

Operations update



International Federation
of Red Cross and Red Crescent Societies

Chile: Earthquake

Emergency appeal n° MDRCL006
GLIDE EQ-2010-000034-CHL
23 March 2010

Period covered by this Ops Update: 15 March to 22 March 2010



Chilean Red Cross volunteers distributed essential relief items in Tubul in the Bio-Bio region.
Source: International Federation

Appeal target (current): 13,086,822 Swiss francs (12,898,800 US dollars or 9,446,740 Euros) to support the Chilean Red Cross (CRC) to provide non-food items to 10,000 families (50,000 people), emergency and/or transitional shelter solutions for 10,000 families (50,000 people), preventive community-based health care for at least 90,000 people, and water and sanitation for up to 10,000 households. This year-long operation will be completed by 2 March 2011. A Final Report will be available by 2 June 2011 (three months after the end of the operation).

Appeal coverage: The current appeal coverage, which does not include pledges not yet registered, stands at 32%. Current appeal coverage is on the donor response report available on the International Federation website. [<Click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- On 27 February 2010, 300,000 Swiss francs (279,350 US dollars or 204,989 Euros) were allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Chilean Red Cross to initiate the response and deliver immediate relief items for 3,000 families. Un-earmarked funds to repay DREF are encouraged.
- On 2 March 2010, a Preliminary Emergency Appeal was launched for 7 million Swiss francs (6.4m US dollars or 4.7m Euros) in cash, kind, or services to support the Chilean Red Cross to assist some

15,000 families (75,000 people) for 6 months.

- On 10 March 2010, an Emergency Appeal was issued to solicit 13,086,822 Swiss francs (12,898,800 US dollars or 9,446,740 Euros) to support the Chilean Red Cross to provide non-food items to 10,000 families (50,000 people), emergency and/or transitional shelter solutions to 10,000 families, curative and preventative health care for at least 90,000 people, and water and sanitation services for up to 10,000 people.

Summary:

The Chilean Red Cross and other Red Cross Red Crescent members in country continue their determined humanitarian labours to respond to this emergency. To date, 2,311 households have received 2,329 complete family kits (kitchen sets, hygiene kits, blankets, jerry cans and tarpaulins) in the Maule and Bío-Bío regions. CRC volunteers and collaborators continue to be at the forefront of the relief efforts, receiving and packing donated goods, transporting them to the affected areas, conducting assessments and organizing and implementing distributions.

The Spanish Red Cross basic health care (BHC) unit has attended 1,147 people in Hualañé (Maule region) as of 20 March 2010. The Japanese Red Cross Society BHC is now installed in Parral (Bio-Bío region) and the surgical hospital emergency response unit (ERU) from the National Societies of Finland and Norway, seconded by Canadian staff, is being set up in Pitrufquén (Araucanía region). The psychosocial support team from the Spanish Red Cross, seconded by the National Societies of Colombia, Ecuador and Nicaragua, have attended 1,645 adults and children as of 19 March 2010. Water, sanitation and hygiene activities, including the installation of water bladders and tanks, have been undertaken in transitional camps in the Bío-Bío region.

Over 200 aftershocks measuring higher than 5 on the Richter scale have been reported since the 8.8 magnitude earthquake and subsequent tsunami of 27 February 2010. Estimates have identified approximately 800,000 people with severe losses and 2 million affected people. According to official figures, an approximate 19,000 people live in 90 shelter camps in the O'Higgins, Maule and Bío-Bío regions. Another 25,000 people are in improvised temporary shelters whilst an additional 50,000 people are living in makeshift camps. Approximately 200,000 houses are destroyed or seriously damaged.

Responding to these needs, this operation has seven objectives that encompass relief distributions for 10,000 families, emergency and transitional shelter for 10,000 households, emergency and preventive health for at least 90,000 people, water, sanitation and hygiene promotion for a minimum of 10,000 households, early recovery livelihoods support, enhancement of disaster preparedness and risk management skills for the National Society and community-based groups, as well as the cross-cutting objective to strengthen the CRC's governance, management, volunteer and communication capacities. During the current emergency phase, the International Federation of the Red Cross and Red Crescent Societies (IFRC) will publish operations updates on a weekly basis to make public the progress towards this appeal's objectives.

The Chilean Red Cross and International Federation offer their sincere gratitude to the countries, individual, institutional and corporate donors and National Societies who have donated funds and/or in kind items to this appeal. The CRC and the IFRC would like to encourage new donors and thank them in advance for their contribution to assuring that the CRC is meeting the humanitarian needs of the most vulnerable people in disaster-affected Chile. To date, only a third of the appeal's budget has been covered; the achievement of this Chile Earthquake Operation's objectives depends on magnanimous and unwavering donor support.

This operation is compatible and shaped by the IFRC to save lives, protect livelihoods, and strengthen recovery from disasters and crises; enable healthy and safe living; and promote social inclusion and a culture of non-violence and peace.

The situation

Along with the aftershocks that continue to affect Chile's central region, the people of this country still recovering from the 27 February 2010 earthquake and tsunami, now face the electrical problems. The Chilean state has taken great strides to respond as rapidly as possible to restore basic services. However, after the 14 March 2010 blackout that left 90 per cent of the country without electricity, the Minister of Energy announced that electricity failures might continue for the next six months until the electricity system—particularly the 19 of the electricity substations in the central-south of the country—are operating at a pre-disaster level. In one of the most affected regions, Bio-Bio, 80 per cent of electricity supply has been restored.

Over 200 aftershocks measuring higher than 5 on the Richter scale have been reported since the 8.8 quake of 27 February 2010. During this reporting period, strong aftershocks (7.2 and 6.9) were felt before midnight on 15 March. As recently as 21 March, another large tremor (5.9) was reported. The ongoing aftershocks are a challenge to people recovering a sense of security in spending time indoors. The Spanish Red Cross

psychosocial team recently observed this challenge in an affected coastal community: “people who live in the camps are afraid of returning to their homes, frightened of aftershocks and a new tsunami... even though all of the houses have been evaluated and it is known which ones have structural damage.” This situation, unfortunately, is common.

The new government has created two executive offices for the emergency and reconstruction, which report directly to Minister of Interior. This ministry is now leading the response efforts, with the National Emergency Office (*Oficina Nacional de Emergencia del Ministerio del Interior - ONEMI*) taking up the technical role to monitor risks and threats.

Precise figures of the human toll of the disaster are not available. Amidst political debate regarding the numbers, the state has announced that over 342 people died with an undetermined number of people missing. The government has formed a special verification team due to the differing figures being cited. In the meanwhile, the Minister of Interior will refrain from public dissemination of the quantity of missing people. The President recently expressed interest in establishing a rapid mechanism to establish presumed deaths to simplify procedures for the cases of missing people.



