

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

HAITI: FLOODS

14 February 2005

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

In Brief

Appeal No. 22/04; Operations Update no. 9; Period covered: 8 January 2004 to 8 February 2005; Appeal coverage: 87.9%; ([click here to go directly to the attached Contributions List, also available on the website](#)).

Appeal history:

- Launched on 22 September 2004 for CHF 4,246,000 for 6 months to assist 40,000 beneficiaries.
- Budget revised and increased to CHF 11,673,000 (USD 9,246,529 or EUR 7,515,212) to assist 50,000 beneficiaries for 6 months.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 150,000

Outstanding needs: CHF 1,414,963 (USD 1,181,470 or EUR 910,597)

Related Emergency or Annual Appeals: Caribbean Annual Appeal (01.51/2004); Haiti Social Unrest Emergency Appeal (07/2004) and Dominican Republic & Haiti Floods Appeal (13/2004)

Operational Summary: Over a dozen food and non-food distributions have taken place in Gonaïves and Ennery, and at least four weekly distributions of aid are planned for the coming weeks. Despite an initial lack of funding and available delegates, the Federation has managed to provide 6,082 families in Gonaïves and Ennery with food and non-food relief items. Between 20 and 30 Haitian National Red Cross Society (HNRCS) volunteers continue to be actively involved in distributions, together with the Federation team. Repairs to the public water distribution network are on-going and the majority of Gonaïves' boreholes and wells have already been cleaned of mud and are now operational. Rehabilitation of La Providence Hospital began in December and work to repair the outer walls and clean the main buildings and the hospital compound of mud and debris is nearly complete. In addition, the Federation water and sanitation delegate, working with local contactors, has initiated the latrine rehabilitation project. The funding shortage previously faced by the operation is now being overcome, although there is still a significant need for additional human resources. Despite the new funding situation, further distributions of relief items are being reduced while the Federation addresses another constraint: an increased incidence of "dependency syndrome", where beneficiaries become accustomed to the benefits of assistance programmes and may take advantage of those services when they are not needed. This situation can make relief distributions counterproductive and must be taken into consideration before additional distributions can take place. Various proposals for refining objectives are being considered in light of present circumstances and a complete overhaul of the appeal is expected soon.

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Background

More than four months after Tropical Storm Jeanne's heavy rains brought on violent flash floods in north-western Haiti the official death toll stands at over 1,800, while more than 800 remain unaccounted for. Deforestation, poverty and a general lack of preparedness were the major causes of the disproportionately high loss of life as high waters drowned hundreds of people and buried a large region in mud. An estimated 300,000 people in at least eight communes in the region have been affected as a result of these devastating floods. The vulnerable, overcrowded town of Gonaïves and its environs, which has a population of approximately 200,000, has been hardest hit. Homes and possessions were swept away in the floods, sewers and latrines overflowed and vast areas of economically vital agricultural land were destroyed. When the waters at last receded, dead bodies littered the streets. Estimates are that at least half the population in Gonaïves was severely affected. With nowhere else to go, families have returned to what remains of their homes; many having lost all their possessions. Hundreds of newly-orphaned children face an uncertain future in what was already one of the poorest countries in the world. A World Health Organization survey of displaced people revealed that nearly half of the 56 overnight shelters set up in churches and schools by the Haitian authorities (La Protection Civile) in the wake of the disaster are still being used, mostly by women and children. Flooded latrines and sewers contaminated the few available sources of fresh water. An epidemiological surveillance system was set up in the aftermath of the disaster by the Ministry of Health and its partners which continues to monitor the incidence of disease. So far no epidemic trends have been identified. Gonaïves' main hospital as well as over 90 percent of the private clinics sustained considerable damage due to the flooding. A high water table coupled with a fragile organization have stymied efforts to remove the remaining stagnant water from the streets and vacant lots which are still covered in mud and debris. Despite



Between 20 and 30 Haitian National Red Cross Society (HNRCS) volunteers continue to be actively involved in distributions, together with the Federation team.

private citizens' and municipal contractors' best efforts, many of Gonaïves' water channels and aqueducts are still clogged with mud and refuse. Heavy machinery has been making headway in clearing badly damaged roads and mud-covered public spaces, but it has been reported that even with a dedicated labour force of two thousand a full clean up will take at least seven months.

