

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° 12
7 April 2010

Period covered by this Ops Update: 25 - 31
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.

The donor response report shows current coverage of 57% of the overall Appeal target.

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

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

Summary:

On Wednesday, 31 March, some fifty international donors made pledges at a UN sponsored meeting in New York City to support Haiti with earthquake recovery efforts over the next three years. During the meeting the Government of Haiti presented the "Action Plan for National Recovery and Development of Haiti" which outlined the government's short and long-term priorities, including making improvements to the country's sanitation, water quality, health services and available housing for the estimated 1.3 million people displaced by 12 January's earthquake. Nearly three months after the earthquake there is a need to clearly define the roles and responsibilities of the government, donors and humanitarian organizations beyond filling emergency needs. As the Haitian government seeks to resume normal activities, humanitarian organizations are assessing how to move forward in terms of determining the scale and scope of their activities. For example, the government has recently indicated that it may soon put an end to activities such as non-remunerated health care and food distributions. The outcome of this and other similar decisions will have an impact on the manner in which humanitarian organizations including the Red Cross/Red Crescent Movement



Volunteers from the Haitian National Red Cross Society participated in a training for carpenters, supported by the Canadian Red Cross in Jacmel. Source: Canadian Red Cross

continue their work in Haiti.

The Red Cross and Red Crescent continues to work in the areas of relief, emergency health, water and sanitation and shelter, reaching more and more affected people. At the end of March, a total of 86,000 people had been treated by Red Cross Red Crescent health care facilities and mobile clinics. Although some 59,614 households have been reached with relief items to date, the demand for basic emergency relief items remains very high given the scarcity of these items in the country and the lack of resources to afford them. A total of 1,321 latrines have now been built, and intensive work continues in shelter; core shelters are now being erected. The Red Cross and Red Crescent is seeking to implement solutions as rapidly and efficiently as possible, in particular given the forthcoming rainy season and the many challenges it brings.

The situation

On Wednesday 31 March, some fifty international donors pledged 9.9 billion US dollars at a UN sponsored meeting in New York City to support Haiti with earthquake recovery efforts over the next three years. During the meeting the Government of Haiti presented the "Action Plan for National Recovery and Development of Haiti" which outlined the government's short and long-term priorities, including making improvements to the country's level of water quality and sanitation, health services, and available housing for the estimated 1.3 million people displaced by 12 January's earthquake.

The reconstruction of Haiti is regarded as an opportunity to bring greater balance to the availability of services throughout the country, as well as to create regional economic centres. With Port-au-Prince having tripled in size since the 1980's, mostly due to the large number of people moving to the capital looking for job opportunities, it is estimated that prior to the earthquake ninety percent of the country's resources remained in the capital. Throughout the New York conference although many potential solutions were put forward, the common denominator for the success is contingent upon decentralizing State institutions and economic centres and empowering and strengthening governance and State capacity.

This will be a considerable challenge as increasing numbers of people are returning to Port-au-Prince seeking international assistance, and any possibility of finding work no matter how small. Although some 500,000 people moved to other parts of the country in the weeks following the earthquake, the rate of return is starting to increase again. By most standards, there is exceptionally little that is available in Port-au-Prince, even very simple items the availability of which would be taken for granted elsewhere are difficult to come by, and when available are very expensive. Nonetheless, there is more available in the market place and in terms of opportunities in Port-au-Prince than in the rest of the country.

In terms of health, as rain becomes an increasingly frequent occurrence, there are grave concerns over the possibility of a rapid increase in the number of cases of paediatric diarrheal disease. As noted in numerous reports about the sanitation conditions in Haiti, a large number of the temporary settlements have been established in places where there are insufficient drainage systems. The top soil of these settlements which have been established in former sports fields or vacant lots and parks without sufficient sanitation, is now contaminated with urine, feces, and bacteria. When rain is added to the mix the urine is immediately recharged, and the fecal matter separates from the clay itself creating puddles comprised of these elements in low lying areas and increasing the chances of diseases.

