

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° 4
31 January 2010

Period covered by this

Ops Update: 26 - 28
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 42 per cent; however, the coverage including pledges yet to be registered is now of approximately 72 per cent.

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



Widline Sanon receives clean drinking water from the French Red Cross in Camp Diahatsu, an internally displaced persons camp in Port-au-Prince. January 27, 2010. Source: Talia Frenkel/American Red Cross.

Appeal history:

- CHF 500,000 (USD 491,265 or EUR 338,880) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to jump-start response activities and mobilization of Federation personnel. Non-earmarked funds to replenish DREF are encouraged.
- A Preliminary Emergency Appeal for CHF 10.1m was launched on 12 January 2010 to support the Haitian National Red Cross Society (HNRCS) to immediately deliver life-saving assistance to some 20,000 families (some 100,000 beneficiaries) for 9 months.
- A Revised Preliminary Emergency Appeal with a Revised Budget of CHF 105.7 million to assist up to 60,000 families (300,000 people) for 3 years was issued on 26 January 2010.

Summary:

Two full weeks after the 7.0 earthquake that devastated the Haitian capital of Port-au-Prince on 12 January, the Haitian President announced on 27 January 2010 that close to 170,000 bodies have been removed from the rubble, while the figure for the injured stands at approximately 200,000. After the main event, two additional large tremors have caused further damage to already affected structures and injured more people.

Groups of internally displaced people are mobilizing to other areas of Haiti that have been less affected by the earthquake, although with much weaker economies than the capital city and surrounding areas. This situation requires immediate attention and support to the households who are taking in the relatives and family members affected by the earthquake.

The President of the Haitian National Red Cross Society has stressed the need to support the Haitian agricultural sector to ensure the sustainability and resilience of the Haitian people. At the same time, she underscored the commitment of the HNRCS to distributing essential relief non-food items.

Red Cross and Red Crescent Movement assessments are taking place to impacted areas outside of Port-au-Prince. In January, seven teams of the Movement in Haiti have assessed all affected areas in Port-au-Prince, Kenscoff, Croix des Bouquets, Leogane, Petit-Goave, Grand-Goave and Jacmel. In the coming days the remaining departments of Les Cayles, Jérémie and Gonaïves will be assessed. The most pressing needs identified during the assessments are for shelter, sanitation/hygiene, childcare and food and hospital bed capacity for post-surgical patients.

The overall Movement response includes care of over 4,000 patients at the various emergency health facilities operating in-country, delivery of approximately 4 million litres of safe water to 185,000 people in 83 different locations and delivery of non-food relief items to approximately 75,200 people to date. Restoration of family links (RFL) has also been a crucial activity of the International Committee of the Red Cross with 3,062 “safe and well” messages and 22,596 “anxious for news” messages posted on the ICRC’s RFL website. More than 1,600 Haiti related visits to the website are registered every day.

Some 500 Red Cross and Red Crescent workers from at least 30 National Societies present in Haiti are uniting their response efforts. This includes more than 180 staff and volunteers from Caribbean and South American National Societies; 222 are staffing the 21 ERUs deployed so far, together with 30 members of staff from ICRC. In addition and at the heart of the Movement’s response are the close to 3,000 HNRCS volunteers in the capital and 10,000 nationwide.

The school system remains closed. Schools in unaffected areas are set to open again in during the first week of February with no programmed timing in the earthquake-affected regions.

The situation

On 12 January 2010, an earthquake of magnitude 7.0 struck Haiti. With its epicentre located 25 km southwest of the Haitian capital of Port-au-Prince, the earthquake has impacted the population primarily in the departments of Sud-Est (South East), Sud-Ouest (South West), Nippes and Ouest (West). Furthermore, on 20 January and 24 January there were two major aftershocks measuring 6.1 and 5.5 respectively, together with constant weaker tremors, and during the past two weeks, the Haitian people have continued their struggle to recover.

The Haitian President, René Préval, announced on 27 January that the National Equipment Company (Compagnie nationale d’équipement- CNE) has removed close to 170,000 bodies following the 12 January 2010 earthquake in Port-au-Prince, Jacmel, Leogane and surrounding regions. Although this figure is higher than previous government estimates, it reflects the continued difficulty in precisely identifying the numbers of mortalities due to on-going challenges to remove rubble and locate missing people in diverse locations. Current efforts to systematize State and non-state institutions’ recovery activities will contribute to a more specific image of the human and material devastation caused following the earthquake.

While the numbers of affected people increase, the demand for shelter, sanitation and hygiene, childcare, food and healthcare (particularly hospital capacity to attend to post-surgical patients) remain the most pressing needs. The Haitian National Red Cross Society and other members of the Movement have been conducting assessments since the immediate aftermath of the earthquake with a particular focus on the survivors’ needs. The Movement continues to concentrate its activities on saving lives and addressing relief needs, including the provision of emergency medical assistance, clean water and the distribution of basic relief items.

Survivors continue to group in makeshift settlements and camps. People living without shelter is one of the most crucial issues. Preliminary State figures, supplemented by ongoing assessments by the International Federation and other actors, have identified approximately 609,000 people surviving in conditions without shelter. The Shelter Cluster has estimated that close to 800,000 people could be living in temporary shelter sites in Port-au-Prince.

Monitoring the increasing numbers of people living in these makeshift camps and settlements is difficult due to the



Camp Daihatsu, an internally displaced persons camp in Port-au-Prince. January 27, 2010. Source: Talia Frenkel/American Red Cross.

mobility of people during the day when assessments are conducted. Overcrowded conditions produce numerous challenges including access to adequate sanitation, health and security for everyone, particularly the most vulnerable populations within these settlements. Based on their needs, the International Federation is taking into consideration site planning and protection issues, and is ensuring these needs are addressed within the recovery strategy which will guide the Movement's actions during the participatory recovery phase.

The International Federation with the HNRCS continue to conduct assessments in earthquake affected regions outside Port-au-Prince, particularly focused on working with local populations to identify needs and ascertain community resources which will be key to successful participatory recovery actions. Assessments in Jacmel, Petit Goave, Grand Goave, Kenscoff and Croix de Bouquets have identified needs which have not yet been addressed. As in Port-au-Prince, people in these regions have stressed their need for shelter, food and sanitation.

