

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° 11
31 March 2010

Period covered by this Operations Update: 17 March – 24 March 2010

Appeal target (current): Swiss Francs 218.4 million (US Dollars 203,478,000 or Euro 148,989,000) in cash, kind, or services is solicited to support the Haitian National Red Cross Society (HNRCS)/Federation to provide basic non-food items and emergency/transitional shelter to 80,000 beneficiary families and provide emergency health care, fulfilment of basic needs in water and sanitation and livelihoods support for vulnerable populations in the earthquake-affected region. Of the Swiss Francs 218.4 million sought, the International Federation solicits Swiss Francs 2.07 million to support its inter-agency coordination of the Shelter and Non-Food Items Cluster.



Haitian National Red Cross Society volunteers conduct an assessment in Annexe de la Mairie. Source: Hope Weiner/ IFRC

The donor response report shows current coverage of 56% of the overall Appeal target.

The budget for inter-agency coordination of the Shelter and Non-Food Items Cluster currently stands at 57%

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

Summary:

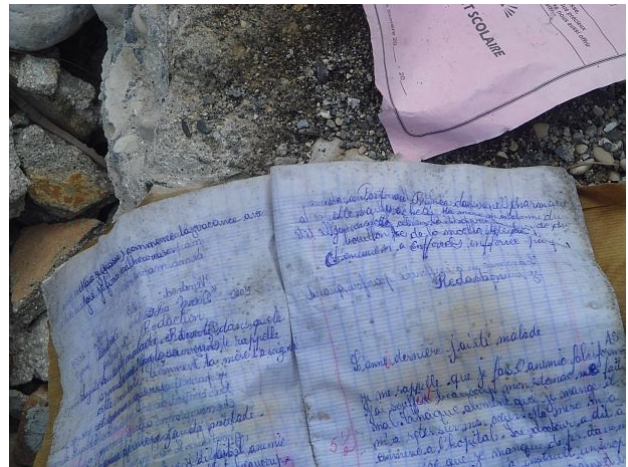
The International Federation of Red Cross and Red Crescent Societies (IFRC) is continuing to carry out a robust schedule of distributing urgently needed relief items. For the thousands of people who were left completely destitute by the earthquake, non-food items such as a tarpaulin or a kitchen set are sometimes the only things which stand between them and complete exposure to the elements. To date, nearly 275,000 people are members of families who have received relief items of one kind or another – blankets, jerry cans, kitchen sets, mosquito nets, hygiene kits, soap and detergent. There is rising concern amongst the humanitarian community over the government's plan to reinstate payment requirements for health care. Following the earthquake there was a moratorium on government requirements to pay for health services. To this end, the increase in available health care since 12 January's earthquake is allowing Haiti's extreme poor to have unprecedented access to health care. It is hoped that the deliberations at the United Nations Donor Meeting to be held this week in New York will allow the Haitian government to make the necessary decisions

regarding key issues such as health care and the allocation of humanitarian space while providing humanitarian aid agencies with greater clarity as to what the expectations are for their role in Haiti's recovery and, in the case of Port-au-Prince, urban renewal.

This operations update includes further detail on the activities planned in the area of shelter for the relief and early recovery phases of the operation. This information will be elaborated on in the revised Plan of Action for the Haiti Earthquake Operation which is currently being finalized and will be made available in the coming days. Following the issue of this document, a Revised Appeal will be published in early April focusing on the extended 12-month relief phase of the operation, also outlining elements of the early recovery phase.

The situation

According to the most recent statistics generated by Haiti's Camp Coordination and Camp Management (CCCM) Cluster's Displacement Tracking Matrix (DTM) there are currently some 460 temporary settlements (including sub-sites for the largest settlements) with a population of some 1,170,000 individuals in the Port-au-Prince area. The outcome of the International Donors' Conference "Towards a New Future for Haiti" to be held at the UN Headquarters in New York on 31 March will have a strong influence on the next steps to be taken by the Haitian government to allocate humanitarian space to those families currently living in the settlements. Over the past two weeks, Port-au-Prince has experienced two occurrences of drenching rains, indicating that the country has now entered the preliminary phases of the rainy season. To this end, it is unrealistic to expect that there will be substantial coverage of transitional shelter in time for the rainy season; rather, the top priority is to ensure that people are in the best position possible given the available means to survive the rains. At the moment, some of the settlements are located in areas that are known to be highly flood prone and it is thus important to work with those families living in high-risk areas to encourage them to seek a safer place.



A schoolbook tangled in the rubble of a former school in Leogane where some 80 - 90% of the homes were destroyed. Source: Hope Wiener/IFRC

There is increasing discontent amongst residents of Port-au-Prince towards aid organizations in general. The broken remnants of walls in the city feature graffiti messages criticizing aid agencies for not being fast enough to deliver assistance, while handmade signs pleading for assistance can be seen everywhere. It is easy to understand the frustration and confusion of a population in despair, and the absence of an operating infrastructure has complicated the way in which aid agencies are viewed by the general public; roles need to be clarified amongst all stakeholders as to the longer term expectations of International Organizations and aid bodies operating in Haiti will be.

Haiti Earthquake Operation in Figures

**** Statistics as of 24 March 2010 except as indicated below.**

Health

- **76,098 people** treated by Red Cross Red Crescent health care facilities and mobile clinics. (520,000 people catchment area)
- **152,342 people** have been vaccinated (*including against measles*).
- **1,000 to 2,000 patients** seen daily by basic health care units (BHCU) and integrated mobile health clinics.
- Number of earthquake-trauma cases is **diminishing**.
- **More than 16 million text messages** with key community health awareness

	messages sent to people participating in the programmes.
Relief	<ul style="list-style-type: none"> • 54,891 Hygiene kits distributed to households. • 34,345 Kitchen sets distributed to households. • 39,581 Buckets distributed to households. • 41,071 Food items distributed to <i>households</i>. • 83,535 Mosquito nets distributed (<i>2 pcs per HH</i>). • 71,937 Jerry cans distributed (<i>2 pcs per HH</i>) • 141,310 Blankets distributed (<i>3 – 5 pcs per HH</i>) • Between 1,500 - 2,500 families PER DAY receiving Non-food and Food Items
WatSan	<ul style="list-style-type: none"> • 40 million litres of drinking water distributed. • 112 camps have water points. • 1,252 latrines built. <p style="text-align: right;">** As of 10 March 2010</p>
Shelter	<ul style="list-style-type: none"> • 4,615 tents distributed. • 116,963 tarpaulins distributed. • 25,392 ropes distributed. • 9,202 shelter tool kits distributed.
Logistics	<ul style="list-style-type: none"> • <i>102 flights received in the operation.</i> • 80 sea shipments (<i>40' containers</i>). • <i>The estimated tonnage of shipments is 5,150</i>

Red Cross and Red Crescent action

Progress towards objectives

Relief distributions (basic non-food relief items)
Objective 1: The most vulnerable people affected by the earthquake have access to basic non-food items and cash transfers that enable them to resume essential household activities.
Expected Results (Relief Phase)
<ul style="list-style-type: none"> • 80,000 families resume essential household activities using non-food relief items: 1 kitchen set, 2 blankets, 1 bucket, 2 jerry cans, 2 mosquito nets and 1 hygiene kit. • 20,000 families are supported in fulfilling the basic care and non food needs of their children under two years of age with baby kits. • Up to 60,000 families have access to cash that allows them to purchase items to supplement their basic household needs during the emergency phase.