Haiti Earthquake Operation in Figures

**** Statistics as of 31 March 2010 except as indicated below.**

Health	<ul style="list-style-type: none"> • 86,000 people treated by Red Cross Red Crescent health care facilities and mobile clinics. (520,000 people catchment area) • 1,000 to 2,000 patients seen daily by basic health care units (BHCUs) and integrated mobile health clinics. • 152,342 people were vaccinated (<i>including against measles</i>). • More than 16 million text messages with key community health awareness messages sent to people participating in the programmes.
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Relief	<ul style="list-style-type: none"> • 59,614 Hygiene kits distributed to households. • 37,962 Kitchen sets distributed to households. • 42,664 Buckets distributed to households. • 41,071 Food items distributed to <i>households</i>. • 93,113 mosquito nets distributed (<i>2 pcs per HH</i>). • 81,056 jerry cans distributed (<i>2 pcs per HH</i>) • 156,073 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"> • 60'000 m3 of drinking water distributed. (**<i>est.no. beneficiaries 314,000</i>) • 118 camps have water points. • 1,321 latrines built.
Shelter	<ul style="list-style-type: none"> • 4,874 tents distributed. • 131,487 tarpaulins distributed. • 25,392 ropes distributed. • 10,332 shelter tool kits distributed.
Logistics	<ul style="list-style-type: none"> • 104 flights received in the operation. • 80 sea shipments (40' containers). • The estimated tonnage of shipments is 6,915

Red Cross and Red Crescent action

Automeca and La Piste - Highlighting the importance of integrated programming

One of the Red Cross/Red Crescent's major strengths is the diversity of capacities and areas of expertise among the different National Societies. With planning and cooperation, this diversity can result in providing comprehensive services to communities. For example, health and hygiene promotion activities which advocate for the importance of hand washing or advice from a doctor to drink more water are ineffective when there are no viable sources of water available. To this end, at least two settlements in Port-au-Prince, Automeca named after a neighbouring car dealership and currently home to some 12,000 people, and La Piste home to some 20,000 families, are examples of successful complementary programming.

Following assessments made earlier on in the operation these crowded temporary settlements were identified as appropriate places to deliver Red Cross/Red Crescent assistance in the areas of water and sanitation and health. To this end, each of these settlements is currently benefiting from the collaborative efforts of Emergency Response Units (ERUs) specializing in basic



The Finnish Red Cross – Swedish Red Cross BHC ERU located in La Piste, Port-au-Prince, is providing basic health care to hundreds of patients on a daily basis. Source: International Federation

health care, water and sanitation. As of 31 March, the British Red Cross Sanitation ERU has built 72 latrines in Automeca, and 180 Latrines in La Piste. The ERU arrived with a supply of pre-fabricated latrines which can be installed very quickly. Since then the ERU has begun installing tank latrines. This work is complemented by water supplies from the French Red Cross ERU also working in these areas. The British Red Cross ERU, however, is aware that latrines are not enough and the installation of latrines has been accompanied by important activities such as the creation of drainage trenches, bringing gravel to the camps, garbage removal and hygiene promotion activities. To further support the health of these settlements, the Japanese Red Cross Society has set up a small clinic at the entrance to Automeca while the Finnish-Swedish ERU has set up a basic health care clinic in La Piste.

At the entrance to La Piste, two small tents housing a clinic established by the Finnish and Swedish ERU are a welcoming presence for the hundreds of patients they see on a daily basis. The ERU is a living example of how the desire to help can weld a team composed of different nationalities into one. In the thick heat of the morning, Haitian doctors and nurses work with a doctor from Qatar and a nurse from Finland. One tent is used for patients with general complaints such as fevers, skin and eye irritations while the other tent houses a small pharmacy and a midwife who addresses the needs of mothers and infants. For those patients coming in with complaints of fevers, or who are pregnant or have stomach problems, the doctor advises them to drink enough water, and make sure that they keep clean. However, in the wake of the earthquake these simple instructions are difficult to follow for the thousands who remain without adequate access to water and sanitation facilities, but the available supply of clean water from the French Red Cross that sits besides the clinic makes these instructions plausible and will aid in the recovery of these patients who also are benefitting from improvements to sanitation from the British Red Cross ERU. Stress is a major source of illness. Complaints of acidity, headaches and fatigue are linked to the stress of not having any available job opportunities, the loss of a home and family members. The doctors do their best to go beyond giving simple prescriptions, and try to provide patients with alternative means of healing such as simple exercises and basic psychological support.

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.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> 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 Update 6.

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.

Nearly three months after the earthquake, the demand for basic emergency relief items remains very high within the settlements. The scarcity of basic items available in country in general, and perhaps more importantly the lack of resources to afford them, has created a high demand for NFIs. This issue is compounded by the fact that some of the good will which flooded the country with supplies in the weeks immediately following the earthquake has died down, more people are returning to Port-au-Prince and there are fewer organizations distributing relief items on a regular basis. For the families who currently call four sticks and a bed sheet their home, items such as a new set of clean plates provide them with an option to protect the food which they eat and serve to their children

from the dust and squalor that surrounds them, while a bucket is indispensable for storing clean water or washing. To this end, over the reporting period some of the relief distributions were challenged by large turn outs.

