

# 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° 13  
13 April 2010

**Period covered by this Operations Update:** 1 – 6 April 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.



Members of the French Red Cross make sure the latrines have withstood heavy rains which occurred on Friday 9 April. Source: Hope Weiner/ IFRC

The donor response report shows current coverage of 62% 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:** With rains becoming an increasingly more frequent occurrence in Haiti, disaster preparedness plans are being finalized for surge activities which will go into effect in the event of heavy rains or flooding. The Red Cross Red Crescent is preparing surge measures in disaster preparedness to protect vulnerable populations with special attention to displaced people in the temporary camps. At the same time, although the distribution of relief items continues on a daily basis, there have been an increasing number of security incidents as frustrations begin to build up within the communities who, together with the humanitarian communities, await clear decisions about land use, which would allow for more rapid delivery of assistance in particular in the critical areas of sanitation and transitional shelter. Until these decisions are made, humanitarian agencies must continue to cope with the constraints and deliver assistance in the most efficient manner possible. Additionally, there are continued concerns over the recent Haitian government decision to stop food distributions (which took place over the reporting period), and government plans to curtail the provision of free water and health care to communities over the coming months which present challenges to programme

implementation.

On 9 April, the Haitian government and the United Nations began activities to move vulnerable children and adults from the camp at Petion-Ville Club, to a new emergency relocation camp at Corail Cesselesse, north of the city. The Red Cross Red Crescent has offered to provide humanitarian support to families once they are relocated.

In terms of planning ahead, on Friday 8 April, the IFRC hosted an ERU planning meeting in Port-au-Prince. The meeting was facilitated by the Head of Operations and the ERU Officer from the secretariat headquarters. During the meeting, ERU team leaders shared plans regarding future activities, or if relevant, exit strategies, providing the IFRC with an overview of operational needs to be built into IFRC programming.

Finally, the HNRCS and the IFRC implemented their first in-country emergency response to heavy seasonal rains which occurred on 9 April 2010. Ten teams were deployed to 33 vulnerable sites to conduct a rapid assessment of the effects that the rains had on the settlements. Of the 33 sites, 7 were identified as requiring immediate assistance.

## The situation

According to the displacement tracking matrix released by the Haiti earthquake Camp Coordination and Camp Management Cluster (CCCM) on 6 April 2010, there are now considerably more settlements than were initially reported. At present there are some 1,371 temporary settlements comprising approximately 411,090 households, or 2,090,877 individuals in the four affected regions defined as follows:

- Region 1: Carrefour, Cité Soleil, Croix Des bouquets, Delmas, Grantiers, Petion-Ville, Port-au-Prince and Tabarre.
- Region 2: Leogane, Gressier
- Region 3: Petit Goave, Grand Goave
- Region 4: Jacmel

At the Water, Sanitation and Hygiene (WASH) Cluster meeting held over the reporting period in Port-au-Prince, six key constraints were identified as a common experience of Cluster members implementing activities in response to the earthquake. These constraints are: 1) land ownership issues/availability of space (many sites are on privately owned land); 2) no clear camp management beyond the communal committees; 3) no agency coverage of sites/too many agencies working in one site; 4) customs procedures; 5) human resources; and 6) uncertainty of sites. Following the meeting, a senior IFRC water and sanitation officer from the secretariat headquarters commented that the Haiti response operation is distinct because the work is being carried out within the context of all of these constraints. The most significant issue relates to land ownership and the lack of clarity over land tenure and ultimate ownership. Until a clear mechanism is in place to identify available land and legally assign and guarantee the scope of use and the rights to use the land under national law, the efforts to provide individuals with transitional shelter and move forward with longer term sanitation plans are being delayed and facing additional challenges. In parallel, the increasing number and size of existing sites is also a major challenge for humanitarian partners.

A number of agencies are reporting that their surveys indicate that there is a percentage of the population in settlements who may not have been directly affected by the earthquake. According to the UNDP's 2009 Human Development Report, Haiti ranked 97th among 135 countries on the human poverty index. A reported 42% of the country did not have access to an improved water source. According to a 2009 report from the Haiti Children Project, more than two-thirds of the workforce had no regular jobs and approximately 80% of Haiti's population lived in extreme poverty, while over 60% of the population lacked access to even the most basic health care services.

The implementation of activities therefore requires taking these factors into account. It has already been publicly acknowledged in an article published by IRIN on Relief Web that it is difficult for the agencies to follow SPHERE standards in programme implementation; however, in this situation, it is most important for programme managers to ensure that the principles of the SPHERE standards are being applied: namely that beneficiaries are treated with dignity. To date, all Red Cross Red Crescent programming has involved close communications with communities and community committees; therefore, the work with the HNRCS and communities is ensuring that, to the extent possible, communities are being listened to and involved in programming.