Please note that details of activities planned for this and the following objectives are available in Operations Updates 5.

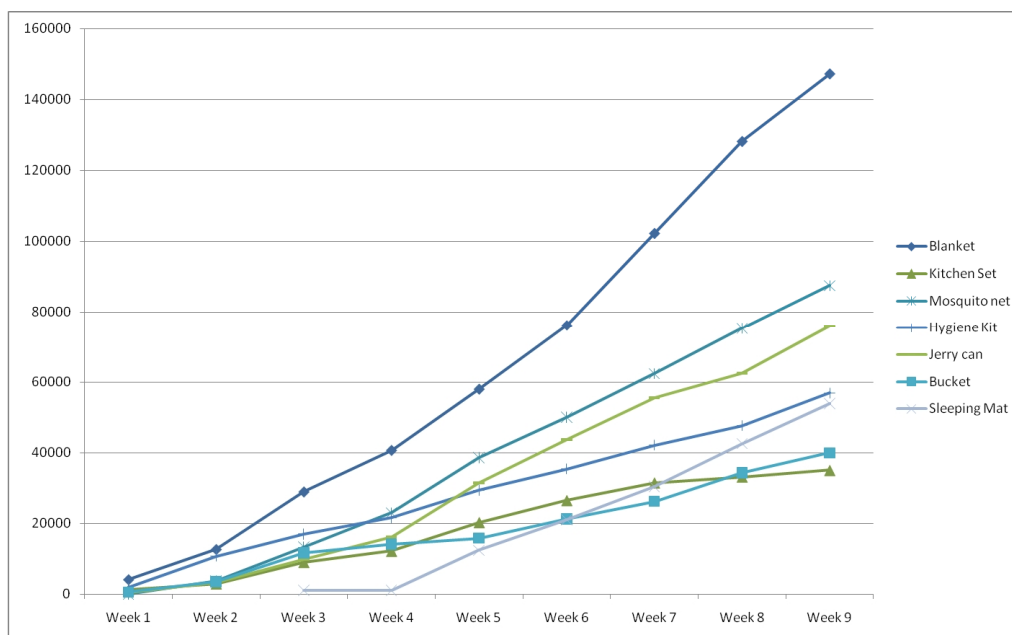
Progress:

80,000 families resume essential household activities using non-food relief items: 1 kitchen set, 2 blankets, 1 bucket, 2 jerry cans, 2 mosquito nets and 1 hygiene kit.

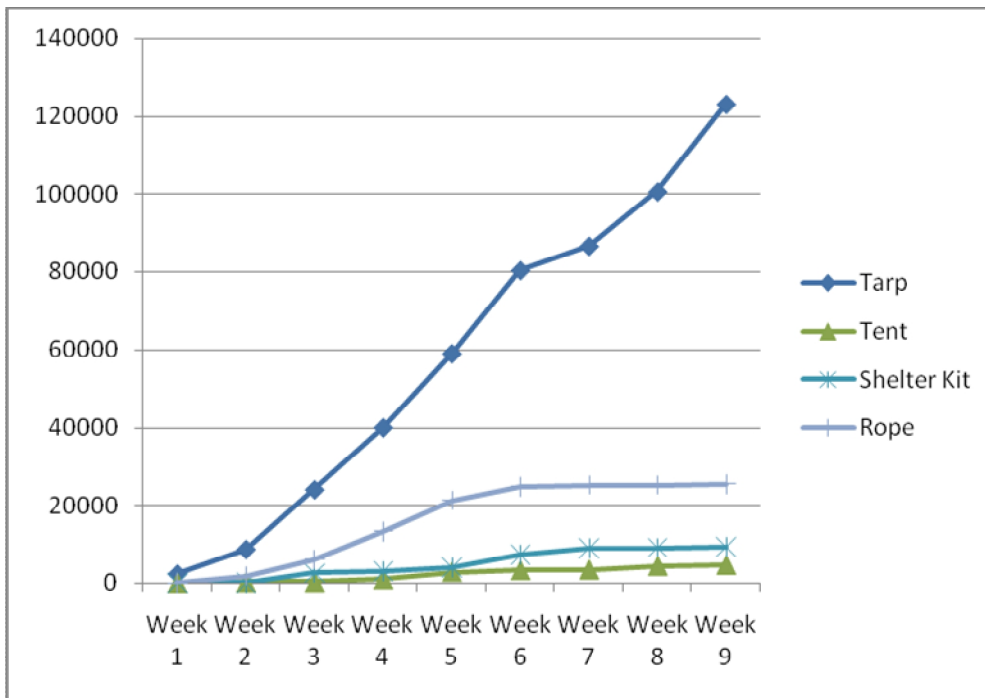
As of 24 March, some 275,000 people are members of families who have received relief items of one kind or another – blankets, jerry cans, kitchen sets, mosquito nets, hygiene kits, soap and detergent.

The table below summarizes distributions to date per Distributor as of 24 March 2010:

Distributor	Shelter Items				Non Food Items									
	Tents	Tarps	Shelter Toolkits	Rope	Blankets	Mosquito Nets	Kitchen sets	Jerry Cans	Buckets	Detergent	Plastic Rolls	Hyg. kits	Sum of Baby kits	Food_Total HH
Colombian RC	0	200	776	1426	1564	0	110	677	10			9746		19016
French RC	1191	3701	25	0	2914	860	193	576	0		1851	193		0
German RC	0	0	0	0	0	0	865	1020	0			510		0
Italy RC	0	0	0	0	0	0	0	0	300			0		3000
Spain RC	0	400	0	0	1600	800	0	800	800			225		0
Turkish RC	177	0	0	0	650	0	100	0	600			0		3059
IFRC-German RC	0	2640	0	2589	5209	30	15	756	2584			771		0
IFRC-DR RC	0	4685	0	400	5082	3632	1741	3772	2992			2496		1400
IFRC-French/Italy/ERU	0	22074	0	8200	28290	21722	11593	14800	6788			9875		0
IFRC-Turkish RC	0	2832	0	2000	500	700	350	700	1918			200		0
IFRC-Colombian RC	0	3280	0	50	3396	3096	50	3196	1748			1698		0
IFRC-Canadian RC	1990	10550	0	1577	25804	15350	5812	13272	5717			7351		0
Danish ERU	701	20359	8381	246	0	0	0	0	0			0		0
IFRC-INT/ADPT/Relief	295	2898	0	1135	19108	9028	3355	10488	3770			4865		3180
IFRC-MEX/COL/RC	0	0	0	0	0	0	0	0	0			0		5837
IFRC-Anti-Cross/Bolivia	61	38444	20	7639	42383	27117	10161	19880	10954	1056	1337	14111		30
IFRC-Hollan RC	200	4900	0	200	4800	1200	0	2000	1400			3350	200	5549
Grand Total	4615	116963	9202	25392	141310	83535	34345	71937	39581	1056	3188	54891	200	41071



