

Operations update



International Federation
of Red Cross and Red Crescent Societies

Chile: Earthquake

Emergency appeal n° MDRCL006
GLIDE EQ-2010-000034-CHL
Operations Update n° 03
31 March 2010

Period covered by this Ops Update: 23 March to 29 March 2010.

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 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 40 per cent. 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:

This operation endeavours to provide relief distributions for 10,000 families, emergency and/or transitional shelter for 10,000 households, emergency and preventative health for at least 90,000 people, water, sanitation and hygiene promotion for a minimum of 10,000 households, early recovery livelihoods support, enhancement



Chilean Red Cross volunteers and Finnish/Norwegian delegates installed the surgical hospital in Pitrufquén in the region of La Araucanía. Source: Norwegian Red Cross

of disaster preparedness and risk management skills for the National Society and community-based groups. The aim to strengthen the Chilean Red Cross is interrelated with the emergency and early relief objectives.

The operations updates, planned on a weekly basis during the emergency phase, highlight the progress of this operation.

The Chilean Red Cross and International Federation of the Red Cross and Red Crescent Societies' secretariat (IFRC) thank the National Societies, individual, institutional and corporate donors who have contributed to this appeal. New donations are welcome and needed. The appeal target, to date, has reached 40 per cent coverage. Donations underpin the Red Cross Red Crescent's ability to fulfil this appeal's objectives.

This Chile Earthquake Operation is contributing to the strategic aim of Strategy 2020 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

A month has passed since the 27 February 2010 8.8 earthquake and tsunami in Chile which according to current government figures have led to 1.8 million affected people with 800,000 people sustaining severe losses and 160,000 homes damaged beyond repair. Particularly destructive in Chile's central regions, this disaster generated a situation in which approximately 50,000 people in the Bío-Bío (VIII region) remain in makeshift camps whilst 72 per cent of the homes were destroyed on the coast in neighbouring Maule (VII region). Of the affected people, 65 per cent are located in Bío-Bío region. The Chilean government has announced 342 deaths and a not yet quantified the amount of people missing. Temporary shelter, education and water, sanitation and hygiene continue to be priorities.



A Spanish Red Cross psychosocial team member supported the recreational activities in the region of Bio-Bio. Photo source: Spanish Red Cross

national identification cards to those who lost them. The month-long state of catastrophe declared in disaster affected regions is programmed to end on 31 March 2010. Also, the last curfew finished in Maule region this past week.

According to the Ministry of Labour, a total of 8,417 people have been dismissed from their jobs using a legal article in the labour code which permits dismissal without severance pay due to unforeseeable circumstances. This has signified that 3,450 people in Bío-Bío (VIII region), 540 in Maule (VII region), 420 in O'Higgins (VI region) and 3,651 in Santiago metropolitan region have lost their income source. Other regions have also been affected. The government has announced subsidies for companies affected by the disaster to hire and retain workers.

Local authorities are beginning to reclaim employment opportunities for the affected people in their localities, foreseeing the possibility of social problems also increasing due to unemployment. The Bío-Bío governor has stated that the damage is far above the initial estimates and that the priorities for the region are employment, housing and infrastructure connection (repair of bridges). The fishing communities of in the Arauca province were particularly affected by the tsunami which destroyed their boats and fishing equipment which are their only source

The government declared that the emergency phase has ended and started the reconstruction and recovery phase this past 22 March 2010. In a government report on the reconstruction costs, the recovery of distinct sectors is detailed. According to this report, reconstruction costs are estimated at 4 billion US dollars and education at 3 billion US dollars to repair the 4,013 damaged schools. The health sector will require 2.8 billion US dollars to face the situation of 79 damaged hospitals. A budget of 39 million US dollars is needed for agricultural recovery and support for the 26,923 small-scale people dedicated to fishing activities to recuperate the materials and tools necessary for their economic livelihood. While the transportation sector demands 1 billion US dollars.

The Chilean state has taken new measures to respond to the needs generated by the disaster. The civil registry is reissuing

of income. It has been estimated that 90 per cent of the habitants of Tubul were left with nothing following the tsunami.

With the continual aftershocks, some measuring high enough to be considered substantial earthquakes in their own right, affected people face challenges to recover their comprehensive well-being. The 26 March 2010 earthquake measuring 5.9 (Richter), in Chile's northern region of Atacama (III region) and the 5.9 (Richter) earthquake off-shore of Maule department on 28 March 2010 have amplified concerns over the population's emotional recovery process. Fears of future disasters and the ocean itself remain, and general panic increases with each tremor. There is concern that without proper psychosocial support, people could develop more serious traumas. State and non-state actors are making increased efforts to prepare for the restart of the academic school year in the most affected areas. These actions include psychosocial support for teachers and parents and their abilities to accompany affected students.

The psychosocial support team of this operation, alongside the other beneficial relief actions implemented, are contributing to communities and people regaining their autonomy and resilience.

