

Operations update



International Federation
of Red Cross and Red Crescent Societies

Haiti: Earthquake

Emergency appeal n° MDRHT008
GLIDE EQ-2010-000009-HTI
Operations update n° 3
27 January 2010

Period covered by this Ops Update: 23-25 January 2010;

Appeal target (current): CHF 105.7 million (USD 103,289,000 or EUR 71,649,500) in cash, kind, or services to support the Haitian National Red Cross Society (HNRCS) to assist up to 60,000 beneficiary families for a total of 3 years;

Appeal coverage: The donor response list on the Federation web site is constantly updated; the Appeal coverage as reflected on the list currently stands at 36 per cent; however, the coverage including pledges yet to be registered is now of approximately 56 per cent.

[<Click here to go directly to the donor response report or here to view contact details>](#)

Appeal history:

- CHF 500,000 (USD 491,265 or EUR 338,880) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to jump-start response activities and mobilization of Federation personnel. Un-earmarked funds to replenish DREF are encouraged.
- A Preliminary Emergency Appeal for CHF 10.1m was launched on 12 January 2010 to support the Haitian National Red Cross Society (HNRCS) to immediately deliver life-saving assistance to some 20,000 families (some 100,000 beneficiaries) for 9 months.
- This Revised Preliminary Emergency Appeal features a Revised Budget of CHF 105.7 million to assist up to 60,000 families (300,000 people) for 3 years.

Summary: The needs in the wake of the 7.0 magnitude earthquake of 12 January in Haiti are proving to be immense, requiring a massive response from the international community. The Red Cross and Red Crescent Movement is responding by sending in personnel, emergency response units (ERUs) and relief to meet these needs. The Haitian National Red Cross Society, the largest community humanitarian organization in Haiti, has been on the ground helping those affected since the earthquake struck, and continue to be at the heart of the operation. Furthermore, sister Red Cross and Red Crescent Societies have shown their support by sending staff and equipment as required. So far, 20 ERUs with different specializations have been deployed to support this operation, the largest ERU deployment registered to date in the Red Cross and Red Crescent Movement.

The focus of the Movement at this stage continues to be to address relief needs, including the provision of emergency medical assistance, clean water and the distribution of basic relief items. However, assessments with a view to long-term recovery planning are already taking place to ensure that livelihoods and infrastructure issues are addressed appropriately and in a timely manner. The Haitian government estimates that 75 percent



The International Federation of Red Cross and Red Crescent Societies (IFRC) distributed non food items to 110 families in the Simon makeshift camp, suburb of Port-au-Prince on Jan 21. The relief items included kitchen sets (casseroles, utensils), hygiene kits (soap, towels, toilet paper etc), mosquito nets, tarpaulins and blankets. Source: Noora Kero/International Federation

of the city of Port-au-Prince needs to be rebuilt. Population movements to areas outside the capital is being monitored and assessments are ongoing.

The Relief Plan has been drafted and shared with the Cluster which has adopted International Federation reporting template and NFI family kit composition. The shelter strategy proposal has been drafted and is being defined in coordination with the HNRCS and authorities. Assessments are ongoing by Movement members in all affected areas inside and outside the capital.

The consolidated response by the Federation as of 25 January can be summarized as follows: the Health ERUs have the capacity to treat 400 people each day and have provided close to 4,000 consultations so far; a total of 2,847 families have been reached with emergency relief non-food items, and 20,680 people have been registered for distributions. The WatSan capacity of the International Federation allows for the provision of 500,000 litres of safe drinking water per day. So far, 2,340,000 litres of water have been distributed. In addition, the logistics teams have mobilized and received over 500 metric tonnes of goods for the operation so far.

Estimated coverage of Revised Appeal stands at 56%. Some in-kind contributions are still in the process of registration. Please note all values for in-kind contributions are estimated. Due to the large contributions of in-kind goods that are being pledged every day, the operation will not be able to accept contributions with strong earmarking for relief items as of now. The donor response list which is published on the public web site is constantly being updated.

The situation

Two weeks after the 7.0 magnitude earthquake, aftershocks are still a daily occurrence in Haiti. On 24 January an aftershock of magnitude 5.5 occurred in the very highly populated region of Ouest in Haiti. The earthquake occurred 16km from Petit-Goave. Aftershocks continue to be a threat to the population and to humanitarian aid, and as a result, the population is still refusing to stay indoors.

The Haitian government is increasingly taking a leading role in the response and coordination of the reconstruction efforts. Eight zones have been defined for the distribution of humanitarian assistance, each of which will receive direct support by a national Minister to coordinate the relief effort. The zones are: 1) Petionville and Kenscoff; 2) Carrefour; 3) Gressier; 4) Petit Goave, Grand Goave and Leogane; 4) Tabarre; 5) Cabaret and Croix de Bouquets; 6) Delmar; 7) Jacmel; and 8) Port-au-Prince Municipality.

In addition, official figures are being issued on the damages, death toll and needs; the Communications Minister said the confirmed death toll from the earthquake on 12 January had risen above 150,000 in the departments of Sud-Est, Ouest and Nippes. The count is based on bodies collected in and around the capital by the state company CNE. Many more remain uncounted for under rubble in the capital and elsewhere, including the towns of Jacmel and Leogane. Some 609,000 people are estimated to be without shelter in the Port-au-Prince metropolitan area, according to official figures. These figures remain preliminary, as assessments continue.

The government declared the search and rescue phase closed on 22 January. At the peak of the response there were 67 Urban Search and Rescue teams in Haiti consisting of 1,918 staff and 160 dogs. According to OCHA's latest report, 132 live rescues were recorded by these teams between 13 and 21 January.

Authorities are encouraging the population currently living in tent cities to re-locate outside the capital by providing free transportation for those who want to leave the capital towards less affected areas to stay with friends or family that can take them in temporarily. According to the latest government figures, some 235,000 people have taken advantage of this offer and gone to seek the solidarity of loved ones outside of the city. Of the estimated total who have left by this means, 62,000 have gone to the department of Artibonite. The number of people who have left by other means is undetermined.

Some sense of normalcy is returning to life in Port-au-Prince. Banks and supermarkets have re-opened and daily activities are beginning again in the capital city. The exchange rate to the dollar has dropped from 42 gourdes to the United States dollar to 32. This fact will be considered in Red Cross early recovery assessments and market analysis.