IFRC Non-food Items: weeks 1 - 9



Emergency Shelter Items: Weeks 1 -9

Up to 60,000 families have access to cash that allows them to purchase items to supplement their basic household needs during the emergency phase

A second test of the cash transfer via the SMS distribution mechanism was conducted on Wednesday 18 March at the UniBank branch in Petionville. Building on the lessons from the first test, the messaging was improved and processes were streamlined resulting in a better customer experience for the beneficiary. Each UniBank branch reserves a secure room to handle large deposits and this room was used for the test to permit beneficiaries to use their mobile phones.

Once again a technical consultant and the finance director from the American Red Cross (“AmCross”) observed the test and a questionnaire was completed with the participants after the transactions were completed. Overall, beneficiaries were pleased with the distributions and felt positively about the use of mobile phones. For the proof of concept, it should be noted that the beneficiaries were from the HNRCS and were between the ages of 17 and 25.

Training of tellers and testing of the encashment process was performed by the vendor at Sogebank on 19 March. This test was reportedly successful but was not attended by the AmCross team. The review of the test results and next steps will be defined in the coming days. In the meantime the team continues to analyze other options and reach out to banks and other key stakeholders.

Regarding beneficiary registration, the team’s systems delegate has established a system for cataloguing registration forms and oversaw the tabulation of names. Per the current count, the team has approximately 19,000 potential beneficiary names and numbers. Data from Jacmel and Leogane has yet to be received by the relief teams for inclusion in the count. Planning for Relief Cash Transfer Programme (CTP) assessment teams has begun with assessments targeted for the end of the month. Four delegates have been requested to serve as field officers and work to support expanded registrations, as well as planning for distributions and the monitoring of the impact of the CTP. They are expected to arrive over the next week.

The Haiti Client Registry has been released. This web-based, password secured database has been built to ensure the security of the CTP beneficiary information. The database will automatically search for duplicate information (based on phone numbers) and all beneficiary information will be linked to the camp where it was initially collected. The Haiti Client Registry has flexible tools which will enable its expanded use for future programming, including fields for relief and livelihood programming. Initial interviews for database workers have

been conducted and these workers will be hired through the IFRC. The CTP team has obtained space at the American Red Cross's delegation offices in Port-au-Prince for data entry.

The CTP team continues to attend the coordination meetings for Cash, Early Recovery and CCCM and has recently met separately with IOM, Mercy Corps, and the Canadian Red Cross to discuss programming opportunities. Additionally, a meeting was held with a mobile banking assessment team that included representatives from the Gates Foundation, the World Bank, HiFive (USAID) and the World Council of Credit Unions.

Challenges:

The CTP team currently lacks a representative from the HNRCS. HNRCS staff have been instrumental in the process of developing relationships with communities, navigating bureaucratic matters and coordinating volunteers. The existing network of HNRCS staff and volunteers with their strong ties to the community is allowing the IFRC and National Societies to carry out activities with minimal security issues and less administrative delays than other foreign entities currently operating in Haiti. Work is being done with the HNRCS Programme Coordinator to find an HNRCS representative for the CTP team.

Water, sanitation, and hygiene promotion	
Objective 1: The risk of waterborne and water related diseases has been reduced through the provision of minimum safe water, minimum sanitation and hygiene promotion.	
Expected Results (Relief phase)	
• 150,000 people in Port-au-Prince, Carrefour, Leogane, and Jacmel and Petit Goave have access to safe water.	
• Three health facilities in Port-au-Prince and Leogane have access to safe water.	
• 80,000 families will receive a 6 months' supply of aqua tablets for water purification.	
• At least 150,000 people in Port-au-Prince and Leogane have improved environmental sanitation through community clean-up committees and healthier hygiene practices.	
• 150,000 to 300,000 people in Port-au-Prince, Leogane and Jacmel have better access to sanitation facilities.	

Progress:

While much has been accomplished to provide resources to spontaneous communities, much work remains to be done to meet the existing water and sanitation needs. According to the "Key Findings" of a Humanitarian Assessment released by OCHA on 22 March, only nine percent of the some 118 sites which were assessed met the settlements' needs for latrines, 57% were partially covered while 33% of the sites were not using latrines at all. Hand washing facilities amongst the surveyed settlements were even more rare as only one site was able to provide hand washing facilities.

The IFRC continues to provide water and sanitation to affected settlements through the Austrian, British, French and Spanish ERUs. The latest figures as of 24 March representing the combined efforts of all of the ERUs are detailed in the tables below.

Water Distribution

• Total water point in camps/makeshift and peri-urban and rural in Port-au-Prince and Leogane	112
• Estimated beneficiaries	260'000
• Daily Water Distribution (Port-au-Prince & Leogane)	1.7 M litres
• Global average l/p/d	5.3
• Medical unit supplied	8

Sanitation

<ul style="list-style-type: none"> Total Number of Sites 52 Number of Latrines 	1252
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Hygiene promotion

<ul style="list-style-type: none"> Number of camps where there are HP activities 	50
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Focus on Leogane

Close to the epicentre of 12 January's earthquake, Leogane was home to some 130,000 people. According to the UN 80 - 90 % of buildings were damaged. In order to contribute towards supporting the water and sanitation needs of the thousands left homeless, needs in Leogane are being addressed respectively by the Spanish Red Cross ERU (water-M15) and the Austrian Red Cross ERU (sanitation-M20). At present, seven water purification plants have been processing water which is distributed to 28 points in the immediate area, as well as two orphanages and four hospitals.

With the ERUs in Leogane scheduled to complete their mandate in the area on 15 May, the focus is now on winding down activities. Many of the camps which were full several weeks ago now house far fewer families. Given the change in the number of people in the settlements, the Spanish Red Cross hygiene promotion activities will focus on disseminating information about best practices in maintaining personal hygiene, as well as methods to purify personal sources of drinking water. As Leogane already has several wells with relatively clear water, one idea being considered is to encourage families to use a locally made chlorine solution that has the same effect as water purification tablets.