Coordination and partnerships

During this relief phase, the CRC and other Red Cross Red Crescent actors in Chile coordinate with national and local state authorities and institutions. Building upon its pre-disaster coordination with some of these actors—particularly the Ministries of Health and the Interior and ONEMI—the CRC now has contacts with the Ministry of Planning (MIDEPLAN) and the Ministry of Housing. Following the change of government in mid-March, the Ministry of Interior with MIDEPLAN is now coordinating the State's response effort.

At a local level, all of the health ERUs and the psychosocial support team coordinate with local health officials, in addition to the Ministry of Health functionaries who matched the countries needs with their resources upon establishing their health care support in country. In compliance with CRC statutes, one member of the National Society's board of directives is a representative from the Ministry of Health. Given the changes in government-appointed functionaries, the CRC is in the process of replacing the outgoing representative with someone from the new government.

This past week, the global cluster lead for shelter from the Secretariat began talks with the current government to see how the IFRC can support to the state in its emergency shelter solutions. Interagency coordination continues regarding the implementation of emergency and transitional shelter for affected households. The IFRC continues to participate in interagency and/ or OCHA sponsored coordination spaces in Chile.¹



The Finnish-Norwegian Red Cross delegates on their way to Pitrufquén meet the Chilean Minister of Health. Photo source: Norwegian Red Cross

The CRC has coordinated with traditional and non-traditional donors to respond to the humanitarian emergency needs. These actions are taking place at the national headquarters level as well as at the branch level. The CRC resource mobilization dedicated to corporate responsibility has conducted valuable work which has included the organization of the reception and mobilization of donated goods, as well as hosting corporate sponsors' visits to the disaster-affected areas where the Red Cross Red Crescent works. On 26 March 2010, the CRC went to the field with important company donors and CNN Chile and Mega television networks. Additionally, the CRC has signed agreements with private businesses to respond to this emergency and others. This past week, the CRC has signed an agreement with Salco Brand and coordinated future joint projects. The private donations from the fast food company BOB and Covidien are underway. CRC representatives met with BMW and the Chilean-Brazilian's Chamber of Commerce. In addition to the relief items, corporate donors have contributed with food, non-food items and logistic aid. The CRC sincerely thanks all the companies and the general public which have donated emergency goods and services.

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>

At the operational level, the CRC and other Red Cross Red Crescent actors primarily coordinate through the emergency operations centre in the CRC national headquarters in Santiago, the field offices in Concepción and Talca, in addition to direct relations conducted with CRC leadership and staff. Currently the Red Cross Red Crescent actors in Chile include representatives, staff and mobilized human resources from 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, in addition to the International Federation. When possible, operations updates report on bilateral support under the respective sector objectives, although these are not included in the appeal's budget.

National Society Capacity Building:

The Chilean Red Cross is in an unprecedented growth process. Faced with a disaster situation, the CRC has built upon its skills in the field of health care and promotion to enlarge its sphere of action to relief and early recovery actions. With the influx of new collaborators, support provided by sister National Societies and the International Federation, the CRC is not only efficiently and effectively responding to humanitarian needs; it is taking steps to strengthen its internal skills and resources.

Alongside the actions being undertaken by the IFRC's Regional Representative for Southern Cone and Brazil, the Americas zone organizational development coordinator is providing needed tools to facilitate this process which includes an organizational development assessment. In this process, the National Society is evaluating its current situation and the expected state it would like to have following the operation's finalization. The current management structure and conditions, status at the regional committee and branch levels (those affected or not by the disaster), volunteer action and supervision are amongst the issues being analysed. As this is directly related to the Strengthening the National Society objective of this appeal, further details on this process will be provided in the relevant section below.

At the operational level, sister National Societies and the International Federation continually provide training (including hands-on training during the relief activities) so more CRC volunteers and new collaborators can respond to this disaster and foment their connection to the Red Cross Red Crescent Movement and its Fundamental Principles. The Spanish Red Cross has focused on ensuring that the CRC volunteers are trained in relief by offering trainings and working with the CRC to establish standardized workshops in Santiago before deploying volunteers to the most affected areas in the central region of the country. The SRC, with the Spanish Agency for International Cooperation for Development (AECID) funding, is organizing a basic course on humanitarian assistance in emergencies. The main modules taught are relief, logistics, resource mobilization and IFRC disaster response system.

The CRC leadership will organize a session of its Central Committee. This meeting between the CRC regional committee presidents is a fundamental step necessary to plan future actions for this operation and the National Society's medium-term growth and transformation.

Overall, every Red Cross Red Crescent actor in Chile has a demonstrated commitment to 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.

Red Cross and Red Crescent action

Overview

The progress made during this relief phase would not be possible without the effective coordination on the ground between the Chilean Red Cross and other Red Cross Red Crescent members. CRC volunteers, collaborators, staff and leadership diligently participate in all aspects of this operation. Teams from sister National Societies and the International Federation engaged in the relief efforts continually provide essential humanitarian relief and training opportunities to support the CRC in this operation. The Regional Representative for the Southern Cone and Brazil remains in Chile working side-by-side with the Chilean Red Cross and other Movement members, as well as providing valuable skills to enrich relations with State and interagency institutions. It is programmed that he will continue to work in Chile until the end of April.