<b>Haiti Earthquake Operation in Figures</b>	
<b>** Statistics as of 6 April 2010 except as indicated below.</b>	
<b>Health</b>	<ul style="list-style-type: none"> <li>• <b>91, 000 people</b> have been treated by Red Cross Red Crescent health care facilities (2 field hospitals, 4 Basic Health Care Units (BHCUs) and 2 bilateral partners are providing health services at 4 fixed and 41 mobile sites covering a population of approximately 700,000 people.</li> <li>• <b>1,000 to 2,000 patients</b> seen daily by BHCUs and integrated mobile health clinics.</li> <li>• <b>152,342 people</b> were vaccinated (<i>including against measles</i>).</li> <li>• <b>More than 16 million text messages</b> with key community health awareness messages sent to people participating in the programmes.</li> </ul>
<b>Relief</b>	<ul style="list-style-type: none"> <li>• 62,079 Hygiene kits distributed to households.</li> <li>• 40,020 Kitchen sets distributed to households.</li> <li>• 44,631 Buckets distributed to households.</li> <li>• 43,881 Food items distributed to <i>households</i>.</li> <li>• 97,048 mosquito nets distributed (<i>2 pcs per HH</i>).</li> <li>• 85,450 jerry cans distributed (<i>2 pcs per HH</i>)</li> <li>• 163,123 blankets distributed (<i>3 – 5 pcs per HH</i>)</li> <li>• Between 1,500 - 2,500 families PER DAY receiving Non-food and Food Items</li> </ul>
<b>WatSan</b>	<ul style="list-style-type: none"> <li>• <b>60,000 m3</b> of drinking water distributed. (<i>**est.no. beneficiaries 314,000</i>)</li> <li>• <b>118 camps</b> have water points.</li> <li>• <b>1,321</b> latrines built.</li> </ul> <p><b>** Figures as of 31 March 2010</b></p>
<b>Shelter</b>	<ul style="list-style-type: none"> <li>• <b>6,190</b> tents distributed.</li> <li>• <b>136,697</b> tarpaulins distributed.</li> <li>• <b>25,392</b> ropes distributed.</li> <li>• <b>10,836</b> shelter tool kits distributed.</li> </ul>
<b>Logistics</b>	<ul style="list-style-type: none"> <li>• <b>104</b> flights received in the operation.</li> <li>• <b>223</b> sea shipments (40' containers).</li> <li>• The estimated tonnage of shipments is 7,070</li> </ul>

## Red Cross and Red Crescent action

### HNRCS/IFRC – Emergency Response Plan for Floods and Hurricanes

On Friday 9 April at around 19.00 hours a heavy downpour commenced over Port-au-Prince which lasted for several few hours and was the heaviest deluge to date since the 12 January earthquake. While the operational reality is such that plans to assemble transitional shelters have been delayed, the priority is to ensure that an in-country emergency response plan is in place to address potential emergencies. On Saturday 10 April, the HNRCS and the IFRC collaborated to test the Haiti emergency response mechanism.

Following Friday evening's rains, ten teams of 4 - 5 members composed of experts representing relief, health and water and sanitation sectors from the IFRC and the ERUs, and a representative of the HNRCS were deployed to 33 vulnerable sites to conduct a rapid assessment of the situation. The response was jointly

coordinated and planned by the IFRC and the HNRCS. The majority of the teams were able to gather information over a three hour period, and by noon teams were able to debrief, share their findings and make decisions as to what action will be taken regarding settlements where problems were identified. The findings of the rapid assessment were that 14 of the settlements suffered little to no damage due to the rains, 8 experienced some damage and 7 required urgent attention due to drainage problems which resulted from the flooding. By way of example, latrines installed by the Spanish Red Cross at Mais Gate 2 had been flooded and required pumping. By 15.00 hours on Saturday afternoon the Spanish Red Cross was able to deploy a sanitation vehicle for pumping.

The current structure of the plan involves four phases:

- 1) Assessment
- 2) Request for assistance
- 3) Mobilizing resources
- 4) Providing assistance.

A fully equipped meeting/operations room is currently being built at the IFRC base camp which will allow for the HNRCS and the IFRC to respond to seasonal emergencies without disrupting on-going earthquake response and recovery activities, and IFRC and HNRCS staff and volunteers working on the earthquake operation will be identified to participate in response teams for seasonal emergencies. Finally, ten vehicles will be identified as emergency response vehicles in addition to their daily use for the operation. It is currently envisioned that training will be provided for HNRCS staff and volunteers as well as team members from the IFRC and PNS to better prepare them to conduct rapid assessments and identify needs following sudden onset disasters.

### **Disaster Preparedness Surge – Rain and Hurricane Season**

Ahead of the rainy season and later on during the Hurricane Season, the Red Cross is preparing surge measures in disaster preparedness to protect vulnerable populations, with special attention to the displaced people in the temporary settlements.