The State continues to provide transportation support to survivors who would like to relocate outside the Port-au-Prince metropolitan area. Although figures for the quantity of people who voluntarily have left the most earthquake-affected regions are incomplete—estimates range around 300,000 people—until now this State-sponsored programme has supported the migration of 235,000 people. As will be mentioned in the Shelter objective below, the International Federation is discussing a strategy to support the households which are able to take in families and friends. Attention, however, is necessary to ensure that urban to rural population displacement does not exacerbate pre-earthquake economic pressures to obtain self-sufficiency in these regions. Red Cross Red Crescent assessment teams recently began travelling to cities not directly affected directly by the earthquake which currently are receiving many internally displaced people.

The Haitian Health Minister has reported that 75% of Port-au-Prince will have to be rebuilt. Ongoing assessments also include the identification of infrastructure damage which will contribute to planning future recovery actions.

Although some formal businesses have reopened in Port-au-Prince, the people who made a living as self-employed workers or within the vast informal economy in the pre-earthquake period face more demanding challenges to recover their livelihoods. The current situation has negatively affected Haiti's economic outlook--inflation has been progressively decreasing in recent years—as local prices continue to rise and the gourde-dollar exchange rate decreasing from 42 gourdes to the US dollar to 32 since the earthquake. The International Federation is considering this issue in its early recovery assessments and medium- to long-term planning.

Schools and other educational centres remain closed, thus continuing to thwart the possibilities of ensuring children and youth's return to their studies. Education Cluster figures have identified partial damage or destruction in 90% of schools in Port-au-Prince and 60% in Sud and Ouest departments, thus leaving 500,000 school age children (48% girls) between the ages of 5 and 14 years of age unable to continue the normal October to July academic school year. This cluster has identified a need for 3,000-4,000 temporary classrooms, as well as providing educational centres with temporary shelters, safe water, sanitation facilities and educational materials so schooling can be re-established as soon as possible. According to UNICEF, schools in non-affected departments will reopen on 1 February 2010.

Under the cluster system, the United Nations World Food Programme (WFP) has been providing leadership and organization to attend to the affected population's food needs. Since 12 January 2010, the WFP has provided 458,000 people with 3.6 million food rations. With the donations from supportive governments, the WFP has projected the continuation of their food distribution programme until December 2010. The International Federation continues to receive unsolicited in-kind food donations. The generosity of people around the world interested in supporting the earthquake-affected Haitian people with unsolicited in-kind donations has unfortunately overwhelmed the current capacities required for their reception, as well as the relief structures essential to their distribution. The President of the Haitian National Red Cross Society recently has stated that Haiti's rural agricultural sector should be used to provide food for the affected population, as well as reaffirming the non-food humanitarian assistance that the HNRCS is committed to providing. Given this complex situation, the Federation requests that future in-kind donations for those affected in Haiti be based on the needs assessments conducted by the HNRCS and other Movement actors in Haiti, while at the same time requesting that spontaneous in-kind donations be coordinated with the HNRCS and the Federation.

Despite its damaged infrastructure, the Port-au-Prince airport continues to operate. While 150 planes are landing daily, there is a backlog of 1,000 planes waiting to get in. The Santo Domingo airport, the current entry point for the vast majority of the RCRC Movement humanitarian resources (material and human), also is working at above capacity level. Added to the aforementioned logistics challenges, the demand for land transportation to Haiti is in excess of the current supply also a result of congested and damaged roads. While part of the main Port-au-Prince port is operational, boats that can use this port must have specific characteristics (maximum draft size, incorporated crane or roll on- roll off capacities).

The Haitian President announced on 27 January the cancellation of legislative elections scheduled for late February 2010. President Preval also declared that he will not be seeking re-election when his presidential term expires in February 2011.

The First Lady of Haiti visited the Red Cross rapid emergency deployment hospital on 23 January where she acknowledged the HNRCS and Movement emergency response.

Coordination and partnerships

The International Federation continues to coordinate and cooperate between the diverse actors working to support the earthquake affected people of Haiti. This effective coordination with aid agencies, governments and other actors is ensuring that the survivors receive the best humanitarian aid possible.

With the objective of efficiently organizing the response and guaranteeing clear coordination and leadership, the Humanitarian Team in Haiti continues to work with 12 clusters as per the United Nations Flash Appeal. These arrangements will be reviewed and adjusted accordingly based on the changing context. Below are the active clusters with their respective lead agencies:

- Agriculture – Food and Agricultural Organization of the United Nations (FAO)
- Child Protection – United Nations Children's Fund (UNICEF) and Save the Children
- Early Recovery – United Nations Development Programme (UNDP)
- Education – UNICEF
- Emergency Telecommunication – United Nations World Food Programme (WFP) and UNICEF
- Environment – United Nations Environment Programme (UNEP)
- Food Aid – WFP
- Health – World Health Organization (WHO) and Pan-American Health Organizations (PAHO)

- Information Management – United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
- Gender-Based Violence – United Nations Population Fund (UNFPA)
- Logistics – WFP
- Nutrition – UNICEF
- Protection – United Nations High Commissioner for Refugees (UNHCR)
- Shelter and Non-Food Items – International Organization for Migration (IOM)
- Water Sanitation and Hygiene (WASH) – UNICEF

The Federation is involved in the cluster system as a space to share and exchange relevant information to further attend to the earthquake-affected population. International Federation representatives have participated in the coordination of the Joint Interagency assessment as well as the food aid cluster. The latter is particularly focused on assessing the role of food aid in this international humanitarian response, determining how food provision can promote recovery by covering some of household expenditures, and evaluating how food aid is linked to current relief actions.

While not a complete summary of all the progress of each cluster area, in addition to the information provided throughout this Operations Update, the following highlights some of the most important information generated through this inter-agency cooperation: According to the **Shelter Cluster**, the number of people living in temporary shelter sites in Port-au-Prince could be as high as 800,000. As of 27 January, the **WASH Cluster** identified daily water distribution at 115 sites in Port-au-Prince which were reaching an estimated 235,000 people. Due to the continual progress in establishing water and sanitation actions, it is important to note that this quantity continues to rise. The **Health Cluster** has stated that the number of injured people that need surgical interventions is diminishing.

The Office for the Coordination of Humanitarian Affairs has announced that it will host a donor conference for Haiti in New York at the end of March 2010.