This past week has seen the departure of staff from several teams who had arrived to establish and jump start the activities of this operation. Most of the Japanese Red Cross Emergency Response Unit (ERU) basic health care unit has left Chile, as well as the first rotation of International Federation staff working on relief, shelter, water and sanitation, procurement, finance, communications and reporting. The teams from the Turkish Red Crescent and the Swiss Red Cross successfully completed their activities in Chile. The German Red Cross, with ECHO financing, continues to implement its relief and shelter programme during this emergency phase.

The following table lists the Red Cross Red Crescent actors currently in Chile to support this Chilean Red Cross-led operation:

Position	Number	Red Cross Red Crescent actor	Location (status)
Regional Representative	1	IFRC	Santiago
Team Leader	1	IFRC	Santiago
Relief	2	IFRC- Red Cross Society of Panamá and IFRC- Paraguayan Red Cross	Concepción and Talca
Shelter	1	IFRC	Santiago
Health	1	IFRC	Santiago
Water and Sanitation	1	IFRC- RIT Salvadorean Red Cross Society	Concepción
Basic Health Care ERU	1	Japanese Red Cross Society	6 of team departed on 23 March. 1 remains in Parral (Bío-Bío)
Basic Health Care ERU	6	Spanish Red Cross	Hualañé
Psychosocial support	14	Spanish Red Cross (10 members) seconded by Nicaraguan Red Cross (2), Ecuadorian Red Cross (1) and Colombian Red Cross Society (1)	Santiago (Metropolitana), Hualañé and Talca (Maule) and Concepción (Bío-Bío)
Field Hospital	1	Finnish Red Cross (2) and Norwegian Red Cross (2) seconded by Canadian Red Cross (1)	Handover completed. 1 will remain in Pitrufquén (Araucanía). Rest of team end of mission: 3 April.
Logistics ERU	1	Spanish Red Cross	Santiago. Team has departed and team leader end of mission: 29 March.
Finance	1	IFRC	Santiago
IT/ Telecom	2	1- IFRC; 1- Peruvian Red Cross	1 Santiago and 1 Hualañé (Maule region)
Reporting	1	IFRC	Estimated Time of Arrival 4 April
German Red Cross	3	German Red Cross	Santiago and the field

Progress towards objectives

The CRC, sister National Societies and the International Federation work together and complement one another's skills in this operation. CRC volunteers and new collaborators continue their humanitarian work for the most affected populations. The Emergency Response Units in health are providing needed resources to support the Chilean society recover from the infrastructure damage and destruction. The National Societies of Japan and Spain have sponsored the establishment of two independent basic health care units. The Finnish Red Cross/ Norwegian Red Cross has set up and trained for the running of a fully-equipped surgical hospital. The Spanish Red Cross also has specialists in logistics, with an ERU for this end, and a ten person psychosocial support team on the ground working in this operation. Details on these activities will be provided in the relevant objectives below.

The CRC, with support from sister National Societies and the International Federation, maintain an emergency operative centre in the CRC national headquarters in Santiago and two operational bases in Concepción (Bío-Bío) and Talca (Maule).

This operation is based on the CRC's Plan of Action established in the immediate aftermath of the 27 February earthquake and tsunami. Employing the Plan of Action from the National Society with new inputs following the ongoing assessments and coordination with other actors in Chile, the International Federation is establishing a Plan of Action to better guide this operation. A consultant has been hired for one month to draft the plan. He will work in Chile to prepare the draft alongside the CRC and in coordination with the other National Societies present in country. The budget will be more appropriately detailed to reflect this enriched plan. It is projected that this process, including its joint creation, feedback from sister National Societies in the country and the International

Federation (Regional Representation for the Southern Cone and Brazil, the Americas Zone office, as well as sector specialists) will be complete by May.

Logistics

The many stages of logistics work necessary for goods to arrive and be distributed in Chile are fundamental to relief actions. To date, the logistics unit has handled approximately 973,593 tonnes of goods for this operation.

Between the days 19 and 23 March 2010, the logistics unit has received an aircraft from the Benelux Red Cross with 3,040 blankets and 2,726 tarpaulins. The aircraft from Panama with kitchen sets, hygiene kits, tarpaulins and jerry cans sent from the British Red Cross, the Luxembourg Red Cross, and International Federation arrived and the items were efficiently handled in Chile. Over these four days, the logistics unit in Chile received 1,091 kitchen sets, 2,000 hygiene kits, 3,040 blankets, 14,725 tarpaulins and 4,750 jerry cans.

Furthermore, the logistics team in the Cerro Navia warehouse in Santiago received an additional 1,000 blankets and 317 mattresses from local donors. In country, logistics dispatched 5 trucks, weighing 45 tonnes, to Concepción and Talca between 21 and 23 March.

Due to minor delays in the pipeline before arriving in Chile, the arrival of NFIs from the IFRC's Regional Logistics Unit (RLU) in Panama took more time than planned to reach the country. However, the logistics unit has taken corrective measures to improve this process for the future.