A beneficiary carrying the essential relief items received in Tubul in the region of Bio-Bio. Source: International Federation.

State figures also refer to 800,000 people with severe losses (*damnificados*) and 2 million affected people (*afectados*). With the objective of obtaining a complete picture, and based on the knowledge of the earthquake and tsunami's differing impacts, State and non-state actors continue with the assessments. According to official figures, an approximate 19,000 people live in 90 shelter camps in the O'Higgins, Maule and Bío-Bío regions. Another 25,000 people are in improvised temporary shelters (schools) and an additional 50,000 people are in urgent need of shelter as they are living in makeshift camps. Approximately 200,000 houses are destroyed or seriously damaged. In Maule's coastal region, 72 per cent of the homes were destroyed. In response to discussions about rebuilding homes in the immediate vicinity of the coast, the Minister of Housing and Urbanism stated that “We cannot clear the coastal area” and that tsunami preparedness measures will accompany this process. The government unofficially has broadcast the goal to provide dignified emergency homes, able to withstand the winter weather, to all affected people by 15 June 2010.

Whilst 30 per cent of the rural population in the affected areas has no access to water and sanitation, health crises and outbreaks have not occurred. A public health authority from the Regional Ministerial Secretary (SEREMI) in the Maule department has informed of some cases of gastro enteric illnesses due to rotavirus, but stated that no large public health outbreaks exist. The Ministry of Health has launched a communication campaign to reinforce public health information about water consumption, food and environmental sanitation.

The national reconstruction effort will cost 30 billion US dollars, 18 per cent of the gross domestic product (GDP); insurance payments only cover an approximate 8 billion US dollars. Housing reconstruction is calculated at around 10 billion US dollars. The government will determine if emergency mechanisms for faster construction (and demolition) permits are possible. There are 2,750 schools and 35 hospitals unable to be used or severely damaged. Close to a million school-aged children have not yet started the academic school year which normally begins in early March. State efforts are being made to have all children back in school within the next 40 days.

When the disaster damaged public and private infrastructure and material goods, it also impeded people from returning to their income generating activities in the formal and informal sectors. People working in medium and small-businesses are encountering severe economic challenges. Figures from Bío-Bío indicate that the fishing industry lost more than 300 million US dollars, reducing artisanal fishing to 5 per cent. The President announced that 60,000 new jobs will be created, mainly in the affected regions. During her visit to Bío-Bío, the Ministry of Labour announced that the State will create 13,000 short-term jobs in reconstruction in this central region, as well as providing low-interest and long-term credit for retail commerce and subsidize employee hiring and retention. The Chilean government faces the monumental task of identifying the resources to fund this comprehensive reconstruction, including at least 3 billion US dollars for public works. In a country which has taken great strides to eradicate poverty in the past, the new challenge is the national reconstruction which has affected all social classes as well as urban, semi-urban and rural regions.

This operation is moving forward in responding to the emergency and early recovery needs of the most vulnerable people so that they can rebuild their homes, communities and lives.

Coordination and partnerships

Effective coordination with other actors and stakeholders, in addition the International Red Cross and Red Crescent Movement members in Chile, has been one of the Chilean Red Cross' competences. Prior to the disaster, the CRC had alliances with the Ministry of the Interior, the Ministry of Health and ONEMI.

As suggested above, the change of government has implicated transformations in the state's organizational structure to respond to the disaster. The CRC will continue its coordination with the newly-established bodies, augmenting efforts to establish contacts with the new responsible institutions. An Emergency and Reconstruction committee was created, led by the Ministry of Planning (MIDEPLAN). This ministry will play a central role in local and national coordination with international agencies. With the Ministry of Housing, efforts have been undertaken to coordinate emergency shelter actions with all agencies and emphasize municipal intervention in this process. The CRC and IFRC representatives jointly requested regular meetings between this ministry and the group of international agencies involved in relief and early recovery actions. As an auxiliary to the state in humanitarian matters, with intensified efforts the CRC and other Movement actors in the country have the ability to fortify and complement state actions.

The International Federation continues to share information, strategies and assessment findings with inter-agency partners in country. OCHA, spearheading the inter-agency coordination, cross-germinates needed information between State and non-State actors.¹ Inter-agency shelter coordination meetings gather local and international institutions to strategize and implement shelter interventions. The National Societies of Chile, Germany and Switzerland participate with the local social housing organization *Fundación Un Techo para mi País* (A Roof for my Country Foundation), Habitat for Humanity, Swiss Agency for Development and Cooperation (COSUDE), USAID, European Commission's Humanitarian Aid Office (ECHO), IOM, UNDP and UNICEF. The CRC is dedicated to strengthening effective partnerships with UN agencies and national and international NGOs.

The CRC's national headquarters and branches have established productive alliances with the private sector to respond to the humanitarian needs in the country and are committed to expanding this cooperation. This essential support has not only allowed the CRC to surpass its goal, listed below in the respective relief objective, of distributing food parcels to 3,000 families but also to begin non-food distributions immediately following the disaster. In addition to the relief items, national and international companies working in Chile have provided essential logistic assistance.

The Emergency Operations Centre, located in the CRC's national headquarters, combined with the two field offices in Concepción and Talca facilitate the frequent communication between the CRC, other Movement members and representatives from National Societies in different Emergency Response Units (ERUs). Currently this group is composed of the National Societies of Argentina, Canada, Colombia, Ecuador, Finland, Germany, Japan, Nicaragua, Norway, Panama, Paraguay, Peru, Spain, Switzerland, Turkey and the United States of America, the International Federation and the ICRC. Special efforts have been made to share information and trainings to enrich this operation.

Movement actors in the field and in the national headquarters are strengthening staff and volunteer skills in assessments and relief distribution, water and sanitation, psychosocial support, and community-based health actions, organizational development, financial administration, communications, IT/ Telecom and reporting.

¹ OCHA situation reports and other documents related to the Chile earthquake and disaster are available on its web page: <http://ochaonline.un.org/> and on: <http://www.reliefweb.int>

In addition to the donor response report available, this and future operations updates will report on bilateral support under its respective objectives but not part of this appeal's budget.