At the internal level, the HNRCS, the ICRC, and the International Federation continue to coordinate and ensure a Movement approach for their humanitarian actions in Haiti. A Memorandum of Understanding (MoU) is in the process of being prepared which will further the already existing coordination mechanisms. Participating National Societies (PNS) are encouraged to sign similar addendums to this MoU.

The International Federation and the ICRC continue to collaborate, facilitate and support the work of the Field Assessment and Coordination Team (FACT) and ERUs.

A coordination meeting for all the Movement partners in Haiti was held on 27 January which has furthered this Movement approach in relief actions and future planning for the recovery phase.

ERU Deployments (as of 28 January 2010)

ERU Type	Number of Personnel	National Societies	Status
Field Hospital (including Wat/San M15)	47	German/Finnish	Operational Additional Equipment Estimated Time of Arrival (ETA): 31 Jan
Rapid Deployment Hospital	30	Norwegian/Canadian	Operational
Basic Health Care (Fixed)	16	Japanese	Operational Additional Equipment ETA: 31 Jan and 1 Feb Additional member from Hong Kong RC to arrive 2 Feb
Basic Health Care	14	Finnish/French/Swedish	Operational
Basic Health Care	9	German	Operational
Basic Health Care	10	French/Qatari	Partial Team Arrived ETA of other members: 31 Jan 31- 2 Feb Equipment ETA 29-31 Jan
Relief/Shelter	5	American	Operational

Relief/Shelter	7	Benelux/French	Operational
Relief/Shelter	6	French/Finnish	Operational
Relief/Shelter (Shelter Focus)	4	Danish	Operational
Logistics	6	British/Spanish (operating in Santo Domingo)	Operational
Logistics	6	Swiss	Operational
Water and Sanitation M15*	7	French	Operational
Water and Sanitation M15*	6	Spanish	Operational
IT /Telecom	5	Spanish	Operational
IT/Telecom	5	Danish/American	Operational
Mass Sanitation M20**	7	Austrian	Operational
Mass Sanitation M20**	5	British	Operational
Mass Sanitation M20**	6	Spanish	Team Arrived Equipment ETA: 31 Jan
Base Camp	14	Italian	Operational
Base Camp	7	Danish	Members arrived – Base Camp arrived (setting up)
21 ERUs	222	16 National Societies	21 ERUs in the field

* M15 refers to a Water and Sanitation Module 15 which provides treatment and distribution of water up to 225,1000 litres daily for 15,000 people, with storage capacity of a maximum of 200,000 litres daily.

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

The Field Assessment and Coordination Team (FACT) team in Haiti is as follows:

FACT Team Composition (Total 24 FACT Delegates)

FUNCTION	NATIONAL SOCIETY
Team Leader (1)	Canadian Red Cross
Deputy Team Leader (1)	ICRC
Reporting (1)	International Federation
Health (2)	International Federation / German 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/ Canadian Red Cross/ International Federation
Finance (2)	Icelandic Red Cross/ International Federation
Security (1)	International Federation
Assessment (1)	Andorra Red Cross
Recovery (1)	British Red Cross
Movement Coordinator (1)	International Federation
WatSan (2)	International Federation / British Red Cross
Information Management (1)	Grenada Red Cross
Logistics (3 -General, Liaison, Coordinator)	International Federation /American Red Cross

Within the next week, some of the FACT team members will change due to rotations. These modifications will be reported in future Operations Updates.

In addition to the ICRC, Partner National Societies in country prior to the earthquake, and who currently support the operation, include the American, Canadian, French, German and Spanish Red Cross Societies. Other sister National Societies continue to contribute to the RCRC Movement response.

National Society Capacity Building

The Haitian National Red Cross Society continues to be at the forefront of the relief efforts in Haiti. In close coordination with other Movement members, the HNRCS volunteers and staff have been tirelessly working despite many themselves being affected and lacking adequate shelter, safe drinking water and necessary items for their families. The HNRCS is compiling a list of affected staff to provide them with relief assistance. Over 2,000 HNRCS volunteers have been mobilized and the HNRCS has identified the need for 4,000 volunteers, have mobilized volunteers from other branches and will train new volunteers.

Due to the positive public perception of the HNRCS, there have been no serious security concerns for RCRC Movement members in Haiti. Movement members work directly with the HNRCS volunteers who are from the affected regions and country, thus facilitating clear and respectful communication regarding relief efforts. In food distributions, for example, the HNRCS volunteers jointly work with community committees to ensure orderly crowd management and provide the humanitarian aid.

HNRCS volunteers continue to be involved in multiple activities which currently include but are not limited to food distributions, health assessments and care, psychosocial support, working with handicapped people on vocational training, as well as logistics. As the strengthening of the National Society is one of the Appeal's objectives, further details on the HNRCS activities are reported in that section below.

The Red Cross Red Crescent Haiti Response Summit is scheduled to take place in Montreal, Canada on 9-10 February 2010. This summit will recognize the efforts and identify lessons learned of the HNRCS and other RCRC Movement members' relief actions, as well as establish a cooperation framework for recovery which will integrate lessons learned in other major operations (for example, the Tsunami and China earthquakes).

Red Cross and Red Crescent action

With the arrival and installation of the Italian Red Cross Base Camp ERU, the RCRC Movement Camp has moved to a new location near the airport in which conditions have improved. Despite the support of the Base Camp ERUs from the Italian Red Cross and the Danish Red Cross, it is still strongly recommended for that all Movement members deployed to Port-au-Prince have the necessary equipment and supplies for their self-sustainability.

Highlights:

Health overview: Combined Movement health capacity to treat 1,000 patients per day. Total: 4,000 patients have been seen to date.

Relief: Combined Movement distribution to date: 50,000 people/10,000 families.

Water and Sanitation: Combined distribution of 500,000 litres water per day. To date 3,520,000 litres of safe drinking water have been distributed.

Assessments

The Ministry of Youth held a meeting with the HNRCS and requested assessments and assistance in makeshift settlements as well as psychological support. With the numbers of people in improvised makeshift camps growing by the day, and the movement of people at night time, monitoring the situation is challenging. Although assessments conducted during the day provide an estimate, those numbers could double at nightfall. Overcrowded sites and lack of sanitation is a serious concern.

