to affected people, but also the commitment to sharing knowledge and coordinating with the Haitian government, interagency actors, other organizations, and particularly local communities. The International Federation has met with different Ministers of the Haitian government involved in attending to shelter needs and the establishment of government-organized camps, in particular the one planned for 5,138 families described above. The Movement members focusing on shelter will register beneficiaries through a local committee, issue tickets following standard operating procedures for distributions, and coordinate with Movement actors in the areas of Health and Water and Sanitation to respond to the needs of the population soon to be housed in this camp.

Challenges:

Shelter remains one of the most pressing issues to resolve in post-earthquake Haiti. The upcoming rainy season from May to July and the hurricane season result in the need for a more rapid rate of distributions. The government, challenged by the emergency, is under pressure to analyze large-scale shelter solutions and debris removal in the short-term, whereas the validation and preparation of potential available sites for camps is time consuming. Furthermore, the population density in Port-au-Prince makes the establishment of emergency shelter solutions more challenging, particularly the lack of space to set up tents and the scarcity of open land for relocation. The rapidly changing population of transitional settlements and movement of IDP to other regions makes shelter solutions more complex and the urgency for shelter will continue to increase as more people move into organized settlements.

Relief distributions are encountering problems in that loaded trucks have difficulties in reaching some settlements given the road conditions. Trucks and all-terrain vehicles are essentials to achieve the Relief/Shelter distributions plan. Difficulties are augmented by the transit time for goods and the low availability of reliable trucks.

Strengthening of HNRCS capacities

Objective 1 (Relief phase): HNRCS volunteer management in emergencies is improved.	
Expected results	Activities planned
The HNRCS has reinforced its body of active, trained volunteers.	<ul style="list-style-type: none"> • Ensure management of new volunteers and incorporate them in the relief operation. • Develop or revise job descriptions for current volunteers. • Ensure coverage of a core group of volunteers by the accident insurance scheme. • Increase the capacity of the national society to respond to emergencies, through strengthening of volunteer networks

This objective, as explained above in the National Society Capacity-Building section, is cross-cutting to all other objectives in this Appeal. The revised plan of action reiterates the commitment to ensuring that all its actions work towards enhancing the capacities of the HNRCS. During the relief phase, this objective will support the National Society to strengthen its institutional capacity body of active and trained volunteers, as well as to incorporate and efficiently manage newly recruited volunteers.

Progress:

The HNRCS volunteers and staff continue to be at the core of all of this operation's actions. Their leadership, coordination and action during the current relief phase have facilitated all of the Movement's activities in Haiti and contributed to the efficient and effective distribution of emergency relief. There are an estimated of 2,500 to 3,000 HNRCS volunteers in Port-au-Prince and 10,000 nationwide. HNRCS volunteers are participating in all sectors of the emergency response operation.

The HNRCS President's request for PNS technical, management, and governance training has been transmitted to PNS. The Regional Representative for the Latin Caribbean has been working side-by-side with the HNRCS's President, the staff and volunteers since the emergency began to strengthen their institutional capacities. Both HNRCS offices in Port-au-Prince were severely damaged by the earthquake. Nonetheless, with the support of technical experts, some of the institutional archives were salvaged. Ensuring its operational capacities, a temporary HNRCS office with office equipment, now functions within the International Federation base camp.

Challenges:

The humanitarian needs of HNRCS volunteers and their families are slowly being met. Many face transportation and logistical challenges; nevertheless they maintain their commitment to the relief efforts with their National Society. Given the need to start relief distributions earlier in the morning, as well as the long days, PNS in the base camp are discussing how to best respond to the volunteers' food and shelter needs while they are engaged in emergency response actions.

Operational support**IT/Telecom**

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

Expected results	Activities planned
The shared ICRC / HNRCS VHF network is covering the operational areas.	<ul style="list-style-type: none"> • Deployment of ERU IT/Telecoms. • Rehabilitation of VHF repeaters. • Installation of one VHF repeater for coverage of Sud and Sud-Est
Radio contact is possible from branches to communicate operational updates.	<ul style="list-style-type: none"> • Rehabilitation of VHF base stations. • Installation of VHF radios in vehicle.
Data communication and office facilities are available for the operation.	<ul style="list-style-type: none"> • Installation of data connectivity facilities and provision of IT support. • Monitor activities and provide reporting.

This objective has not been revised, rather more detail has been provided in the revised plan of action for the relief phase to respond to the IT/Telecom needs during the operation.

Progress:

In the field the IT/ Telecom support to the operation is provided by a FACT telecom delegate, ten IT telecom ERU, three local staff radio operators, two local staff IT support personnel and a fully-integrated HNRCS counterpart who is a permanent team member. The FACT telecom delegate from the Danish Red Cross recently ended his rotation. The second rotation for both IT and Telecom ERU will be composed by three members of the Danish/American Red Cross and three members of Spanish Red Cross. It is expected that the rotation will be completed between the second and third week of February 2010.