ICRC

After over two weeks of sustained and dedicated actions by a six-person team, in compliance of its mandate, the International Committee of the Red Cross (ICRC) has finished its intervention in Chile. During its time in the country, the ICRC facilitated the reestablishment of family links (RFL) via visits and offering telephone communication to different disaster-affected communities and locations, including detention centres, and its web page established for this objective. The RFL specialists from the ICRC trained CRC volunteers to continue this labour. In total 349 families or detainees requested ICRC support to contact or locate their relatives (including 70 detainees, men and women). Out of this, 206 requests were successfully concluded (including 64 detainees, men and women) and the people were able to contact their relatives by satellite phone. A total of 523 RFL cases were received and 315 cases have been closed.

The ICRC also supported the hygiene needs of the incarcerated prison population and its staff. The ICRC, from its regional delegation in Brasilia, Brazil, will maintain its pre-disaster contacts with the authorities and missions as needed. Collaboration with the CRC, including with the CRC branch in Temuco, will continue to support health activities in primarily indigenous Mapuche regions.

Additionally, an ICRC specialist worked with the Legal Medicine Institute for the dignified treatment of the persons who had died during this disaster and provided material support to this end.

The ICRC also trained CRC volunteers in Safer Access, a Movement approach to contribute to the protection of Movement volunteers and staff and beneficiaries of its actions within situations of conflict or social unrest.

The ICRC will donate six satellite phones, generators and cellular phones to the CRC to improve communication between all branches.

National Society Capacity Building:

The CRC leadership, staff and volunteers not only continue their humanitarian labours to respond during this emergency, these actions are contributing to strengthening the National Society itself. With the influx of hundreds of new collaborators and outpour of interest in supporting the relief effort, the CRC has the opportunity to enrich their organizational structure, fortify their volunteer base and amplify the range of their humanitarian actions. The CRC national headquarters is organizing a meeting of its Central Committee, in which all the regional committee presidents participate, to strategize on future actions of the National Society during this emergency and beyond.



Spanish Red Cross psychosocial members with Chilean Red Cross volunteers providing recreational activities with children in Talca. Source: Spanish Red Cross

With a great deal of experience with the elderly population and mother and child health issues, as well as health in emergencies, the CRC is well placed to identify and respond to the most vulnerable groups' needs during the relief and early recovery phases of this operation.

The CRC president and relief director, the Spanish Red Cross ERU logistic delegate and the IFRC's Regional Representative for the Southern Cone and Brazil and team leader visited Concepcion to participate in technical coordination meetings to analyze the operation, observe the relief actions being coordinated from the base centre in this city, meet with CRC volunteers, staff and leadership, and visit some of the affected areas.

In addition, with funds from the Spanish Red Cross and AECID a basic course on humanitarian assistance in emergencies will be conducted for Chilean Red Cross volunteers with trainers from the Movement. This course includes the areas of logistics, relief, Federation's disaster response system and donor funding.

Red Cross and Red Crescent action

Overview

The Red Cross and Red Crescent actors in Chile have increased the rate of their humanitarian response actions. The CRC volunteers and collaborators continue to be at the forefront of the relief efforts, receiving and packing donated goods, transporting them to the central region, conducting assessments and organizing and implementing distributions. The food and non-food items distribution is complemented with activities on health care, psychosocial support and water, sanitation and hygiene promotion.

Working with the CRC, several Red Cross and Red Crescent personnel members are in Chile. The following table provides a summary of their relief focus and location:

Position	Number	Movement member	Location (status)
Team Leader	1	IFRC	Santiago
Relief	1	IFRC- American Red Cross	Concepción
Regional Representative	1	IFRC	Santiago
Shelter	1	IFRC- RIT Argentine Red Cross	Santiago
Health	1	IFRC	Santiago
Water and Sanitation	1	IFRC- RIT Honduran Red Cross	Concepción
Basic Health Care ERU	7	Japanese Red Cross with secondment from Canadian Red Cross	End of mission 22 March
Basic Health Care ERU	14	Spanish Red Cross	Hualañé
Psychosocial support	14	Spanish Red Cross (10 members) seconded by Nicaragua Red Cross (2), Ecuadorian Red Cross (1) and Colombian Red Cross (1)	Hualañé and Talca (Maule region) and Concepción (Bío-Bío region)
Field Hospital	6	Finnish Red Cross (2) and Norwegian Red Cross (2) seconded by Canadian Red Cross (1) and Spanish Red Cross (1)	Pitrufquén (Araucanía region)
Logistics ERU	5	Spanish Red Cross	Concepcion
Relief	1	IFRC- RIT from Colombian Red Cross	Talca
Procurement	1	IFRC	End of mission 24 March
Finance	1	IFRC	Santiago
IT/ Telecom	4	1- IFRC; 3- Peruvian Red Cross	1 Santiago and 3 Hualañé (Maule region)
Reporting	1	IFRC	End of mission 24 March
German Red Cross	3	German Red Cross	Santiago and the field

Progress towards objectives

The dynamic and selfless participation by new and previous CRC volunteers has been fundamental to keeping on track with the planned assessments and having the flexibility to expand them, when necessary, due to the continual aftershocks. The mobilized Emergency Response Units for basic health care (BHCU) from the Japanese Red Cross Society (JRCS) and the Spanish Red Cross, along with the ERU for logistics and the psychosocial team from the Spanish Red Cross, are central to the progress made in this reporting period. The two operational bases in Concepción (Bío-Bío) and Talca (Maule), in addition to the centralized office in CRC headquarters, continue to combine and conduct the interrelated relief actions.

Logistics

The well-tuned logistics team in different locations continues to underpin this operation's achievements. The CRC logistics team is supported by the Spanish Red Cross ERU in logistics with reception, dispatch, mapping of suppliers, vehicle management and warehousing. Currently 40 CRC volunteers are dedicated to transporting goods from the Seminario warehouse to the central CRC warehouse in Cerro Navia, both located in the Metropolitan region.

Since the 15 March, the logistics unit has received an airplane from the Turkish Red Crescent with 500 family tents, 2 tonnes of food parcels, 200 kitchen sets and 750 blankets and an airplane with the Finnish Red Cross and the Norwegian Red Cross medical unit (ERU Referral Hospital) and 300 tarpaulins. It has additionally received and handled 300 family tents sent from the Netherlands Red Cross and donated hygiene supplies from Heart to Heart International. On 22 March, the Logistics ERU received a cargo flight from Belgium, organized by the Belgian Red Cross, with 2,726 tarpaulins from the Netherlands Red Cross and 3,040 blankets from the Luxembourg Red Cross.

Preparations have been completed to receive a number of cargo flights from the Norwegian Red Cross and the 80 tonne cargo flight from Panama RLU, scheduled to arrive in Chile on 23 March with relief non-food items donated by the British Red Cross, the Luxembourg Red Cross and the IFRC. Future updates will provide more information on the arrival and handling of these flights.