The Federation's revised Emergency Appeal, launched on 5 October, is based on the plan of action designed by the joint Haitian National Red Cross Society (HNRCS) / Federation Field Assessment and Coordination Team (FACT) which conducted a four-day assessment of the affected regions. The assessment focused mostly on remote areas outside Gonaïves where whole communities were cut off from transport and communications. The FACT team identified at least 3,000 seriously affected families (15,000 people) in the communes of Pilate, Gros Morne,

Bassin Bleu, Anse Rouge, Port de Paix and Ennery. These people had not been identified or targeted during preliminary assessments. The plan of action prioritizes emergency relief distributions of food and non-food items in addition to shelter, health and water and sanitation interventions. The plan also includes activities to strengthen the capacity of the HNRCS, which is now facing the third consecutive catastrophe in Haiti in only one year.

Security remains precarious, making the transportation and distribution of aid difficult. The United Nations Stabilization Mission in Haiti (MINUSTAH) comprises a multi-national military and police force of approximately 7,000 and has been mandated by the UN Security Council to assist the Haitian authorities in maintaining peace and public order. As a result, the MINUSTAH has been directly involved in providing security for the public, which up until Christmas has included escorting and/or being present during distributions of relief goods to ensure that distributions take place in the best possible conditions for everyone involved. A joint ICRC/Federation security assessment took place in early January to determine whether relief distributions without MINUSTAH are compatible with minimal security requirements. It was decided that at relief distribution points where security is still uncertain it would be acceptable to continue the use of military protection, while other distributions in more peaceful areas will continue without a military presence.

The international community has responded to Haiti's flood disaster with distributions of food and water and the provision of immediate medical attention in spite of a complex security situation. These efforts to date, however, have been insufficient to meet the needs of many of the vulnerable in flood-affected areas, the vast majority of whom were already living in destitution. With the goal of making a lasting difference that will measurably improve Haitian's low standard of living, there will be a significant need for continued international support. Now that the crisis phase is more or less over, a redirection of Federation efforts from relief to rehabilitation and recovery is actively being discussed. A revision of the overall appeal is expected soon.

Operational developments

Haiti's biggest nation-wide holiday, Carnival, is a time of increased public activity and potential security risk. Access to public areas by delegates was curtailed and there were no major problems. For more than ten consecutive weeks now the security situation in Gonaïves has remained relatively stable. However, common crime is reportedly threatening to stage a comeback. Gonaïves has a long tradition of public demonstration that can quickly flare up into full-blown riots.

As sufficient funds and human resources to implement all the objectives of this Emergency Appeal were late in coming, the Federation team in Gonaïves, in consultation with the Panama Regional Finance Unit, had been obliged to temporarily limit the number of beneficiaries originally targeted in this appeal. As more funds have recently been made available, in Gonaïves the number of targeted beneficiaries has grown to 6,202 families of the 7,000 originally identified as being seriously affected by the floods. In addition, the number of beneficiary families outside Gonaïves has been increased from the previous reporting period to 1,863 in the commune of Ennery.

With support from humanitarian partners, the National Water Company (SNEP) has been able to open drainage trenches and repair part of the damaged water network. All four boreholes are once again operational and supplying water to public kiosks through the network. In addition, teams from OXFAM, Action Against Hunger (ACF), Médecins sans Frontières (MSF) and the French Red Cross ERU have cleaned well over half of Gonaïves' 800 wells.

Apart from what appear to be a few isolated cases of contagious disease, no outbreaks of epidemics have been reported in Gonaïves. The overall health situation, which is comparable to that of other developing countries, is reportedly better than before the floods. This good news can be attributed to preventative measures such as fumigation against malaria-bearing mosquitoes, chlorination of public water and increased availability of potable water. The dissemination of health messages by radio, combined with medical consultations and free medicines provided by various humanitarian organizations, has also played an important role in improving the communities' health situation. Nevertheless, the World Health Organization warns that the public's health remains at risk without continued close monitoring since large amounts of stagnant water and waste remain in public areas.

In bilateral initiatives outside the framework of the Federation Appeal, the German Red Cross will rehabilitate the houses of 1,500 families in the region between Port-de-Paix and Anse Rouge, while the French Red Cross is distributing hygiene kits, kitchen sets and kerosene stoves in shelters and selected vulnerable areas in Gonaïves. German Red Cross is also distributing plastic sheeting for temporary shelters.

Red Cross and Red Crescent action - objectives, progress, impact

Emergency relief (food and basic non-food items)

Objective 1: 50,000 beneficiaries (10,000 families) will have benefited from the provision of non-food items delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

A total of 7,000 families in Gonaïves and 3,000 families in the outlying 7 communes have been identified by the Federation assessment as being in need of non-food assistance. However, due to temporary funding shortages the Federation is currently targeting 6,202 beneficiary families, of which 5,358 have received non-food items. Haitian National Red Cross Society (HNRCS) volunteers and Federation delegates have completed a survey in Gonaïves and Ennery to select beneficiaries to receive non-food items. During the reporting period, nine carefully planned aid distributions were carried out in Gonaïves with distributions of hygiene kits, plastic sheeting, blankets, jerry cans, kitchen sets. In addition, three separate one-time distributions were carried out to smaller communities identified as in need. Preparations are underway to ensure that all targeted families receive non-food relief items before the end of March.