The Spanish Red Cross logistics ERU, composed of five members who had been running the logistics unit alongside CRC logisticians is in the process of ending its mission. Four members of the team have left the country and the team leader will stay until 29 March to finalize the hand-over to trained logisticians from the CRC. The logistics ERU supported the CRC in supply management, fleet rental and management and warehousing. Additionally, the Spanish Red Cross with AECID financial support is conducting several trainings. Thirty volunteers of the CRC have been trained in a logistics in a workshop that took place between 26 and 30 March 2010.

The IFRC's procurement officer did the hand over to the CRC counterpart who is now responsible for this task. Whilst efforts continue to determine which items can be procured locally, the evaluations have shown that the kitchen sets and hygiene kits are more inexpensive from outside suppliers. The RLU in Panama will continue to handle these items. Continual exploration is being conducted for other goods.

The International Federation encourages donors, including National Societies, to coordinate with the Panama Regional Logistics Unit for the efficient mobilization and shipment of goods to the field.

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. 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:

Although relief efforts focus on the ongoing comprehensive assessments undertaken by CRC volunteers, supported by Red Cross Red Crescent actors in the field, distributions have continued. CRC volunteers in the regions of Bío-Bío and Maule have been trained in Federation standard assessments. The Spanish Red Cross, with AECID funding, has furthered this initiative by providing dynamic training on the interconnected aspects of emergency humanitarian relief.

This operation distributes non-food items as family packs. With combined and coordinated work between logistics and relief teams. In most cases a full family package consisting of one kitchen set, one hygiene kit, four blankets, and two jerry cans has been provided in single distributions. Emergency shelter solutions, described in its

respective objective, complement the distribution of these NFIs. To date, 4,412 family kits have been distributed in the regions of Maule and Bío-Bío.

Despite a minor delay in dispatching goods from the RLU in Panama, relief actions show progress. It is important to understand that even when there are challenges with the supply chain, assessments continue to move forward and are useful in ensuring that the distributions begin once the requisitioned goods arrive in the field. In addition to assessments in the Bío-Bío and Maule regions, CRC volunteers are conducting assessments of vulnerable individuals in the O'Higgins region. The CRC branch in San Fernando is conducting targeted assessments of elderly people.

The CRC continues to receive donations from the Chilean general public in its local branches. CRC volunteers have distributed food packages for more than 3,000 families (15,000 people), thus surpassing the relief food item goal for this objective.

Given the participation of many new collaborators and volunteers who have not had previous experience with relief distributions, the CRC, with Spanish Red Cross and International Federation support, has installed a pre-deployment training for volunteers leaving from Santiago to the affected central regions. In the first of these comprehensive training workshops on 24 to 26 March, 30 volunteers and collaborators received basic training in the relief areas of assessments and distributions, community-based health and emergency health, water and sanitation, shelter and logistics.

A similar training was held in Concepción on 26 March 2010. In coordination with the branch President, 38 people already working in the operation participated in a workshop that taught about the Movement, its principles and values, and the manner to participate in their National Society. The CRC youth area coordinator and the water and sanitation specialist also facilitated this event. Ten of these participants were trained later that same day in hygiene promotion that is planned to be replicated with targeted communities.

Challenges:

Unforeseen circumstances delayed the arrival of the NFIs from the RLU in Panama. This delay challenged the rhythm of distributions.

Although currently being created, it is necessary to implement a functional structure in which locally received donations contribute to the relief objectives established in this appeal. Due to the pressing need to receive and rapidly distribute locally donated food and non food items, at the present, there is no complete registry of these donations.

Whilst State and non-state actors are still engaged in assessments, the findings are demonstrating that people in rural areas or smaller settlements outside urban zones merit more attention and humanitarian aid. Specific challenges revolve around the proper use of COEs as a point of information sharing and strategy making. In the O'Higgins region, CRC has opined that the incomplete information could be enhanced with renewed facilitation between State agents (Armed Forces and police) and the CRC.

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:

The objective of providing emergency and early recovery shelter support for 10,000 households has received a big boost in this reporting period with the start of family tent distributions and the initiation of talks with State officials to offer International Federation technical skills in post-disaster shelter strategy and implementation.

While the assessments continue, the government recently has announced that at least 160,000 houses have been confirmed to be damaged beyond repair with another 93,000 more waiting damage assessments. The government announced that it will build 20,000 *mediaguas* (simple wood housing units) and distribute 25,000 tents. It will also provide subsidies or in-kind support to 20,000 families staying with relatives or friends.

CRC volunteers, after conducting needs assessments, have started providing family tents in Arauco province in the Bío-Bío region. Distributions and setting up are complemented with talks and brochures on how to further strengthen the tents against weather conditions using tarpaulins and other options. In coordination with the municipal authorities, a new camp for 60 households will be installed in Arauco. Whilst the affected people currently are located in an area free from risk of another tsunami, due to the prolongation of their fears surrounding the disasters survived, they have requested to establish their camp in a higher location. The CRC, International Federation and the municipality are working together to move this entire camp. All emergency shelter solution distribution includes training and support for the affected households, including informative flyers with easy-to-follow instructions and suggestions.