Logistics has been central to relief distributions, described in the relevant objective, which in this reporting period has included the dispatching 300 family tents and 2 tonnes of food to the Concepción warehouse and 200 family tents and 187 family kits that included (87 kitchen sets, 187 hygiene kits, 374 jerry cans and 750 blankets) to the warehouse in Talca. Logistics also has transported the Japanese Red Cross Society BHCU to Parral and delivered ten relief kits and tents to the Spanish Red Cross BHCU in Hualañé. A Logistic ERU delegate is now working in Talca and Concepción to support logistical and relief support and to consolidate warehouse management in both cities. Recently the ERU logistics team leader also travelled to these cities to perform coordination tasks and participate in interagency coordination meetings.

In the interest of procuring items locally, suppliers have been mapped for relief items, construction materials, and water and sanitation equipment, with quotes and sampled of blankets, hygiene kits, kitchen sets and plastic buckets already received. Given the reception of donated goods in Chile, The International Federation encourages donors, including National Societies, to coordinate with the Panama Regional Logistics Unit (RLU) for the efficient mobilization and shipment of goods to the field.

The following section provides the most recent information on the progress towards the objectives of providing basic non-food items, safe water, emergency shelter, community-based health care and psychosocial support during this relief period and the steps being taken to support livelihood recuperation and disaster management in the early recovery phase. In addition to the goal to reinforce the CRC's competencies being the foundation for all the objectives, the latest accomplishments related to this goal will be described under the Strengthening the National Society objective.

Relief distributions (food and basic non-food items)

Objective: Affected families have access to food and non-food items to support their efforts to resume essential household activities.

Expected results	Activities planned
Up to 10,000 households (50,000 people) resume household activities through the distribution of one hygiene kit and one kitchen set and other non-food items.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop a beneficiary targeting strategy and a registration system to deliver intended assistance. • Distribute relief supplies and control supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities and provide reporting on relief distributions.

	<ul style="list-style-type: none"> • Develop an exit strategy.
Up to 3,000 families have their immediate food needs covered through the distribution of food parcels received locally by the Chilean Red Cross.	<ul style="list-style-type: none"> • Coordinate with other actors to receive, sort, pack and distribute food items.

Progress:

The CRC and other Red Cross and Red Crescent actors have increased food and non-food item distributions. To date, 2,311 households have received 2,329 family kits in the Maule and Bío-Bío regions (when the number of family members is over 5, a household is provided with two family kits). Emergency shelter solutions, described in its respective objective, complement the distribution of kitchen sets, hygiene kits, blankets, jerry cans and food packets. In line with this objective, each targeted household receives a complete family kit composed of one kitchen set, one hygiene kit, four blankets and two jerry cans.

The following table summarizes the relief distributions to date:

Region	Province	Commune	Community	Number of Households	Number of kits	
Bio-Bio	Arauco	Arauco	Illico	75	75	
			Tubul	490	490	
	Concepción	Talcahuano	Lota	Lota	200	200
			Caleta Tumbes	72	72	
			Tumbes Camp 1	91	91	
			Tumbes Camp 2	57	57	
			Tumbes Camp 3	8	8	
			Tumbes Camp 4	27	27	
	Ñuble	Quirihue	Quirihue	726	726	
			Portezuelo	159	159	
Maule	Talca	Pencahue	Corinto	67	71	
			El Estero	40	41	
			Curtiduria	29	32	
		San Rafael	Los Cuncos	32	32	
			El Milagro	79	79	
			Santa Victoria	37	37	
			Nuevos Tiempos (Palo Blanco)	12	13	
		Alto Pangué	43	52		
		Sector Poniente (Western sector)	67	67		
		TOTAL				2,311

CRC volunteers have been conducting assessments following standard Federation procedures in the affected regions. To date, 40 communities have been assessed. These comprehensive needs assessments are done in coordination with regional or local CRC branch leadership and local municipal and community authorities. The latter coordination not only contributes to avoiding the duplication of efforts, it also foments community participation in the relief actions.

In the Maule region, CRC volunteers have recently focused on sparsely populated rural areas with an aim of identifying vulnerable households. In the past week, CRC volunteers have conducted assessments in 11 communities in 5 communes (Constitución, Chanco, Pencahue, San Clemente and Linares) in Talca province, identifying 828 families for relief distributions. In San Clemente, the Chilean Boy Scouts and CRC volunteers worked together to pack family kits for distribution.

In addition to the non-food items within this appeal's budget, the CRC continues to receive donations from the Chilean general public in its local branches, particularly in the regional branches in the regions of Los Ríos, Bío-Bío and Maule. CRC volunteers classify and pack the donated food items, diapers, water, blankets, hygiene kits, medicine and clothes. The CRC headquarters is gathering the information from each of its branches to create a consolidated report of all the assistance received and distributed. This is a complex task given the lack of computer equipment and the handwritten lists.

Based on recent information provided to the CRC's national headquarters, the following table summarizes some of the different CRC branch activities in the past week:

Branch	Volunteers/ Collaborators	Goods	Destination
Magallanes region	155 volunteers	Local donations: Diapers, cleaning kits, blankets and food items	Lota and Cornel
Talcahuano (Bío- Bío region)	55 volunteers and 12 staff	Donations from Ciudad de San Martín de los Andes in Argentina	Tubul and Llico
Constitución (Maule region)	4 distributing	Donations from Bariloche in Argentina (Argentine Red Cross)	Constitución
Tarapacá region		Local donations: 4.5 tonnes collected	Not yet due to lack of transportation

Done bilaterally and through this appeal, National Societies have also provided relief items to support the CRC. The Turkish Red Crescent sent an airplane of relief items including 200 tarpaulins, 750 blankets, 200 kitchen sets and 100 rations of food items (2 tonnes) to donate directly to the CRC. The American Red Cross, Austrian Red Cross, British Red Cross, Canadian Red Cross, Finnish Red Cross, Luxembourg Red Cross, Netherlands Red Cross and Norwegian Red Cross have provided in-kind donations (hygiene kits, kitchen kits, tents, blankets, tarpaulins, medical equipment, etc.) to the emergency appeal. The CRC is responsible for the distributions of these needed goods.

The first shipment of relief items, a bilateral contribution, from the German Red Cross has arrived in Chile in a commercial flight. Moreover, 3,000 IFRC standard family kits within of this appeal will be covered through ECHO funds.