All schools remain closed and there is no firm indication of when they will re-open. The Education Cluster estimates that 90 percent of schools in Port-au-Prince and 60 percent of the schools in the Sud and Ouest departments have been partially damaged or destroyed, affecting some 500,000 children age 5-14, of which 48 percent are girls. The Cluster estimates that there is a need for 3,000-4,000 temporary classrooms. As a temporary measure, schools will be provided with temporary shelters, safe water, sanitation facilities and educational materials.



In any one of these tent camps, the amount of people ranges from dozens to tens of thousands. The Movement has assessed 314 of these camps, where 470,000 people have been counted. Source: International Federation.

Humanitarian relief efforts continue to scale up in Port-au-Prince, Jacmel, Leogane and other affected areas. The World Health Organization (WHO) reports that despite difficult conditions, there are no reported outbreaks of communicable diseases including cholera, measles and rubella. However, WHO recommends that all aid workers going to Haiti be vaccinated against both measles and rubella.

The logistics situation remains far from ideal. It is estimated that it will take some time for the main port to be fully operational again. Meanwhile, the smaller ports can be used but only for limited volume. The main supply routes will continue to be via air and by road from Santo Domingo.

The Red Cross and Red Crescent Movement thus far has purified and distributed over 2,340,000 litres of water in some 40 settlements in Port-au-Prince, reaching approximately 99,000 people.

The Mobilization Table for 60,000 families is fully covered. The positions of Country Representative and Operation Coordinators will close on Thursday 28 January, for which reason all interested parties are encouraged to send applications via JobNet.

A high level meeting with the President of Haiti, the President of the HRCNS and the International Federation representative for Haiti was held on 25 January. During this meeting, the Haitian President

committed to give high priority to the revision of a Status Agreement.

Coordination and partnerships

External

With the aim to organize the response and ensure effective coordination and leadership, the humanitarian team in country has now agreed to set up **12 Clusters** as per the United Nations Flash Appeal. As the situation on the ground continues to unfold, there may be a need to review and adjust these arrangements. Below are the Cluster lead agencies:

- Camp Coordination and Camp Management – International Organization for Migration (IOM)
- Education - UNICEF
- Emergency Shelter and Non-Food Items - IOM
- Food Aid - World Food Programme (WFP)
- Logistics - WFP
- Nutrition - UNICEF
- Protection – Office of the High Commissioner for Human Rights (OHCHR): UNICEF for Child Protection and the United Nations Population Fund (UNFPA) for Gender Based Violence
- WASH - UNICEF
- Agriculture and Food Security – Food and Agriculture Organization (FAO)
- Early Recovery – United Nations Development Programme (UNDP)

- Emergency Telecommunications - WFP
- Health – WHO/Pan American Health Organization (PAHO)

The **Health Cluster** groups together more than 55 organizations which are actively working in response activities and is working with 47 hospitals, 2 floating hospitals (from Mexico and the United States) with helicopter transport capacities, and around 11 mobile clinics in Port-au-Prince. Partners reported that approximately 100 patients are in need of surgical treatment in Jacmel. The hospitals in Jacmel have the necessary medical personnel, but need support with medical supplies to carry out operations.

The **WASH Cluster** reports that the main challenges include the identification of new water sources to meet growing demand and reaching areas outside of Port-au-Prince. The global caseload requiring WASH interventions in Haiti is currently assessed at 500,000 people.

Logistics Cluster indicates that the port in Jacmel is operational for ships that have a draft of 3 meters or less. It is only operating in daylight hours and ships must carry their own lifting equipment. Convoys are operating from Santo Domingo to Port-au-Prince twice a day (at 07.00 hours and 14.00 hours). The border closes at 17.00 hours.

Mapping efforts are being coordinated by **IT and Telecom** in the field with MapAction. A **security** information network has been established with agencies to enable the sharing of up-to-date information.

Internal

Movement Platform meetings have been held between the HNRCS, ICRC and the International Federation. Discussions have started regarding the Movement Framework approach to manage coordination of the support, with a Memorandum of Understanding (MoU) being prepared that will be shared in due course. The next coordination meeting is scheduled for Wednesday 27 January in the morning in Port-au-Prince.

The move to a new Red Cross/Red Crescent Base Camp location will take place as soon as security and water and sanitation facilities are in place. The chosen site is being prepared and landscaping, security, electricity are being worked on. The Italian and Danish Red Cross Societies' Base Camp ERUs have arrived in Port-au-Prince..

As of 25 January, 20 ERUs have been deployed, of which sixteen are operational.

ERU Deployments to date

ERU Type	No. of Personnel	National Society/ies	Status
Field Hospital (including Wat/San M15)	47	German Red Cross/Finnish Red Cross	Expected to be operational on 28 January
Rapid Deployment Hospital	30	Norwegian Red Cross /Canadian Red Cross	Operational
Basic Health Care (Fixed)	15	Japanese Red Cross Society	Members operating; Equipment pending arrival
Basic Health Care	14	Finnish Red Cross /French Red Cross /Swedish Red Cross	Operational
Basic Health Care	9	German Red Cross	Operational
Basic Health Care	10	French Red Cross /Qatari Red Crescent	Deployed
Relief/Shelter	5	American Red Cross	Operational
Relief/Shelter	7	Benelux Red Cross /French Red Cross	Operational
Relief/Shelter	6	French Red Cross /Finnish Red Cross	Operational
Logistics	4	British Red Cross	Operational

		/Spanish Red Cross (operating in Santo Domingo)	
Logistics	6	Swiss Red Cross	Operational
Water and Sanitation M15	7	French Red Cross	Operational
Water and Sanitation M15	6	Spanish Red Cross	Operational
IT /Telecom	5	Spanish Red Cross	Operational
IT/Telecom	5	Danish Red Cross /American Red Cross	Operational
Mass Sanitation M20	7	Austrian Red Cross	Operational
Mass Sanitation M20	5	British Red Cross	Operating/Equipment arrived Jan 25
Mass Sanitation M20	6	Spanish Red Cross	Deployed
Base Camp	14	Italian Red Cross	Arrived – Base Camp (set up expected by Jan 26)
Base Camp	7	Danish Red Cross	Members arrived – Base Camp pending
20 ERUs	215	16 National Societies	18 ERUs in the field

Note: The German Red Cross Wat/San M15 shown in the previous Operations Update, no longer appears on this list since it is part of the standard set-up of the Hospital ERU that the M15 is supporting in Haiti.