Community based disaster preparedness will take place in the 120 settlements where the Federation is operational in and outside of the capital. The programme will include: the development of early warning systems for dangers ranging from epidemics to flooding, identifying larger communal shelters and evacuation routes for better protection, training community members in First Aid and basic search and rescue, health and hygiene promotion, handing out mosquito netting, drainage cleaning, rubbish collection and improving sanitary conditions. Finally, prepositioning of medicines and relief items in Port-au-Prince and in other areas will take place in case the roads become inaccessible.

The IFRC has developed an emergency response plan for epidemic outbreaks during the rainy season. The WHO and partners are also working together on a contingency plan, coordinating resources and material for rapid response if and where needed. A complete mapping of response capacities and geographical areas showing the major actors in health is likely to be ready in a few weeks time.

Information activities will continue to use the successful beneficiary communication and awareness campaign via radio, TV, print and SMS.

This will strengthen the HNRCS' previous experience in community based disaster preparedness, early warning projects and communication campaigns for the hurricane season.

Through the pre-positioning of emergency relief items in strategic warehouses, the needs of 125,000 people will be covered and through community/camp disaster preparedness activities, it is planned that the programme will reach 300,000 beneficiaries.

### **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"> <li>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.</li> </ul>
<ul style="list-style-type: none"> <li>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.</li> </ul>
<ul style="list-style-type: none"> <li>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.</li> </ul>

### 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.**

### Distributions as of 6 April 2010:

Distributor	Shelter Items				Non Food Items										Food_Total HH
	Tents	Tarps	Shelter ToolKits	Rope	Blankets	Mosquito Nets	Kitchen sets	Jerry Cans	Buckets	Detergent	Plastic Rolls	Hyg_kits	Sum of Baby kits	Sleeping Mat	
Colombian RC	0	200	776	1426	1564	0	110	677	10			9746		1026	19016
French RC	1290	5862	25	0	3508	992	193	769	0		1851	193		0	C
German RC	0	0		0	0	0	865	1020	0			510		0	C
Haiti RC	0	0		0	0	0	0	0	300			0		0	300C
Spain RC	0	400		0	1600	800	0	800	800			225		0	C
Turkish RC	177	0		0	650	0	100	0	600			0		0	3059
IFRC-German RC	0	2640		2569	5209	30	15	756	2584			771		0	C
IFRC-DR RC	0	4685		400	5082	3632	1741	3772	2992			2496		0	1400
IFRC-French/Finn ERU	0	22992		8200	30126	22181	11913	15718	7017.5			10102		11802	C
IFRC-Turkish RC	0	2832		2000	500	700	350	700	1918			200		700	C
IFRC-Colombian RC	0	3280		50	3396	3096	50	3196	1748			1698		0	C
IFRC-Canadian RC	1990	10550		1527	25804	15350	5812	13272	5717			7351		11308	C
Danish ERU	2177	23755	10015	246	0	0	0	0	0			0		0	C
IFRC-RIT/RDRT-Relief	295	2898		1135	19108	9028	3355	10488	3770			4865		4500	318C
IFRC-MEX/COL RC	0	0		0	0	0	0	0	0			0		0	5837
IFRC-AmCross/BeNeLux	61	49797	20	7639	58917	38133	14563	30896	14821.5	1056	1337	19619	12	31294	3C
IFRC-Haitian RC	200	6806		200	7659	3106	953	3386	2353			4303	200	2706	8359
<b>Grand Total</b>	<b>6190</b>	<b>136697</b>	<b>10836</b>	<b>25392</b>	<b>163123</b>	<b>97048</b>	<b>40020</b>	<b>85450</b>	<b>44631</b>	<b>1056</b>	<b>3188</b>	<b>62079</b>	<b>212</b>	<b>63336</b>	<b>43881</b>

Distributions of NFIs are being disrupted as a result of increasing occurrences of security incidents. As reported in earlier Operations Updates, the Red Cross Red Crescent distributions went relatively smoothly during the earlier part of March, however during the final week of March and the first week of April there is an increased trend of disruptions. A number of distributions have been stopped midway due to aggressive behaviour of people not identified as beneficiaries. IFRC standard relief procedures remain in place whereby the Federation is working closely with the HNRCS to carry out assessments, identify the communities and the individual beneficiaries in advance of a distribution. Additionally, a plan is made as to precisely where and how the items will be distributed. The ideal site is an open area with appropriate space to enter, with a separate exit area. Tickets are handed out in advance of the distribution and beneficiaries are given fair notice as to when the distribution will take place. On the day the distribution of items is to take place an advance team arrives at the site to meet with the locally appointed security team and mark off the distribution area. Upon the arrival of the items, a pre-distribution briefing takes place with the IFRC, HNRCS, HNRCS volunteers and community security staff. In order to minimize the risk of crowding, volunteers and security staff assist beneficiaries with heavy and/or bulky items to a meeting point outside of the distribution area where beneficiaries can then seek out the assistance of their friends and families. Many beneficiaries pool their resources to share a local mini-bus ("tap-tap"), others are met by a motor bike or friends to help them walk with the items back to their settlement site.