It can be argued that one of the biggest challenges faced when distributing relief items is having to place limits on the number of families receiving items and having to say no to people. It is inevitable, no matter how carefully one works to assess the needs, identify beneficiaries and prepare for a distribution that there are always additional people requesting assistance. For now assessments are carried out on a regular basis based on information received from the Haitian National Red Cross Society and from field visits. Following these assessments, the beneficiary list is finalized, and the teams return to the communities to distribute tickets to the beneficiaries. Unfortunately, there are community members who will steal from their neighbours both prior to the distribution and after. The tickets are precious items and many beneficiaries will store them close to their bodies until the time of the distribution. On the day of the actual distribution beneficiaries will line up in advance to receive the items, but inevitably non-ticketed families try to benefit from the situation. Given the capacity of the trucks to transport items, and the control of the stock, items must be requisitioned in advance and the amount ordered from the warehouse must correspond to the number of ticketed beneficiaries. This leaves little flexibility for last minute requests or changes. Despite efforts to create a security team out of community members, sometimes crowds can be aggressive and lead to a cancellation of the distribution. Often security team members and Red Cross volunteers try to negotiate with troublesome attendees by explaining the harm they are causing to their neighbours who are patiently waiting for relief assistance. In cases where distributions are cancelled, further work is done with the communities to come to a peaceful agreement and to reschedule the distribution at a later date.

Additional challenges faced by teams from Colombia and Mexico include the debate over whether or not distributing food items is appropriate. The food package delivered by both the Colombian and Mexican Red Cross team is a "supplemental food package" and contains a sufficient quantity of basic food items to last a family one week. Unlike larger rations of a single commodity, the contents of the supplemental package are intended to bridge a gap while families adjust to their current circumstances.

The latest key figures in relief distributions, as of 31 March:

- 59,614 Hygiene kits distributed to households.
- 37,962 Kitchen sets distributed to households.
- 42,664 Buckets distributed to households.
- 41,071 Food items distributed to *households*.
- 93,113 mosquito nets distributed (*2 pcs per HH*).
- 81,056 jerry cans distributed (*2 pcs per HH*)
- 156,073 blankets distributed (*3 – 5 pcs per HH*)
- Between 1,500 - 2,500 families PER DAY receiving Non-food and Food Items

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

The Cash Transfer Programme (CTP) team continues to work towards a suitable delivery mechanism while continuing the assessment, beneficiary registration and coordination efforts with internal and external partners. The CTP team is now in the contracting phase with a leading remittance agency, which has the capacity to handle 1,500 transactions per day. To scale up the registration process, both the assessment and systems units are in the process of expanding, with the addition of four data entry staff and the impending transition of the Costa Rican Red Cross led assessment team to the CTP relief team. During the week commencing 12 April, two new British Red Cross field officers, a technical advisor and a new team leader will arrive.

Two Assessment Delegates arrived on 27 March. They have been completing an orientation of the assessment and distribution process through field visits with the American Red Cross Cross/BeNeLux ERU and the Costa Rican Red Cross RIT members. Their main focus now is transitioning the HNRCS assessment team that the Costa Rican Red Cross has trained and which has worked over the past month to become part of the relief CTP. The CTP team will then synergize with the Systems Unit and Relief Cell/HNRCS to determine the assessment plan of action for those settlements that previously received NFI distributions, but for which phone numbers were not collected

Coordination continues through the inter-agency CTP Working Group which meets on a weekly basis. Due to regulatory issues with the Central Bank, it appears that the implementation of mobile banking in Haiti, with e-

wallets and peer-to-peer transactions, is at least a few months away. Thus, other organizations intending to implement CTP through the cell phone company's technical platforms are unable to currently utilize these add-ons. At the Camp Coordination and Camp Management Cluster meeting, discussion took place around the possibility that a cash grant could form part of an assistance package that will be utilized as an incentive for families to relocate to safe sites or host families. The International Organization for Migration (IOM) currently has full registration data for 40,000 families. A British Red Cross delegate is refining the design of a cash for host families' programme in Les Cayes and discussions have been held regarding the utilization of the Relief CTP delivery mechanism.

Challenges:

In addition to the challenges described above, the limited availability of vehicles in the relief motor pool, combined with expanded staffing and the need to transport volunteers who take part in the assessments, could necessitate renting additional vehicles.

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.	