To date the telecommunications network has been enhanced in the base camp. Wi-fi internet is now available and the wireless network allows for file sharing and network printing. However, in order to have a back-up internet system the IT/Telecom team is also researching DSL services. IT support, Global Information System (GIS) mapping services, and installation, configuration and support are also being provided to all Movement partners in the field. Access to the VHF radio network, the operation radio room, 24-hour radio room service provided by the ICRC for security, and pre-paid mobile phones also are available.

The main priority continues to be the expansion of the VHF radio network. Faulty equipment and bad weather conditions have delayed the installation of new repeaters. The radio room is now complete and the ICRC communication channel is still used as the main calling channel. The IT team is installing radios in vehicles, radio programming and providing IT/ Telecom training. The HNRCS team member has been fully integrated into the team.

Five laptop computers and 12 VHF handsets, as well as technical support, have been provided to the HNRCS. More equipment has been ordered for the HRCNS. Additionally, an IT/ Telecom support plan for the emergency period is being established jointly with the HRCNS.

Challenges:

Some telecommunication equipment, including a 3 Kva generator and a multiple charger for VHF handsets stored at the former base camp were stolen. Increased security measures have been taken to ensure the security of equipment in the base camp and for use in the field.

Logistics

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

Expected results	Activities planned
All programs receive professional logistics support and goods are received for distribution as planned.	<ul style="list-style-type: none"> • Deployment of a logistics ERU. • Assess logistics infrastructure. • Set up efficient logistics unit and identify best supply chain to support the operation. • Carry out reception of air and sea relief goods and arrange transportation to distributions points. • Liaise and coordinate with other key actors to ensure best uses of all information. • Monitor activities and provide reporting.

While this objective has not been revised, the logistics area's activities are augmented by the increase in quantity of beneficiaries targeted for the relief phase. Based on the current relief operational plan, a logistics forward operating base has been established in Port-au-Prince. This is supported by a logistics staging area in Santo Domingo and the RLU in Panama. The Logistics team has also been reinforced by the new logistics coordinator who began working in Haiti on 6 February 2010.

Progress:

Logistics resources and actions are essential to ensuring that the humanitarian response is successful. The combined logistics team in all locations arduously works together to ensure that the adequate material and human resources are available to achieve this Appeal's objectives. The Federation logistics have provided support for the deployment of all ERUs, transport of the first relief items and support services to all sectors for their activities.

The Port-au-Prince port is currently being repaired. OCHA reports that two large pontoons with 200-metre cranes will be situated in this pier. Ships need to be self-sufficient in terms of handling equipment and cranes, and the cargo will have to be transported in a container. The US Military has been offloading container vessels using landing craft.

Ten 40-foot containers (carrying NFI and shelter kits), shipped from Panama via Port Haina (Dominican Republic), are on their way to Port-au-Prince. Eight additional containers are scheduled to depart from Panama on 7 February 2010. Some of the vessels due to arrive in Port-au-Prince will have to be diverted to Santo Domingo or possibly to Barahona, which is located about 13 km to the west of Santo Domingo. A hub is currently being established there. Another option would be to divert vessels to Puerto Plata, in order to avoid further congestion at one location.

All International Federation shipments have cleared the airport in Santo Domingo. The two warehouses are in operation and have sufficient storage space for all items in the pipeline. Access by road from the Dominican Republic is backlogged and the authorities have established a curfew at 17:00 for fear of attacks on aid convoys.

The International Federation warehouse in Barbancourt is currently operational. Nineteen PNS are using this location to store shelter, health, water and sanitation items. Due to the reception of large quantities of hygiene, kitchen and shelter kits and the distributions which have been more time-consuming than originally planned, the stock level in this warehouse has increased significantly (at 70 per cent capacity).

Moreover, as of 2 February 2010, over 150 trucks, 4350 m³ (1,800 MT) of cargo has been received and handled and over 98 trucks 2450 m³ (980 MT) of goods have been distributed. A total of 24 vehicles are operational and available for use by PNS and the International Federation team in the field. An additional 26 local rented trucks of varying load capacity are part of the daily heavy fleet pool.

The assignment of flight slots continues to be complicated in Port-au-Prince. As of 6 February 2010, 76 flights (43 flights to Haiti) have been received and handled between Santo Domingo and Haiti. Fourteen flights with relief items and vehicles have been sent from Panama. The access to the airport cargo yard in Port-au-Prince is limited;

as of 3 February 2010, only US vehicles have ramp access. It has been announced that customs in Haiti will be activated within the next days.

The logistics team has finalized the comprehensive tender and evaluation of air charter companies for the establishment of a regular three-time weekly air service from Santo Domingo to Port-au-Prince.