Further tent distributions are planned. Additionally, a new shelter delegate is currently in country and will coordinate emergency shelter activities, as well as design and improve transitional shelter suitability and quality based on the specific context.

This past week, the Global Shelter Cluster Coordinator on behalf of the IFRC and a senior officer from the IFRC's shelter and settlements department were in Chile to meet State and interagency partners and to assess where International Federation shelter knowledge and experience could be useful beyond the planned appeal objective. These shelter personnel, the CRC disaster risk management director, the IFRC regional representative and the new shelter delegate in country met with the Ministry of Planning's emergency shelter commission. This introductory meeting served to enrich already established coordination with the State. The International Federation and the CRC will reinforce coordination and ties to local authorities, as well as continue to jointly strategize with the State on shelter issues.

The German Red Cross, with ECHO financial support, continues in full coordination to move forward with its shelter project for at least 600 *mediaguas* (18m² wooden shelter units), adding to the already mentioned NFIs. The GRC foresees providing latrines and basic water systems for at least 400 households. The Swiss Red Cross is exploring the details for its support of water and sanitation assistance for the housing units built with ECHO funds through the German Red Cross as well as the shelter units that the CRC plans to construct using the local donations received in Chile.

In a CRC assessment conducted in O'Higgins, it was found that populations need to receive educational support to better conduct the removal of debris in the disaster-affected areas. Whilst the Armed Forces, local municipal authorities and volunteers have been working in debris removal, scant attention has been paid to precautionary measures to avoid the unnecessary proliferation of dust in the air and eventual respiratory-related illnesses. The CRC suggests community education which would highlight simple activities (for example: wetting the streets, covering debris in movement, using face protection, etc).

Challenges:

The main challenge is the start of the winter season in June. Temperatures in Bío-Bío can drop below zero degrees Celsius during the winter. The Chilean Red Cross is advancing in distributing family kits which include tarpaulins and other household items. Further shelter and materials to protect against weather conditions will be distributed shortly. The need for large amounts of timber and zinc might become an issue as it is envisaged that there might not be enough supply in country for all the needs.

Interagency shelter coordination meetings have not been continued in Santiago as MIDEPLAN suggested that the coordination be held at a local level. All actors, including the International Federation, are challenged to ensure that these meetings be resumed as soon as possible.

The CRC is challenged to start and implement hiring processes for the apt human resources necessary to achieve this appeal's objectives. As of date, there is no shelter representative for the CRC who could be following up on State- Red Cross Red Crescent alliance and serve as the shelter counterpart for the different shelter initiatives being undertaken by the German Red Cross, International Federation and other sister National Societies who have expressed interest in doing so.

Emergency health

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.

Objective 2: The affected communities will benefit from curative health care through deployment of

field health facilities and equipment.	
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 actions to support basic and preventative health care are moving ahead. The two basic health care units, surgical hospital and psychosocial support team contribute to covering health needs not covered by state institutions due to the disaster. The health assessments done by the CRC volunteers are being analyzed and will be incorporated into action plans for future health actions once the sister National Societies' teams depart from Chile.

Training was given to 20 CRC volunteers, including training for national intervention team (NIT) members health in emergency and epidemic control, to reinforce their skills to carry out a health evaluation in four affected locations (Bío-Bío, Maule coastal region, Temuco and the Santiago metropolitan area). This evaluation was conducted to assess in a detailed and complete manner the health, water and sanitation, mental health, and sanitation conditions in the most affected communities. The main results of the health evaluation shows the immediate need to work on hygiene and health promotion, psychosocial support and water and sanitation initiatives in the short-term to respond to the emergency and middle and long-term actions toward recovery. These activities are starting to be implementing at the community level.

The psychosocial support team has been working in three locations: Concepción, Talca and Hualañé. The team is composed of 10 people from the Spanish Red Cross and seconded by RITs from the National Societies of Colombia, Ecuador and Nicaragua. As of 26 March 2010, this team has reached 2,366 people in the aforementioned areas.

The psychosocial support team conducted its actions using a multi-pronged plan of action with evaluations, promotion of community and participatory self-help activities, training for CRC volunteers in psychosocial support (including training of trainers), information-sharing and supporting the work of the Spanish Red Cross basic health care unit ERU in Hualañé.

Details are being finalized for the first training of trainers in psychosocial support. This theoretical-practical training draws upon the skills learned by CRC in the field and highlights community work and the strengthening of resilience. The first training which will be facilitated by members of the psychosocial support team will mark on the initial hand-over actions to the National Society. It is projected that the Spanish Red Cross psychosocial team departs from Chile on 2 April 2010. To support the transition process and the maintenance of this work, the team leader has worked with the National Society to create profiles for a local staff person and a local coordinator who will continue implementing this programme.

CRC volunteers continue to be deployed to work with the psychosocial support team. In the past week, four CRC volunteers were deployed to Maule for this aim. Since the beginning of its actions, the PSP team in Maule has trained volunteers at the branch level: 20 from the Talca branch, 16 from the Chanco branch, 15 from the San Clemente branch and an unspecified number from the Cauquenes branch.