Figures as of 31 March 2010

WATER SUPPLY	
• Total water points in camps/makeshift settlements and peri-urban and rural areas in Port-au-Prince and Leogane	118
• Estimated beneficiaries	314,000
• Daily Water Distribution (Port-au-Prince and Leogane)	1.8 M litres
• Global average l/p/d	5.7
• Medical units supplied	8
TOTAL WATER DISTRIBUTED TO DATE	60,000 m3
SANITATION	
• Total Number of sites	87
• Estimated beneficiaries	200,000
• Latrines (trench latrine)	1,137
• Tank Latrines	184
• Global average lat/person	151
TOTAL NUMBER of LATRINES	1,321
SOLID WASTE	
• Solid Waste disposed of	1,000 m3
DRAINAGE	
• Clearance of main drains	2 camps

Progress:

In terms of sanitation, the Red Cross/Red Crescent is primarily concentrating on addressing the need for toilets in the settlements by installing tank /elevated latrines via three MSM ERUs. The IFRC tank latrine design has been generally adopted by the sanitation Emergency Response Units as the primary design which will be used for latrines installed in temporary settlements where Red Cross and Red Crescent actors are working. The IFRC has discussed and shared the content and format for the hygiene promotion campaign with all of the water and sanitation ERUs and the HNRCS to agree upon a common approach and to standardize content and messaging, as well as to prepare a Training of Trainers for one hundred volunteers. The water and sanitation team is also collaborating with IFRC's health team to define a common health and hygiene promotion strategy which has been defined for the first phase of these activities. Given concerns over potential malaria outbreaks in Haiti, hygiene promotion activities will also include key health messages about malaria prevention. Current hygiene promotion volunteers will receive further training about topics such as malaria prevention and a Training of Trainers' session will be held during the first week of April. ERUs and their services are only intended to cover urgent needs during the initial months following a disaster. As the ERUs approach the end of their tenure, the IFRC water and sanitation team is working on setting up longer term assistance plans for communities. To this end, although a survey conducted by the Center for Disease Control (CDC) in Leogane indicated that 71% of the population is familiar with the use of water purification tablets, and eleven percent are familiar with a locally produced liquid chlorine product, the IFRC strategy is to use these products only in emergency cases such as floods and not as a solution for fulfilling the needs for drinking water in temporary settlements for household water treatment. Sustainable water sources should always be identified first. It is also important to bear in mind that although there are different household water treatment options available in Haiti, the intention is to find a solution which is feasible and sustainable and does not create a dependency on a restricted resource.

The British Red Cross Sanitation ERU (MSM20) has continued to carry out sanitation activities at the JeanMarie Vincent ("La Piste") and Automeca settlements. The ERU is continuing to install prefabricated tank latrines, facilitate and carry out solid waste management, garbage collection and hygiene promotion. In terms of identifying needs, the British Red Cross sanitation team works closely with community committees as well as the communities themselves to identify activities. Constraints, in terms of the numbers of people in need of assistance and the lack of available space are obstacles to be able to fulfil all of the existing sanitation needs;



Haitian children play in the Automeca settlement. In the background, prefabricated tank latrines have been installed by the British Red Cross Sanitation ERU. Source: International Federation

nonetheless, the British Red Cross ERU tries to introduce small changes that can make a big difference. For example, many community members have approached the British Red Cross with requests to increase the degree of privacy in the washing facilities. The makeshift shelters and close living conditions in many of the camps have increased the risks of sexual abuse and violence posed to women. Additionally, many people are having to wash by water sources out in the open without any area to cover themselves. To this end, in addition to some of the core sanitation activities, the British Red Cross ERU is initiating activities such as creating "wash rooms" to respond to the community's particular needs. The "wash rooms" will be separate enclosed areas for men and women to allow for privacy when washing. Another example is the gravel donated to the Automeca site. Following the first heavy rains at the end of February, the mud in Automeca was knee deep; in order to facilitate better drainage in the camp the British Red Cross has purchased gravel for the site and has now spread gravel throughout the settlement.

The French Red Cross ERU is providing water and sanitation services to fifteen sites, continues to make improvements to the existing sites, and is assessing options for connecting temporary settlements to the Haitian government's water network. To date, five camps have been connected to the water networks (DINEPA/CAMEP). Additionally the ERU has installed 537 latrines.

The Spanish Red Cross M15 in Leogane continues to produce clean and potable water and distribute it to 26 water points located in temporary settlements and rural areas. The average daily water distribution for the Spanish Red Cross M15 is 150,000 litres. Work continues in finalizing the exit strategy for the Spanish Red Cross ERU with an assessment of 48 hand pumps to evaluate the viability of using these to replace the emergency water facilities. The Austrian Red Cross Sanitation ERU (MSM20) is providing sanitation services in Leogane where there are some 49,000 people living in temporary settlements. The ERU has installed a total of 251 latrines.