Despite an initial lack of funding and available delegates, the Federation has managed to provide 6,082 families in Gonaïves and Ennery with food and non-food relief items.

The following table shows the distribution status of the Federation relief items as of 9 February:

Beneficiary families receiving non-food items	5,358
Kitchen set	2,554
Family hygiene kits	17,274
Individual hygiene kits (male)	4,216
Individual hygiene kits (female)	5,586
Cleaning kits	769
Blankets	14,914
Plastic sheeting	1,336

Jerry cans, 20 litres	8,973
Jerry cans, 10 litres	3,539
Buckets	3,394
Mosquito nets	5,800

Impact

To date, a total of 5,358 families in the towns of greater Gonaïves and Ennery have received non-food relief items that will help them cope better and recover from the material losses they suffered as a result of the floods. The beneficiary families have been assisted through regular distributions corresponding closely to their nutritional and practical needs. To avoid duplication and achieve a maximum level of coverage, the Federation has been closely coordinating with other humanitarian NGOs, such as Action Against Hunger, OXFAM and CARE. The resulting plan covers five principle areas within Gonaïves, including Assifa et Ceprenn, Bigot, KaSoleil, Parc Vincent, and Raboteau, which are all densely populated and were particularly hard hit by the floods.

Constraints

Questions raised as to MINUSTAH's participation in Federation relief distributions had led to a suspension of distributions in Gonaïves for several weeks. It was decided that at relief distribution points where security is still precarious it would be acceptable to continue the use of military protection, but that other distributions in areas where there has been no sign of danger will continue without a military presence.

Objective 2: 1,400 families (7,000 people) will have benefited from the provision of food items delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

The commune of Chansolme, where the World Food Programme (WFP) has distributed food rations to 3,000 people, will likely be assisted with non-food items by the Federation in the near future. Early funding shortfalls and the WFP presence in Chansolme made it more practical for the Federation to concentrate its efforts in other areas. As a result, nearly all food relief resources have until now been directed towards the commune of Ennery. During the reporting period, the Federation team carried out three distributions of food parcels to previously identified beneficiary families living in and around Ennery and in the nearby the community of Passe-Reine. In addition, eight separate one-time food distributions were carried out to smaller communities identified as in need. Finally, in late January, 150 beneficiary families in Gonaïves that support orphans received a total of 750 food parcels, which represents over half of the standard food intake per family member for a period of one month.

The following table shows the distribution status of the Federation relief items as of 9 January:

Beneficiary families receiving food items	1,390
Food parcels (>1000 kCal for 30 days)	20,821
Corn flour, 20 & 25 kg	377

Impact

To date, 1,390 families in the commune of Ennery have received food parcels. These distributions are intended to supplement individual families' food supplies and improve their overall nutrition over a period of three months. By the beginning of February, most beneficiary family had received a total of fifteen parcels. Each food parcel is designed to provide an individual with at least 1,000 calories per day for a period of one month, which represents about half of the SPHERE standard food intake per person. Each parcel contains:

- Rice (10 lbs)
- Red beans (2 lbs)
- Sardines (2 lbs)
- Salt (1 lb)
- Sugar (4 lbs)
- Cooking oil (2 litres)

Shelter

Objective: 15,000 beneficiaries (3,000) families) will have benefited from the provision of shelter materials delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

Due to the damage that thousands of resident families' homes sustained as a direct result of flooding, the joint HNRCS/Federation assessment team identified some 3,000 families in need of materials for temporary shelter and other construction activities. Distribution of shelter materials has been delayed by the security situation in the country and a lack of human resources in the field. Tarpaulins and plastic sheeting stored at the Federation warehouse will be distributed in collaboration with the German Red Cross, which recently started a rehabilitation project in the area between Port-de-Paix and Anse Rouge. The Federation is presently conducting a thorough assessment in the same areas to determine potential beneficiary families.

Impact

Following discussions between the German Red Cross and the Federation, it was agreed that the German Red Cross, which is developing a shelter programme, would receive part of the plastic sheeting stock currently in storage at the Federation's warehouse in Gonaïves. Additionally, 74 beneficiary families, who were more recently identified as in serious need of shelter in the commune of Mandrin, received plastic sheeting for home repair during the last week of December, 2004.