This is the largest Federation ERU deployment in history. The tsunami involved deployment of 17 ERUs.

With regard to the FACT team on the ground, the following is the structure as of 20 January:

FACT Team Composition (Total 25 FACT Delegates)

FUNCTION	NATIONAL SOCIETY
Team Leader (1)	Canadian Red Cross
Reporting (1)	International Federation
Health (2)	International Federation / Finnish Red Cross
Relief Coordinator (1)	American Red Cross
Media (1)	International Federation
Information/Media - PNS Coordinator (1)	International Federation
IT and Information Management (1)	Danish Red Cross
Shelter (3)	Swiss Red Cross/Andorra Red Cross/Luxemburg Red Cross
Finance (2)	Icelandic Red Cross/ International Federation
Security (1)	International Federation
HR (1)	Japanese Red Cross
Assessment (1)	Finnish Red Cross
Recovery (1)	British Red Cross
Movement Coordinator (1)	International Federation
WatSan (2)	International Federation / British Red Cross
Deputy Team Leader (1)	ICRC
Information Management (1)	Grenada Red Cross
Logistics (3 -General, Liason, Coordinator)	International Federation /American Red Cross

- Delegates for rotations are being selected.

In addition, the following Federation technical and services support personnel are on the ground or about to arrive in Haiti:

3 person Shelter Technical Team in the Field

4 person Logistics Support Team due to arrive in Haiti

5 members of staff in Santo Domingo covering the areas of administration, transportation, procurement and finance.

The Federation's Geneva-based secretariat continues to support the operational coordination in the Zone and the field with the deployment of global surge capacity and representation in global level coordination meetings at the UN and other multi-lateral agencies. Staff members from the secretariat headquarters as well as the Zone office have been mobilized to Haiti and/or the Dominican Republic to support the operation.

Partner National Societies in country prior to the earthquake and supporting the operation include the American, Canadian, French, German and Spanish Red Cross Societies.

Presence of sister National Societies in country following the event includes the Red Cross and Red Crescent Societies of Austria, Belgium, Great Britain, Colombia, Costa Rica, Denmark, the Dominican Republic, Ecuador, Finland, Grenada, Iceland, Iran, Italy, Japan, Korea, Luxembourg, Mexico, the Netherlands, Norway, Paraguay, Sweden, Switzerland, Taiwan and Turkey as well as the Magen David Adom.

Coordination is ongoing amongst Red Cross water and sanitation teams from the Colombian, Dominican, French and Spanish Red Cross Societies, ICRC and the 4 WatSan ERU teams. Coordination has also started with other ERU teams such as the Relief team.

Coordination is also taking place amongst ICRC and medical teams of the National Societies in country. The scheduled Health ERU Team Leader meeting will outline the parameters of cooperation and fields of activity within the Red Cross and Red Crescent.

Red Cross and Red Crescent action

Overview

The Red Cross and Red Crescent is coordinating and implementing all response activities from its Base Camp in the capital city. As of 20 January, 185 delegates are staying in this camp, where resources are limited; therefore, it is strongly recommended for all personnel being deployed to Port-au-Prince to bring equipment and supplies to be self-sustainable.

The consolidated response by the Federation as of 24 January can be summarized as follows: the Health ERUs have the capacity to treat 400 people each day and have provided close to 4,000 consultations so far; a total of 2,847 families have been reached with emergency relief non-food items, and 20,680 people have been registered for distributions. The WatSan capacity of the International Federation allows for the provision of 500,000 litres of safe drinking water per day. So far, 2,340,000 litres of water have been distributed. In addition, the logistics teams have mobilized and received over 500 metric tonnes of goods for the operation so far.

ICRC Response

Restoring Family Links (RFL) activities were conducted in Place St. Jeremy at the HNRCS first aid post. The service is advertised through the local radio and through loud speakers circulating in vehicles. Satellite phone calls and registration of 'safe and well' messages were offered.

Other visits took place to Avenue du Chili, Champ de Mars, Club de Pétionville, Desprez, Sylvio Cator stadium and Delmas, where over 500 calls to relatives were facilitated and 280 people registered as safe and well on the ICRC RFL website.

The HNRCS, the International Federation and the ICRC are working on a joint approach to provide transportation between first aid posts and referral hospitals using minibuses, similar to the practice adopted after the 2008 hurricanes.

ICRC conducted an assessment of the University Hospital morgue facilities, where two morgue workers were trained by ICRC on recovery and transportation of dead bodies. In addition, the ICRC recovered the bodies of the four prisoners that died during the earthquake, and 600 body bags were distributed.

The ICRC has supplied 55,000 litres of water to a total of three water points. A structural evaluation of the morgue and the forensic pathology institute buildings was conducted, and a visit was undertaken to the Women's Prison to assess water and habitat needs.

Progress towards objectives

The operation is guided by the strategic aim to save lives, protect livelihoods, and strengthen recovery from disasters. The International Federation Appeal focuses on three key principles: quality services to targeted beneficiaries; an integrated approach linking all programme areas in the services provided to beneficiaries and a livelihoods approach that forms the basis of the recovery phase of the operation.

During the relief phase, the operation is focusing on the timely provision of preventive and curative health care, water and sanitation to reduce the spread of disease, essential relief items and emergency shelter. In the recovery phase of the operation, the focus will shift to the rehabilitation and reconstruction of homes and community infrastructure (such as schools, health centres and markets) and the restoration and strengthening of livelihoods. Throughout all phases of the operation, the capacity of the HNRCS will be strengthened to deliver integrated multi-sectoral disaster response targeting the most vulnerable communities.

The relief and recovery processes will be supported and guided by a commitment to holistic assessment and analysis including the continuous participation of the disaster affected communities in the definition of needs and appropriate solutions.

