

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° 15
11 May 2010

Period covered by this Progress Report: 16 – 28 April 2010

Appeal target (current): 218.4 million Swiss francs (203,478,000 US dollars or 148,989,000 euro) in cash, kind, or services is solicited to support the Haitian Red Cross Society (HRCS)/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 218.4 million Swiss francs 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 67% of the overall Appeal target.

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



A pregnant woman receives support to carry her relief items distributed by the French Red Cross Relief ERU in Carrefour.
Source: IFRC/ Hope Weiner

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

Summary:

Increased incidence of heavy rains, a significant fire in Port-au-Prince and a fuel shortage over the reporting period underscore the need for the Red Cross/Red Crescent to continue to maintain a readiness mindset. To this end the collapse and flooding of pit latrines due to the rains reinforced the need for the Red Cross/Red Crescent to increase the rate of installing elevated tank latrines. The water network in Port-au-Prince remains vulnerable and there is a continued need to provide trucked water to vulnerable settlements. The ability of the Red Cross/Red Crescent to quickly respond to further disasters in Haiti was tested over the reporting period by a helicopter crash in Fonds-Verrettes in south-eastern Haiti, and a significant fire which broke out in one of the main markets in Port-au-Prince. In both cases the Red Cross/Red Crescent were prepared to respond, with doctors and nurses from the HRCS and the IFRC being called upon to assist with the helicopter crash. At the same time, the Red Cross/Red Crescent continues to reach thousands of people per week with assistance with the the number of people treated by Red Cross/Red Crescent health facilities reaching the 100,000 mark over the reporting period.

The situation

While not as rapid as originally anticipated, efforts are being made to find safer sites and space for people currently living in particularly hazardous settlement areas who will be at particular risk from seasonal landslides and flooding caused by the notorious Haitian rains. Corail Cesselesse is a new transitional site, overseen by the International Organization for Migration (IOM) where 9,000 acutely vulnerable people from the "Terrain Golf" improvised settlement in Pétionville were resettled. The new 18,000-acre site, which has been equipped with tents, latrines and water is one of only two large relocation sites (the other being Tabbare Issa) established to date in the affected area. Volunteers from the Haitian Red Cross Society helped with pitching new tents with support from 15 volunteers from the Mexican Red Cross.

During the second and third weeks of April, Haiti which purchases fuel through Venezuela's PetroCaribe programme, experienced a fuel shortage because of a delayed shipment. This shortage, not uncommon or particularly critical in normal times but dangerous in this crisis, resulted in slowdowns and stoppages in transport, long fuel lines and increased security incidents related to petrol stations. In terms of the operation, certain activities experienced delays, volunteers and national staff experienced increased difficulty in coming to work, and the delegation imposed strict limits on the use of vehicles. The fuel shortage had serious repercussions on the International Federation of Red Cross and Red Crescent Societies' water delivery in Port-au-Prince and this had to be reduced emphasizing the vulnerability of the water support provided by the Federation which is so essential to health and well-being in the camps; the fuel shortage also affected desludging activities. Beyond the impact on travel, the country's electricity supply, and the hospitals, schools and businesses which operate out of tents and rely on generator-powered equipment were also adversely affected by the fuel shortage which placed the already limited delivery and availability of these critical services in further jeopardy.

HRCS/IFRC	
Haiti Earthquake Operation in Figures	
*Statistics as of 28 April 2010 except as indicated below.	
Health	<ul style="list-style-type: none"> • Over 100,000 people have been treated by Red Cross Red Crescent health care facilities at 4 fixed sites and 41 mobile sites covering a population of approx. 700, 000 people. • 1,000 to 2,000 patients seen daily by basic health care units (BHCU) 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. <p>** As of 21 April 2010</p>
Relief	<ul style="list-style-type: none"> • 82,295 Hygiene kits distributed to households. • 55,849 Kitchen sets distributed to households. • 55,932 Buckets distributed to households. • 49,234 Food items distributed to <i>households</i>. • 121,675 Mosquito nets distributed (<i>2 pcs per HH</i>). • 117,226 Jerry cans distributed (<i>2 pcs per HH</i>) • 217,061 Blankets distributed (<i>3 – 5 pcs per HH</i>)
WatSan	<ul style="list-style-type: none"> • 111'000 m3 of drinking water distributed. (**<i>est.no. beneficiaries</i> 308,000) • 107 water points. • 1,336 latrines built. (** <i>est. no. of beneficiaries</i> 220,000)
Shelter	<ul style="list-style-type: none"> • 6,576 tents distributed. • 174,637 tarpaulins distributed. • 40,116 ropes distributed. • 15,802 shelter tool kits distributed.