With regard to sanitation, the Spanish Red Cross Sanitation Unit (MSN20) is installing further trench latrines in five settlements where 96 latrines have been previously completed. Hygiene Promotion activities are being carried out in nine camps. The theatrical nature of these activities was highlighted in an article published on the IFRC website over the reporting period.

The combined activities of the French and the Spanish Red Cross ERU teams has resulted in the distribution of 1.5M litres of water in 88 sites.

Challenges:

Sanitation conditions in Port-au-Prince are a significant concern for Haiti's Water and Sanitation Cluster ("WASH"). Rain is becoming a more frequent occurrence in Port-au-Prince and meeting the demand for latrines before the season peaks poses a substantial challenge to the teams. The water supply to Port-au-Prince could be adversely affected in the weeks to come by the outcome of discussions between government run water supply companies -DINEPA and CAMEP - over the management of Port-au-Prince's water supply. It is mutually agreed that due to the complexity of the situation in Haiti, there is a need for all Red Cross and Red Crescent actors to work together on developing an appropriate exit strategy for ERUs.

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 31 March (catchment area est. 520,000 people)

- **More than 86,000 people** have been treated by Red Cross Red Crescent health care facilities and mobile clinics.
- **The German/Finnish Red Cross field hospital has performed 485 surgeries**
- **152,342 people** have been vaccinated (*including against measles*) as of 15 March.

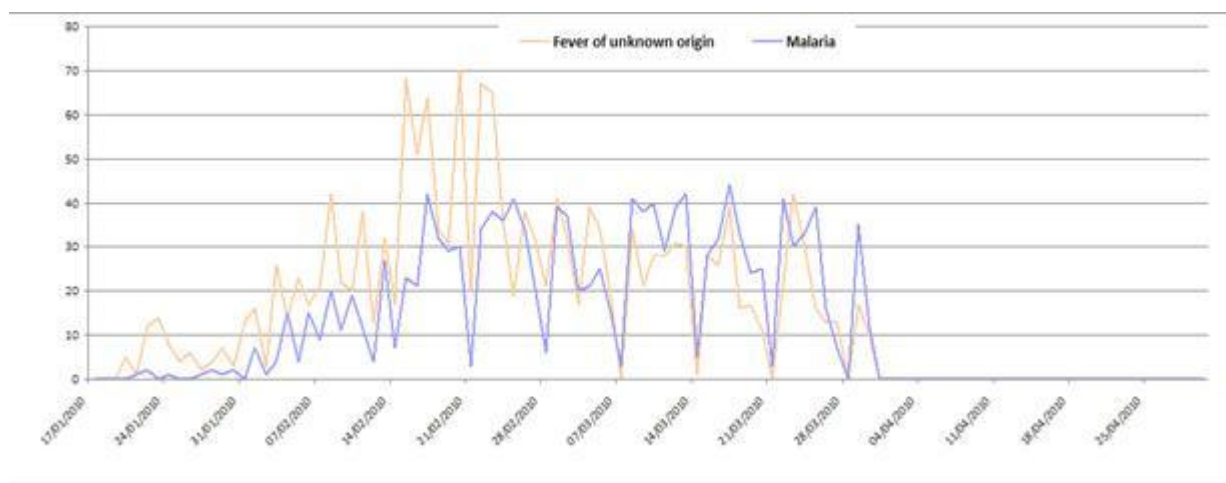
Haiti's Ministry of Health continues to indicate its intention to re-introduce the cost recovery system in health facilities as of 12 April. There are, however, current indications that this decision will be postponed. It remains a concern among humanitarian organizations which are currently supporting hospitals and health care facilities, that

the salaries for staff which are normally covered by the cost recovery system are not being covered, resulting in ad hoc and uncertain staffing, as most of the health professionals are seeking out alternative opportunities to secure a minimum income.

Some suspected cases of typhoid have also been registered during the reporting period, while there is continued concern over the rate of malnutrition amongst displaced persons in the temporary settlement at the Petionville golf course. Screenings to date do not indicate a major problem, however, UNICEF, the World Health Organization (WHO), Action Against Hunger (ACF) and the World Food Programme (WFP) will carry out a survey that should be finalized by mid-May.