Emergency health care, shelter, sanitation, water and non-food items have been identified as critical needs. Most families have lost their homes and basic household items, such as kitchen utensils, blankets, hygiene items. Access to water is limited. It is essential to provide people affected by the earthquake with basic non-food relief items.

Relief distributions (basic non-food relief items)

Objective 1 (Relief phase): People affected by the earthquake will have benefited from the distribution of basic non-food relief items.	
Expected results	Activities planned
<p>Affected families receive kitchen sets (1 per family) and blankets (2 per family).</p> <p>People affected by the earthquake see their basic needs met by receiving essential non-food relief items.</p>	<ul style="list-style-type: none"> • Relief ERU deployment to support relief activities in collective shelters. • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Procurement and transport of relief supplies and materials. Distribute supplies and control supply movements from point of dispatch to end user (possibly to include unconditional cash grants). • Monitor and evaluate the relief activities and provide reporting on relief distributions. • Develop an exit strategy.

Progress: Representatives from the International Federation in the field continue to attend Non-Food Items Cluster coordination meetings, sharing assessments and planned distribution information.

The International Federation has updated its Relief Plan of Action, based on recent information compiled from field assessments. This adjusted plan has been shared with the Clusters and all other relevant stakeholders. In the event that there are duplications with relief plans from other humanitarian actors, the International Federation will strive to adjust the plan in a coordinated manner, as well as in the event that gaps in coverage occur. The Plan is to reach 60,000 families in the first 3 months

Current assessment information (as of 24 January)

Several large population movements have been registered to be occurring simultaneously in the affected area, and can be categorized in three main groups:

1) A large number of persons (235,00 people or more, according to government figures, with numbers increasing daily) have left the affected area in Port-au-Prince and are gathering in unaffected towns and cities.

2) Vast numbers of persons are gathering in areas throughout the affected areas of Port-au-Prince. The term being used to describe these areas is “transitional settlements”. Based on the most recent assessments, 508 of these temporary settlements have sprung up. In any one of these tent camps, the amount of people ranges from dozens to tens of thousands. The Movement has assessed 314 of these camps, where 470,000 people have been counted. The estimated total number of people staying in these 508 camps is between 600,000 and 700,000. This does not include those who are staying in undamaged homes, or those who have moved away to the neighbouring towns. Additionally, as assessments are conducted during the daytime, it is estimated that at night these numbers could double.

In the near future, assessments will begin with the groups who are to move to large camps. Authorities and the Cluster are looking at different options and assessing sites for the relocation to transitional settlement sites.

The Relief Plan of Action to assist an initial 60,000 families (approximately 300,000 people), being implemented under this Appeal, has been updated in line with the current situation, prioritizing the distribution of a non-food items package. The NFI Cluster has agreed to adapt the standard ration for this non-food-items package, as outlined in the International Federation Relief plan below. The Family Kit contains the following items:

Item	Specifications	Per family	Families	Total
Family hygiene kit	1 per month, for 6 months	1 per month	60,000	360,000
Kitchen set	For 5 persons	1	60,000	60,000
Tarpaulins	With eye hole	2	60,000	120,000
Rope	20 m	1 unit	60,000	60,000
Blanket	Light	5	60,000	300,000
Mosquito nets		2	60,000	a120,000
Jerry cans		2	60,000	120,000
Buckets		2	60,000	120,000
Aqua tabs		1 (family pack) 1 tab per/litre 8 Ltr/pp/pd X 30 days	60,000	60,000
Sleeping mats		2	60,000	120,000
Baby kits		1	20,000	20,000

The shelter strategy for the emergency will be implemented in coordination with the HNRCS and the Cluster. The proposed strategy will be to distribute 10,000 tents, 20,000 shelter kits and 1,200 clean-up debris kits (1 per 25 families). Details on the proposed shelter strategy are offered below under the Shelter objective of this Operations Update.

Priorities identified for distribution

The Cluster on Relief and Shelter has suggested the following priorities for the first month:

- 1) First group of NFI priorities:
 - a. Tarpaulins
 - b. Blankets
 - c. Kitchen sets
 - d. Hygiene kits
 - e. Water containers (jerry cans or buckets)
- 2) Secondary priorities
 - a. Sleeping mats
 - b. Mosquito nets
 - c. Aqua tabs
 - d. Baby kits

This prioritization does not mean that items on the second priority list will be withheld from distribution, but that items on list one will be prioritized for mobilization and distribution.

Distribution progress:

In line with this Plan, International Federation relief distributions of non-food items have developed as follows up to 24 January.

Date	District	Distribution Site	No. Families	No. People
19.01.10	Delmas	Daihatsu # 1	350	2,100
20.01.10	Port-au-Prince	HNRCS	110	660
21.01.10	Delmas	Camp Simon	243	1,458
22.01.10	Delmas	Haitian Tractor	281	1,686
22.01.10		Haitian Community Hospital	5	30
22.01.10	Carrefour	Orphanage (maison des enfants de la foi)	100	550
23.01.10		University Hospital	20	120
23.01.10		University Hospital	300	1,800
23.01.10		University Hospital	600	3,600
23.01.10		Haitian Community Hospital	75	450
24.01.10		Haitian Community Hospital	10	60
24.01.10		Delmas #5	153	918
		Carrefour Sport Center	600	3,600
Total			2,847	17,032

These distributions have been carried out jointly by Movement actors: the Relief ERU, the Haitian National Red Cross Society, the German Red Cross, the Iranian Red Crescent, the Turkish Red Crescent, and the Spanish Red Cross Societies.

There are several Red Cross and Red Crescent Societies that are bringing in food kits, including the Colombian Red Cross and the Turkish Red Crescent. The HNRCS and Relief ERU will facilitate the distribution of these items to the extent possible.

Location of beneficiaries: The Relief ERU and the Relief FACT team have identified additional beneficiaries in the following locations:

District	Site	Families
Port-au-Prince	Place de l'aviation	2,000
Jacmel	Jacmel	6,000
Leogane	Leogane	5,000
Delmas	Delmas high	5,000
Delmas	Delmas low	5,000
	Croix-de-Pre	4,000
	Grand Simon	3,000
Tabbah	Clercine	2,000/1,500
	Haitian Tractor/ Camp Simon	1,000
Delmas	Delmas 32	2,000
Delmas	Delmas 34	2,000
Delmas	Delmas 40	2,000
	Carrefour	6,000
Port-au-Prince	Avenue N./ Turgen	2,000

Port-au-Prince	Pacot	1,000
Port-au-Prince	Baslalue	4,000
Port-au-Prince	Avenue de Travail	1,000
Port-au-Prince	Bellaire	600
Sub Total		53,600

Note: The target is 60,000 families. Adjustments will be made as the operation progresses and coordination becomes more defined through the Cluster System.