Constraints

A new factor which must now be seriously considered is the 'dependency syndrome' which humanitarian aid efforts are creating through beneficiary identification. Dependency syndrome is manifested in some beneficiaries who not only feel entitled to long-standing aid, whether they need it or not, but increasingly have found a disincentive to work as the more vulnerable they appear the more aid they will potentially receive. In certain cases, beneficiaries use whatever shelter materials they get to sell on the market rather than use for home repair. This situation could become potentially dangerous as the storms during Haiti's rainy season are severe. Stories of ill-prepared homes being washed away or obliterated in a single night are not uncommon.

Health

Objective 1: To rehabilitate Gonaïves' only referral hospital, La Providence, serving the primary and secondary health care needs of the population.

Progress/Achievements (activities implemented within this objective)

A fully equipped 100-bed field hospital, jointly sponsored by the Canadian and Norwegian Red Cross Societies, has been in place in Gonaïves since early October 2004 to temporarily replace La Providence while it is undergoing rehabilitation. A team of Cuban and Haitian medical staff will be working at the field hospital until La Providence is back to full capacity. The field hospital will then be dismantled and all medical equipment and activities transferred to La Providence Hospital.

In the aftermath of the September floods, day-to-day operation of the field hospital was in the hands of the Federation. By mid-December, the La Providence hospital administration, which has been accommodated in a tent in the Red Cross compound, was able to take over all of the field hospitals' operations. The formal handover of the hospital to the local health authorities is expected to be completed in mid-February as soon as the transfer of the field hospital to La Providence can be completed.

The joint evaluation exercise of the field hospital services and units found that while four hospital services were functioning self-sufficiently, six others had been deemed in need of further supervision and training. For several months a joint effort was carried out by the Federation and the Canadian and Norwegian Red Cross Societies to monitor hospital functions at the administrative level. In light of the fact that the health situation in the communities is now better than before the floods and that the hospital is operating at a higher level of efficiency, the decision was made to discontinue monitoring of hospital services. In addition, there had been an acute shortage of medical and pharmaceutical supplies in the field hospital; however, this need has been addressed through large in-kind donations from the HNRCS and other donors.

The proposed plan of action for restarting work in La Providence Hospital was approved by La Providence Hospital administration and endorsed at a meeting in Port-au-Prince convened by the Ministry of Health. The massive rehabilitation project, which has been managed by the Federation and the Canadian and Norwegian Red Cross Societies, working in concert with the French Red Cross water and sanitation team, has been underway for nearly two months. In the main buildings, flood-damaged walls have been repaired and are mostly repainted. Interior plumbing is now complete, with the exception of the installation of fixtures such as sinks and toilets. The extensive work to the hospital's water and plumbing system is also nearly finished; successful testing took place in the first week of February and should be completed by the end of the following week. In addition, the installation of electrical wiring and the fixing various damaged roofs before the rainy season commences are expected to be carried out soon. Another issue still to be addressed is the matter of adequate on-site security, the lack of which has resulted in frequent instances of trespassing and theft. The regional delegation of the Ministry of Health has



In addition to the more than 6,000 beneficiaries that have received food and non-food items, thousands of people have been cared for at the fully equipped 100-bed field hospital, jointly sponsored by the Canadian and Norwegian Red Cross Societies

requested that MINUSTAH handle security, which should drastically reduce if not eliminate the problem. Rehabilitation of La Providence should be completed on or before mid-February 2005. Following the completion of rehabilitation work, the massive effort of packing, transporting and installing all equipment from the Red Cross temporary tent hospital compound to La Providence will take approximately ten days.

La Providence's non-essential buildings, which were not within the Federation's project goals, until recently remained for the most part as they were in the wake of the flood disaster, including the main administration building. According to the agreement between the Canadian and Norwegian Red Cross Societies, acting on behalf of the Federation, and the Haitian Ministry of Health, the Federation was meant to focus its efforts on La Providence's main buildings, including; Maternity, Surgery, Male/Female Wards, Laboratory, two Kitchens, Staff and Patients, Archive, Dispensary, and Emergency. In addition, 130 meters of compound wall was completely rebuilt by the Federation within the same agreement. The Paediatrics & Administration building as well as other less essential hospital facilities would be left to the Haitian Ministry of Health. During the reporting period, contractors funded by donor partners have begun a thorough rehabilitation scheme of the administration building, the paediatrics ward, and the roofing of all the buildings. Although these new efforts are progressing quickly, the expected time for completion is some weeks after the rehabilitation of La Providence's main buildings. Nevertheless, the status of these non-essential buildings should not have a significant impact on the practical use of the most necessary hospital buildings, so the moving and installation of equipment should not be delayed.