Challenges:

Among one of the most significant challenges facing the team is to organize regular dislodging of the latrines in the settlements, as currently there is no global management. Without there being appropriate dislodging organization in place, most of the latrines are going to be full in the coming weeks, increasing the number of people using the few available ones. The disposal of solid waste is also an issue as there are no appropriate available services to dispose of the waste outside the camp. Additionally, further work needs to be done on providing hygiene kits and following up on the use of consumable material.

Emergency Health
Objective 1: The immediate health risks of the emergency are reduced through the provision of curative and preventive basic health, emergency evacuation services, targeted community-based health education and psychosocial support for the affected population.
Expected Results (Relief Phase)
<ul style="list-style-type: none"> Medical health, surgical care and physiotherapeutic treatment are ensured in the rapid deployment hospital ERU in Port-au-Prince, referral hospital ERU in Carrefour, and other Movement-supported medical facilities with the capacity to provide essential surgical services for a population of 500,000 people. Primary health care needs are met by the Basic Health Care ERUs and their respective Mobile Health Clinics with a capacity to provide basic health care to a population of 150,000 people. Affected communities increase their capacity and skills in epidemic control, community based first aid and psychological first aid. The HNRCS has improved capacity to provide a more effective and relevant evacuation service of wounded and ill to reduce acute injuries and infections during the emergency phase. Selected affected groups and communities and Movement personnel and volunteers receiving

psychosocial support have improved their resilience and coping mechanisms.

Operational Figures as of 23 March 2010 (catchment area est. 520,000 people)

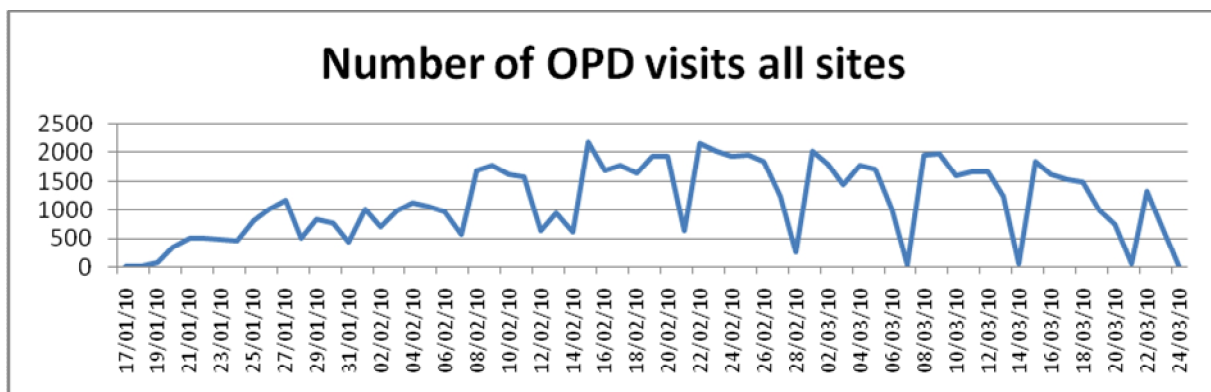
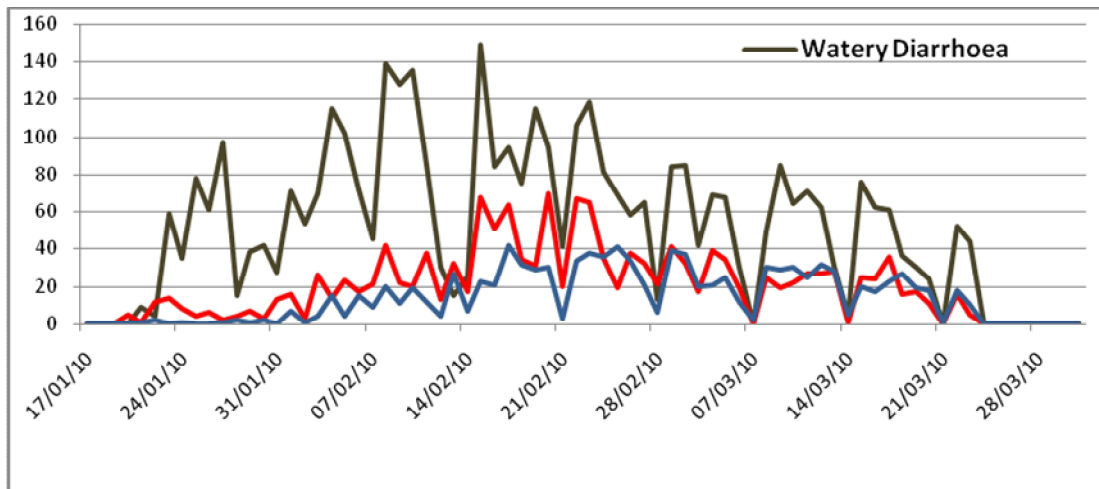
- As of 22 March, some 76,098 people have been treated by Red Cross Red Crescent health care facilities and mobile clinics.
- The German Red Cross field hospital reports 286 births, 472 surgical interventions and 50 deaths.
- As of 15 March, 152,342 people have been vaccinated (*including against measles*).
- 1,000 to 2,000 patients are seen daily by BHCUs, hospitals, and integrated mobile clinics.

Progress:

Primary health care needs are met by the Basic Health Care ERUs and their respective Mobile Health Clinics with a capacity to provide basic health care to a population of 150,000 people.

For the period 17 - 24 March:

- Average number of patients seen daily by basic health care units (BHCU) and integrated mobile clinics was 1,203.
- Total of 9,626 patients treated at the basic health care units and integrated mobile clinics
- The number of earthquake-trauma cases (184) treated last week constituted only 1.9% of the overall caseload of patients.
- The BHUs and the mobile clinics are increasingly engaged in disseminating key community health awareness messages to people while they await treatment.
- Preliminary estimates of the catchment population benefiting from all the health services provided by the Red Cross and Red Crescent are around 520,000.



Progress:

According to the International Crisis group, as of 2008, 75% of the population had no access to any kind of health care. There were virtually no emergency wards in the country, and only one doctor for every 3,000 citizens, with private hospitals charging fees that put medical care out of reach for everyone but the wealthy. At the same time, Médecins Sans Frontières reports that public clinics often become rendered ineffective due to management problems, strikes, and shortages of staff, drugs, and medical supplies.

Haiti's Ministry of Health (MoH) indicated that as of 12 April they will resume the cost recovery system in health facilities and prohibit the dispensing of free health care as has been permitted since 12 January's earthquake. A final decision will be made following the New York Donors' meeting in March. If this cost recovery system is re-introduced during a time where the humanitarian needs are still far from being covered, the Red Cross/Red Crescent needs to agree on a common strategy which will ensure that people who are unable to afford health care, many of whom who have had greater access to health care following the earthquake than prior to the earthquake, will have continued access to health care services without being charged.