Selection Criteria: Priority will be given to families whose homes are uninhabitable. Within this group of families, priority will be given to female-headed households, the disabled, elderly and otherwise disadvantaged persons.

Challenges: Distributions have now begun. Security remains a concern and, as a result, the Relief ERU has secured the support of MINUSTAH staff for all distributions.

Water, sanitation, and hygiene promotion	
Objective 1 (Relief phase): The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation and hygiene promotion.	
Expected results	Activities planned
Affected families and health centres gain access to safe drinking water, adequate sanitation and hygiene promotion.	<ul style="list-style-type: none"> • Coordination of Movement water and sanitation activities. • Provision of water through the ERU Water and Sanitation deployment providing safe water to up to 30,000 people. • Conduct rapid emergency needs and capacity assessments and deploy further ERUs (including sanitation) if needed. • Distribute water and sanitation relief supplies (household water treatment, jerry cans, buckets, etc) and provide training on use of items. • Mobilize HNRCS volunteers to carry out hygiene promotion activities during distribution. • Monitor activities and provide reporting.

Situation: The need for water supply in camps and hospitals is still imperative, as well as for hygiene promotion and sanitation initiatives.

Public water trucking distribution started again in Port-au-Prince on 19 January for the first time since the earthquake, under the coordination of the WatSan Cluster. More than 80 trucks are delivering water around the city. While a good coordination system has been put in place, it will take time to decide the exact route of each truck. National authorities are asking all partners to focus on making the water system work, as boreholes and springs exist as part of the network, but the current accessibility and quality of that water is not adequate. Water system assessments are ongoing by the Ministry of Public Works (through the Centrale Autonome Métropolitaine d'Eau Potable- CAMEP and Direction Nationale de l'Eau Potable et de l'Assainissement-DINEPA), private companies and some NGOs to restart the water system as soon as possible.

Progress:

Water distribution so far by Movement partners to date:

National Society/ERU	Litres distributed so far	Location
Colombian Red Cross	97,000	Hopital La Paix
Spanish Red Cross M15 ERU	109,000	Leogane
Spanish/Dominican/Haitian Red Cross (joint team)	2,000,000	Several locations around Port-au-Prince
French Red Cross M15 ERU	134,000	Several locations

		around Port-au-Prince
ICRC	55,000	3 different water points in Port-au-Prince
Approximate total	2,395,000	Over 40 settlements in Port-au-Prince

The Colombian Red Cross has set up a Water Purification Plant in “Hopital La Paix”, and a second treatment plant will be added during the next 24 hours.

Storage: The HNRCS and the Spanish Red Cross have set-up eight plastic tanks in different areas of the city and have provided water for CARE and MSF tanks in the biggest camp in “Etude Silvia XIV” area, and the Spanish Red Cross has identified new sites 5km from Leogane where there is another camp. In addition, the Spanish Red Cross has installed two bladders in Delmas 33 and Carrefour Aviation. Another bladder was installed by the ICRC in Delmas 33.

The French Red Cross and French Red Cross M15 ERU set up 5 bladders (5,000 and 10,000 litres capacity) on 24 January.

Water and Sanitation assessments: A new area of Port-au-Prince has been assessed by the British Red Cross MSM20 and the FACT WatSan Delegate. As a result of those assessments, the British ERU MSMs are planning the strategy for their intervention. Settlements can be very different in Port-au-Prince depending on the area. There are settlements in schools, churches, parks, plazas, football grounds, private companies, public fields and many other areas. The soil can be pavement, rocks, tarmac or many different materials. Some settlements are very well organized, where sanitation interventions would not require a major effort, while others will require social work before latrines are built. There is an enormous need for waste and faecal disposal, hand washing facilities, shower facilities and hygiene promotion.

Sanitation assessments have been carried out by the Austrian WatSan ERU in Leogane, where different settlements have been visited and talks have been held with local authorities. The list of settlements is being updated on a daily basis. The Austrian Red Cross MSM20 ERU has set up a camp in Leogane.

Challenges: The main challenges have been due to the late arrival of the teams and equipment. This is a result of the generalized constraints in logistics. The situation is improving as the backlog begins to clear.

Emergency health

Objective 1 (Relief phase): The immediate health risks of the emergency on the affected population are reduced through the provision of preventive, community-level and curative basic health services.

Expected results	Activities planned
A rapid deployment hospital, a referral hospital and Basic Health Care ERUs serve the primary health care needs of the affected population.	<ul style="list-style-type: none"> Assess the health risks of the affected population in terms of access and availability of health services, prevention, health needs and risk of communicable diseases and epidemics. Identify and target groups at higher health risk including children, mothers, pregnant women, the elderly and people living with HIV/TB. Deployment of the rapid hospital ERU and a referral hospital to its area of operations to provide medical and surgical health care. Deployment of the community outreach module as part of the hospital to provide health promotion and epidemic surveillance, prevention and control measures. Deployment of the psychosocial support module as part of the hospital to provide PSP services to affected population. Deployment of the basic health care ERUs to their areas of operations and provision of service. Provision of reproductive health kits to ERUs to cover needs including medical, surgical, clean delivery, and gender violence. Continuously assess and fulfil the needs for further curative, preventive,

<p>Prevention of epidemics is ensured.</p> <p>All activities in the area of health are well coordinated.</p>	<p>and community health services throughout the emergency phase including further deployment of health ERUs, materials or personnel.</p> <ul style="list-style-type: none"> • Continuously monitor the risk of epidemics including diarrhoea, cholera, measles, vector-borne diseases and others through active surveillance in health facilities and in the community. • Conduct epidemic prevention and response as assessments and needs indicate. • HNRCS volunteers raise awareness in their communities to epidemics and communicable diseases and provide preventive, control, and health information, education and support. • Train volunteers and staff as needed on the use of the Federation epidemic control and community health tools (Epidemic Control for Volunteers, CBHFA). <ul style="list-style-type: none"> • Coordinate health activities with the Ministry of Health and the health cluster • Coordinate activities, specifically prevention and community outreach with Water and Sanitation activities.
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Progress:

The Health Plan of Action for the three months' emergency phase is being drafted. This Plan will include longer-term health needs taking into account epidemiological surveillance and prevention, training of HNRCS volunteers and capacity building. The health strategy will be integrated with the Shelter and WatSan Plans of Action.