Challenges:

Faced with the urgent need to conduct assessments and deliver relief items to the affected population, the CRC is challenged to incorporate and mobilize a sufficient quantity of volunteers to implement relief actions. This situation has caused delays in the rhythm of relief distributions. The CRC is looking into soliciting support from other civil society organizations as well as its current inclusion of volunteer recruitment in its campaigns. Nonetheless, the functioning of the two field bases and the Emergency Operations Centre, on-going relief training and side-by-side collaboration is allowing the volunteers from different CRC branches to unify their knowledge base and skills.

Local branches of the CRC have encountered challenges to register the generous donations being received from private institutions and the population in general. Due to lack of computer systems in many of the branches, the CRC's national headquarters has obtained partial information. To date, the non-Appeal donations have not been fully tracked. Efforts are being made to gather and systematize this information. Material resources (computers, internet services) will be needed to support this effort.

Emergency shelter

Objective: Ensure that the most vulnerable families have a healthy, safe and dignified shelter solution to preserve their physical and mental well-being and prevent the further deterioration of the humanitarian situation.

Expected results	Activities planned
Up to 10,000 households receive shelter solutions (3,000 receive family tents and 7,000 receive transitional shelter support) to assist their recuperation.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop a community and beneficiary targeting strategy in coordination with local authorities and institutions. • Assess the extent of the shelter needs and preferred shelter solutions, employing local suppliers when possible. • Provide appropriate emergency and transitional shelter solutions in coordination with local and regional authorities, universities, professional associations and the affected population. • Develop awareness raising activities on safe shelter and Disaster Risk Reduction (DRR) in coordination with CRC and local authorities.

Progress:

During the emergency relief phase, according to the recently created plan of action for shelter, 2,000 families will receive 16m² family tents and at least one tarpaulin which will protect families from the rainy season and isolate the humidity. Another 5,000 families will receive 2 tarpaulins and 20 metres of rope to do repairs. All beneficiary families will receive an information leaflet on how to use the tarpaulins. The CRC and the International Federation are researching manners to implement improved housing solutions for these shelters which could be additional tools and materials and/or be combined with a cash transfer programme contained within the livelihood objective.

Shelter solutions, as mentioned above, are combined with comprehensive assessments and food and non-food item distribution. As of 21 March 2010, 300 family tents have been sent to Talca and another 200 to Concepcion. Distributions began on 18 March 2010. Ten CRC volunteers have set up 100 tents in the commune of Arauco in the province of the same name (Bío-Bío region).

Additionally, the CRC and the International Federation work with local authorities and community leaders to combine shelter distribution with water, sanitation and hygiene activities. The CRC is coordinating with other agencies including the COSUDE, Habitat, OIM, *Techo para Chile* (Roof for Chile), led by the state, on this sector. The shelter intervention will continue to be coordinated and further defined with MIDEPLAN and the shelter working group.

The German Red Cross, with ECHO funding, will support the CRC with 625 wooden transitional housing units, called *mediaguas* in Chile, which the organization Roof for Chile has been building in low-income areas for years prior to the earthquake. The Swiss Red Cross will provide complementary water and sanitation solutions for these households. Additionally, support will be given to improve the thermal isolation and/or heating systems in these units.

The Turkish Red Crescent's donation of 500 family tents will be distributed following the plan established by the CRC and based on their comprehensive assessments in the affected regions.

The Red Cross Red Crescent is dedicating efforts to provide emergency and transitional shelter before the start of the winter season.

Challenges:

The International Federation currently is identifying the best technical solution to improve the existing housing models to better adapt to climate changes. A collective evaluation is necessary to determine if the guidelines established in interagency coordination can be employed in the Red Cross Red Crescent shelter plan.

Given the importance of the shelter component in the emergency and early recovery plan, the CRC is challenged to establish a technical shelter counterpart for Red Cross Red Crescent, interagency, and state coordination.

The IFRC shelter delegate ended her rotation in Chile and a RIT mobilized by the IFRC will continue these activities. Special attention needs to be taken to field coordination and training of CRC volunteers to educate affected communities on the use of tarpaulins.

Emergency health	
<p>Objective 1: The medium- and long term health risks of the emergency on the affected population are reduced through provision of targeted preventive and community-based health interventions, including hygiene promotion, recruitment of voluntary non-remunerated blood donors, disease prevention and psychosocial support to the affected communities.</p> <p>Objective 2: The affected communities will benefit from curative health care through deployment of field health facilities and equipment.</p>	
Expected Results	Activities planned
<p>At least 10,000 families over a 12 month period have their health risks reduced through provision of preventive health care through community-based interventions.</p> <p>Selected affected groups and communities receiving psychosocial support have increased their resilience and coping mechanisms.</p>	<ul style="list-style-type: none"> • Design medium and long term programmes for volunteers using Federation standard tools and approaches (CBHFA, PHAST, epidemic control, voluntary blood donor recruitment). • Organize trainings and workshops for volunteers and communities. • Monitor and evaluate activities. • Translation, local validation and reproduction of Federation PSP Toolkit • Training of CHRC volunteers in skills in community based psychosocial support and psychological first aid. • Provide psychosocial support to targeted affected groups and communities. • Identification of the need and location of field hospital and other health facilities. • Deployment of health ERUs or other needed field health capacities.

Progress:

The Red Cross Red Crescent actors in Chile continue to increase the provision of health care, in support of State services, in the affected communities. Close coordination with State authorities and local health centres have facilitated the rapid establishment of the BHCs from the Spanish Red Cross and Japanese Red Cross Society. This contact additionally has facilitated the arrival of the Finnish Red Cross/ Norwegian Red Cross field hospital. The CRC has four health teams, composed of 21 volunteers, mobilized in the regions of Maule, Bio-Bio, Araucanía and Metropolitana to conduct detailed health assessments in the most affected communities.

Twenty CRC volunteers in Santiago, pending deployment to the central region, received induction training in emergency health issues including emergency health, epidemic control and health assessments. Currently, CRC volunteers are conducting detailed health assessments focused on the health, water and sanitation needs and state of mental health in temporary shelters is taking place in Concepción, Maule coastal region, Metropolitana and Temuco.

The Spanish Red Cross BHC ERU, working with eight CRC volunteers and coordinating with local health staff, is established in Hualañé (Maule). Established in coordination with Hualañé Hospital Medical Centre, this BHC ERU provides emergency and preventive health care. Within the actions undertaken by its mobile unit, this BHC ERU has attended 1,147 people as of 20 March 2010.