The use of rapid diagnostic tests (RDT) for malaria was only approved by the MoH during the emergency phase, there are currently discussions to extend this agreement as available resources are limited to carry out the necessary microscopic diagnosis which is foreseen at the peak of the malaria season.

The French Red Cross is planning to phase out the ERU BHUs mobile clinic by the end of April and transition into longer term bilateral programming. The French Red Cross will hand over the ERU equipment and support existing health facilities. The timeframe for these activities is two years, and the Society is carrying out an assessment of potential health facilities in the catchment area where the current mobile clinics are working.

Coordination

The IFRC Haiti health team continues to actively participate in the Health Cluster. The Health Cluster is conducting a mapping exercise of the available health facilities in the country. The IFRC and Health ERUs have updated their own common mapping of all health services provided by the HNRCS, PNSs, and IFRC.

Challenges:

The IFRC is continuing discussions with the PNS with regards to the proposed possible continuation of the medical ERUs beyond the four month mandate. This poses a challenge to planning service delivery throughout the rainy season when it is anticipated that there will be an increased demand for treatment and consultations. The German Red Cross field hospital in Carrefour is continuing to look for a new location to run the hospital and is thus under a time constraint to secure these arrangements to allow the move to take place before the rainy season.

Shelter and community infrastructure
Objective 1: Ensure that 80,000 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 (Relief Phase)
<ul style="list-style-type: none"> The most vulnerable affected families are supported in the recovery of their comprehensive well-being through the distribution of emergency shelter materials to 80,000 families in Port-au-Prince, Carrefour, Leogane and Jacmel. Collective rubble removal is achieved by local committees using 1,200 clearing kits linked with a cash for work programme in Carrefour, Leogane and Jacmel. 3,000 host families receive cash vouchers for the purchase of shelter materials to improve the living conditions and promote housing solutions in host families

This section contains information which will be further detailed in the revised Plan of Action for the Haiti Earthquake Operation which is currently being finalized and will be available in the coming days.

According to the most recent statistics from the Haitian government, the earthquake led to the collapse of an estimated 30,000 buildings and to some 250,000 collapsed or severely damaged homes leaving around 1,300,000 people homeless. First hand witnesses describe the cloud of dust created by the collapsed buildings that enveloped Port-au-Prince in the minutes following the earthquake. With a minimal number of buildings

remaining, Port-au-Prince and South Western Haiti is dotted with temporary settlements composed of thousands of families living in makeshift shelters to protect them from the March heat, dust and the occasional heavy rainfall. Additionally, other areas of Haiti which were not directly affected by the earthquake, such as Cap-Haitien, are now experiencing a large influx of displaced persons from Port-au-Prince. While the conditions are exceptionally difficult and crowded in the makeshift camps, shelters constructed of emergency relief items are providing families with protection while longer term solutions are agreed upon and implemented by the government. Given factors such as the threats posed by Haiti's formidable rainy and hurricane season (April – November), the delays in identifying humanitarian space to accommodate some 600,000 persons, and the movement of thousands of people searching for a secure area to settle which also allows them to seek out a viable source of income so that they can rebuild their lives, the shelter team has adopted a phased approach of solutions to cover shelter needs during the relief phase, the relief and early recovery phase, and the early recovery phase.

With the IFRC Haiti relief team actively distributing emergency shelter items (tents, tarpaulins, ropes and emergency tool kits) to meet the current immediate and urgent need to protect individuals from the elements and provide them with a space which is private and can house their remaining possessions, the IFRC shelter team, composed of delegates with professional experience as architects has simultaneously worked on developing designs and plans of action for "core shelter" (phase 2- relief and early recovery) and "transitional shelter" (phase 3-early recovery). These appropriate and practical shelter solutions are intended to meet the needs of families affected by the earthquake for a period of eighteen months to three years.



The IFRC shelter team is working on developing designs for shelter. Above, an example for the core shelter prototype. Source: IFRC

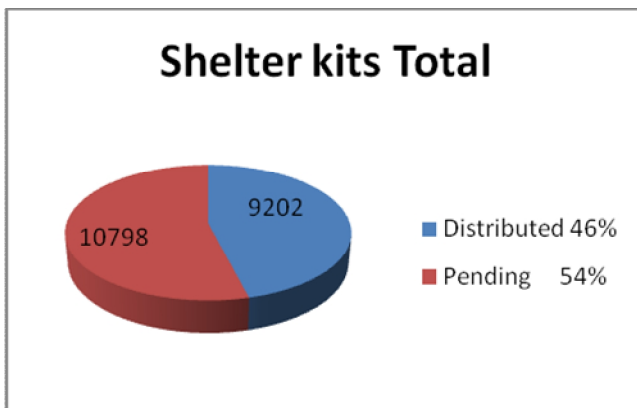
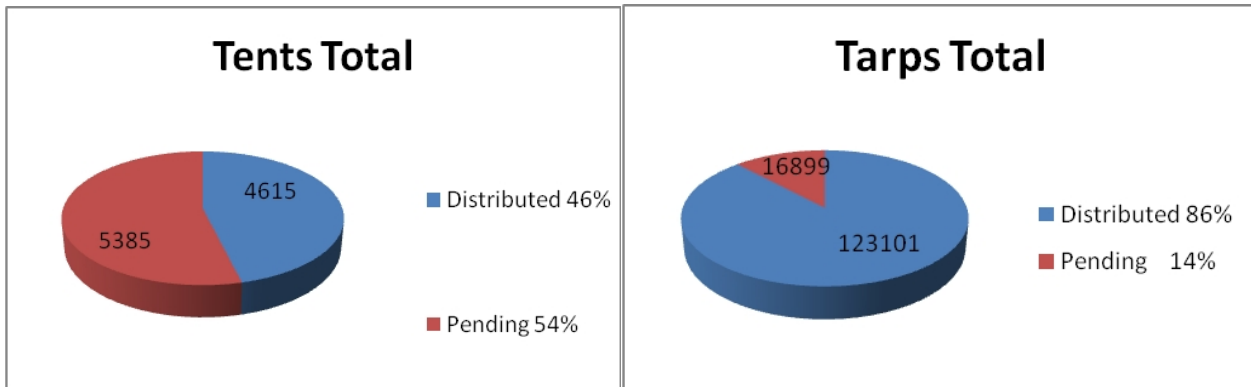
While the initial objectives and expected results set forth in the Emergency Appeal were primarily limited to the emergency relief needs, this report includes additional details about the activities that have been developed by the shelter team over the past two months in order to provide greater clarity. A Revised Plan of Action for the Operation which includes these objectives and is in the process of being finalized and will be formally presented in the coming days.