The hospital in Carrefour is seeing an increase in obstetric /gynaecological and paediatric cases while orthopaedic and trauma cases are decreasing. Carrefour hospital has initiated a vaccination programme for routine vaccinations for out-patients, inpatients and local staff. A sexual health programme which provides basic information, family planning information, and condoms is also provided.

The World Health Organization has reported an increase in registered cases of malaria. To date, an increase in malaria cases has not been observed in the Red Cross/Red Crescent health facilities but is anticipated as a possibility in the weeks to come.



Incidence of Malaria from 17 January - 31 March 2010

Progress:

Planning for the pilot distribution of treated mosquito nets in Automeca is ongoing. This distribution will be preceded by awareness-raising on hygiene promotion and vector control, and post-distribution, information will be provided on the use of the nets.

Support with medical logistics is being ensured. The current supply of medical stock is being reviewed and sorted with appropriate items remaining in the warehouse, while outdated or damaged goods are removed. A request will be sent to all Red Cross/Red Crescent partners involved in health programmes to requisition items from the IFRC stock – excess stock which is perishable will be donated to other organizations and health providers.

Over the reporting period, one expatriate was evacuated to Santo Domingo for medical treatment.

The Swiss Red Cross has an assessment team working on potential long term programming which combines health and shelter.

Challenges:

As a number of PNS are starting to plan and develop longer term programmes the need to share information is increasingly important to ensure good coordination. Internal programmatic “network” meeting forums have been established to share information and develop programme concepts with the Haitian National Red Cross Society to ensure a common platform for the implementation of health related activities. Two groups, one covering health promotion and vector control and one covering psychosocial support begin work during the first week of April.

EMERGENCY SHELTER ITEMS (Relief)
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:
<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.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Support 1,000 patients from hospital to return "home" in providing tents and technical assistance

Progress:**Focus on the Danish Red Cross Relief ERU**

The Danish Red Cross Relief ERU is one of the fourteen teams distributing various forms of emergency relief assistance to earthquake affected communities. In the case of the Danish Relief ERU, the ERU has focused on the distribution of emergency relief shelter items. These items such as tarpaulins, tools and ropes, are all many families have to protect them from mid-day heat and increasing incidences of rain. The Danish Red Cross Relief ERU is also working to provide people with tents, as far as possible. There is a heightened demand for any sort of material that can be used as shelter, and distributions require careful planning. Among the issues that need to be taken into consideration is gender sensitivity. The Danish ERU, as well as many of the other relief teams, ensure that pregnant women and the elderly are given priority and that security monitors selected from the local community are on hand to assist those people with fragile health with transporting their materials. While there are not enough people on hand to help beneficiaries carry their items all the way home, the beneficiaries are given sufficient assistance to bring the items to a meeting point where they are met by friends or family members who provide assistance with bringing heavy items to the final drop off point. Additionally, the Danish ERU is careful to separate men and women. The enthusiasm for items sometimes can be overwhelming, thus to protect the women from any excess force or stress, beneficiaries are separated by gender and items are distributed to alternating groups of ten composed of men and women.

The IFRC is increasing the distribution of emergency shelter items including timber and corrugated Iron (CGI) sheets.

Challenges:

The quality of tents has been mixed, and some tents are in poor condition (holes and mold) and had to be returned. Donors making in-kind donations of goods are urged to ensure that a thorough quality control is conducted prior to shipping the materials. Significant resources are wasted when poor quality goods are shipped without being inspected. The costs lost include the cost of shipping and receiving the goods, warehousing poor quality goods, and most importantly the disappointment amongst the beneficiaries when after having lost everything they are handed an unusable item and told they must wait longer for assistance. Although there are procedures in place to deal with replacing flawed goods, for people in dire need, time is of the essence.

CORE SHELTER

Progress:**Site Annexe de la Mairie**

Some 1,373 households in Annexe de la Mairie have been identified for assistance. According to the information collected by the Red Cross, some 842 households would like to stay while the remaining 531 families would like to leave the camp. There is, however, insufficient space to allow all of the families who would like to remain to do

so. The availability of space remains a challenge and is a motivating force to adopt a strategy where support will first be given to families that would like to leave the camp. The next step will be to analyze the different options for people who would like to leave and propose options to support them.

Site Salesienne de don Busco

The foundation for four core units has begun and three units are expected to be completed by the end of the month. Work being done in this community will be used as an opportunity to conduct a refresher course for the carpentry team including HNRCS volunteers, and for the Canadian Red Cross to train other carpenters. In total over 40 people have been involved with the building process.