All health teams in the field are involved in assessments using the standard Inter-Agency Standing Committee (IASC) template for Rapid Assessments. All results from these assessments are shared with the Health Cluster during regular meetings.

The German/Finnish Red Cross Field Hospital ERU is located at the Carrefour Soccer Stadium. The ERU equipment is being installed and it is expected to be operational very soon. The Norwegian/Canadian Red Cross Rapid Deployment Emergency Hospital ERU continues with surgeries, psychological support, including PSP training of volunteers especially on managing children's reactions, and outpatient care (although less influx of new cases for the hospital has been registered).

Due to the frequent aftershocks, the University Hospital is struggling with the issue of mobilizing all admitted patients under tents. Patient care is still averaging 70 patients a day, and the patient profile remains the same. Tetanus vaccination is now performed in all departments at the University Hospital. The Community Health Module (CHM) has started with an evaluation of the priorities in the hospital area regarding hygiene issues, planning of the objectives and organization of future community work.

The Finnish/French/Swedish Red Cross BHC ERU team is operating 2 mobile clinics, one in Croix-des-Prés and one in Place Jérémie-Carrefour. The two mobile clinics are now seeing up to 300 patients a day. In addition, some members are working at the Base Camp, focusing on occupational health. Two surgeons from the German/Finnish Red Cross Field Hospital have been supporting the teams while awaiting the installation of the Field Hospital.

The German Red Cross BHC ERU is averaging consultations of 100 patients a day in Delmas 54. The Japanese Red Cross BHC ERU team members are supporting the other ERU teams until their equipment arrives and the permanent unit location is set. A Korean Red Cross medical team has arrived and will be integrated into activities. The Iranian Red Crescent is conducting integrated medical activities with the Health ERUs. The Colombian Red Cross health team continues to support efforts in the Hospital La Paix, together with personnel from Chile, Cuba and Spain. They have assisted 196 patients, have performed 24 surgeries, ensured 8 births and have provided psychosocial assistance to 5 people.

Challenges: The 6.1 earthquake of 20 January and the other subsequent aftershocks have created new strain on operating hospitals, as patients and medical personnel evacuated buildings and were refusing to go back inside. This has led to overcrowding of the premises and generated sanitation problems as all toilets are inside the buildings.

Shelter and community infrastructure

Objective 1 (Relief phase): Ensure that some 30,000 affected families have healthy and safe emergency shelter to help preserve their physical and mental well-being, human dignity and prevent the further deterioration of their humanitarian situation.

Expected results	Activities planned
30,000 affected families have adequate emergency shelter which assists them in returning to their daily lives.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments with the support of HNRCS volunteers. • Develop community and beneficiary targeting strategy in coordination with local authorities and other humanitarian actors. • Procure and distribute suitable shelter relief options (tents, shelter kits complemented with other construction materials and tools). • Procure and distribute other household NFIs in coordination with relief. • Provide basic guidance on the use of shelter relief items to complement the distribution. • Develop a shelter strategy and plan of action to deliver on both transitional shelter solutions and shelter early recovery options. • Identify and prioritize vulnerable groups for the next phase. • Monitor and evaluate the shelter activities and report on distributions.

Progress: As has been reported in previous Operations Updates, initial reports indicate that the scale of this disaster is unprecedented, in a country already affected by extreme poverty and regular events such as floods, landslides and hurricanes. This earthquake has massively damaged buildings and infrastructure, both in urban and suburban areas. Most public buildings have been destroyed or badly damaged and are no longer safe. There is no evidence of verifiably safe structures to host people during the emergency phase.

As announced in the previous Operations Update, the International Federation has put together recommended strategic shelter options for relief and recovery.

Within this recommended strategy, several key challenges have been identified: lack of available land for reconstruction in densely populated areas, lack/destruction of property titles, limited skilled labour and extreme scarcity of materials available in local markets. Beneficiary identification and registration mechanisms will take time. Removal of debris is a challenge given the limited availability of in-country resources, and demolition and initial reconstruction will require temporary/transitional shelter solutions for affected households for a period of between 4 months and 3 years.

To date, damage to structures has been placed in the following categories: Single-story houses that were damaged but are repairable; houses damaged beyond repair; multistory residential buildings that have been totally damaged or are beyond repair; and public buildings and community infrastructure which is damaged or beyond repair.

Householders are grouped into three basic categories: a) House owners: this group owns the land and the property; b) Tenants / those who do not property; c) Squatters and informal settlers who will also be included in the former group.

Priority will be given to families whose homes have become uninhabitable. The following vulnerable groups have been identified to ensure that they are provided with assistance:

- Female Headed Households
- Chronically sick, wounded and disabled people
- Unsupported elderly people and minors

Shelter options adopted by affected individuals and communities can be described as follows:

A: NON DISPLACED: within this sub-group, most people camp in the open air using the scarce plots of land available in a densely built urban setting. They wish to stay close to their damaged property, but lack materials, space and social support networks to be able to provide adequate shelter for themselves. This group has identified as having some of the greatest needs.

Shelter solution: assist the non-displaced population to erect a temporary shelter *in situ*. (refer to options 1.1 and 1.2 below).

B. DISPLACED Relocated to semi-urban or rural areas – some people have found shelter with relatives/host families, and have moved to safer environments. They have started to build spontaneous emergency shelters with salvaged/mixed materials that are easy to fix or repair. Self construction is common and limited construction knowledge is available, but people lack tools and fixings to repair their houses.

Shelter solution: provide assistance with tools, technical guidance and resources to rebuild (refer to Options 1.1 and 1.2 below).