RCRC Movement teams have contributed to the Joint Inter Agency assessments, coordinated by UNDAC, with 17 assessments conducted in Port-au-Prince and regions outside the capital. As of 29 January 2010, these assessments include all affected areas in Port-au-Prince, Carrefour, Kenscoff, Croix des Bouquets, Leogane, Petit Goave, Grand Goave and Jacmel, as well as the receptor departments of the internally displaced people (IDPs) who have arrived in cities such as Les Cayes and Gonaïves.

Significant destruction was found in Petit Goave, and the few humanitarian actors present are mainly from the health sector. A similar situation was found in Grand Goave. Kenscoff, located in the mountains with a different temperature than Port-au-Prince, has been receiving IDPs from Port-au-Prince. While the level of destruction is lower, the needs remain to be fully assessed and attended.

Assessments conducted indicated that some areas in Croix des Bouquets have great needs which are not being addressed. To date, there are few humanitarian actors present in this region.

Recent information indicates that Leogane, an area where the greatest amount of damage has been found, has not received humanitarian assistance.. The new Relief ERU (French/ Finnish) will be deployed to Leogane to coordinate Movement relief activities. Spanish Red Cross and Austrian Red Cross Water and Sanitation (WatSan) teams are now operational in the area.

In Jacmel, 40 to 50% of all buildings are destroyed and some 10,000 people are directly affected with up to 5,000 living in makeshift camps. With a strong humanitarian presence in this location, a cluster system (6 clusters) led by the UN Water Decade Programme on Capacity Development (DPC) has been activated. The HNRCS branch in Jacmel is fully operational with 75 volunteers and staff despite the damages to their headquarters. The branch is supported by 50 members of the Dominican Red Cross for the provision of health care, water and sanitation and food distribution. The Colombian Red Cross will send its ship with food items directly to Jacmel. The Canadian Red Cross has expressed interest in becoming involved in the area.

Shelter, sanitation/ hygiene, childcare, food and hospital bed capacity for post-surgical patients are the most pressing needs identified during the assessments. Other needs specifically related to sites are fire prevention and site planning and protection issues. The camps in Jacmel, Petit Goave and Grand Goave have strong United States military presence.

Early Recovery

The International Federation Early Recovery delegate arrived in Port-au-Prince on 23 January and is now integrated into the FACT team. The focus in the first few days was establishing an overview of assessment data and methods used by the Movement and other agencies, incorporating a mainstreamed recovery perspective into the three month plan of action, participating in Early Recovery Cluster meetings, and assessing the HNRCS and PNS capacity and interest in recovery programming.

The relief team is daily collaborating to ascertain early recovery opportunities and clarify capacity for the cash transfer components which takes into account the UNDP recovery cluster approach. The shelter team is coordinating and planning to ensure future livelihood and shelter linkages.

Renewed efforts have begun to ensure close collaboration with cluster and other humanitarian partners and Haitian authorities during the recovery phase. Discussions have been held with the cluster on options which include cash for work, mainly for manual clean-up and removal activities. The Federation's Relief Plan of Action, jointly established with and approved by the HNRCS, includes cash for work activities. The Relief Plan of Action activities will complement those identified by the early recovery cluster, and will target women-led households.

A Pre-Recovery Assessment Team (pre-RAT) will be deployed as soon as possible to join the Recovery Delegate currently present on the FACT team. This pre-RAT has the objective of consulting the Haitian government and key development partners, including the World Bank, Inter American Development Bank, and the UN, on the possible scope, scale, sectors and areas of the Movement's medium to longer recovery assistance. This recovery assessment exercise will be inclusive for all Movement actors and tentatively will begin in the first week of February 2010.

ICRC Response

In addition to the comprehensive progress towards objectives by the RCRC Movement described below, this section highlights the role of the International Committee of the Red Cross in relief efforts. The ICRC has provided support and materials to existing HNRCS first-aid posts, as well as to twelve HNRCS committees. Three first-aid

posts opened in Place de Canapé Vert where 3,000 people are currently settled, Place Sainte Marie (5,000 people), and Parc Henry (2,000 people).

As part of the Movement's response in Water and Sanitation, the ICRC has reached 25,000 people through seven water distribution points. Four new water points were installed in Cité Soleil, Bellecour, Lintheau, Place Fierté and the Soeur de Rosalie dispensary.

A structural assessment was made of the American Red Cross office, and assessments are being conducted of the prisons damaged in the earthquake. Hygiene kits and essential items were distributed to 300 detainees and 30 staff at the Pétienville prison.

A member of the restoring family links team joined the forensic experts in training on dead body management provided to staff from the University Hospital and the HNRCS. To date approximately 26,000 names have been registered on the ICRC's RFL website. Efforts are being made to use RCRC Movement points: first aid posts, hospitals to help reach beneficiaries and guarantee their access to RFL services. The RFL service was extended to Cap-Haïtien in the north of the country. A RFL needs assessment and awareness-raising was conducted in Martissant.

Progress towards objectives

As has been mentioned in other Operations Updates, the Haiti Earthquake Operation is guided by the strategic aim to save lives, protect livelihoods, and strengthen recovery from disasters. The International Federation plan 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 is being considered from the inception of the operation. During the current relief phase, the operation is providing essential relief items, emergency shelter and preventive and curative health care, as well as sponsoring water and sanitation initiatives to reduce the spread of water-borne disease. In the recovery phase of the operation, the focus will shift to recovery, rehabilitation and the restoration and strengthening of livelihoods. Throughout all phases of the operation, the capacity of the HNRCS will be strengthened to deliver an integrated multi-sectoral disaster response targeting the most vulnerable communities.

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.

For details of expected results and activities under this objective, please see operations updates 1-3.

Progress: The International Federation is implementing a Relief Plan of Action to provide non-food relief items for 60,000 families (300,000 people) during the first three months of the operation.

Activities related to relief assessments, registration of beneficiaries and distribution of non-food items are gaining speed each day, thanks to the collaboration, information-sharing, cross-learning and coordinated work of many Red Cross Red Crescent Movement partners present in the field. This collaboration is proving to be essential for the effectiveness of planned activities.

The table below summarizes the Movement's relief distributions as of 28 January 2010:

Number of families	People (5 per family)	Tarps (2 per family)	Blankets (5 per family)	Kitchen sets (1 per family)	Hygiene kits (1 per family)	Buckets (1 per family)	Jerry cans (2 per family)	Tents	Soap - detergent	Mosquito nets	Food parcels
15,040	75,200	7,037	10,678	2,032	5,349	3,146	2,789	58	1,356	2,726	10,802

On 28 January 2010, 2,757 families (13,785 people) received non-food items in seven Red Cross and Red Crescent Movement distributions in the communes of Delmas, Carrefour, Aéroport located in Port-au-Prince.