Progress:

The distribution of emergency shelter materials: kits, shelter kits with timber, and tents is coordinated and managed by the International Federation's Relief ERUs in consultation with the HNRCS. According to the most recent statistics from the Shelter Cluster in Haiti, to date thirty-eight per cent of all tarpaulins distributed by the actors taking part in the Cluster have come from the Red Cross and Red Crescent. The IFRC relief teams accompany the distribution of shelter relief items with guidelines on the most effective way of installing them; this includes suggestions to use a gabled top to deflect rain as opposed to a flat one which would collect rain water.

As of 23 March, 2010 the following emergency shelter items have been distributed in Leogane, Port-au-Prince and Jacmel:

- 4,615 tents
- 116,963 tarpaulins
- 25,392 pcs. of rope
- 9,202 shelter tool kits



In addition to the expected results set out in the IFRC Appeal for the relief phase, the IFRC is receiving requests from local hospitals to provide tents to patients who are healthy enough to be discharged from over-burdened medical facilities, so that the patients will have a place to return to. The IFRC is in the process of identifying appropriate hospitals in order to work in partnership with them.

Relief-Early Recovery Phase

With regard to the Relief-Early Recovery phase and the provision of core shelter, highly vulnerable earthquake affected families will be supported in recovery through the distribution of a standard kit of construction materials – timber, metal roofing sheet, fixings and tarpaulins. This kit and the technical support provided to beneficiaries by the HNRCS and the IFRC will enable families to construct a temporary safe, robust core shelter of 12m² that can be modified to be more durable during the hurricane season in Port-au-Prince, Carrefour, Gressier, Leogane, Jacmel and Petit Goave.

The proposed core shelter is a flexible and adaptable design. Used alone according to its most basic design it is a more comfortable, sound and substantial structure than one composed entirely of emergency shelter items. The core shelter, which initially uses cladding for walls, can be improved upon by using stronger materials to reinforce the strength of the walls.

Over the reporting period, the HNRCS and members of the IFRC shelter team continued to work in l'Annexe de la Mairie de Cité Soleil, a temporary settlement located in the centre of Port-au-Prince just outside of the Cite de Soleil, which is home to some 1,200 displaced families. The team conducted an assessment to identify the some six hundred families who will receive IFRC core shelter kits. Applying criteria developed by the IFRC's shelter team, the HNRCS has led the critical process of coordinating with the communal committee to select the families to receive assistance. This process has also included the training and coordination of forty HNRCS volunteers to carry out the assessments.

In Haiti, departmental and communal structures represent the interests of communities at local level. These structures, including the HNRCS, are responsible for the implementation of prevention and response actions. Under the supervision of the departmental or municipal representatives of the central government, these representatives include the local mayor's offices, other government departmental or municipal structures, local

community based organizations, and local private sector institutions. Departmental and communal committees are responsible for preparing local-level action plans which address the needs of the related population. At the moment, an abandoned school bus at the edge of the Annexe de la Marie settlement functions as the committee's meeting room.

The HNRCS and the IFRC work closely with these committees to plan activities such as assessments, the cleaning and preparation of sites for core shelters, discuss concerns and questions and identify families for assistance. Additionally the committees are responsible for gathering an unarmed volunteer security team composed of members from the community to facilitate activities and accompany Red Cross volunteers while they conduct assessments. The engagement of these committees is not exclusive to shelter activities, all IFRC activities involve the support of the committees in determining beneficiaries, facilitating community relations and ensuring that activities can be carried out in a secure environment.

At present, the following selection criteria are being used to identify families for shelter assistance.

1. The home has been completely destroyed.
2. The family is composed of all minors (age 18 and under) without a parent.
3. A minor is the head of the household.
4. An elderly person living alone.
5. A person who has lost a limb, or was paralyzed due to an injury sustained in the earthquake.
6. Single unemployed female taking care of a family of five or more people.
7. Single pregnant woman.
8. People who were unemployed/impoverished prior to the earthquake and live in exceptionally bad conditions.
9. A family where no-one is employed.
10. A family of 7 people or over where only one person works.
11. A single man taking care of several children.

In order to facilitate further cooperation with local authorities and protect beneficiary families from possible future conflicts about land rights, the IFRC's legal unit in the Zone Office has drafted several agreements for consideration by the IFRC, the HNRCS and local municipalities. Key points which are covered include the Municipality's pledge to permit the beneficiaries to remain at the site for a continuous 18 month period without charges. These agreements also contain an option to extend the term and a pledge to continue to permit humanitarian agencies to work with beneficiaries on activities within the respective sites. These agreements have been shared with all Partner National Societies interested in developing shelter activities. The IFRC has also developed detailed guidelines in the French language that provide information to programme managers regarding all phases of the implementation process from initial consultations with the communal committees to the final stages of assembling the structures. A tripartite protocol has been developed identifying roles and responsibilities to be established between the IFRC, HNRCS and the communal committee. Additionally, agreements will be made with beneficiaries which clarify their ownership rights. In brief, beneficiaries will be vested with full ownership of all of the shelter materials. This will allow them to transport materials if necessary or desired to another site.



Example of the IFRC prototype of transitional shelter (urban model).
Source: Hope Weiner/ IFRC

The IFRC and HNRCS will continue to replicate this process to identify other potential sites to introduce core shelter activities notably in Sinistrés de Carradeux Site Clôture Toto, and Delmas. The IFRC is currently involved in preparing a site at Fort Dimanche to house families and function as an alternative for people currently settled in La Piste. The IFRC in coordination with the International Organization for Migration (IOM) will begin assessing shelter needs in La Piste and confirm if these families are prepared to move to the site at Fort Dimanche.

Under the current operating structure the shelter team is receiving logistics support through the IFRC from the British Logistics ERU. The first shipment of core shelter kits arrived in Port-au-Prince on 25 March. The ERU is assisting the Shelter team with the pre-cutting and pre-assembling of the core shelter unit.

Discussions are currently taking place with Partner National Societies to determine interest and commitments with regard to participation in the core shelter activities.

Challenges:

Challenges to this phase of programming include:

- Coordinating core shelter activities with the distribution of emergency shelter relief items.
- Site identification and securing land tenure agreements with local authorities.
- Scaling up implementation capacity.
- Timely procurement and delivery of the materials.
- Integrating rubble removal into land preparation.
- Integrate a water and sanitation strategy into programming that will address the households' water and sanitation needs, including the installation of communal water points.