The mobile unit generally travels two days a week to support different rural health post's paediatrics and trauma cases. In coordination with the medical manager from the Hualañé hospital, the mobile health care unit has travelled and attended people in the health posts in Barbarrubia, Los Coipos, Peralillo, and Iloca. The clinic reports an increase in activities, especially during the night service. There is permanent contact with Hualañé health staff and with the Curicó Referral Hospital for transfer cases. The BHC ambulance is used for advanced life support when needed, and to supplement the local basic life support ambulances used in other cases. BHC health professionals report the prevalence of respiratory tract infections, earthquake-related trauma and other minor infections. Health promotion activities have begun led by the team's midwife and are programmed to be continued.

The technical team members continue working to prepare the camp for changes about weather conditions. Changes have been made from the initial tents to those which function better in the rain. The Curicó Referral Hospital requested and received three tents to deploy in reception area with this same objective.

The Spanish Red Cross basic health care unit has signed an agreement with the Chilean Red Cross to formally hand over its basic health care unit during the next month. Plans are underway between the BHC ERU, Spanish Red Cross head of operations and headquarters and the CRC regarding the future of this unit in Hualañé, particularly focused on reducing Spanish Red Cross delegates over the next few weeks and concurrently increasing CRC presence with support from the Spanish Red Cross and the local health staff.

The Japanese Red Cross Society BHC ERU has completed installing the unit in Parral (Maule) to support the Parral Hospital which was destroyed by the earthquake. The Parral Hospital is currently doing inventory and installing the medical equipment. The demolition and construction work for the hospital has already started. Once the ten-tent field hospital was set up, the Parral Hospital immediately received approximately 12 in patients who are currently accommodated in other location as a temporary measure due to the damage inflicted to the in-patient wards by the earthquake.

The interagency emergency health kit (IEHK) and pharmacy module were immediately installed in the pharmacy stockroom where the medical team worked with the local counterparts to ensure proper storage and organize the pharmacy. Improved organization is a basis for more effective actions and provides the needed motivation for the local professionals to restart their activities. During these joint actions, the BHC team identified the need for psychosocial support for the hospital personnel who had been working tirelessly in the ill-lit dispensary since the earthquake.

Scheduled for a short-period of presence in country, this BHC is attended by Japanese Red Cross Society and Canadian Red Cross health professionals, in coordination with CRC volunteers and local health staff. This BHC will be also handed over to local health professionals. The JRCS and the hospital administration have signed the project agreement. The ERU handover note, involving the JRCS, CRC, IFRC and the Parral hospital, is pending. An administrator from the JCRS will continue in country until mid-April in order to monitor the progress under the Project Agreement and to follow up on logistics and the handover note.

The Finnish Red Cross and Norwegian Red Cross Surgical hospital, with seconding from the Canadian Red Cross and Spanish Red Cross, has arrived in Chile. Projected to be set up in Temuco, a final needs assessment led to it being established in Pitrufquén in the Cautín province (Araucanía region). The 30 tonnes of equipment arrived on 18 March in Santiago and was sent by land to Pitrufquén. This surgical hospital is located near the Pitrufquén hospital, a functioning hospital in run-down facilities, due to having needed access to electricity, safe water and sewage. It will function within the referral system in the Araucanía region and thus attend to people outside of Pitrufquén.

In coordination with the Ministry of Health, Pitrufquén hospital representatives, the CRC local branch and the support of 15 CRC volunteers, the hospital is planned to open on 2 April. As of 22 March, five tents (two operating rooms, recovery, first aid and sterilization) are up and equipped. This hospital has the capacity for 50 beds, surgery services, intensive care, anaesthesia, mother-child care, pharmacy, equipment sterilization and ambulatory services. It can also be adapted to foster community health prevention activities. The hospital will be administered by local health professionals with the support of CRC volunteers.

The Spanish Red Cross psychosocial team, also composed of professionals from the Nicaraguan Red Cross, Ecuadorian Red Cross and Colombian Red Cross, is working in three locations in the disaster affected regions. The RIT members from these three societies in the Americas specialized in PSP support and exchange experiences with their team, coordinate CRC volunteer involvement in psychosocial support actions. Also the RITs will provide support for the planned training of trainer's workshop and teach communities and internal and external collaborators about psychosocial support. The team takes steps to coordinate with local health and educational authorities, as well as community organizations.

As of 19 March 2010, the PSP team has provided psychosocial support to 1,645 people. The following table summarizes the combined psychosocial support activities in Hualañé, Talca and Concepción:

Type of Activity	Number of people attended
Training	210
Community intervention	544
Individual intervention	95
Group follow-up	69

Activities with children	521
Coordination meetings	43
Debriefing	122
ICRC support activities	1
Assessments	14
Psychosocial group/ERU Health	26
Total	1,645

After a selection process, training has been provided to CRC volunteers. These trainings and the subsequent actions will be used to identify future participants in the training of trainer's workshop. Coordination mechanisms have been established between the psychosocial support team and the CRC health director to create a two-month programme for psychosocial support interventions.

The following table details the recent actions by the PSP team in the three areas where it operates:

Location	Training	Interventions with children	Community interventions	Coordination
Hualañé	<ul style="list-style-type: none"> CRC volunteers 	<ul style="list-style-type: none"> Recreational activities and individual talks 	<ul style="list-style-type: none"> Support for adults Support and health promotion to people treated in the BHC ERU 	<ul style="list-style-type: none"> Vichuquen health director CRC branch volunteers
Talca	<ul style="list-style-type: none"> CRC volunteers 	<ul style="list-style-type: none"> Recreational activities Collective activity in Constitución's main plaza 		<ul style="list-style-type: none"> CRC branch director and volunteers
Concepción	<ul style="list-style-type: none"> 23 CRC trained in PAP Preparation for training in the Talcahuano hospital 	<ul style="list-style-type: none"> Brochures on earthquake-related stories 	<ul style="list-style-type: none"> Individual and community support Debriefing for CRC volunteers Brochures on disaster prevention 	

Assessments in Concepción, Arauco, Llico, Tubul and Tumbes have been conducted to help the psychosocial team plan, coordinate and implement interventions. In several locations the causes of trauma range from the disasters themselves and the fear of their repetition, the social unrest which followed the disasters, concerns over the upcoming rainy season and camp living. The psychosocial support team also has identified that volunteers have been working without taking needed breaks and the challenges regarding the suspension of school for children and youth.

In addition, the Chilean Red Cross with funds from the H2P programme is planning to vaccinate all volunteers involved in the emergency with H1N1 vaccines.

Challenges:

Whilst there are few challenges related to the health programmes established by the CRC and other Red Cross Red Crescent actors, the comprehensive health needs of the affected people, adults and youth, continue to be of concern. On-going psychosocial support and the return to habitual activities, especially school for children and youth, will help people build their resilience in the context of continuous aftershocks.