The Spanish Red Cross BHC ERU works with local health staff and CRC volunteers in Hualañé (Maule). Established in coordination with Hualañé Hospital Medical Centre, this BHC ERU provides emergency and preventive health care and uses a mobile unit to reach more distant locations. As of 29 March 2010, this BHC ERU has attended 1,872 people. The rotation of the first team had a two day handover with the replacement team before leaving Hualañé on 28 March. The psychosocial team in Hualañé also left at this time.

The professional staff continues to attend, and transfer when necessary, the local communities' medical needs.

There have not been any epidemic diseases detected, rather the most common cases are respiratory tract infections, trauma related illnesses (non-disaster related), post traumatic stress and variety of minor medical needs (headaches, insects bites and allergic reactions). During this reporting period, the mobile unit has visited and attended people in Iloca (collaborating on Hepatitis A vaccination and bringing the Spanish Red Cross traumatologist), Limavida and La Huerta local health posts. These visits will continue on weekdays.

As there are few organizations in the area, the Spanish Red Cross is fulfilling an important need in this region. The few NGOs which were working in the area following the disaster are in the process of departing from the region. With the arrival of the new rotation of the Spanish Red Cross team, the two BHCU team leaders and medical officer met with the Hualañé Hospital medical manager to decide the new timetable and plan of activities. It has been planned that on 29 March, the professionals from the Hualañé Hospital will begin covering the night service, counting on Spanish Red Cross doctors if necessary.

The Japanese Red Cross Society BHC ERU in Parral (Maule) was handed over to the CRC to administer and coordinate with local and national health authorities. One JRCS staff person will remain until the end of April to finalize the hand-over documents and contribute to the efficient use of the BHC.

The Finnish Red Cross and Norwegian Red Cross surgical hospital, with seconding from the Canadian Red Cross, is installed in Pitrufquén (Araucanía region). The CRC volunteers and local hospital staff worked to install this ERU. The Pitrufquén hospital administrator led the planning with delegates serving as a technical resource. Involvement of medical personnel both doctors and nurses is underway. The set up phase was complete on 25 March with a pending inventory by hospital staff. The hospital administration will run the unit with support from CRC volunteers from the local branch, who are being trained in the hospital. CRC volunteers also have been taught how to use and maintain the water purification unit also included in this donation to the Chilean Red Cross.

The ERU team leader representing the National Societies of Finland and Norway, CRC leadership and the IFRC health coordinator have been engaged in the handover of this surgical hospital completed in a public ceremony on 29 March 2010 in CRC national headquarters. The Finnish Red Cross's team leader and the Canadian Red Cross health professional have finished their duties whilst the technician from the Finnish Red Cross and the medical advisor from the Norwegian Red Cross are scheduled to depart within a week. The Norwegian Red Cross technician has left Pitrufquén and will assist in logistic duties in Santiago before his departure. Two people from the ERU are staying on to ensure the start of the hospital, train hospital staff in equipment use and train five CRC volunteers to maintain the water purification unit and other equipment donated to the CRC.

The governor of Araucanía and the national health representative (*intendente*) for the Araucanía region have visited the surgical field hospital in Pitrufquén. The team leader also met with the Finnish Ambassador in Chile to discuss the Finnish Red Cross and Norwegian Red Cross donation.

The International Federation has rotated in a new health coordinator for this operation. Before his departure, he worked with the National Society to prepare a profile to hire a health officer within the National Society. Negotiations are underway between the IFRC and the CRC to determine the hiring of human resources (psychosocial support focal point and water and sanitation coordinator).

Since the cluster system has not been activated, the main contact at the State level has been with the Ministry of Health and through interagency meetings on health issues such as water, sanitation and hygiene. As mentioned above, the CRC always maintains a Ministry of Health representative on their board of directors.

Challenges:

In the efforts to support the hand-over of many of the health activities and resources, the CRC faces the challenge of hiring local CRC-affiliated staff which can sustain these actions on the part of the National Society.

Many of the CRC volunteers and collaborators dedicated to health activities are unable to sustain these activities without the establishment of some support of bonus or incentive system which subsidizes their needed actions in the field. The CRC is challenged to establish a system which balances needs with the already trained skills of CRC volunteers and collaborators.

The different technical trainings given within the framework of this operation should be followed up to ensure that these people maintain a tie, and eventually form a part of the volunteer roll of the Chilean Red Cross.

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	<ul style="list-style-type: none"> Conduct rapid health and water and sanitation emergency needs and

access to safe water and community-based hygiene activities.	<p>capacity assessments in coordination with the relevant local authorities.</p> <ul style="list-style-type: none"> • 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 mainly have focused in the Bío-Bío region as this area is still in need of support. Whilst the sanitary authorities announced that 100 per cent of the urban area has access to clean water, other regions continue to receive their water through water tank trucks. The Red Cross Red Crescent is working to measure water quality levels in the areas where it works, as well as support water distribution to some of the communities outside the urban areas.

The German Red Cross donated six bladders to this operation. As of 29 March 2010, CRC volunteers and International Federation staff have installed five of these bladders in affected communities that still do not have access to piped water. Six latrines have been built in a camp in Arauco. Two rigid corrugated water tanks (Oxfam style) have been installed and the third one is in the process of being put together for future instalment.