Based on information that is being gathered from assessments, as well as from meetings with NFI Cluster partners and stakeholders, a more comprehensive relief plan of action is expected to be published with an

Operations Update during the first week of February 2010. This will likely imply a budget revision based on the scope of the revised plan of action.

Challenges: There is a need to standardize the use of HNRCS distribution cards, so that one ticket can be used for multiple distributions, thereby avoiding the duplication of assessments. Tarpaulins and hygiene kits are in great demand. There is a possibility that in the future the supplies will not meet the demand.

On 26 January 2010, a two-truck convoy carrying relief items experienced technical problems which unfortunately led to the loss of non-food relief items. When one of the two trucks broke down, relief non-food items were removed from both trucks. While this situation has meant a considerable amount of non-food items were lost, the International Federation has improved efforts to ensure that the vehicles used for its actions are in the best possible conditions. Despite this set-back, transportation and distribution of relief goods will continue without armed escort in keeping with Movement principles.

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.

For details of expected results and activities under this objective, please see operations updates 1-3.

Progress: Despite the substantial increase in water and sanitation (WatSan) actions, quality water supply in settlements, camps, and hospitals is still in short supply. The need for this vital resource for hygiene and sanitation purposes is widespread and particularly acute for the people living in settlements and camps. As settlements and camps continue to grow, overcrowding generates more sanitation challenges. The pending government decision regarding a potential relocation of survivors to larger camps will amplify the demand for water and sanitation facilities. However, until there is a government decision on this issue and receiving locations are identified, the RCRC Movement maintains its WatSan actions with the people in affected areas, including settlements, camps and neighbourhoods. As of 28 January 2010, the Movement has conducted WatSan activities in 84 settlements and camps.

The Movement has reached a daily level of distribution of 0.5 million litres of water for close to 100,000 people. The Canadian, British and Spanish Red Cross Societies and the HNRCS have planned and coordinated their future water and sanitation activities for the upcoming weeks.

Joint State and non-State actors are working together to restart the water system. The Public Work Ministry (CAMEP and DINEPA), private companies and some NGOs are conducting a thorough assessment with the aim of restarting the water system as soon as possible. While no public information has yet been shared on the progress of this assessment, the institutions participating in the WASH Cluster are sharing information and expertise, as well as working closely with government authorities and private water companies to contribute to providing water and sponsor hygiene and sanitation initiatives.

The Austrian Red Cross, employing a mass sanitation module 20 (MSM 20, explained above) has started water and



Scenes from Haiti, two weeks after the island was hit by a 7 magnitude earthquake on 12 January 2010. Source: International Federation

sanitation social work in settlements as well as technical actions for water provision (hardware) in the Silvio XIV football stadium. The British Red Cross also using a MSM20, is engaged in similar social work in addition to latrine construction in the La Piste camp.

As stated in the ICRC section above, the HNRCS with the ICRC have installed four new water points in Port-au-Prince in the neighbourhoods of Cité Soleil, Bellecour, Lintheau, Place Fierté and the Soeur de Rosalie dispensary. The ICRC continues to distribute water to over 12,000 people in three camps, as well as ensuring waste collection in these same locations. Latrines for around 1,000 people have been built in the Delmas neighbourhood in Port-au-Prince. Additionally, the ICRC is working with authorities to improve the water supply for the 200,000 dwellers of Cité Soleil. Through these joint ICRC-HNRCS efforts, a total of seven water distribution points are providing water for 25,000 people.

The combined WatSan and emergency health response is particularly noteworthy. In the basic health care clinic established by the Japanese Red Cross Society, the French Red Cross fills this clinic's water tank, provided by the Spanish Red Cross, which ensures hygiene on the part of patients and staff. The Colombian Red Cross has set up a water purification plant in La Paix Hospital which has produced over 110,000 litres of purified water that is distributed to patients and people in the surrounding area.

Further actions to achieve this objective are being conducted in Port-au-Prince and other earthquake-affected regions. The HNSRC and the Spanish Red Cross have set up four plastic tanks in different Port-au-Prince neighbourhoods. In Leogane, the ERU WatSan teams, composed of the Austrian Red Cross and Spanish Red Cross, are implementing WatSan activities. In Jacmel, the Dominican Red Cross is supporting the HNRCS and local authorities to identify the water pipe system and network.

Challenges: Sanitation in settlements and camps is a serious concern. There are challenges to remove solid waste in the places where latrines are not feasible. Vacuum trucks are limited and overbooked which hinders control of solid waste disposal.

At present, serious challenges exist to comply with the minimum SPHERE standards in water and sanitation. The best options currently are being implemented in which the quantity of water and latrine per person are based on each site's conditions. Given the mobility of the population, tracking the ratio of population to latrines is an intricate procedure. Where it is working, the Movement members focused on WatSan are now able to deliver 5 litres per person daily while the ratio for sanitation is not yet available. Despite the challenges, the Movement is committed to achieving SPHERE standards in water and sanitation in the locations where it works.

There are currently a limited number of humanitarian organizations in Haiti focused on sanitation issues. The mass sanitation modules 20 (MSM 20) are in great demand. An effective and widespread contribution to sanitation needs of the most vulnerable population will continue to be a difficult challenge.

Despite the demand for current efforts to identify, plan and respond to the water needs of the affected population, water production and distribution activities should also begin to plan and address the sustainability of these activities.

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.

For details on expected results and activities for this objective, please see operations updates 1-3.

Progress:

The first draft of the Emergency Medical Response plan of action for the first three months of the emergency phase has been drafted and is currently circulating for comments. The proposed strategy takes into account the medium-term needs and, per the Haitian government's request, is organized in three levels:

- First level: mobile clinics to be deployed in the 250 areas identified by the government where the displaced population has spontaneously gathered;
- Second level: permanent medical clinics in the 15 main locations identified by the government;
- Third level: hospitals and field hospitals.

The FACT Health team is monitoring developments in the Haitian Government Health Strategy to respond to the needs. Additionally, a three-day Inter-Agency Joint Assessment on the health situation was conducted in which one of the health delegates present in country participated.