C: SETTLED IN DISPERSED CAMPS – people whose houses have totally collapsed (ie. those who lived in multi-storey buildings in urban areas) and cannot remain on site. Spontaneous camps are appearing within the neighbourhoods where people lived previously. Families rely on using improvised solutions. Some people move towards the border with Dominican Republic, in search for assistance.

Shelter solution: (refer to Option 1.3 below).

D: PLANNED CAMP – The local government and the lead shelter agencies are identifying new locations for camps. It is likely that many agencies will start providing tents in large-scale camps, until interim solutions are found and new land is allocated for resettlement, or people are allowed to return to their homes where these are still standing.

Shelter solution: (this is a 'last resort solution' refer to Option 1.3 below)

Based on the previous classification of those in need of shelter, and based on the Shelter objectives defined under this Appeal, the following options are being proposed for the acute **Emergency Relief Phase** (1-4 months following the earthquake).

Option 1.1. Shelter solutions re-using salvaged materials

This option allows the re-usage of salvaged materials, 'debris bags' which are used as foundations and sub-structure, to be complemented with bamboo/timber poles, and plastic/zinc sheeting. This will create a basic structure that can be incrementally improved. These initiatives can be associated with cash-for-work programmes. In addition, support in the form of cash grants can be provided to people staying with host families and relatives. 'Debris clean-up kits' with essential items will be provided to households that have been identified for this option. Household items such as smokeless kitchen stoves, solar lanterns and other devices can be integrated in the shelter package.

Benefits: allows people to stay on their own plot and re-use debris which can be found in the urban area; it also facilitates beneficiary involvement and progressive upgrading of structures. In addition, salvaging materials saves on building costs.

Constraints: there is a need for basic technical assistance, and the most vulnerable will not be able to manage large debris without support.

Option 1.2. Shelter kits such as the International Federation shelter kit (adapted to the context) or other types of kits complemented by materials, tools/fixings and technical assistance.

For affected households who are able to repair or construct their own temporary shelter, or for communities to adapt verified safe communal structures for multi-family occupation, household or community shelter kits could be provided together with additional technical advice on shelter solutions and safe building.

This reconstruction package can comprise materials, tools, cash and essential household items, which can enable thousands of households to construct safe, adequate and durable shelters. On the job trainings can be organized by trained HNRCS volunteers to individual households or community leaders. In general, shelter kits will be complemented with items such as timber and plywood for cladding and internal partitions, steel frames to improve damaged structures and other appropriate construction materials. Shelter kits can be associated with

cash grants or cash for work programmes Household items such as smokeless kitchen stoves, solar lanterns and other devices can be included in the shelter package. This option is preferred in non-urban settings.

Benefits: this option enables households to remain on their original site and resume their daily lives faster. It also facilitates flexible use of tools and materials; shelter kits have been used in post-hurricane response in Haiti and a number of HNRC volunteers have been trained in their use.

Constraints: this option requires needs basic technical inputs and the most vulnerable need assistance to handle the shelter kits; furthermore, the offer of additional construction material on local markets is very scarce.

Option 1.3. Tents

Given the dense urban context, the lack of availability of construction materials and the fact that public buildings are not safe, tents are a viable relief option. Tents deployed in small-scale self-settled areas in Port-au-Prince or small towns is a preferred solution over large-scale tented camps currently under discussion among agencies and the government.

Benefits: Tents are available from stock and deployment and distribution is rapid.

Constraints: this is not the preferred option from a cultural point of view, is not always appropriate in a tropical climate and is debatable from an environmental point of view. Production and transport costs are higher than for other options. Tents are a short-term option.

Challenges:

Consideration is being given by authorities to the relocation of people from over 500 makeshift camps (between 400,000 and 600,000 people) into one or several large emergency settlements. Options are being considered in consultation with the Cluster and humanitarian actors.

The proposed course of action will be decided on over the next few days and the HNRCS/International Federation strategy will be adjusted accordingly.

Livelihoods	
Objective 1 (Relief phase): Disaster affected individuals and households are assisted through livelihood substitution activities.	
Expected results	Activities planned
Vulnerable individuals and households are actively involved in relief planning and delivery and benefit from livelihood substitution activities.	<ul style="list-style-type: none"> • Assessment and participatory planning. • Selection of target communities and 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. • Support for community-led livelihood restoration activities through the provision of productive assets, tools, waste removal, etc. • Monitoring and reporting. • Replication of successful pilot initiative and quick impact projects. • Lesson learnt exercises and transition to recovery planning.

Progress: Consideration is being given to engaging the population to recover shelter materials from the debris to use as part of the emergency shelter frame, using a cash for work or methodology.

Challenges: At this point in the operation, focus is on delivering immediate relief assistance to the affected population. Livelihoods initiatives will start to be implemented in due course, in line with an integrated programming approach.

Strengthening of HNRCS capacities

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

Progress: The volunteers of the Haitian National Red Cross Society have been at the heart of the relief operation undertaken by the Movement thus far. In following Operations Updates, more information will be provided on volunteer management.

Operational support

IT/Telecom

Objective 1 (Relief phase): A well functioning and reliable communications system has been established to ensure effective communication and security for all Movement partners for the immediate response to the disaster.	
Expected results	Activities planned
<p>The shared ICRC / HNRCS VHF network is covering the operational areas.</p> <p>Radio contact is possible from branches to communicate operational updates.</p> <p>Data communication and office facilities are available for the operation.</p>	<ul style="list-style-type: none"> • Deployment of ERU IT/Telecoms. • Rehabilitation of VHF repeaters. • Installation of one VHF repeater for coverage of Sud and Sud-Est. • Rehabilitation of VHF base stations. • Installation of VHF radios in vehicle. <ul style="list-style-type: none"> • Installation of data connectivity facilities and provision of IT support. • Monitor activities and provide reporting.

Progress:

Internet: VSAT based internet connections are running in the original camp site, the new camp site and the University Hospital site. The team is currently planning internet set-up for the longer term and assessing the offered donations to ensure a well functioning internet connection for the operation in the future.

Cell coverage is good in most operational areas. 75 phones with pre-paid SIM cards have been handed out. 200 phones without SIM cards are also in stock. Thousands of phones are being handed out by cell phone providers, which will most likely cause congestion to increase.