Impact

The population of Gonaïves and the surrounding areas have had access to free primary and secondary health care services through Canadian and Norwegian Red Cross Societies' field hospital since mid-October 2004. During this reporting period, the field hospital received well over 2,500 outpatients. Over 650 persons were admitted for specialist care, including more than 60 patients for overnight care, of which more than half were admitted for surgery. The same medical services will be available to patients when the field hospital facilities are transferred to La Providence Hospital in mid-February. In addition, the repaired buildings at La Providence will provide patients with a better environment for care than the present hospital tents, which, in addition to being inadequate shelter during the heavy February winds and rains, leave patients, staff and equipment undesirably exposed to the sun, heat and dust.

Constraints

In view of the imposing size of the project to rehabilitate La Providence Hospital and deadline constraints, the Federation felt obliged to take on daunting additional responsibilities which were not part of its original

commitments, including the reconstruction of 130 meters of a two meter-high compound wall that surrounded the hospital and protects the building site from looters. Although construction of the wall was an additional challenge for the Federation, had the wall not been reconstructed, theft would prevent the entire project from continuing.

The Haitian health authorities took several months to come to an agreement regarding the return of services to La Providence as there was pressure from some donors to abandon La Providence and construct a new hospital, which would cost millions and take an estimated two to three years to complete. While the possibility of building a new hospital will be not affected by La Providence's rehabilitation, the plan will allow La Providence to become operational and provide Gonaïves' communities with adequate care only months after the flood filled the hospital grounds with almost two meters of muddy water.

Reconstructing an entire hospital requires tremendous amounts of materials. Unfortunately, given Haiti's crumbling infrastructure, social and political volatility, and enduring economic depression, materials are limited and often unavailable. This leads to significantly higher costs and results in lengthy delays.

Finding workers, managers and contractors for the clean-up and rehabilitation of La Providence has been tremendously challenging. The Federation has been faced with volatile labour disputes, mass layoffs, increased security demands and significantly more time required on an administrative level. Given this, it was soon decided that the best option would be to complete the work as much as possible through contractors with a proven track-record. Thus, the majority of the remaining rehabilitation has been successfully outsourced to Haitian contractors which have been operating on a national level for years.

Due to time constraints, the last members of the French ERU team, responsible for revamping the water, sanitation and plumbing systems at La Providence, left in the first week of January. Two French Red Cross water and sanitation delegates replaced the ERU team on 20 January. Given that there would be a period of three weeks without an experienced water engineer, lengthy delays to the rehabilitation project seemed inevitable. Fortunately, the Federation water and sanitation delegate responsible for building latrines in residential areas was able to oversee the plumbing, water and sanitation reconstruction in the interim. This, however, has overstretched the capacity of the water and sanitation delegate.

Objective 2: To reduce the impact of water/vector born diseases (typhoid, malaria and diarrhoeal diseases) in the affected areas.

Progress/Achievements (activities implemented within this objective)

Two basic kits of the New Emergency Health Kit (NEHK) have been supplied to the Hospital de l'Espoir in Pilate to assist efforts to reduce the impact of water and vector borne diseases. The contents of the two kits will cover the basic health care needs of 2,000 people in Pilate for three months. In addition, the Federation and the president of the Gonaïves branch of the HNRCS have drawn up job descriptions for a programme officer and an assistant to coordinate a rapid-impact health promotion campaign related to water and sanitation, hygiene, basic nutrition and HIV/AIDS. No further activities have been carried out as a health delegate has not yet been identified to manage this project.

Water and Sanitation

Objective 1: To provide 450,000 litres of water in accordance with WHO water quality standards, affording 30,000 people (6,000 families) in Gonaïves with 15 litres per day.

Progress/Achievements (activities implemented within this objective)

A total of 6,000 families in Gonaïves have been identified by the Federation assessment as being in need of fresh water. Despite a lack of human resources and a previous funding shortage, the Federation, in cooperation with the French ERU team, has managed to meet and exceed the needs of the target population. The French Red Cross ERU team, specialized in mass water and sanitation, has implemented its common exit strategy for all agencies working with water distribution. With the public water system mostly repaired and connected to the network, and with ever more wells being cleaned or rebuilt, communities will soon have access to water through the sources that served them before the floods. French Red Cross ERU staff members have now closed down reservoirs, removing and reconditioning the bladders. Four local ERU staff members have been trained by OXFAM and are now

working on cleaning wells in the 12 areas previously serviced by the French Red Cross water tankers. The local staff members are working in two teams of two people, each of which is able to clean and test the water quality of five wells per day.

Eleven Haitian nationals working at the specialized water and sanitation unit servicing the field hospital have received thorough training in maintaining high-quality water systems. One person has already been trained in water treatment and replenishing water supplies. These newly-trained water engineers will be capable of taking over the responsibility of maintaining and reconditioning the equipment. The two French Red Cross water and sanitation delegates who arrived in mid-January will finalize the handover process. Also, it has been arranged that OXFAM will give materials and continue their work on the water programme in cooperation with HRCNS.