Different health needs have been identified by Movement members engaged in health activities. A need has been identified for permanent, fixed 24-hour basic health clinics (BHC). These could be implemented incrementally provided security conditions are satisfactory.

A meeting was held between the International Federation, the ICRC and the HNRCS to establish how to coordinate patient transport. Consideration is being given to using vehicles from the local public transportation service (Tap Tap) for this purpose. The HNRCS also has requested support in conducting health assessments outside of Port-au-Prince to respond to health needs as well as strengthen the branches' capacities.

The Health and WatSan ERUs and the HNRCS have begun psychosocial support and hygiene promotion activities. International Federation-sponsored preventive text messaging (SMS) and radio public service announcements will begin this week for health promotion.

Before the earthquake, 65% of the blood distributed in Haiti came from some 20,000 voluntary blood donors of the HNRCS. A large portion of the blood being used to help the wounded by the earthquake comes from the group of young donors who participate in Club 25 which is the Movement's initiative so young people are encouraged to attend a blood centre, learn about healthy lifestyles and to give blood regularly, aiming for about 20 blood donations by the age of 25 years. Club 25 in Haiti currently has 4,000 members who donate blood periodically.

During this reporting period, medical services were provided for some Red Cross and Red Crescent delegates and HNRCS local staff and volunteers at the base camp. Some of the staff presented cases of diarrhoea which required medical attention.

Red Cross and Red Crescent operational facilities to date

The Haitian National Red Cross Society and the ICRC have established first aid clinics after the onset of the disaster in the following locations: Hôpital du Canapé Vert (Canapé Vert: team from Gonaïves), HNRCS (Croix-des-Prez), the HNRCS headquarters (Bicentenaire), the Haitian University Hospital, (town centre), Terrain Haïtel (Route de Frères), Parc Sainte Thérèse, Place Saint Pierre, Nan Cajou (Route de Frères), Carrefour Sports Centre, and Place Jérémie.

All emergency health ERUs are installed and operational, and all PNS medical personnel arriving is being situated within one of the ERUs.

The German/Finnish ERU team is operating its mobile clinic in Carrefour Feuilles, Place Jérémie. Altogether 1,225 patients have been treated since the beginning of the operation at this facility.

The German BHC is fully functioning in Delmas 54, seeing an average of 100 patients a day.

The Finnish/French/Swedish BHC ERU is operating two mobile units and one fixed base where it is delivering health care for patients.

On 26 January 2010, the Japanese Red Cross Society's ERU basic health clinic, situated on Rue de l'Aéroport in Port-au-Prince began providing healthcare to affected people. The clinic is run by a team of ten professionals with a local nurse and administrator, who are accompanied by six tonnes of equipment and supplies. A special feature of the Japanese basic health clinic is the inclusion of a small unit for minor surgery. When fully operational, the clinic can support a population of up to 30,000 people. On its first day, this team attended to a total of 87 patients, of which seven presented earthquake-related trauma. Many of the patients complained of general malaise and cough, four also had watery diarrhoea. The identification of an increasing number of children and adults with an itchy rash, most likely scabies due to camp overcrowding, is a matter of concern. As previously mentioned, the French Red Cross has been filling the Spanish Red Cross-donated water tank, which permits patients and staff to maintain hygiene in this location. By 27 January 2010, this clinic had attended approximately 170 patients.

Combined Movement progress

The statistics of health care provided by Red Cross and Red Crescent emergency health care are now consolidated. An approximate 600 patients are being seen per day, and as of 26 January 2010, more than 3,500 have received care from the joint Movement medical team.

The table below shows the evolution of the types of cases seen. On 17 January 2010, for instance, 100% of cases were related to trauma caused by the earthquake, while on 26 January 2010, with the availability of more equipment, facilities and medical staff to treat patients, 52% of the cases were related to the earthquake (nearly 20% earthquake trauma, 32% to psychological trauma and 0.23% presented tetanus as a result of the earthquake). On that same date, 45% of the cases were emergencies of a nature not related to the earthquake and 2% solicited attention related to chronic diseases.

Date	Relative incidences earthquake related	All-day emergencies	Chronic diseases	Earthquake Incidences		
				Earthquake trauma	Psychosocial trauma	Tetanus
18-Jan-10	100	0	100	0	0	0
19-Jan-10	96.77	3.23	0	96.77	0	0
20-Jan-10	96.25	2.59	1.15	50.72	45.53	0
21-Jan-10	84.51	13.88	1.61	42.66	41.85	0
22-Jan-10	79.84	18.35	1.81	39.92	39.92	0
23-Jan-10	46.62	47.47	5.91	24.05	22.57	0
24-Jan-10	22.89	67.66	9.45	17.41	5.47	0
25-Jan-10	31.19	64.66	4.15	14.59	16.6	0
26-Jan-10	52.48	45.27	2.25	19.82	32.48	0.23

Cases of tetanus and suspected cases of measles have been reported in Leogane, according to WHO/PAHO. A vaccination campaign for several communicable diseases is being planned under the coordination of the Health Cluster.

There are currently 160 agencies participating in the Health Cluster. This Cluster has identified that the number of injured people in need of surgical interventions is diminishing. Important challenges remain especially in the areas of post operative care and the adaptation of thousands of people who have lost limbs. The epidemiological situation remains under control, as outbreaks of communicable diseases have not yet been reported. The number of medical practitioners present in country remains insufficient to respond to the needs of the population, and improvements need to be made to the distribution of the available human resources.

This Cluster reports that there are 43 hospitals functioning in the Port-au-Prince area, 12 field hospitals (half of which are military hospitals) and two hospital ships (United States and Mexico). There is a need for more information regarding the needs and available services in areas outside of Port-au-Prince. The Ministry of Health has identified Jacmel, Leogane, Petit Goave and Grand Goave as priority areas for medical assistance.

Challenges: Despite the fact that the majority of medicines arriving in the country are well classified, many of the medications arrive without order and in mixed packages, which hinders timely distribution to people who need them.

Appropriate security conditions are needed so that some basic health care units are able to be open 24 hours.

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.

For details of expected results and activities under this objective, please see operations updates 1-3.

Progress: As mentioned above in the relief objective, the Movement emergency response has included assessments to respond to the emergency needs of the most vulnerable people in the affected population. Tents and tarpaulins have been distributed with the aforementioned relief items. In total, the Movement will provide 30,000 families with shelter as well as supplementary support for families who take in people without homes.