	<i>**IFRC has met the operation's initial target of 80,000 HH with the provision of emergency shelter materials.</i>
Logistics	<ul style="list-style-type: none"> • 104 flights received in the operation. • 300 sea shipments (40' containers). • The estimated tonnage of shipments is 7,897

On 27 April, a large fire ravaged hundreds of stalls at the Marché du Port markets, one of the main markets in Port-au-Prince, as well as two blocks of surrounding shops causing further emotional and economic setbacks to a community still struggling to get back on its feet. The HRCS and IFRC staff working in Haiti were mobilized and were ready to respond if necessary. Additional concerns include an increase in the number of cases of malaria reported in Leogane and Petit Goave, and increasing incidences of violence as living conditions become more difficult. Further health risks are also posed by the presence of clostridium in the water network which has led the IFRC to come up with a new strategy for providing water to settlements which does not rely on the network.

Haiti's Ministry of Health (MoH) will allow the provision of free medical care through 12 July 2010 and is engaged in discussions with the private sector to provide free services. A position paper on this issue is under development with input from organizations, recommending free health care for all at least until the end of the year.

Red Cross and Red Crescent action

During the first week of May, in line with the IFRC's commitment to deliver a high quality operation in terms of speed, efficiency, effectiveness, and accountability to donor and beneficiary needs, the IFRC will increase its internal accountability systems with the addition of a risk management delegate who will join the delegation. This is the first time that the IFRC has deployed such a delegate on site. A real time evaluation (RTE) will also commence during the same week. The real-time evaluation mission, which will take place over the months of May and June 2010, is part of a multi-phased process intended to examine the efficiency and effectiveness of the management and coordination systems used by the IFRC at all levels, and highlight any gaps or bottlenecks. The RTE will feed back real time information to managers at field and headquarters levels to help them improve management and coordination. The evaluation team will also make recommendations to assist decision-making on the ground, in the Americas Zone and the Geneva Secretariat. As the relief phase in Haiti is likely to continue for twelve months, it is important that this review feeds into the ongoing relief operation to maintain and reinforce emergency service delivery.

On 27 and 28 April representatives from over twenty Partner National Societies, the HRCS, the ICRC and the IFRC met in New York City at a meeting hosted by the American Red Cross for the second Summit on Haiti. The purpose of the meeting was to review the planned support to the HRCS with longer term activities as outlined in the Plan of Action's three "Pillar" approach. It is important to note that this Plan of Action was developed with the HRCS through an extensive collaborative process amongst the respective actors, and should not be regarded as the Plan of Action for the Federation Secretariat alone. The Plan of Action outlines priority areas for support emphasized by the HRCS, and has been developed to ensure that the activities executed by the HRCS and its Partners are consistent with the Government of Haiti's Plan of Action. As a point of reference the Government of Haiti's recovery plan comprises four pillars: 1) Territorial rebuilding, 2) Economic rebuilding, 3) Social rebuilding and 4) Institutional rebuilding. The Red Cross as auxiliary to the government is planning to work, communicate and coordinate with the Haitian government.

The three Pillars of the Plan of Action are:

- Pillar 1 - Earthquake Operation (Relief, Health, Shelter and Water and Sanitation)
- Pillar 2 - Disaster Preparedness, Risk Reduction and Response (Surge project in preparedness for the rain and hurricane season)
- Pillar 3 - HRCS Organizational development

The three Pillar basis was developed with the HRCS in March to address the immediate and long term needs of the affected population, and improving HRCS capacity to respond to current and future needs in Haiti. As the programming in each of the respective Pillars varies in length with specific target groups and human resource needs, the HRCS, Partner National Societies and the IFRC will simultaneously work on programming within the three different Pillars. IFRC coordination of the respective initiatives will take place as follows: Pillar 1 will be managed from the delegation in Haiti through offices in Port-au-Prince, Leogane and Jacmel. Pillar 2 referred to as the "Surge Project" will expand or "surge" the HRCS's previously existing plans for DP/DRR/DR in addition to addressing some of the DP/DR needs for the current season. This project will be supported by the IFRC's Pan American Disaster Response Unit of the Zone Office with an operational centre based in Hinche. Pillar 3 builds upon previously developed initiatives and plans including the recent review of the HRCS plans.

With the HRCS and partners poised to move forward with continued emergency earthquake response and longer term activities, the primary challenges in implementation are currently identified as:

Difficulty in securing land for shelter/relocating communities.

Ensuring continued hospital and water/sanitation services after the Emergency Response Units (ERUs) leave the country.

Ensuring a continuous supply of qualified human resources (national and international) over the long term.

Ensuring the appropriate dissemination of information to the public about the operation.