Nevertheless, distributions take place in public areas and the needs in Haiti remain high. As noted above, the number of settlements and the number of displaced are now far higher than figures reported a month ago. Therefore, while over the past three months the IFRC has significantly contributed to meeting needs for emergency relief items in the four affected regions, and in fact the IFRC is close to reaching the original target number of beneficiaries, the needs appear to be multiplying. Assessment teams in all of the sectors have reported on the challenges they face in identifying families in fluid communities. Namely, a team may conduct the first part of an assessment on a Tuesday, and by the following day there may be thirty new tents in the same settlement.

There is no doubt that this situation is difficult for the relief teams confronted with these situations. For the most part, the actual beneficiaries have been respectful of the procedures; nonetheless there is little that can be done when non-beneficiaries instigate a chaotic situation by trying to take items directly from a truck, or begin to cause a rush of people that could lead to severe injuries for all involved. The HNRCS and IFRC, following one of these incidents, always make best efforts to return to the communities to complete the distribution. They first speak with local committees and the security team to see what improvements can be made and once adjustments are made by both of these teams they will then return to the site, however, occasionally even this is not enough.



A woman with her relief items distributed by the American Red Cross / Benelux Red Cross Relief ERU in D'Jobel. Source: Hope Weiner / IFRC

The HNRCS and national staff arguably have the hardest and most delicate work to do in these situations as they are on the front lines of communicating in a diplomatic and appropriate manner with the communities. When approached by an angry individual it becomes their job to quickly explain how beneficiaries were chosen and try to discourage these individuals from taking actions that would lead to the stoppage of a distribution. Nevertheless, the circumstances are result in occasions when these measures are not enough to diffuse the frustrated individuals.

An additional challenge in the relief sector which occurred over the reporting period is the request from the government to stop all general food distributions. This request has put a hold on food distributions carried out by the Mexican and Colombian Red Cross Societies. The parameters of this request are still being defined as provisions may be made for targeted food distributions (ie to hospitals, orphanages etc.)

**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.**

There are many challenges to overcome and issues to address, but the implementation of a large-scale, relief-oriented cash transfer programme (CTP) will provide a significant, positive impact for the continued recovery of Internally Displaced Persons and lead to positive multiplier effects throughout the Haitian economy.

There has been a delay in creating an assessment team as a result of a potential Haitian government edict regarding cash transfer programming and how it can be applied. As such, there has been a delay in forming an assessment team until this issue is resolved through the HNRCS leadership. A counterpart has been identified by the HNRCS for the Relief CTP team.

The CTP team continues to develop the framework for the intended large-scale cash grant for basic needs and asset replacement programme. As such, beneficiary registration data from the ERUs is being collected and the CTP team is exploring the use of data from other Red Cross Red Crescent units operating in country. Input of beneficiary data into the Haiti Client Registry continues by the data entry team and the web-based, password secured database is being refined by the Systems Delegate.

The American Red Cross Society headquarters is in contract negotiations with a leading Haitian remittance agency and finalization of this process is expected within the next 1-2 weeks. The CTP team is also seeking to enter into contracts with additional remittance agencies in order to increase the encashment capacity for the programme. The team is in the process of updating the plan of action based on issues and opportunities identified over the previous weeks.

### Challenges:

Given the latest figures released over the reporting period indicating more than twice as many settlements than originally reported, the targeting strategy is being evaluated and refined as beneficiary needs and market assessments continue to be analyzed by the team.

<b>Water, sanitation, and hygiene promotion</b>	
<b>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.</b>	
<b>Expected Results (Relief phase)</b>	
• 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

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

### Progress:

At the moment one of the primary concerns in the water and sanitation sector is the regular desludging of latrines, particularly in the event of flooding. Even prior to the earthquake in Haiti, there were no sewage treatment plants.

With so much uncertainty over land ownership rights, the water and sanitation sector, as other sectors, is encouraging families who are able to do so, to relocate from the camps to sites closer to their homes where there is the possibility to rehabilitate existing water sources such as springs and hand pumps.

In addition to continued activities in the temporary settlements, the IFRC water and sanitation team is working with the HNRCS in rural communities in Gressier and Santo to see if household water supplies can be reinstated. While water is available in Haiti, much of it is unfit for human consumption. Testing indicates that the water samples contain unusually high levels of elements such as manganese. The IFRC is seeking to rehabilitate water supplies so that they are compliant with Haitian government standards. The water and sanitation team is working closely with the IFRC shelter team to complement planned core shelter activities in Annexe de la Mairie with improving the community's access to water and sanitation facilities. At the moment the plan is to commence by installing tanks which will be replenished with trucked in water until a more permanent solution is developed with the Haitian water authority, DINEPA, to source water from the pipe network.