Support for Host Families in Non-Affected Areas

A preliminary assessment was undertaken on 27 January by the FACT Water and Sanitation Delegate and an IFRC Shelter Delegate, as part of the FACT/UNDAC programme to assess the immediate situation following reports of an influx of internally displaced persons (IDPs) to areas not affected by the earthquake. Areas such as Les Cayes not directly affected by the earthquake have received a significant influx of IDPs who fled there immediately after the disaster. As rumours spread after 12 January that a second earthquake might strike in Northern Haiti, the south of the country is believed to have received a higher influx than other areas. Immediate family members, often together with friends, travelled to areas such as Les Cayes by public transport seeking assistance in the individual homes of their family and friends. The IFRC shelter team decided to implement a host family support project to cover immediate needs, for example increased food and household needs/rent payments. In order to address the needs, the HNRCS, the British Red Cross and IFRC are instituting activities to support 3,000 host families with both adequate and safe shelter, together with water and sanitation solutions and provision of an unconditional cash grant to cover basic needs and critical asset replacement. A three month initial pilot phase is proposed for these 3,000 families, followed by a review, whilst the cash transfer is intended to cover the immediate relief period. This figure will require review once the numbers of IDPs have stabilized in the coming weeks to ascertain if the target will increase or remain constant.

During the month of April, lists of internally displaced persons and host families will be established, an assessment conducted and target families selected. Furthermore, the methodology for technical supervision in the area of shelter will be agreed and a training programme initiated. A voucher system will be established to ensure provision of materials and financial payments to traders. The water and sanitation strategy will be developed to address household sanitation needs, including the provision of communal water points and ensuring hygiene promotion.

Hurricane/Community Centres

The Atlantic Hurricane Season for the island states and coastal areas of the Caribbean Sea and Gulf of Mexico, lasts from 1 June through 30 November, with increased activity over the period from August to October. The season peaks in September. Storms measuring 10.1 are a seasonal occurrence. On average, six of these storms become hurricanes. Of these average six hurricanes, 2.5 transform into category 3 hurricanes or hurricanes which are even stronger. Atmospheric depressions, storms and hurricanes are accompanied by torrential rainfall. Average rainfall of 8"/20cm per day is not uncommon.

Prior to 12 January's earthquake, communities relied on local public educational facilities as hurricane shelters. In situations where a hurricane posed a substantial threat, endangered households would use local schools as collective centres for temporary shelter. According to the WB/GFDRR's "Post-Disaster Needs Assessment," over 1,300 educational facilities were destroyed or rendered un-usable by the earthquake leaving affected

communities without a facility where they can seek safe harbour during a hurricane, and children without an alternative to return to school. To this end the IFRC shelter team has come up with a proposed plan to create community centres.

Activities planned in March/April:

- Develop a hurricane resistant, community centre design which is easy to assemble and can be relocated to remote areas.
- Agree on the concept and design with the HNRCS and authorities.
- Propose the concept to interested PNS.
- Agree on the methodology for assembling and building and initiate the tendering for materials.

Challenges

- Short time period for the development, procurement, assembly and implementation before the onset of the hurricane season.
- Availability of suitable products.
- No building code validated by authorities.
- Uncertainty of in-country skill construction capacity to implement this project at short notice.

Early Recovery – Transitional Shelter

In 1989 around 75 percent of Haiti's population lived in rural areas. By 2008, 47% of the population was living in urban areas attracted by the prospect of employment while those who remained in the rural areas were primarily subsistence farmers growing crops like bananas, mangos, yams, potatoes and beans. To accommodate the fact that the majority of affected families are living in urban areas, while at the same time many new settlements have been established in rural areas, the IFRC shelter team has designed two prototypes of a transitional shelter to meet the respective needs of beneficiaries living in rural and urban areas. Both options will be accompanied with technical support that will enable families to construct a shelter. Both hurricane resistant structures can be upgraded by adding additional materials for enclosure such as timber and masonry.

- **Rural areas.**

In order to suit the needs of families living in rural areas, the IFRC Shelter team has developed a 24m² safe and robust wooden shelter. The package includes timber frame, metal roofing sheet, fixings and tarpaulins for walling.

- **Urban areas.**

Even if humanitarian space is made available, space is always a constraint when working in the urban context. Therefore in urban areas the IFRC shelter team has elected to employ a two storey design, the 24m² two storey safe and robust steel frame will be assembled from materials contained in a package which includes items such as a bolted steel frame with a metal roofing sheet and tarpaulins for walling. The shelter team is working with Eindhoven University in the Netherlands to finalize the specifications while the BRC Logistics Unit is covering the tendering process.

Preparations for Transitional shelter activities include:

- Ongoing training of the IFRC and HNRCS operational team (assessment and technical teams)
- Ongoing recruitment of supervisors
- Ongoing coordination with PNS interested in implementing these activities.

Challenges:

- Site identification and land tenure agreement with the local authorities.
- Concerns over congestion.
- Increasing the team's capacity to carry out the assessment and implementation.

- Integrated the rubble removal activity in land preparation
- Coordinate the water and sanitation strategy to address household water and sanitation needs, including provision of communal water points.

Logistics

Objective 1: To effectively manage the supply chain from arrival of relief items and ERUs, including clearance, storage and forwarding to distribution.

Expected result (Relief Phase)

- All programmes receive professional logistics support and goods are received for distribution as planned.

Key Statistics as of 24 March:

Activity	To Date Total
Flights received in the operation	102
Sea shipments (40' containers)	80
Total tonnage of shipments	5'150

Activity	Period
Trucks / containers received in Haiti	20
Estimated tonnage	300
Trucks despatched	59
Estimated tonnage	320

Progress:

- The site for storing core shelters is being managed by the British Red Cross Logistics ERU.
- The relief item warehouses have been restocked with items coming by road and sea.
- 6 Rubbhalls have been ordered from the Regional Logistics Unit to be installed in Leogane.
- The customs approval from the Ministry of Finance has been received for the first 25 landrovers received in February. The registration and local insurance process has started for the vehicles.
- The ERU and PNS were requested to provide the list of their vehicles to the Fleet Manager. Importation and registration will need to be standardized by the IFRC and HNRCS for all of these vehicles.

Challenges:

- Service agreements for National Societies implementing bilateral programmes in Haiti are under discussion with the secretariat's legal department in the Zone Office and the Headquarters. In Haiti, the area of support services is currently being strengthened. It is expected that service agreements will be drawn up in due course for the provision of support to Participating National Societies.

Strengthening of HNRCS capacities

Objective 1: HNRCS volunteer management in emergencies is improved.

Expected result (Relief Phase)

- The HNRCS has reinforced its body of active, trained volunteers.

Progress: Over the past two weeks the HNRCS has worked with a consultant to identify the priorities for the National Society.

Challenges: The immediate tasks demanded of the HNRCS in order to facilitate relief activities are enormous. As has been noted, there is a substantial amount of administrative preparation required prior to introducing any activity. These tasks include, meeting with communal committees and obtaining access to a site and

beneficiaries, beneficiary assessments and selection, developing a local security plan. The HNRCS has been instrumental in working with the Haitian government to expedite the process of bringing urgently needed relief items and heavy equipment into the country.