Other sites

- The Canadian Red Cross has requested support from IFRC trained volunteers to support the project implementation
- With support from the HNRCS, the goal is to identify other potential sites for detailed assessments notably in Sinistrés de Carradeux, Site Clôture Toto, and Delmas.
- Follow-up of Fort Dimanche site preparation is taking place with the support of HNRCS.
- The carpentry team continues to assist in the pre-cutting and pre-assembling of core units in coordination with British Red Cross logistics ERU.

Key challenges:

- Site identification and land tenure agreements with local authorities.
- Scaling up capacity to implement activities.
- Procurement and delivery of the materials within the planned timeline.
- Preparation including pre-cutting and packaging of the shelter kits
- Rubble removal.

SUPPORT FOR HOST FAMILIES IN NON AFFECTED AREAS

Progress:

An IFRC host families/shelter delegate has begun operating from Les Cayes; this delegate will work with the British Red Cross cash transfer programme specialist. With the support of the HNRCS, the first training of 34 volunteers on conducting needs assessments took place on 30 March and the volunteers began to work with one community on 1 April. 100 volunteers have now been trained and they will commence work immediately. A water and sanitation team arrived on 30 March in Les Cayes to coordinate their activities with the Les Cayes shelter/cash transfer team.

Challenges:

- Lack of an IFRC structure in Les Cayes to support the project team.
- Finding the appropriate financial mechanism to facilitate the transfer of cash.
- Integrating a water and sanitation strategy to address community water, sanitation and household sanitation needs, including the provision of communal water points and hygiene promotion activities.
-

HURRICANE/COMMUNITY CENTRES

Progress:

The aim is to agree upon and develop a design for a hurricane resistant community centre which is easy to assemble and can be relocated to remote areas. Following this, definition of the methodology for the fabrication of the centres and tendering will be the next steps.

Challenges:

- Short period of time to develop, procure materials and assemble the shelters before the hurricane season.

TRANSITIONAL SHELTER

Progress:

Over the reporting period there was continued project training for the assessment and technical teams regarding the fabrication of transitional shelter. The specifications for the design are still in the process of being finalized.

Challenges:

- Site identification and land tenure agreement by local authorities.
- Rubble removal and land preparation.

Logistics

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

- | |
|---|
| <ul style="list-style-type: none"> • All programmes receive professional logistics support and goods are received for distribution as planned. |
|---|

Key Statistics as of 31 March:

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

Activity	Period
Aircraft handled	0
Trucks / containers received Haiti	20
Estimated tonnage	300
Trucks despatched	59
Estimated tonnage	320

Progress:

The relief warehouses are at full capacity. The Swiss Logistics ERU team has organized a temporary storage facility under a tarpaulin, and is now transferring stock to the Logistics Cluster warehouse. The operation is also looking for extra storage space since more than 70 containers are arriving in the coming weeks. All shipments that have not left the suppliers, or PNS stock, are on hold until further notice. The Pan American Disaster Response Unit has dispatched four warehouse tents by air charter.

Challenges:

- The pre-cutting and re-bundling of Core Shelter materials is causing problems in Port-au-Prince as this was not planned when the order was placed.
- Limited storage space is available for inbound relief consignments.

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:

The HNRCS continues to play a critical role in ensuring access to communities for carrying out activities. Much of the time the HNRCS volunteers are the spokespersons in the field due to language constraints, and have had to handle tough situations both in negotiating with communities and addressing individuals seeking assistance. The HNRCS has been indispensable in identifying project areas and beneficiaries.

The HNRCS relief teams trained by the RIT members are assuming greater levels of responsibility and continue to carry out distributions on a regular basis. Training is constantly carried out and one hundred volunteers will be trained in hygiene promotion in the coming days. In particular, the Canadian Red Cross is scaling up the HNRCS capacity to implement shelter activities.

Challenges:

HNRCS staff and volunteers have been seriously affected by the earthquake, and there has been a loss of previously acquired capacity. The personal and living conditions of many HNRCS staff and volunteers remain difficult.



Marc Ducleon is supporting his family of twelve and the earthquake relief effort by working as a translator for the Mexican Red Cross. Source: International Federation

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)

- 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:

The Base Camp radio room is now available from 7 am to 7pm. The full IT/Telecom team is in place and is composed of an IT coordinator, IT and Telecommunications delegates, plus continued support from two RIT team members. The team continues to maintain the VHF repeater network in the operational area, and is installing radios in the vehicles for the HNRCS and the IFRC.

Challenges:

Local IT providers are not very reliable. There is a high prevalence of viruses - "malware" and "spyware" - in the staff's computers.