An increasing number of National Societies are introducing health and hygiene promotion activities. The Federation's health and water and sanitation teams have combined efforts to create a curriculum for a joint health and hygiene promotion campaign. The campaign will cover issues such as the importance of hand washing and waste disposal, as well as the use of mosquito nets and malaria prevention initiatives such as ensuring that when observed, stagnant water is removed. The first training of trainers' module will take place in Port-au-Prince over the week commencing 12 April. The initial training will use materials prepared based on the IFRC standard training modules and will involve ten participants from Port-au-Prince, Jacmel, Gressier, Carrefour and Petit Goave.



Heavy rains on 9 April flooded latrines in Mais Gate 2. The HNRCS volunteers jointly with the Spanish Red Cross water and sanitation ERU responded within 24 hours to clear out the water. Source: Hope Weiner / IFRC

### Challenges:

Rains are becoming increasingly frequent in Port-au-Prince, and are some two inches above normal precipitation rates for the year. Additionally, on 7 April researchers at Colorado State University released a forecast predicting a likelihood of 15 named storms between 1 June and 30 November - four of those major hurricanes. The team also predicts a 58 percent chance of a major hurricane tracking into the Caribbean (the long-term average is 42 percent). It is thus essential to have well defined contingency plans in place to address the increased needs that will arise in the event of heavy rains or hurricanes.

Emergency Health
<b>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.</b>
<b>Expected Results (Relief Phase)</b>
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Affected communities increase their capacity and skills in epidemic control, community based first aid and psychological first aid.</li> <li>• The HNRCS has improved capacity to provide a more effective and relevant evacuation service of</li> </ul>

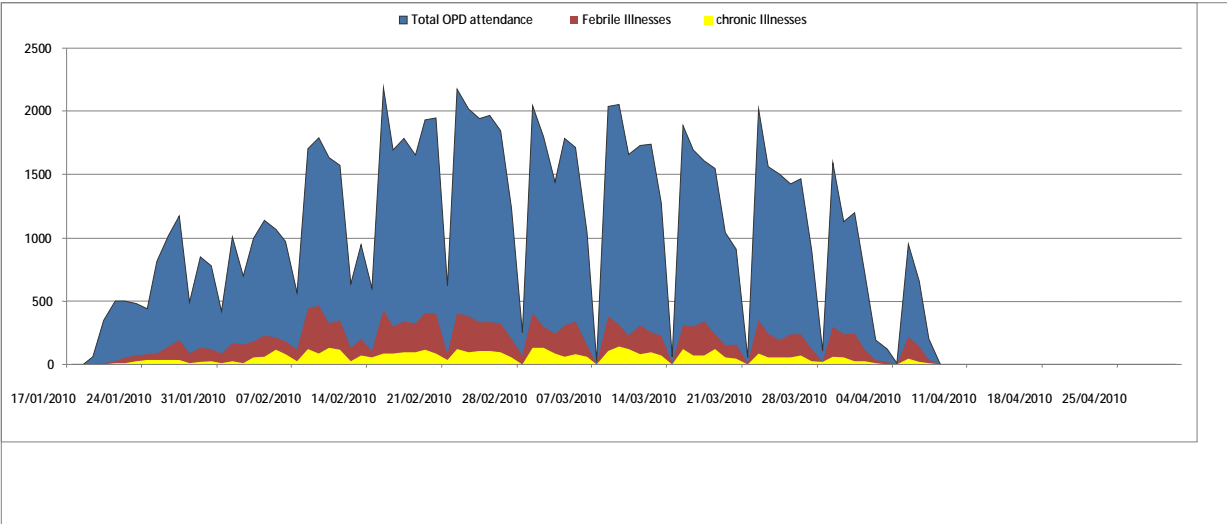
- wounded and ill to reduce acute injuries and infections during the emergency phase.
- Selected affected groups and communities and Movement personnel and volunteers receiving psychosocial support have improved their resilience and coping mechanisms.

More than 91,000 people have been treated by Red Cross Red Crescent health care facilities comprising 2 field hospitals, 4 Basic Health Care Units and facilities run by two bilateral partners providing health services at 4 fixed and 41 mobile sites, covering a population of approximately 700,000 people.