As the two BHC ERUs and the surgical hospital ERU currently have foreign health professionals, the CRC and local health authorities are challenged to rapidly establish the functionality of these institutions once these health teams from the National Societies of Spain, Japan, Finland and Norway depart. Working towards this, the CRC and the health ERUs immediately have incorporated local health professionals and have initiated hand over activities.

Water, sanitation and hygiene promotion

Objective: The health of affected communities is improved with the provision of clean water, minimum sanitation and hygiene promotion.

Expected Results	Activities planned
Up to 10,000 households have access to safe water and community-based hygiene activities.	<ul style="list-style-type: none"> • Conduct rapid health and water and sanitation emergency needs and capacity assessments in coordination with the relevant local authorities. • Develop a community and beneficiary targeting strategy in coordination with local authorities. • Train and mobilize CRC volunteers in water, sanitation and hygiene promotion teams using the participatory hygiene and sanitation transformation (PHAST) methodology and a technical team in water evaluation. • Set-up mobile water purification plants or hire water distribution trucks to dispense safe water in sufficient quality and quantity. • Conduct hygiene promotion activities (personal and community hygiene, solid and human waste disposal, water handling).

Progress:

The water and sanitation actions currently are focused in the Bio-Bío region. The International Federation mobilized a RIT member who is training CRC volunteers as they implement water and sanitation promotion actions.

In the Biobío region, water, sanitation and hygiene activities have attended the communities of Tibul, Lota and Tumbes. Five CRC volunteers with IFRC support have analyzed the chlorine, PH and turbidity levels in the three tanks in these communities. Further training for CRC volunteers in water analysis is planned. Hygiene promotion activities, including the distribution of water dispensers and soap, have been put into place. The camp in Tubul was fumigated for plague control in latrines and waste deposit. Further sanitation solutions are being assessed for this camp, as well as others, in the affected areas of this region.

As previously mentioned, in the Arauco commune in the Arauco province (Bio-Bío region), the setting up of 100 tents is combined with fumigation in this cleared piece of land.

The German Red Cross donated to the CRC six bladders with a capacity of 5,000 litres each. Plans are underway their installation in the affected communities.

Amongst the topics of coordination with state authorities, CRC and IFRC representatives have participated in a multi-sector water and sanitation coordination meeting called by MIDEPLAN. The IFRC and CRC also participated in a hygiene-focused meeting for information sharing with representatives from PAHO, Ministry of Health, OXFAM, IOM, UNICEF and ONEMI. The participants agreed to complete a joint information, communication and education plan and complement the Ministry of Health's technical water and sanitation actions to restore the water and solid waste systems.

Challenges:

As in other objectives, the volunteer resources of the CRC are stretched thin. Faced with a wide-range of response actions, the CRC is challenged to continue incorporating volunteers and collaborators. Increased efforts are needed to provide more training opportunities. The IFRC water and sanitation specialist will continue to employ the learning-by-doing methodology to simultaneously respond to community and volunteer needs.

Livelihoods

Objective: The most vulnerable affected groups and families have the ability to restore, improve or diversify their livelihoods through livelihood support or substitution activities.

Expected results	Activities planned
<p>Vulnerable groups and families are actively involved in early recovery actions and benefit from livelihood support or livelihood substitution activities.</p> <p>Communities and groups participating in livelihood restoration and income-generating projects improve their financial well-being and recover their economic sustenance.</p>	<ul style="list-style-type: none"> • Assessment and participatory planning. • Selection of target beneficiaries. • Delivery of livelihood substitution activities such as cash-for-work for debris clearing. • Delivery of livelihoods / income substitution activities such as unconditional cash grants, productive assets replacement, vocational and technical skills training, support for re-establishing small businesses etc. • Identify key sectors (i.e. small-scale cooperatives or groups dedicated to fishing or agricultural production) to establish a pilot programme. • Training and capacity building for CRC staff and volunteers to implement this programme and integrate it with other areas (shelter, comprehensive health care, etc.).

As this is an early recovery objective, there is no progress to report for this reporting period. However, the CRC and the IFRC regularly monitor the State's actions towards economic recovery in the affected populations.

Last week the Chilean President announced that economic recovery mechanisms would be established for small and medium businesses. In summary, fishing capacity in the central region has been reduced by 75 to 90 per cent. An estimated 100 fishing coves have been destroyed and 1,000 multi-person fishing boats were lost. In Maule, 20 per cent of the region's rice production no longer has irrigation sources and 100,000 hectares of irrigated land have been lost. The government is leading reconstruction efforts of irrigation systems as well as the rehabilitation of the fishing industry.

The precise activities to achieve this objective will be established in light of the State's recovery plan, thus avoiding duplications and supplementing effective actions.

Disaster Preparedness and Risk Reduction

Objective: The risks of the impacts of future disasters are reduced through the strengthening of disaster management mechanisms, the establishment of a national contingency planning process and volunteer training with International Federation tools so that knowledge is replicated with community-based groups and institutions.

Expected results	Activities planned
<p>The CRC has increased disaster preparedness and risk reduction (DRR) in its programmes and institutional strategy.</p> <p>Communities with vulnerability to natural risks establish early warning systems linked to wider systems to monitor disaster and climate risk.</p> <p>Volunteer and staff capacity to deliver sustainable DRR programming is increased.</p>	<ul style="list-style-type: none"> • Review the CRC response plan including coordination with the government's national response plan. • Work with local and national civil defence institutions to promote the creation of coordination mechanisms. • Develop a group of DRR trainers who can replicate knowledge learned at the branch and community level. • Identification of hazards and effective early warning processes. • Implement a pilot project of DRR training in selected communities, building on lessons learned from other disasters to ensure sustainability. • Train CRC volunteers and staff in DRR tools and methodologies.

Whilst this objective is planned to be started in the early recovery phase, it is essential to highlight CRC's recent but significant experience in strengthening its disaster risk reduction (DRR) capacities. In December 2009, the CRC ended its yearlong DFID-funded project, alongside the National Societies of Bolivia and Peru, to prepare a regional disaster preparedness and response plan. The progress made in this project is a foundation for the future activities related to this objective. With this regional project, the CRC has experience in fomenting community-based DRR actions, including micro-projects, facilitating vulnerability and capacity assessments (VCA) at this level, and training trainers in this area.

The CRC has an established national risk management team, a risk management policy, a curriculum of studies in this area in the process of validation. Analysis has been undertaken to determine if the pre-disaster plans to establish a DRR country document and strategy could be combined with the appeal's objective. As the CRC's DRR capacities are related directly to its organizational development, this objective could also be combined with the strengthening of the National Society objective listed below.