IT/Telecom
Objective 1: 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 (Relief Phase)
<ul style="list-style-type: none"> The shared ICRC / HNRCS VHF network is covering the operational areas. Radio contact is possible from branches to communicate operational updates. Data communication and office facilities are available for the operation.

Progress: Improvements continue to be made to the base camp’s IT systems. The IFRC’s long term IT coordinator arrived in Port-au-Prince over the reporting period and has replaced the ERU team leader.

Challenges: The primary challenge in IT is to keep up with the needs of an ever evolving situation. There are constant changes occurring in the IFRC Base Camp and at the same time the IFRC is seeking to open up two further facilities in Jacmel and Leogane which will also need to be provided with IT support.

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:
<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 management and prevention of security incidents, and enhanced ability to be proactive through reports, analysis and lessons learned. Effective working partnerships established with other agencies providing increased access to information and resources.

Despite the operation’s size and complexity, Movement actors continue to operate safely and securely. Having volunteers and staff from the HNRCS participate in all phases of the relief efforts is advantageous. Clear communication in the local language of Creole, as well as cultural understanding of their society, allow HNRCS volunteers to contribute to security objectives.

Coordination and partnerships

The HNRCS and the International Federation continue to maintain coordination and partnership with State institutions and local authorities, international aid agencies and other actors. The Cluster system is one of the principal interagency coordination mechanisms in place. Twelve clusters are active in Haiti, as reported previously¹, with the Federation assuming the role of convener of the Emergency Shelter and Non-Food Items Cluster. Highlights of developments in Cluster activity can be found in OCHA Situation Reports². The International Federation attends cluster meetings two or three times a week.

Coordination of the Emergency Shelter & NFI Cluster

The International Federation is convening the Shelter/NFI Cluster as of 10 February.

¹ The Twelve Clusters are: Emergency Shelter and Non-Food Items, Camp Coordination and Camp Management, Education, Food, Logistics, Nutrition, Protection, Water Sanitation and Hygiene (WASH), Agriculture, Early Recovery, Emergency Telecommunications and Health. Decentralized cluster mechanisms cover regions outside of Port-au-Prince. Furthermore, Logistics/Telecommunications, Health, Emergency Shelter, WASH, and Nutrition clusters are active in the Dominican Republic.

² The latest OCHA reports for Haiti can be found on: <http://ochaonline.un.org/tabid/6412/language/en-US/Default.aspx>

The Shelter/NFI Cluster is made of 156 members, of which around 50 participate actively. These members include NGOs, the Red Cross Red Crescent, UN agencies, donors, and IOM. The shelter members are aiming at covering the emergency shelter needs of all the affected population by 1 May. Three quarters of the 1.3 million homeless people in the zone affected by the earthquake zone have now received emergency shelter materials: tarpaulins, tents, toolkits, ten weeks after the disaster that left much of the south of the country in ruins. The number of people is some 976,775 – just past the 75 per cent mark.

The members of the Shelter Cluster are also working on transitional shelter and support to host families as well as NFI distributions. The lack of appropriate land for displaced people is the main constraint at this stage. For more detailed information visit the website of the cluster www.shelterhaiti.org in English and French.

Given the scale of the disaster and the fact that shelter is a high priority, the IFRC has deployed a large dedicated Shelter Coordination Team (SCT) to be able to provide good coordination services. This team is being deployed for at least 6 months. The team is made of twelve persons at this moment. They are summarized in this table:

In Port –au-Prince: covering PaP, and the areas near the border with Dominican Republic. This team also gives support to the teams in the other hubs.	
Shelter Cluster Coordinator	Netherlands Red Cross
Shelter Cluster Deputy Coordinator	CARE
Shelter Cluster Hub Coordinator	IFRC
Shelter Technical Coordinator	CARE
Shelter Information Manager	IFRC
Shelter GIS & Mapping Specialist	MapAction
Communications Advisor	British Red Cross
Logistics Advisor	Finnish Red Cross
In Leogane: covering Leogane, Petit Goave, Carrefour	
Shelter Cluster Hub Coordinator	UNHCR
Shelter Information Manager	CARE
In Jacmel: Covering Jacmel	
Shelter Cluster Hub Coordinator	IFRC
Shelter Information Manager	IFRC

Additional people are going to be deployed in the coming days in the roles of Shelter Recovery Advisors and Environmental Advisors.

The IFRC is appealing for 2.07 million CHF to convene the Shelter/NFIs Cluster in Haiti and the Dominican Republic through the IFRC Emergency Appeal in a separate project; funds for this purpose need to be earmarked for coordination. This cost represents less than 1.5% of the funds that are being requested for shelter in Haiti by all the Shelter Cluster members including the UN agencies, the Red Cross and Red Crescent Movement, IOM and NGOs. The budget is detailed in Operations Update no. 5. So far the Shelter Cluster Coordination project of the appeal is funded at 57%

To resource the initial IFRC-led Shelter/NFI Cluster Coordination Team, acknowledgement is made of the human resources provided by or being finalized with the Andorra Red Cross, Australian Red Cross, Canadian Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Netherlands Red Cross, Spanish Red Cross, Care, MapAction, UN Habitat, UNHCR and WWF US. The Federation also acknowledges the financial support provided to date from the Netherlands Red Cross, DFID (via IOM in support of Care), and the Swedish Red Cross.

Movement Coordination

Movement coordination	<ul style="list-style-type: none"> • 38 National Societies are now providing information on their activities, plans and location for the Movement Coordination database. • The International Federation will open two offices to provide the Movement members with the same services as in the Base Camp Port-au-Prince
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ICRC Response

Present in Haiti on a permanent basis since 1994, the International Committee of the Red Cross (ICRC) has greatly increased its activities and presence in response to the earthquake. Main activities are currently focusing on Restoring Family Links (RFL), water and sanitation, relief distributions and on-going cooperation with HNRCS.

For more on the ICRC response please visit:

www.icrc.org/web/eng/siteeng0.nsf/htmlall/haiti-earthquake-interview-120210

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.
- On 9 February, Operations Update no. 5 was published, reflecting revised objectives for the six-month relief phase of the operation under the plan of action, and including a revision of the preliminary budget to CHF 218.4 million of which CHF 2.07 million is designated to support the Federation's inter-agency coordination of the Shelter and Non-Food Items (NFI) Cluster.
- An **Appeal, replacing the current Preliminary Appeal is expected to be launched by late March**, following the agreements reached at the Montreal Summit, and based on a new plan of action for the relief phase of the operation and associated budget currently being drafted, to reflect a prolonged relief phase of up to 12 months.

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

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- Shelter Cluster: Coordinator can be contacted on shelterhaiti2010@gmail.com; Information and updates can be obtained from www.shelterhaiti.org

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