The following table details the location of the water and sanitation equipment installed:

Equipment installed	Municipality	Community	Estimated number of beneficiary households
Rigid Corrugated Water Tank (Oxfam type) (2 units)	Tubul	Arauco	700
Latrines (6 units)	Tubul	Arauco	*120
Bladder 1	Talcahuano	Tumbes Alto	93
Bladder 2	Lota	9 de agosto	35
Bladder 3	Lota	La Vega	150
Bladder 4	Talcahuano	Lenga	100
Bladder 5	Talcahuano	Caleta Tumbes	100

* Efforts are being made to increase the number of latrines to reach Sphere standards.

Each bladder holds 5,000 litres of water, surpassing the minimum standards for water needed by the quantity of families attended. Additionally, a water tanker truck with a 9,000 litres capacity has been hired to fill the bladders in Talcahuano.

In the Concepción region, the International Federation specialist in water and sanitation trained a team of five CRC volunteers to continue these activities on their own. Another ten CRC volunteers were trained in health promotion. Following the rotation in of the International Federation RIT from the Salvadoran Red Cross Society, the water and sanitation team is finishing up assessments and planning necessary to install the remaining bladder from the German Red Cross and the one sent in the first shipment from the International Federation's RLU in Panama. CRC volunteers, with the IFRC RIT's support, are putting the rigid corrugated water tank together for its installation.

In an effort to diminish the possibility of vector-borne illnesses, the camps in Tumbes Alto, Arauco and Tubul were fumigated. Three CRC volunteers were trained in the safe use of fumigation tanks and the correct dosage necessary for areas with human population.

As mentioned in the health section above, CRC volunteers have been trained to use and maintain the water treatment unit installed in the surgical hospital of the National Societies of Finland and Norway located in Pitrufquén. When this unit is no longer necessary in the hospital, it will be donated to the CRC.

Challenges:

Whilst water and sanitation actions have progressed rapidly, increased efforts will be made to implement hygiene promotion in affected communities.

The remaining water equipment to be installed is pending due to the drawn-out process to determine where the camp in Arauco will be located. This location, as mentioned in the shelter objective above, is in the process of being moved to higher lands since the community fear living too close to the coast.

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.).

Whilst there has not been any noticeable progress on this issue in the field, it is a point of concern for the National Society and the International Federation.

Different state institutions, including the Ministry of Agriculture and the Institute for Farming Development, are providing economic resources to repair damaged irrigation infrastructure, hire technical support towards this end, and establish agricultural bonuses. The National Agricultural Society, the oldest agricultural association in the country, has presented a proposal to support recovery actions in this sector ranging from repairing infrastructure to tax breaks..

In an assessment conducted in the O'Higgins region, the Chilean Red Cross evaluation team concluded that whilst the basic needs of most people are covered, there is a lack of support for temporary workers who lost their homes and do not have the financial resources to rebuild. O'Higgins is considered one of the primary agriculture regions of crops for domestic and foreign consumption. People who live in a day-to-day economy prioritize their diet over other needs. Requests repeatedly were made to this team to support the manner that this population can rebuild solid high quality homes. The International Federation maintains the philosophy of building back safely so that the new structures are less disaster prone. Additionally, research continues to determine the nature of livelihoods support during the early reconstruction phase.

The lack of income-generating activities, even when pre-disaster employment is not yet feasible, has the potential of generating social problems which could include issues around alcohol and other substance abuse, domestic and social violence, disaffected youth, etc. The International Federation is committed to combining livelihoods support with its other activities, including psychosocial support for children and adults, so as to diminish these possibilities.

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</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.

<p>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"> • 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.
---	---

This is an early recovery phase objective; therefore there is no progress to report at this stage.

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.

The organizational development assessment now underway began on 24 March and is programmed to finish within a week. As mentioned above, this evaluation aims to determine the state of the National Society, its projected goals following this operation and chart the path to reach those goals. With the direct support of the organizational development coordinator for the Americas Zone, the CRC leadership and staff are analysing the current management structure at national headquarters, the diverse situations found at the regional committee and branch levels in the affected and non-affected regions, and volunteer actions. Interviews are being conducted with CRC authorities, directors and volunteers at the national, regional and branch levels. The National Society was in a gradual process of organizational change before the disaster. Whilst this emergency has disrupted its normal functioning, within the National Society it is unanimously understood that it has provided an opportunity to make the necessary adjustments to transform itself into a leading humanitarian organization in Chile.

The strong optimism regarding these changes is a strength that is needed as this transformation presents challenges. This transformation will encompass generation renewal at the branch and committee level, maintaining alliances with non-traditional donors from the private sector, creating a functional and sustainable management structure which endures after the operation ends, and defining strategic lines of action to complement the State's effective provision of services and resources and thus establish a niche for the CRC actions. The preliminary findings were presented to the National Society staff and leadership on 29 March. The final report will be complete and presented to the CRC by mid-April 2010.