Radio network: Radio operators have been trained and will be ready to manage the operation of the radio network soon. The International Federation / HRCNS / ICRC shared channel is still the main channel for communication, but antennas have been offered by ICRC so more repeaters can be installed in the coming days.

Ongoing support for the sectors in data formatting and mapping is ongoing. This has been very well accepted by the operation and is coordinated with the mapping unit in the Geneva Secretariat. GPS units with maps and known waypoints will be handed out to the sector teams.

Challenges: At this point, the main constraint has been the congestion of radio networks. This challenge should be overcome shortly.

Logistics

Objective 1 (Relief phase): To effectively manage the supply chain from arrival of relief items and ERUs, including clearance, storage and forwarding to distribution. To link to the Federation's logistics mobilization
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table: < https://www-secure.ifrc.org/DMISII/Pages/03_response/0307_logistics_mobTab.aspx >

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

Situation: As all humanitarian organizations gear up their operations, the overall logistics situation remains far from ideal. Secondary ports are operating partially and the main port is under repair and expected to be fully operational in about six months. The main alternatives continue to be the very congested airport and by land from Santo Domingo. A space for humanitarian cargo has been assigned at the Port-au-Prince airport, and the remainder is still closed.

In total thus far, 43 International Federation and National Society flights have landed in Santo Domingo and Haiti. Between 23 and 24 January, five International Red Cross flights arrived in Port-au-Prince and Santo Domingo.

A plane containing four vehicles and relief items departed from Panama to Port-au-Prince on 25 January, also carrying the Acting Head of the RLU. The Logistics ERU in Santo Domingo will be reinforced by 2 staff (one warehouse manager and one fleet manager), and the logistics team in Haiti has been reinforced by 4 persons for the next 2 weeks.

Ten containers with relief items for approximately 5,000 families are booked on the next vessel to Port-au-Prince via port Haina (ETD 30 January from Panama), and 10 additional containers will be booked to Port-au-Prince by early next week.

Due to the unprecedented volume of ERU deployments and the associated required logistics support, as well as the volume of unsupported National Societies arriving, the warehouse site (temporary base camp) is completely full of vehicles and equipment. In addition the teams all require some element of logistics support. The situation has led to two complicating factors for the logistics operation. Firstly, the entire Logistics ERU is focused on receiving aircraft, supporting the deployment of ERUs and supporting the Red Cross elements in the camp. Secondly, it is now increasingly dangerous to work in the warehouse given the number of people and physical capacity to house all the vehicles. These factors have a direct effect on the support available for distributions. The situation will be greatly improved when all the ERUs and the Federation and HNRCS operation moves into the base camp. As an important development, rental of a 5,000 square meter warehouse in Port-au-Prince has been finalized.

Challenges: Securing flight slots for Port-au-Prince and Santo Domingo, and constant changes in flight schedules remain an issue. Warehousing is at its full capacity and logistics personnel are also working at full capacity, with logistical needs such as support for distributions posing a challenge until more staff arrives.

Security

Objective 1 (Relief phase): A well functioning and effective operational security framework that will enable RC/RC personnel to operate safely and securely.	
Expected results	Activities planned
<ul style="list-style-type: none"> • Sound operational security management structures and procedures established and operating effectively ensuring a safer working environment. • Federation and HNRCS operations have good security awareness and are able to anticipate and react to changing situations and circumstances in a timely manner. • Improved planning capacity, more effective 	<ul style="list-style-type: none"> • Deployment of Emergency Security Coordinator (first 6-8 weeks). • Recruitment of Security Coordinator for 12 months + • Implement IFRC Minimum Security Requirements (MSR), and the establishment of a sound security management process. • Participate in, and give advice to operational planning meetings, Critical Incident Management teams and Task

<p>management and prevention of security incidents, and enhanced ability to be proactive through reports, analysis and lessons learned.</p> <ul style="list-style-type: none"> • Effective working partnerships established with other agencies providing increased access to information and resources. 	<p>Forces.</p> <ul style="list-style-type: none"> • Monitor the security situation and provide updates and security briefings. • Manage security incidents and provide incident analysis • Provide security briefings and debriefings for RC/RC personnel in the operation. • Ensure a 24/7 security support and advice to operation. • Contract and manage security guard force company at offices, accommodations, warehouses and operational sites.
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Situation: The general security situation in Haiti remains relatively stable. However, civilians are under much additional stress due to the constant aftershocks. Due to the tremor of 22 January, two already damaged houses collapsed. No security incidents have been reported and the situation in terms of security is much the same as it was prior to the earthquake.

Progress: all sites have been assessed in terms of security and security measures are being implemented. The curfew for Red Cross Red Crescent delegates staying at base camp is 18.00 hours and all movement at night is forbidden.

Security procedures are being elaborated and implemented in all the sites where activities are taking place (including the Base Camp and warehouses) which will include clear protocol on relations with military presence in country.

Communications – Advocacy and Public Information

Worldwide interest in this emergency has remained high. Both traditional and social media have been crucial for dissemination of information on the needs and for fundraising with the general public.

Interviews with the BBC, Wired Magazine, Radio-Canada Television, CBC Atlantic Radio and “Journal Etoile” took place from the field.

Preparations have started for the deployment of an AV crew to the field with a cameraman and a reporter. The team was scheduled to depart for Port-au-Prince on 26 January. Six web stories, edited and ready to be published, are in the pipeline. A schedule for publication is featured on the website.

A new press release focusing on actions over the two weeks after the quake is being prepared and will be issued shortly. In addition, regular updates are provided for Key messages and Reactive lines

Google Earth currently provides some visual work that shows where the Red Cross and Red Crescent Societies are working and are present in Haiti..

A master of raw footage from the field and the visit of the President and Secretary General of the International Federation are on the way to the Communications Department in Geneva.

New photos of the Norwegian/Canadian Red Cross Societies' Rapid Deployment Emergency Hospital have been uploaded to the Federation's audiovisual data webpage (Cumulus). Videos and photos from the field including those relating to the visit of the International Federation's President and Secretary General to Haiti are available on the FTP Server and will be posted on Cumulus: <http://av.ifrc.org/Standard/i-sendBasket.index.jsp?basketID=TYXY9JEW6PFKFBNG774RYQJMYN>.

How we work

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.

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