As this is an early recovery objective, there is no progress to report for this reporting period.

Strengthening the National Society	
Objective: The Chilean Red Cross is better prepared to respond to this and future emergencies through the development of efficient, effective and competent governance, management, volunteer and communication structures.	
Expected results	Activities planned
<p>The CRC governance structure is strengthened to provide improved National Society and social leadership.</p> <p>The CRC management structure (administrative, financial and human resources procedures) is improved and better organized.</p> <p>The CRC has reinforced its body of active, trained volunteers.</p> <p>The CRC has positioned and highlighted the CRC and the Movement's actions and principles with the media, donors and partners.</p> <p>Branches in the affected regions have access to radio, satellite and internet communication system to facilitate their communication with CRC national headquarters and other branches.</p>	<ul style="list-style-type: none"> • Analyze the current state of the CRC including a strategic planning process and the national and local response systems. • Strengthen administrative and financial procedures. • Modify the CRC Strategic Plan. • Develop and revise job descriptions for the CRC's salaried and volunteer human resources. • Update and maintain the national volunteer register. • Establish standardized volunteer training. • Ensure management of new volunteers and incorporate them in the relief operation. • Develop informative and regular information materials to different stakeholders. • Improve the CRC communications materials (web page, magazine, and other printed and virtual materials) to reflect the actions of CRC volunteers, sister National Societies and the International Movement in this operation and in general. • Provide initial and ongoing training for the establishment of an IT/ Telecom team in selected branches and in national headquarters. • Install and implement the use of equipment by CRC volunteers.

Progress:

The CRC has established an effective response structure to this emergency. Employing all its resources, it has mobilized volunteers, incorporated new collaborators and drawn upon its institutional assets. This objective aims to build upon these and serve as a cross-cutting action in all the objectives.

Now close to a month after the disaster, the CRC is facing human resource challenges in its relentless commitment to providing humanitarian support. With Red Cross and Red Crescent support, new volunteers and collaborators are being trained to confront this challenge. A team of CRC volunteers received induction training from the IFRC team in Santiago. It is expected that volunteers will remain a longer period in the affected areas and have a larger presence in smaller communities that have not yet received assistance. Thirty trained volunteers will be deployed to Coquimbo (IV region) and another 20 volunteers to the central regions to provide assistance to the regional and local branches. CRC volunteers continue to receive training in relief, water and sanitation, psychosocial support, IT/ Telecom, communications and basic health and are incorporated into these relief areas to put their newfound skills into practice, as well as fortify these capacities by learning-by-doing.

Furthermore, actions are being taken to consider forming coalitions with other institutions (scouts and civil defence) to engage more volunteers in relief actions.

Strengthening the National Society also will involve rebuilding damaged branch infrastructure. On 17 March 2010, the IFRC/American Red Cross relief delegate participated in a meeting with all regional branch presidents in Bío-Bío and requested a report on all sustained infrastructure damage, staff and volunteers affected. According to current information compiled by the national headquarters, the following branches were affected by the disaster:

- O'Higgins region: The regional branch and local branch in Rancagua sustained damages. The branch in Graneros was destroyed and needs to be relocated.
- Maule region: The Constitución and Talca branch were destroyed.
- Bío-Bío region: The Talcahuano branch was destroyed and currently its personnel are operating from a gymnasium provided by the municipality. The Chiguayante and Coronel branches have sustained damages (still yet to be assessed). The branch in Chillan is functioning in an old adobe structure which shows cracks in its foundation. A professional assessment is needed since the branch currently is used by volunteers engaged in relief activities.

The CRC's national headquarters remains committed to its work to establish a comprehensive database of all its branches, track their response activities, volunteers mobilized and identify the CRC volunteers and staff affected by the disaster.

Challenges:

The IFRC and other Red Cross Red Crescent members in Chile need to continue providing technical support to the CRC, particularly focused on addressing immediate challenges related to the relief phase.

The CRC has the unique challenge of using this emergency to grow, become a national referent in disaster management and response, and reinforce the modernization and skill-strengthening of its organization, including strengthening branch skills and volunteer base.

Communications – Advocacy and Public Information

In this reporting period, the CRC has continued to provide information on its activities and the joint relief actions conducted with other Red Cross Red Crescent actors to local and international media outlets. The CRC website has been updated with new sections and contents.

The CRC's Communications and Social Responsibility departments are working in increasing awareness of the activities carried out to date through newspapers, media and sending out newsletters to private companies who have donated goods and funds. They have been using space in the media and in public events (concerts and donation centres) to also recruit volunteers.

A video was filmed in the most affected areas of Chile with testimonials from CRC staff and volunteers including interviews with beneficiaries. This video soon will be disseminated in Chile.

During this reporting period, two articles have been posted on the International Federation web site related to new CRC volunteers and the BHC ERUs. Another article on the Concepción region is programmed to be published on the web site.

The IFRC information officer, who had been supporting the CRC communications department, finished his mission in Chile and will continue to provide technical support from PADRU.

Operations Updates and news items (in English and Spanish) provide regular updated information on the International Federation website: www.ifrc.org and on the Latin America web site: www.cruzroja.org The Federation's Communications department gladly provides additional information upon request.

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 Chile:** Chilean Red Cross, Nelson Hernandez, Relief Director; phone: 56 9 84809242; email: socorro@cruzroja.cl.
- **In Chile:** Alberto Monguzzi, IFRC Team Leader; phone (56) 95972915, (507) 66795055; email: alberto.monguzzi@ifrc.org.
- **In Buenos Aires:** Gustavo Ramirez, Regional Representative for the Southern Cone and Brazil; phone (56) 81086910; email: gustavo.ramirez@ifrc.org.
- **In Panama:** Mauricio Bustamante, Acting Head of the Pan American Disaster Response Unit; phone: (507) 316 1001; fax: (507) 316 1082; email: mauricio.bustamante@ifrc.org.
- **In Panama:** Ilir Caushaj, Regional Logistics Coordinator, Pan American Disaster Response Unit; phone: (507) 316 001; fax: (507) 316 1082; email: ilir.caushaj@ifrc.org
- **In Panama:** Maria Alcázar, Resource Mobilization Coordinator for the Americas; phone: (507) 380 0254; fax: (507) 317 1304; email: maria.alcazar@ifrc.org.
- **In Geneva:** Pablo Medina, Operations Coordinator for the Americas; phone: (41) 22 730 4381; email: pablo.medina@ifrc.org.

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