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.
<ul style="list-style-type: none"> • Federation and HNRCS operations have good security awareness and are able to anticipate and react to changing situations and circumstances in a timely manner
<ul style="list-style-type: none"> • Improved planning capacity, more effective management and prevention of security incidents, and enhanced ability to be proactive through reports, analysis and lessons learned.
<ul style="list-style-type: none"> • 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.

Over the reporting period the issue of security in Leogane arose surrounding the Spanish Red Cross water plant. The IFRC is working to find a more secure area in Leogane to function as a base for Red Cross/Red Crescent activities.

Communications – Advocacy and Public Information

The communications team continues to disseminate weekly "Facts & Figures." The team also produced a web story and guidance for the National Societies in connection with the Donor Conference in New York. Additionally, the team conducted two interviews with Reuters TV and two with the BBC World Service and is working on a press pack for the three month commemoration of the earthquake on 12 April.

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.

Various Federation and PNS teams are currently working with the HNRCS in Port-au-Prince, Leogane, Carrefour, Petit Goave, Jacmel and Les Cayes. ERU team leaders continue to report to the Federation Country Representative through the Head of Operations with a sector coordination line with the Federation Programme Coordinators and a technical and informational line back to their headquarters. PNS coordinate their activities with the Host National Society and the Federation Country Representative.

There have been many visits over the past six weeks from almost all of the PNS who have now shared their planning for the coming six months. There are twice weekly operations meetings and sectoral briefings. There are also field coordination missions. All of this is positive, however, given the complexity of the operation and the fact that it is so widespread, so many different components of the Federation at the base camp and in the field can be complicated. This is compounded by a high turnover of team leaders and their members and it remains a constant challenge to keep ensure a coherent a single system where the Federation can coordinate and the teams operate in harmony. During the second week of April, the Federation ERU Officer will work with the Haiti operational team to help map out a more structured way to better monitor and support the various activities: for example, it has been agreed that there is a need to have at least a minimal Federation representation in Leogane (covering Petit Goave) and Jacmel. Positions will be opened for both locations and additional sector delegates will be identified if needed.

Coordination of the Emergency Shelter & NFI Cluster

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 International Federation is convening the Shelter/NFI Cluster as of 10 February. The Shelter/NFI Cluster is made of 110 members, of which around 50 participate actively. These members include NGOs, the Red Cross Red Crescent, UN agencies, donors, and the IOM. The shelter members are aiming at covering the emergency shelter needs of all the affected population by 1 May 2010. Around 90% of the 1.3 million homeless people in the zone affected by the earthquake have now received emergency shelter materials: tarpaulins, tents, toolkits. However, it is important that the surge in the supply of emergency shelter continues beyond the 1.3 million target, as prepositioned stocks will be a necessity for immediate coverage of increased needs anticipated as a result of the approaching rains and hurricane season.

The members of the Shelter Cluster are also working on transitional shelter and support to host families as well as NFI distributions. With only 18,632 tool kits distributed and 85,230 households with ropes and fixings provision, this remains a vital gap in the response. A large portion of emergency shelters constructed will require strengthening for the rainy season. Kitchen set coverage is also low despite being prioritized at the onset of the response. After sites were identified and verified in Carefour, the Cluster realized that the commune needed crucial emergency shelter assistance. They will be working together to ensure better coverage. While emergency shelter materials have been distributed in the plains of Leogane and Gressier, the surrounding mountainous area remains inaccessible. Adequate assessments have not been carried out in these zones. The needs of those living in these hard-to-reach areas should be assessed. 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, Carrefour, 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, Gressier, Petit-Goave, and Grand-Goave	
Shelter Cluster Hub Coordinator	UNHCR
Shelter Information Manager	CARE
In Jacmel:	
Covering Jacmel	
Shelter Cluster Hub Coordinator	IFRC
Shelter Information Manager	IFRC

As shown in the table, 42% of the positions are provided by Cluster partners (CARE, UNHCR, and MapAction), 33% by IFRC-hired consultants, and 25% by Red Cross National Societies (British, Finnish and Netherlands Red Cross Societies). 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 in Port-au-Prince
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Since 10 March the Federation has moved from a FACT intervention to a long term operation in Haiti. Included in the the main tasks are Service Provision and Coordination, which is important to distinguish from any operational activity of the Federation.

The Movement Coordination Framework is in practical terms currently being implemented, with meetings at technical levels. However, the documents outlining the membership and tasks of the seven bodies of the framework are in the final stage of drafting.

In addition, work on the Integration Agreement as part of the Global Integration Agreement is ongoing.

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 early April**, 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.

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