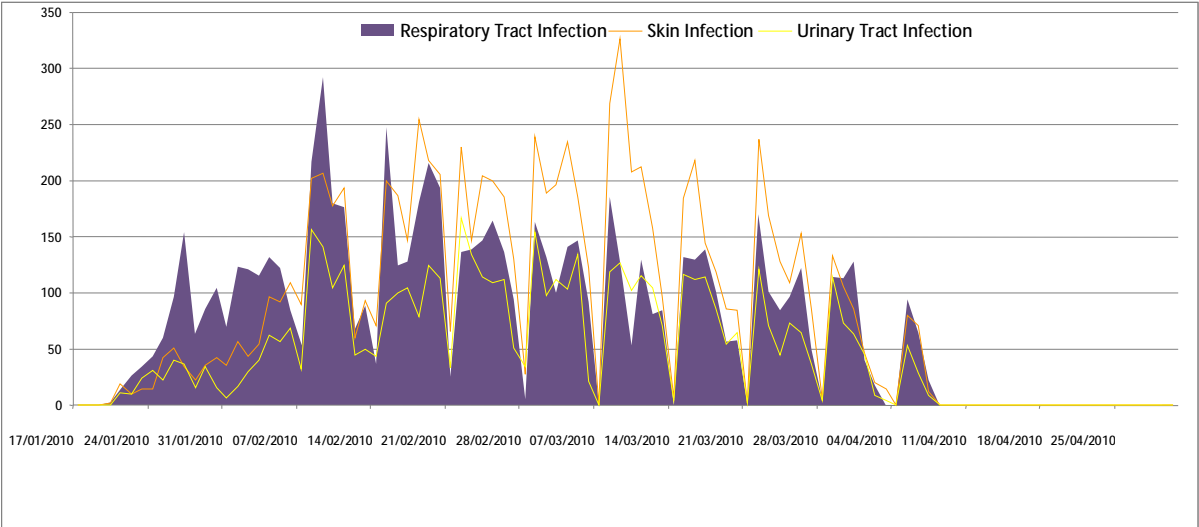
The most common illness reported to date is acute respiratory infection; additionally the World Health Organization (WHO) is reporting an increase in malaria cases.

The Ministry of Health announced the re-introduction of the cost recovery system as of 12 April. However, it is likely that free health care will be extended for another three months. A statement on this issue is expected during the second week of April. A re-introduction of user fees may again limit the majority of the population from accessing health care. However, free health care services has not covered the cost of salaries to personnel otherwise covered by the user fees, resulting in the majority of staff not coming to work, and thus hospitals cannot be fully operational.

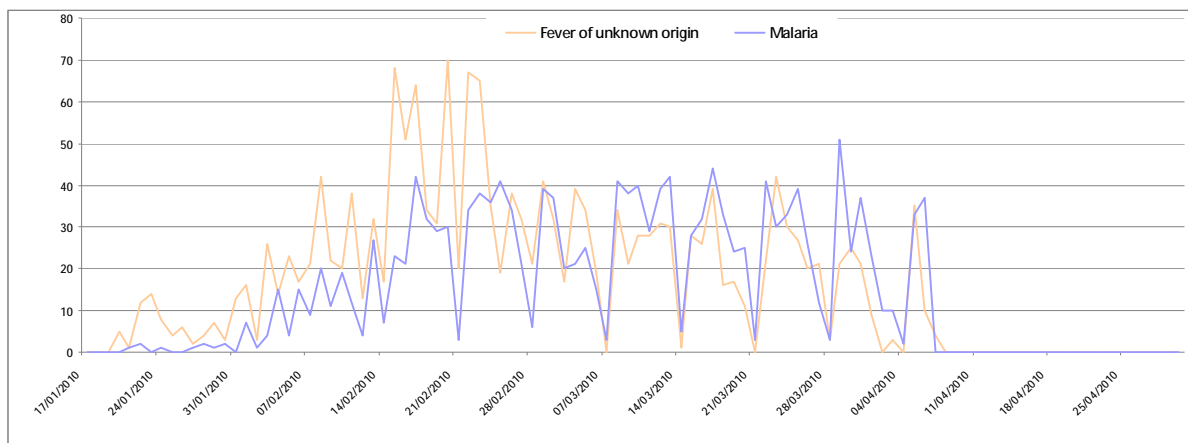
**Out-patient attendance for the period ending 7 April 2010**



**Frequency of Infections for period ending 7 April 2010**



### Malaria rate for period ending 7 April 2010



#### Progress:

It has been a relatively quiet period as the BHU clinics reduced services during the four day Easter holiday and thus less consultations were done.

Training of Trainers for scaled-up hygiene promotion and vector control in the settlements linked to the IFRC water and sanitation and health programming will begin during the second week of April. HNRCS volunteers and staff from Petite Goave, Jacmel and Port-au-Prince are participating; some are already linked to the ERU field hospitals and Basic Health Care Units. Implementation of activities are planned to start mid-April with a scaling-up in sites and the number of people reached throughout the next two to three months. All PNS/ERUs involved in this activity have adopted a harmonized approach to training and implementation based on Federation standards.

A pilot distribution of treated mosquito nets ("LLIN") is planned for the Automeca settlement in Port-au-Prince. All households will receive two LLINs. Health education and information on correct net use and hanging will be linked to the distribution as well as a post distribution follow up.

A request to extend the ERUs' operational time has been forwarded to all health ERUs to be able to maintain the Red Cross Red Crescent response capacity for medical needs throughout the rainy season. The timeline of health ERUs is being clarified and hand over strategies are being discussed. The IFRC aims to maintain the level of services currently being implemented throughout the remainder of 2010.