Impact

The amount of potable water distributed to the affected population in Gonaïves has provided a population of up to 30,000 people with over 20 litres of clean water per day for more than three months and has prevented the spread of water borne diseases. In addition, as a result of the dissemination of promotional hygiene messages at the water distribution points, families now have an increased awareness of hygiene issues.

Constraints

Of the three main SNEP boreholes used to supply freshwater, up until recently, only one was functioning properly. However, all three are now in good working order. Overflow caused by the flooding destroyed the boreholes' pumps, which were in need of replacement. The two French ERU team members, who left Gonaïves on 5 January, faced considerable time constraints but managed to take on extra responsibilities such as providing the La Providence hospital with a completely new water purification system. They not only had to recondition and store bladders belonging to their own project, but also received those used by OXFAM, which all at a later stage will be handed over to the Haitian National Red Cross Society.

Objective 2: To improve the transport and storage capacity at household level of clean water for 50,000 people (10,000 families)

Progress/Achievements (activities implemented within this objective)

During the reporting period, an additional 2,968 families received one or two 10- or 20-liter collapsible jerry cans. Since the beginning of the operation, more than 5,000 families in Gonaïves and the commune of Ennery have received collapsible jerry cans. For the most part families received either one 20-litre jerry can or two 10-litre jerry cans. In total, 12,512 10- and 20-litre jerry cans have been distributed to date. More distributions are planned for the coming weeks.

Objective 3: To supply the Gonaïves field hospital and living compound with sufficient water that is in accordance with the WHO standards for quality water.

Progress/Achievements (activities implemented within this objective)

The French Red Cross water and sanitation team, which took over from the Spanish Red Cross specialized water and sanitation unit, has continued to supply the hospital with approximately 40,000 litres of high quality water per day. The hospital area is fumigated each morning and showers and latrines are disinfected. Waste is collected and burned in the incinerator at the former referral hospital, La Providence. A team of four HNRCS volunteers have been trained in vector control, disinfecting and waste disposal and are carrying out this job without supervision. An additional 22-25 staff members have been trained in general water distribution and production.

In the last two months, the remaining Spanish Red Cross team member completed his mission and the Federation team came to an agreement with the Spanish and French Red Cross Societies that the French Red Cross water and sanitation team would temporarily take over monitoring of the water supply system at the field hospital. The French Red Cross water and sanitation delegate also participated in the survey of the water supply systems at La Providence Hospital and came up with recommendations for measures to make these systems functional, which are now being implemented. In addition, a stationary water treatment plant has been donated to and installed in La Providence. Two new French Red Cross water and sanitation delegates have recently arrived in the country and will be in charge of monitoring the ongoing repairs to the hospital's water supply system.

Impact

High quality water and healthy surroundings have been ensured for the hospital and for staff living quarters. Neighbours of the Red Cross compound are also benefiting from access to clean drinking water. In addition, HNRCS volunteers have acquired new skills, enabling them to operate the ERU unit with the support of a Federation water and sanitation delegate.

Constraints

Although the French Red Cross delegates responsible for the water supply to the field hospital reached their end of missions in mid-December 2004, their replacements did not arrive in Haiti until 20 January 2005. The Federation water and sanitation delegate was assigned to manage the project in the interim. This overburdening of the delegate hampered the progress of this and other ongoing water and sanitation projects.

Objective 4: To provide materials and technical assistance in latrine reconstruction for 1,000 families living in areas where the risk of uncontrolled disease is high.**Progress/Achievements (activities implemented within this objective)**

A water and sanitation consultant who was deployed for a month to the Federation office in Gonaïves along with an HNRCS-designated counterpart made an assessment which identified a need for and a plan to implement individual family latrines. A Federation water and sanitation delegate arrived in late December 2004 to manage the project and, after collecting bids to complete latrines in five zones, chose two contractors to work in two of Gonaïves' five districts. In late January, a contractor began work to empty 300 latrines, which involves digging large holes in which to put the latrines' waste and mud. At present, the contractor has already emptied nearly 200 latrines and is expected to finish all 300 latrines by the second week of February. Negotiations are underway to extend the contract to include emptying an additional 200 latrines.

The project includes emptying full latrines, mostly filled with mud, and/or rehabilitation of damaged latrines. The project proposes to build new latrines for clusters of families where the SPHERE standards of a maximum of 20 persons per latrine are exceeded and rehabilitation of latrines that were destroyed by the floods. According to an assessment of the latrines currently being emptied, a large number of the latrines were partially or totally destroyed. Thus far, 40 latrines have been fully rehabilitated, while another 20 are in various stages of construction.