The International Federation shelter kit for Haiti currently includes 2 tarpaulins and/ or tents. The shelter strategy proposes providing the appropriate construction tools and materials so that people can build (or rebuild) homes. . Additionally, discussion has taken place to permit Participating National Societies which have the capability to provide tents which differ in size from International Federation standards, so they can produce them and distribute them to the most vulnerable people in Haiti.

In coordination with the HNRCS, Movement members have conducted assessments conducted in Port-au-Prince and Le Organd. The HNRCS also participates and coordinates in shelter distributions. Tent distribution has increased substantially in Port-au-Prince and other regions. From 27 to 30 January 2010, 200-400 tents were scheduled to be distributed in Jacmel. 5,371 tarpaulins have been distributed as of 28 January 2010.

As previously mentioned, the shelter cluster, which includes camp management, is led by the International Organization for Migration. As of 27 January, the IOM and Cluster partners have located 591 improvised settlements with approximately 692,000 displaced people in the Port-au-Prince region, with assessments being conducted at 345 settlements. The population of these settlements could be higher than that stated in the assessments since people in need of shelter only gather at these sites at night. As a result, the actual number of populations living in transitional sites could be as high as 800,000 people. The IOM estimates that combined in-country tent stocks and expected tent arrivals in the coming days constitute a total of 40,000 tents, capable of accommodating 200,000 individuals. The supply is unlikely to address the extensive shelter needs. Alternative shelter strategies are required, including support for host families and transitional shelter.

The Movement is committed to not only linking shelter with relief aid, but also to ensure the connections are established for future livelihood actions.

Challenges: While there are numerous challenges to ensuring that the most vulnerable members of the affected population receive emergency shelter, the International Federation is firmly committed to providing this humanitarian aid to 30,000 families. The uncertainty regarding the details of future camp locations, sizes, and other characteristics provide an added challenge to fulfil this objective. However, ongoing information sharing between the responsible government bodies, the HNRCS, International Federation and other humanitarian actors continues.

As the International Federation shelter plan outlines, other options beyond tents need to be examined given that tents are not as appropriate in this culture and climate. With the HNRCS, the International Federation continues to assess what appropriate solutions might exist for the shelter needs of the most vulnerable groups.

Beyond the aforementioned incident with a broken-down truck which led to the loss of its relief supplies, including 90 tarpaulins, there have not been substantial challenges to shelter distribution. As previously stated, the HNRCS volunteers have been key to uneventful distributions.

Livelihoods
Objective 1 (Relief phase): Disaster affected individuals and households are assisted through livelihood substitution activities.

For details of expected results and activities under this objective, see operations updates 1-3.

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 methodology. Discussions are being held with local institutions and humanitarian aid organizations on this issue.

The Movement members in Haiti have established initial discussions on livelihood activities. The HNRCS has experience in cash distribution programmes which ensure survival and stimulate economic growth. More on this possibility will be mentioned in future Operations Updates.

Challenges: Since the current focus is on delivering immediate relief assistance to the affected population, livelihoods initiatives will be implemented, in line with a comprehensive programme approach, during the recovery phase.

Strengthening of HNRCS capacities

Objective 1 (Relief phase): HNRCS volunteer management in emergencies is improved.

For details of expected results and activities under this objective, please see operations updates 1-3.

Progress: In the face of adversity, the HNRCS capacities continue to be strengthened. Over 2,000 HNRCS volunteers already have been participating in the emergency relief actions. While the HNRCS has identified the need for 2,000 more volunteers, it is committed to training the new volunteers which continue to approach the HNRCS to offer their assistance. Branches located outside the affected area, as well as the sister National Society of the Dominican Republic, also have been mobilized to strengthen the National Society's volunteer base and field of action.

Attention is being given to the humanitarian needs of the affected volunteers and their families. This support is necessary given that it allows them to ensure their ability to provide valuable aid to other affected people.

The HNRCS's tireless efforts and commitment to the earthquake affected population and to Movement principles, alongside their existing technical capacity, have shown to be key to the other Movement actors' actions in Haiti. In different areas, the HNRCS existing capacities have proved useful platforms to strategically plan future actions. For instance, this National Society has experience in cash transfer programming following disasters and has expressed agreement for the implementation of this type of intervention.

The future recovery plan will include further manners in which the HNRCS skills and volunteer base will be strengthened. While future Operations Updates will continue to report on the volunteers' actions, the Communications – Advocacy and Public Information section below also lists recent news articles which highlight the work of HNRCS volunteers.

Challenges: While is a challenge to focus on this objective during the emergency period, the need to provide capacity building for volunteers and training for drivers, as well as opportunities for continued PNS collaboration and cross-learning for relief distributions and other actions is needed. Additionally, more direct and coordinated attention will be given to achieve this objective during the recovery phase.

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.

For details of expected results and activities under this objective, please see operations updates 1-3.

Progress: Having the ability to communicate via radios, telephones, and internet has been challenging during the emergency period. However, the IT/Telecom actions by the HNRCS, the ICRC, and other Movement partners continue to make this possible.

As of 28 January 2010, cell coverage has been reported to be good in most operational areas. Wireless internet is now available in both camps and hospital.

The IT/Telecom ERU team is working with the HNRCS counterpart regarding the IT and radio support for the operation. A number of radio related urgent activities have been identified, radio handsets have been handed over, and a draft of the plan including the IT equipment and support is being finalized.

The unit has been requested to investigate available services and use patterns in preparation for a mobile phone based cash distribution programme.

Challenges: Despite the valuable work towards this objective, communication supplies still do not meet the current demand. Radio stock is becoming short due to high demand from FACT, ERUs and PNS. More units have been requested from the International Federation and the ICRC. Work is being done to determine the feasibility of receiving additional donations of communication equipment. The Danish Red Cross/ American Red Cross equipment has still not arrived.

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 table: <https://www-secure.ifrc.org/DMISII/Pages/03_response/0307_logistics_mobTab.aspx>

For expected results and activities under this objective, please see operations updates 1-3.

Progress:

The new International Federation warehouse in Port-au-Prince located in Barbancourt is now operational. It is 5,000 m2, and it has already received and dispatched 22 truckloads of goods. With the new warehouse, some relief items will now be sent directly to Port-au-Prince. Suitable warehousing space is now operational in the Dominican Republic.