PAHO/WHO has dispatched two experts to work with the Ministry of Health in drafting a strategy for long-term disability services. The ICRC is supporting rehabilitation and orthopaedic needs through local organizations such as Healing Hands and Handicap International

#### Challenges:

Many of the ERU health facilities need to replenish their medical stock and are now running low on key drugs for basic treatments. This is of concern as a period is now approaching where consumption is anticipated to increase. As a result of the relatively long delivery time for medical materials and medicine (up to 8 weeks), problems may arise unless an alternative solution is found to cover the potential gap in medical stocks. The IFRC medical logistician is working on finding solutions to assist the health ERUs where needed.

The IFRC is facing challenges in finding a viable warehouse for medical items which has delayed the ability to provide the requested items to partners and the ERUs.

#### Focus on German-Finnish Hospital in Carrefour

According to the HNRCS, the German-Finnish Red Cross hospital established during the days following the earthquake in a sports field in Carrefour, is the most modern hospital in Haiti. Imported equipment such as that to perform ultrasound examinations has proven to be essential in ensuring the highest quality of treatment to the hundreds of women who have come to the hospital seeking mother-child health care services. The complex of

tents includes facilities such as an out-patient department, laboratory, x-ray room, delivery room, and surgery. Additionally the hospital features several wards to house patients, a kiosk with information about public health and a kindergarten room for children. At its maximum, the hospital was staffed with some 75 expatriate staff; however, at the moment there is a staff of around 35 expatriates representing various National Societies. In addition to staff from the German and Finnish Red Cross Societies, the hospital has staff from the Canadian Red Cross and the Hong Kong Branch of the Red Cross Society of China. The hospital employs a large national staff of Haitian doctors, nurses, midwives and psychological support team staff. Although an ERU, the approach of the hospital is to build on work done by the German Red Cross over the past two years, when the National Society was working in Haiti prior to the earthquake. To this end, training and knowledge sharing are considered key components of the hospital activities. Haitian doctors and nurses are assigned to work with expatriate doctors and nurses to learn new techniques related to the equipment and have the opportunity for exposure to their experience. In the same way, the learning is on both sides as the Haitian national staff have far more experience in dealing with tropical diseases such as malaria and dengue. To date, a distinctive feature of the hospital is the number of gynaecological emergencies it has handled. According to the current Canadian Red Cross midwife, the hospital has handled up to fourteen births in one day. At the same time as many women prior to the earthquake did not have access to adequate health care the hospital is also seeing a significant number of emergency cases of pregnant women who have misused prescription drugs which they have obtained on the street and placed their pregnancy at risk. Additionally, the hospital has treated many patients with burns. Given the crowded conditions in the settlements, many people who cook in or around their temporary shelters are highly vulnerable to fire and burn wounds due to the lack of space and the proximity of the fire to flammable items such as bed sheets which are used to cover the shelters. As the rainy season arrives, the German Red Cross is working with the HNRCS to identify a more weather proof facility to operate out of. The Society has identified a site and hopes to finalize the agreement in the coming weeks.

#### **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:**

- 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.
- Support 1,000 patients from hospital to return "home" in providing tents and technical assistance

#### **Progress:**

According to the second humanitarian assessment report issued by World Vision on 29 March, some 76% of Port-au-Prince's population are displaced from their homes, with only 18% of respondents sleeping in or near their homes. According to the assessment findings, nearly half (46%) are sleeping with their families outside in fields, parks or on the streets and sidewalks under limited cover such as sheets or cardboard, or under no cover at all. Red Cross Red Crescent distributions of emergency shelter relief items continued as scheduled over the reporting period. These items, as indicated by the World Vision assessment, are still very much needed by the affected population.

Although the constraints described in the introduction to this report have adversely impacted the timeframe in which activities are being implemented, the IFRC shelter team is moving forward with all of the necessary preparations to assemble core and transitional shelters in an efficient manner once the issues regarding the allocation of space are resolved. Key activities to promote the capacity of communities and Red Cross Red Crescent staff and volunteers to fabricate these respective shelters include training of human resources, and ensuring that quality materials are ordered and delivered.

### Training

During the first week of April, training sessions in constructing core and transitional shelter took place in three areas, Port-au-Prince, Les Cayes and Petit Goave. These trainings were intended to prepare staff and volunteers for the implementation of transitional and host family shelter initiatives scheduled to take place in the aforementioned areas. The training curriculum is a three-day hands on course where training participants learn by doing. Participants worked with a programme officer who is a carpenter, and an IFRC shelter delegate to assemble a shelter. The practical training allowed course participants to ask questions of the carpenter as they assembled a model shelter as well as observe best practices in terms of techniques.

The training targeted technical staff and Haitian National Red Cross Society volunteers to understand the assembly process, and enable training participants to function as facilitators with the communities who will receive these shelters and will ultimately be responsible for assembling the shelters with the support of the Red Cross.