Impact

The Federation assessment identified the need to reconstruct existing latrines and build 1,000 new latrines in order to prevent additional water contamination. The reconstruction of as many latrines as possible will contribute to the prevention of waterborne diseases.

Constraints

The number of latrines to be rehabilitated was initially constrained by a temporary funding shortage, which has only recently been alleviated. Despite this advancement, the rehabilitation is progressing slower than originally anticipated due to the need for constant monitoring of the project. As there is only one water and sanitation delegate to manage the rehabilitation project, it was decided that it was better to slow the implementation the project in order to assure efficiency. In addition, there are two more obstacles which, until now, have postponed the reconstruction of latrines: the water table has remained high and the rehabilitation of latrines, which requires the active participation of the affected population, was perceived as a secondary priority when compared with the more immediate need to rebuild destroyed or damaged homes. As the immediate needs of the population are being attended to, this component of the project has been made a higher priority.

Strengthening of Response Capacity**Objective: To reinforce the HNRCS with its mandate to respond to catastrophes within a country with a fragile political context and during the hurricane season.**

Until recently, the focus of the relief operation had been on the immediate needs of the affected population. Now that the emergency phase is coming to a close, proposals to strengthen the capacity of the HNRCS are being

examined. A fully revised appeal, including a plan to strengthen the HNRCS' ability to respond to disasters, is currently being discussed and should be available in the coming weeks.

Federation Coordination

From the onset of the disaster, the Federation and Partner National Societies in Haiti have coordinated their support to the Haitian National Red Cross Society in order to agree on a framework for the operation and to avoid duplication of efforts. In Port-au-Prince, the ICRC is also being consulted daily in connection with the security situation. At the field level, a close working relationship with the ICRC, which has supported the Federation in the design of security and evacuation plans, has been established. In addition, the Federation is ensuring close cooperation with UN agencies and other external partners in its effort to make the best use of available resources. In Port-au-Prince, as well as in Gonaïves, the Federation is participating in coordination meetings, which take place once a week. In Port-au-Prince these meetings are chaired by the UN, while in Gonaïves, the local authorities, La Délégation de L'Artibonite, is the coordinating body. A summary of the revised Appeal was prepared for the UN agencies, giving short and concise information, with a clear distinction between intended activities in Gonaïves itself and the seven outlying communes.

In the field, the Federation-deployed French Red Cross mass water and sanitation ERU has been participating in coordination meetings with other water and sanitation actors, such as, OXFAM, Action against Hunger, CARE and the local water agency (SNEP). In addition, the field hospital's Norwegian Red Cross administrative staff has been accommodated at the Federation's flood response office, while the ICRC delegate deployed to Gonaïves and the French Red Cross delegates have often used the Federation's office facilities.

Red Cross and Red Crescent Movement -- Principles and initiatives

- Relief activities being carried out are based on the Fundamental Principles of the Red Cross and Red Crescent Movement.
- Beneficiary selection criteria focus on the vulnerability of those affected
- Relief operations are being conducted with respect for the culture of beneficiaries, ensuring gender sensitivity and prioritizing assistance to children and the elderly.
- Activities are based on the SPHERE Project humanitarian charter and the code of conduct for emergency response.
- Transparency is being ensured through the production of regular reports and news bulletins.
- All objectives put forward in the appeal are in line with Strategy 2010, as well as the Strategy for the Movement and the Principles and Rules of the Movement.

National Society Capacity Building

The Federation expects to leave the affected communities and the National Society better organized and prepared for disasters. As a first step, the participation of branch volunteers in activities such as conducting surveys and assessments, distributing relief supplies, installing and maintaining water supplies and the training of trainers in health related issues has provided volunteers with additional skills and capacities to respond to disasters.

Communications – Advocacy and Public Information

News articles concerning the disaster have been posted on the Federation's website and a press release was issued on 5 October concerning the launch of the Federation's revised Emergency Appeal. A news article was compiled for an ICRC news magazine targeting the international community in Haiti. In addition, with the support of the Federation, work is on-going to ensure the visibility of the operation which is being led by the National Society. Distributions of relief items are being carried out wherever possible by HNRCS volunteers, and volunteers and relief items are clearly marked with the Red Cross emblem as a means of increasing the visibility of the Red Cross within Haiti.

In February 2005, the United Nations Department of Public Information made a video report on the Federation's field hospital and the rehabilitation of La Providence hospital in Gonaïves. In mid-January 2005, a Cuban news

team, Instituto Cubano del Arte e Industria Cinematografico, made a video documentary on the field hospital and interviewed the Federation's reporting delegate.