Thanks to generous donor support, the mobilization table for 80,000 families is almost fully covered. The revised objectives now include the need for more timber for shelter use during the relief phase. All in-kind donations should be within the Appeal and according to Movement specifications.

Challenges:

The only challenge at this time is related to the need to establish a combined distribution strategy with the relief and shelter programmes to avoid items being held-up in the pipeline.

OCHA has reported that Haitian trucking union has expressed concern over the reliance on Dominican heavy transport. The International Federation, involved in interagency coordination, is taking this issue into account when implementing its logistics actions.

Security

Objective 1 (Relief phase): A well functioning and effective operational security framework that will enable RC/RC personnel to operate safely and securely.	
Expected results	Activities planned
<ul style="list-style-type: none"> • Sound operational security management structures and procedures established and operating effectively ensuring a safer working environment. • Federation and HNRCS operations have good security awareness and are able to anticipate and react to changing situations and circumstances in a timely manner. • Improved planning capacity, more effective management and prevention of security incidents, and enhanced ability to be proactive through reports, analysis and lessons learned. • Effective working partnerships established with other agencies providing increased access to information and resources. 	<ul style="list-style-type: none"> • Deployment of Emergency Security Coordinator (first 6-8 weeks). • Recruitment of Security Coordinator for 12 months + • Implement IFRC Minimum Security Requirements (MSR), and the establishment of a sound security management process. • Participate in, and give advice to operational planning meetings, Critical Incident Management teams and Task Forces. • Monitor the security situation and provide updates and security briefings. • Manage security incidents and provide incident analysis • Provide security briefings and debriefings for RC/RC personnel in the operation. • Ensure a 24/7 security support and advice to operation. • Contract and manage security guard force company at offices, accommodations, warehouses and operational sites.

This objective has experienced no adjustments. Given the complexity of the security context in Haiti and the likelihood of deteriorating security, emphasis continues to be placed on ensuring a well-functioning and effective operational security framework that will enable Movement personnel to operate safely and securely in the provision of relief items and support in this phase and in the future.

Progress:

The Security team is involved in conducting security assessments, establishing security measures for mobile medical clinics, fixed installations and relief distributions. Coordination with the team leaders, contingency plans, including evacuation/medical, and rapid compound emergency procedures are being jointly developed with the Movement actors in the field.

Despite reported security incidents, most distributions have not experienced problems. On 29 January 2010, the FACT Security delegated supported the American Red Cross/ Benelux Relief ERU team to discuss security issues at Cité Renault where a distribution had been planned. Given the dissolution of the local security committee, the distribution planned for 30 January 2010 has been postponed until this committee is reorganized.

Internal security measures are being taken in the base camp. Guards, access supervisors, and planned use of barbed wire contribute to security at the base camp. Non-Movement visitors are identified and escorted while in the base camp. All Movement and non-Movement (journalists) members in the base camp are briefed on security procedures upon their arrival and instructed in the need for full compliance with the established security guidelines.

Challenges:

Future challenges might include the proposed cash for work activities. Since Haiti is primarily a cash society, people carry their cash with them, and potentially create difficult security issues for recipients. The security unit will participate in any such actions if they take place.

Communications – Advocacy and Public Information

Overview

Communications continue to be an essential part of keeping the affected population, National Societies and other Movement members, donors, and the general public informed about the International Federation's actions in the Earthquake Haiti Operation.

The FACT media team has posted 20 news stories and seven press releases since the 12 January 2010 earthquake, some of which have been picked up by international wire services. Moreover, information is provided regularly to all major news organizations covering Movement activities in Haiti. Key Red Cross and Red Crescent messages have been included in the UN daily press briefings. Also, seven videos have been produced and most already have been viewed several thousand times on YouTube. An eighth video is now in process and will be posted on the International Federation website and YouTube when complete.

In Haiti, local communications are supporting the HNRCS and other Movement members' efforts to ensure that the affected population is knowledgeable about the Movement actions and receives vital health messages. The HNRCS president has provided several interviews for broadcasting on 20 radio stations in Haiti.

The media team was involved in establishing a Facebook page for the Haitian National Red Cross Society which already has over 800 friends. Support continues to be given to establish a HNRCS website and a plan to strengthen the HNRCS's communication capacities has been developed.

Comcel has donated its resources so the International Federation can send health messages once a day for a ten-day period to its 1.2 million subscribers to the Voila mobile telephone network. Additional discussions are underway with Digicel to see if short RCRC messages can be received when customers check their credit. This could potentially lead to 12 million hits per day and support the vaccination campaign.

News items in English, French, Spanish, and Arabic and photos-- now in five photo galleries-- of the Movement's actions in Haiti are regularly updated on the International Federation website: www.ifrc.org. The Federation's Communications Department can also supply additional information upon request.