The practical training course was developed by the IFRC shelter team in Port-au-Prince, and teams from the Canadian Red Cross (currently planning to build some 7,500 shelters in Leogane and Jacmel) and the Norwegian Red Cross (currently planning to build around 1,500 shelters in Petit Goave) also joined the training. Although not present at the training, the Colombian, German Red Cross and Spanish Red Cross Societies have indicated their plans to build transitional shelter as part of their programming.

The training in April is a follow up to the two-day training for the IFRC shelter assessment teams which took place in the middle of March for over 40 volunteers who are currently working with the IFRC, Canadian, Danish and French Red Cross Societies' shelter teams.

The IFRC has launched a discussion platform on googlegroup. The topic is on community safe buildings:  
<http://groups.google.com/group/hurricane-shelters-in-emergencies>.

### Logistics

On 10 April, the head of IFRC logistics and a shelter expert from the Haiti team will go to the supplier of the core shelter items in Canada to work side by side with the supplier to ensure that all specifications and special design needs are satisfied prior to shipping, and to finalize the timeline for delivery of IFRC materials to Port-au-Prince for distributions throughout the various project sites.

#### **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 6 April:**

Activity	To Date Total
Flights received in the operation	104
Sea shipments (40' containers)	223
Total tonnage of shipments	7,070
Core Shelters received	210
Core Shelters distributed	9

Activity	Period
Aircraft handled	0
Trucks / containers received Haiti	14
Estimated tonnage received	155
Trucks despatched	43
Estimated tonnage despatched	230
Core Shelter received	66

**Progress:**

More than 100 containers will be arriving over the next three weeks, and a detailed plan for storage has been developed. Extra warehouse capacity was also negotiated with the Logistics Cluster through the end of April. A watsan/medical warehouse was identified and negotiations held with the owner. Warehouse space in Barbancourt and Batimat was reorganized, with three rubbhalls erected in Barbancourt to create additional storage space.

**Challenges:**

Current storage capacity is insufficient for the incoming pipeline.

**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 Haitian National Red Cross Society continues to provide invaluable support to all Red Cross and Red Crescent partners working in Haiti in terms of facilitating the securing of permissions for projects, and taking the lead in necessary project related discussions with various government agencies. The presence of the National Society is increasing as Red Cross and Red Crescent partners continue to develop the capacity of volunteers in key areas such as hygiene promotion, conducting assessments and carrying out relief distributions.

**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 IT team continues to work on maintaining and improving all systems at the base camp and to provide daily support to the radio room.

**Challenges:**

The internet provider in Haiti is sometimes unreliable.

**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:**

- 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.

### 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 BBC World Service and has worked on a press pack for the three month commemoration of the earthquake on 12 April. Additionally, the communications team participated in the rapid assessment which took place on 10 April following heavy rains. The team produced a web story and video about the event.

## 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 previously<sup>1</sup>, 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 Reports<sup>2</sup>. The International Federation attends cluster meetings two or three times a week.

Additionally a meeting was held on 9 April with ERU team leaders in Port-au-Prince to identify the future activities of the ERUs as well as their exit strategies, as appropriate.

### Coordination of the Emergency Shelter & NFI Cluster

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. To date, the Shelter Cluster has reached some 1,167,590 people or 233,518 families (based on 5 persons per household).

The membership of the Shelter Cluster has distributed 376,720 tarpaulins to date and 45,158 tents. Thirty-eight per cent of all tarpaulins handed out Cluster-wide have come from and been distributed by the Red Cross Red Crescent.

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

<sup>1</sup> 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.<sup>1</sup>

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

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](http://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:

<b>In Port –au-Prince:</b>	
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
<b>In Leogane:</b>	
covering Leogane, Gressier, Petit-Goave, and Grand-Goave	
Shelter Cluster Hub Coordinator	UNHCR
Shelter Information Manager	CARE
<b>In Jacmel:</b>	
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

<b>Movement coordination</b>	<ul style="list-style-type: none"> <li>• <b>38 National Societies are now providing information on their activities, plans and location</b> for the Movement Coordination database.</li> <li>• The International Federation will open two offices to provide the Movement members with the same services as in the Base Camp Port-au-Prince</li> </ul>
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Two new delegates have joined the Movement Coordination team. One will work on the mapping project, where all ongoing and planned Red Cross Red Crescent projects and programmes are to be put on the GPS map. The delegate is calling on all partners to provide relevant information, including the coordinates for the project location. The first maps will be ready to be shown at the New York meeting at the end of this month. Technical meetings are continuing with weekly frequency.

## 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](http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/haiti-earthquake-interview-120210)

## APPEAL HISTORY

- 500,000 Swiss francs (491,265 US dollars or 338,880 euros) 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 10.1m Swiss francs 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 105.7 million Swiss francs 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 218.4 million Swiss francs of which 2.07 million Swiss francs 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 in the coming weeks** 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 finalized, 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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