[Contributions list below; click here to return to the title page.](#)

Haiti - Floods (hurricane Jeanne)

ANNEX 1

APPEAL No. 22/2004

PLEDGES RECEIVED

08/02/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->	11,673,000					TOTAL COVERAGE 87.9%
AMERICAN - RC	400,000	USD	452,800	10.01.05		
AMERICAN - PRIVATE DONOR	15,000	USD	18,967	28.09.04		
AMERICAN - PRIVATE DONORS			126	07.10.04		
BARBADOS - RC	7,750	USD	8,773	30.12.04		
BELGIAN - GOVT/RC	8,409	EUR	12,959	22.09.04		PROGRAMME SUPPORT
BERMUDA - RC	20,000	USD	25,290	12.10.04		
BRITISH - RC	40,000	GBP	91,440	28.09.04		
BRITISH - GOVT/DFID	147,059	GBP	336,177	18.10.04		RELIEF NEEDS, OPERATIONAL NEEDS
CANADIAN - RC	50,000	CAD	46,900	20.09.04		ASSESSMENT MISSION
CANADIAN - GOVT/CIDA/HAPS	200,000	CAD	187,600	24.09.04		
DANISH - RC			75,975	17.11.04		
ECUADOR - RC	525	USD	595	23.12.04		
FRENCH - PRIVATE DONOR	200	EUR	303	07.12.04		
HAITI - GOVT	50,000	HTG	1,630	02.02.05		FUEL GENERATORS, HOSPITAL PATIENTS FOOD
IRISH - GOVT	150,000	EUR	232,875	06.10.04		
JAPANESE - RC	111,400	USD	140,865	01.10.04		
LUXEMBOURG - RC	50,000	EUR	77,625	21.10.04		
MICROSOFT	15,000	USD	16,980	31.12.04		
MONACO - RC	8,000	EUR	12,420	11.10.04		
NETHERLANDS - GOVT	529,412	EUR	809,736	29.10.04		OPERATIONAL COSTS, RELIEF ITEMS
OFDA/USAID	990,000	USD	1,251,855	23.09.04		
PRIVATE DONORS			57,827	15.11.04		
PRINCETOWN CARIBBEAN CONNECTION	1,587	USD	2,006	06.12.04		
SWEDISH - GOVT	1,000,000	SEK	167,500	27.09.04		
SWISS - RC			42,781	28.10.04		
SWISS - RC			6,999	27.10.04		
SWISS - PRIVATE DONORS			6,541	29.09.04		
COMMUNE DE VERNIER			5,000	13.01.05		
ANMWE POU AYITI			5,000	11.10.04		
WHO STAFF			4,000	30.09.04		
SUB/TOTAL RECEIVED IN CASH			4,099,545	CHF		35.1%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
BELGIAN - GOVT		257,214	EUR	396,367	22.09.04	PURIFICATION TABLETS, JERRYCANS, BLANKETS, PLASTIC SHEETING, FAMILY TENTS
BELGIUM	DELEGATES			15,000		

Haiti - Floods (hurricane Jeanne)

ANNEX 1

APPEAL No. 22/2004

PLEDGES RECEIVED

08/02/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CANADIAN - RC		1,270,000	CAD	1,191,260	05.11.04	DIRECT ASSISTANCE: ERU REFERRAL HOSPITAL
CANADIAN - RC	DELEGATES			18,400		
DENMARK	DELEGATES			10,200		
FRENCH - RC/GOVT/ECHO/VEOLIA		785,000	EUR	1,209,685	24.09.04	DIRECT ASSISTANCE: MEDICAL KITS, BLANKETS, JERRYCANS, KITCHEN SETS, LAMPS, TARPAULINS, HYGIENE KITS, STOVES, 5 DELEGATES, ERU LOGISTICS AND WATER DISTRIBUTION & TRUCKING
ICELAND	DELEGATES			12,800		
NETHERLANDS	DELEGATES			18,000		
NORWEGIAN - GOVT/RC		9,523,810	NOK	1,785,714	05.11.04	DIRECT ASSISTANCE: ERU REFERRAL HOSPITAL
SPANISH - RC		849,981	EUR	1,319,595	20.10.04	DIRECT ASSISTANCE: TOYOTA HILUX, WATER TTT PLANTS, JERRY CANS, HYGIENE KITS, FOOD RATIONS, ERU LOG, WATSAN, 10 DELEGATES
SWISS - RC				181,471	27.10.04	REHYDRATION SALT, EMERGENCY HEALT KIT, WATER PURIFICATION TABS. MOSQUITO NETS, COOKING EQUIPMENT, TRANSPORT
SUB/TOTAL RECEIVED IN KIND/SERVICES				6,158,492	CHF	52.8%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	