Finnish Doctor Eila Rooseli takes care of a patient at the Finnish Red Cross mobile clinic at Place de Jeremy, Port-au Prince, Haiti. Source: Finnish Red Cross

How we work

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

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

The International Federation's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

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

Contact information

For further information specifically related to this operation please contact:

- In Panama: Mauricio Bustamante, Acting Head of the Pan American Disaster Response Unit (PADRU), phone (507) 316 1001; fax (507) 316 1082; email: mauricio.bustamante@ifrc.org.
- In Panama: Isabelle Sechaud, Field Logistics Unit Manager for the International Federation, phone: (507) 667 07 378 email: isabelle.sechaud@ifrc.org
- In Panama: Nelson Castaño, Disaster Risk Management Coordinator for the Americas and temporary Operations Coordinator in Haiti, phone +507 6679-1306 email: nelson.castano@ifrc.org
- In Dominican Republic and Haiti: Alexandre Claudon, Regional Representative for the Latin Caribbean; e-mail: alexandre.claudon@ifrc.org.
- In Panama: Maria Alcázar, Resource Mobilization Coordinator for the Americas; cell phone: (507) 66781589; email: maria.alcazar@ifrc.org
- In Geneva: Pablo Medina, Operations Coordinator for the Americas; phone: (41 22) 730 42 74; fax: (41 22) 733 03 95; email:

[<Revised budget attached below; click here to return to the title page>](#)

MDRHT008 - HAITI EARTHQUAKE

Multilateral & Shelter Coordination	199,315,655
Emergency Response Units	19,126,225
EMERGENCY APPEAL BUDGET TOTAL	218,441,880

BUDGET SUMMARY

Budget Group	Multilateral Response	Inter-Agency Shelter Coordination	Coordinated Support (ERUs)	TOTAL BUDGET CHF
Shelter - Relief	7,620,000			7,620,000
Shelter - Transitional	6,000,000			6,000,000
Construction - Housing	20,000,000			20,000,000
Construction - Facilities / Infrastructure	5,000,000			5,000,000
Construction - Materials	16,000,000			16,000,000
Clothing & Textiles	4,260,000			4,260,000
Food				0
Seeds & Plants				0
Water & Sanitation	15,255,059			15,255,059
Medical & First Aid	7,695,514			7,695,514
Teaching Materials				0
Ustensils & Tools	4,960,000			4,960,000
Other Supplies & Services & Cash Disbursements	36,508,000			36,508,000
ERU (Emergency Response Units)			19,126,225	19,126,225
Total Supplies to Beneficiaries	123,298,573	0	19,126,225	142,424,798
Land & Buildings	12,400,000			12,400,000
Vehicles	662,300			662,300
Computer & Telecom	587,825			587,825
Office/Household Furniture & Equipment	124,600			124,600
Medical Equipment				0
Other Machinery & Equipment				0
Total Land, vehicles & equipment	13,774,725	0	0	13,774,725
Storage	1,708,400			1,708,400
Distribution & Monitoring	9,250,000			9,250,000
Transport & Vehicle Costs	4,006,300	60,000		4,066,300
Total Transport & Storage	14,964,700	60,000	0	15,024,700
International Staff	13,458,834			13,458,834
Regionally Deployed Staff	621,000			621,000
National Staff	1,384,780	39,000		1,423,780
National Society Staff	3,565,062	60,000		3,625,062
Other Staff benefits				0
Consultants	3,450,850	610,000		4,060,850
Total Personnel	22,480,526	709,000	0	23,189,526
Workshops & Training	3,129,950	50,000		3,179,950
Total Workshops & Training	3,129,950	50,000	0	3,179,950
Travel	1,215,841			1,215,841
Information & Public Relation	930,000			930,000
Office Costs	728,035			728,035
Communications	612,500			612,500
Professional Fees	251,000			251,000
Financial Charges	315,000			315,000
Other General Expenses		51,000		51,000
Total General Expenditure	4,052,376	51,000	0	4,103,376
Cash Transfers to National Societies				0
Cash Transfers to 3rd parties		1,080,000		1,080,000
Total Contributions & Transfers	0	1,080,000	0	1,080,000
Program Support	12,038,055	126,750	0	12,164,805
Total Programme Support	12,038,055	126,750	0	12,164,805
Services & Recoveries	3,500,000			3,500,000
Shared Services				
Total Services	3,500,000	0	0	3,500,000
TOTAL BUDGET	197,238,905	2,076,750	19,126,225	218,441,880
Available Resources				
Multilateral Contributions	62,535,930			62,535,930
ERUs contributions			19,126,225	19,126,225
TOTAL AVAILABLE RESOURCES	62,535,930	0	19,126,225	81,662,155
NET EMERGENCY APPEAL NEEDS	134,702,975	2,076,750	0	136,779,725