On 26 January 2010, three flights arrived in Port-au-Prince and Santo Domingo. In total, 56 International Federation/National Society flights landed in Santo Domingo and Haiti.

Logistics focal points for mobilization, relief and shelter have been identified and are operational. The Haiti operation logistics human resource organigram has been updated. Furthermore, work has begun on the plan of action, supply chain design, human resource structure and budget preparation. With most of the ERUs having arrived, the logistics team can now focus on ensuring arrival of the non-food items in country for distributions.

Assignment of flight slots for Port-au-Prince is improving, but there have been cases where flight brokers do not inform of cancellations, and as a result some flights have been unnecessarily re-routed. The Port-au-Prince port remains limited in terms of capacity, with only the south pier being operational. The route via Rio Haina in the Dominican Republic remains the best entry point option for sea shipment.

The Regional Logistics Unit in Panama is sending full charters of non food items to cover the first full week of relief distributions. The Acting Head of the Regional Logistics Unit in Panama is in Haiti and is in charge of logistics coordination for the next two weeks. Two logisticians have now arrived in Santo Domingo to reinforce the ERU team.

The Mobilisation Table for 60,000 families is now fully covered.

Challenges: Logistics activities by humanitarian actors are stepping up in Haiti and the Dominican Republic. A large percentage of available warehouse space has been taken up by these agencies in Port-au-Prince.

Serious congestions of main supply routes through the Dominican Republic are forecast in the coming weeks.

A rotation schedule needs to be set-up for the logistics team currently in country, and the human resources for this purpose must be sought and secured.

Security

Objective 1 (Relief phase): A well functioning and effective operational security framework that will enable RC/RC personnel to operate safely and securely.

For details of expected results and activities under this objective, please refer to operations updates 1-3.

Progress: Although security is a concern in Haiti, in this area the International Federation and the ICRC work closely with the HNRCS which is the largest community-based organization in Haiti and is well-respected and recognized. Communication with earthquake affected people is conducted by HNRCS volunteers and staff.

RCRC Movement relief distributions are implemented in close coordination with the concerned communities, and with direct participation of the HNRCS which ensures real engagement and minimizes misunderstandings. This successful approach involves spending at least two days talking with every head of household, identifying beneficiaries in which HNRCS and other Movement actors discuss and plan for distributions, including the provision of information of what will be distributed.

While there have been reported tensions in certain areas of the country, many organizations are reporting that their distributions have experienced little or no problems; however, more issues concerning crowd control seem to be arising and new crowd control management is being investigated.

In addition to the Principles of the Movement, a Movement-conducted security and risk assessment has determined that there is no need for armed protection for RCRC Movement actions in Haiti. This no-arms protection policy includes all its actions, including escorts, distributions, site and residential security. All RCRC Movement actors in Haiti are knowledgeable, through briefings on protocols, of necessary actions to mitigate potential risks. Security situation briefings have now been implemented in the morning and evening for FACT members and for all the team leaders.

Internally, various site security assessments were carried out at the warehouse for the FACT Logistics unit, the new main base camp-site (Hilton Field), one depot for the Japanese ERU, the German medical unit and the joint Spanish Red Cross M15 ERU/Austrian Red Cross MSM20 ERU. Once the necessary site security arrangements have been completed for each location, in coordination with the team leaders, contingency plans, including evacuation/medical, and rapid compound emergency procedures will be developed.

The Movement priority is to save lives, contribute to the humanitarian needs of the most vulnerable groups affected by the earthquake, and ensure that its humanitarian aid arrives and is distributed efficiently and effectively. The RCRC Movement is convinced that timely and effective responses to the lack of shelter and food will decrease the potential of future tensions, protests, opportunistic crime, and breakdown of law and order.

Challenges: Previously, the access control protocols were challenging to implement at the initial base camp and due to the living accommodations, office, and a logistical centre all jointly all being located at one site. Security in the new base camp is more manageable.

While challenges exist to ensure that the earthquake's aftermath does not result in violent situations, it is important to remember that the needs for aid and security are complementary. The RCRC Movement has a great deal of experience working on large-scale disasters with military presence (for example in China, Pakistan and in the aftermath of the Tsunami). The continual efforts to ensure timely, organized, and culturally-respectful humanitarian actions in accordance with the Movement's Fundamental Principles and Humanitarian Values will contribute to decreasing the possible growth of social tensions.

Communications – Advocacy and Public Information

Overview

In the immediate aftermath of the 12 January earthquake, international media attention focused on the emergency situation. While general news interest has decreased since that time, the international press continues to highlight the different aspects of survival for those affected by the earthquake. The Federation continues to provide timely information regarding the situation of the most vulnerable people affected by the earthquake, as well as producing its own public information on the Movement support and action.

Internally, the Communications team, which includes numerous Movement actors in Haiti and other locations, continue to produce and provide up-to-date key information. The International Federation understands the important role which the diverse media outlets play in ensuring that the humanitarian needs of the people in Haiti remain present so the response continues to be effective and consistent. This includes emphasizing the humanitarian position of the RCRC Movement regarding fundraising to support a long-term outlook for recovery and participatory and sustainable reconstruction of Haiti and the Haitian National Red Cross Society.

In the past days, several international media outlets have made contact and interviewed RCRC Movement personnel, including the HNRCS. CBS arrived in Haiti and has expressed interest in working to highlight the work

on emergency shelter and health done by the Movement. A BBC reporter joined the Movement assessments being conducted on 26 January 2010.

As for the national media, the HNRCS will air radio spots to inform the population on health measures that can be taken by the population to protect their current health and avoid further health emergencies. These spots will also mention the manner in which the Movement works and its current activities.

In addition to the Restoration of Family Links actions conducted by the ICRC mentioned above, the International Federation will establish additional communications possibilities, via SMS during the coming week.

Currently the Canadian Red Cross is the focal point for technical assistance to the HNRCS so this National Society has its own web page to report on the ongoing activities by their volunteers and staff to respond to the emergency situation and plan and implement recovery activities. Further technical assistance is being provided by communications staff in Panama and Geneva.

The Federation has issued six news stories and two press releases issued between 26 and 28 January 2010. This information is available on the International Federation website: www.ifrc.org Information on the situation in Haiti, in English, French, and Spanish is updated daily.

How we work

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

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

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

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

Contact information

For further information specifically related to this operation please contact:

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

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