The Chilean Red Cross has 166 branches throughout the country, 79 per cent of which are working normally. The rest have suffered damages, and in some cases have been completely destroyed. In a mid-March assessment by four CRC staff and volunteers from Santiago to the O'Higgins region, it was found that out of the 17 region and provincial branches assessed, 6 have minor to serious damage. This does not include three other branches whose have fallen or tilted. The branch in Peumo has one building that is pending demolition following the damages sustained.

As previously mentioned, on 26 March, the CRC branch in Concepción trained 38 volunteers in the Movement's history and principles, as well as areas in which they could support the relief efforts. A registry was created to ensure that these volunteers would be mobilized in this ongoing emergency. Following this training, ten volunteers remained in the base centre to be trained in health promotion. It is projected that these people will replicate this newfound knowledge at the community level, including training community health promoters.

Understanding the challenges of doing all on-the-job training, the CRC with Spanish Red Cross support and AECID funding, has begun conducting pre-deployment trainings in Santiago. These trainings not only cover the basics of the Red Cross Red Crescent emergency response areas, but also provide necessary information so that these new volunteers and collaborators will continue to work with the CRC following the emergency period. As has been mentioned previously, the CRC is challenged to ensure generation renewal and support the entry of younger people. Particularly during emergency relief activities, the support provided by a full range of different generations enhances the operation.

Special support by the CRC in Talca, for example, has been key to allowing new CRC volunteers and collaborators (oftentimes not from this region) to identify local resources for the emergency response. The CRC branch in Talca has been fundamental in ensuring that all CRC volunteers arriving from outside the region have a secure place to stay and proper food. One of the highlights of this work between CRC volunteers from different regions and different age groups is the manner in which they have come together around the Movement's fundamental principles and particularly the goal of reducing human suffering during this emergency period. It will be important to not only continue this combined effort, but also establish opportunities in the future to systematize this experience as one of the lessons learnt during this operation.

Challenges:

The CRC volunteers are challenged to create new opportunities for institutional growth through generation renewal and regularly programmed trainings. As the emergency actions have shown, relief distributions entail the mobilization of a great number of people. Youth volunteers need to be continually incorporated into the CRC structures whilst learning about the Movement, understanding its history and strengthening the CRC to respond to the needs of the most vulnerable populations during this and future disasters.

Communication between CRC branches continues to be a challenge. More than 90 per cent of the 16 branches in O'Higgins region do not have access to internet or fax. All of the Red Cross Red Crescent actors in Chile are challenged to contribute to establishing sustainable resources which can be used by the National Society during this operation and beyond.

The damaged CRC branches in different regions not only mean that buildings are not being used, it also signifies future costs for their rebuilding. In some of the braches in O'Higgins, dividing walls between the CRC branch and neighbouring families or businesses collapsed during the earthquake. Efforts need to be taken to ensure that all branch leadership understands the legal contours of rebuilding and assuming responsibility for damaged infrastructure, as well as identifying resources to make this reconstruction possible.

Increased attention needs to given to community outreach, including information about the CRC and Movement, its volunteer base, and its interest in disaster response combined with disaster prevention and sustainable development through livelihoods support.

Communications – Advocacy and Public Information

The CRC communications team systematically provides information on joint relief actions conducted with other Red Cross Red Crescent actors to local and international printed and voice media. The CRC website has been updated with new sections and contents.

The Chilean Red Cross hosted a field visit with CNN Chile and Mega television stations on 26 March. Moreover, the visit of the governor of Araucanía and the national health representative (*intendente*) to the Finnish Red Cross and Norwegian Red Cross surgical hospital in Pitrufquén was reported on in two local newspapers.

Interviews continue to be given to international media. The regional risk reduction director in the Maule department gave an interview to Radio Vasco which was transmitted on 28 March in Spain. This interview

provided information and statistics gathered in this region and highlighted the Red Cross and the Red Crescent actions. The CRC communications team also gave an interview to Radio France International.

The web page has been updated and receives approximately 1,600 visits daily. The CRC continues to send information in Spanish via Twitter.

A CRC video highlighted the activities of the CRC in affected regions combined with testimonials from CRC staff and volunteers and including interviews with beneficiaries. The video is now available on YouTube.

Video material taken recently was sent to the IFRC's communications department for the future production of audiovisual material on this operation. Part of this material was used to release a b-roll, which was included in the "One month on" press pack sent to National Societies and media outlets. The press pack included a press release focused in psychological support activities, a document of facts and figures and key messages on this emergency.

The areas of communications and corporate responsibility in the CRC have provided key messages related to the information gathering, written materials and layout for the 29 March 2010 rodeo (a sporting event) in O'Higgins department. The aim was to increase the visibility of the CRC response actions. Three radio interviews also were given related to this event.

The CRC communications team also monitors the press, attends meetings with local authorities, and provides communication support for important Red Cross Red Crescent actions.

News items, as well as Operations Updates in English and Spanish, regularly are updated on the International Federation web site: www.ifrc.org and on the Latin America web site: www.cruzroja.org Upon request, the Federation's Communications department will furnish additional information.

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.

[<Click here to return to the title page>](#)