Potential for sudden onset disasters, namely another earthquake, a cyclone or hurricane (in particular if this hits the already affected area and Port-au-Prince) or heavy flooding and mudslides.

Potential for water related disease outbreaks.

Progress towards objectives

Relief distributions (basic non-food relief items)
Objective 1 (Relief phase): 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) <i>(Note: Details of activities planned are available in Operations Update 6).</i>
<ul style="list-style-type: none"> • 80,000 families resume essential household activities using non-food relief items: 1 kitchen set, 2 blankets, 1 bucket, 2 jerry cans, 2 mosquito nets and 1 hygiene kit. • 20,000 families are supported in fulfilling the basic care and non food needs of their children under two years of age with baby kits. • <i>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.</i>**AS NOTED IN THE PREVIOUS OPERATIONSS UPDATE THIS RESULT HAS BEEN MODIFIED.

Progress:**DISTRIBUTION OF EMERGENCY RELIEF ITEMS AS OF 28 APRIL 2010**
Basic NFIs, Emergency Shelter, Supplementary food parcels

Distributor	Shelter Items				Non Food Items										
	Tents	Tarps	Shelter Toolkits	Rope	Blankets	Mosquito Nets	Kitchen sets	Jerry Cans	Buckets	Detergent	Plastic Boils	Hyg_kits	Sum of Baby kits	Sleeping Mat	Food_Total HH
Colombian RC	0	200	776	1426	1564	0	110	677	10			9746		1026	19016
French RC	1531	9973	78	0	8036	1344	193	3739	276.5			2498		3578	0
German RC	0	0		0	0	0	865	1020	0			510		0	0
Haiti RC	0	0		0	0	0	0	0	300			0		0	3000
Spain RC	0	400		0	1600	800	0	800	800			225		0	0
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	0
IFRC-DR RC	0	4685		400	5082	3632	1741	3772	2992			2496		0	1400
IFRC-French/Finn ERU	0	26622	1893	10325	36396	25811	14553	20998	9657.5			12742		15432	0
IFRC-Turkish RC	0	2832		2000	500	700	350	700	1918			200		700	0
IFRC-Colombian RC	0	3280		50	3396	3096	50	3196	1748			1698		0	0
IFRC-Canadian RC	1990	11560		1527	26814	16360	5812	14282	5717			7856		11308	0
Danish ERU	2177	29565	12920	246	0	0	0	0	0			0		0	0
IFRC-RT/DRRT-Relief	295	2898		1135	19108	9028	3355	10488	3770			4865		4500	3180
IFRC-MEX/COL RC	0	0		0	0	0	0	0	0			0		0	5837
IFRC-AmCross/BeNeLux	61	66198	29	19256	94944	54245	24138	49890	21276	1056	1337	30404	12	41446	30
IFRC-Haitian RC	345	12324	3	452	12106	5632	3837	5448	3553.5			7554	287	5293	13712
Wa tsan	0	0	103	0	0	0	0	0	0			0		0	0
Finnish RC	0	0		0	0	0	0	0	0			0	30	0	0
IFRC-BeNeLux	0	1460		730	1656	997	730	1460	730			730	150	1460	0
Grand Total	6576	174637	15802	40116	217061	121675	55849	117226	55932.5	1056	1337	82295	479	84743	49234

BASIC NON-FOOD ITEMS

Red Cross/Red Crescent distributions of Non-food Items (NFIs) are currently averaging several hundred families per day, down from the operation's peak of over 2,000 per day. Among the key factors that have contributed to the decline in the distribution rate, has been a slow down in the customs process. Although certain procedures were suspended by the Haitian government in the initial weeks following the emergency to expedite the delivery of emergency assistance, one hundred days after the earthquake the government of Haiti is seeking to reinstate its routine systems and procedures. While several of the items that comprise the family package described in the Emergency Appeal are in stock and available, other items are currently not available. To this end, the IFRC relief team will not wait for all of the items to arrive and will begin by distributing the available items to beneficiaries as quickly as possible. These distributions will be followed up with subsequent distributions of the remaining items that comprise the full family kit when they become available. Meanwhile work is being done to design a distribution plan for baby kits. The IFRC is approaching organizations operating in Haiti which specialize in child care.

As 15 May approaches, many of the Emergency Response Units (ERUs) which in cooperation with the HRCS, have been responsible for staffing and coordinating emergency response activities in the areas of relief, health and water and sanitation are handing over their responsibilities to a permanent Federation delegation structure. The American Red Cross Relief ERU completed its mission on 22 April. Over the past three months the American Red Cross ERU in partnership with the HRCS, took a key role in distributing basic NFIs to thousands of beneficiaries. In addition, HRCS volunteers and IFRC national staff received important training in how to conduct a distribution in a way that ensures that the final delivery of relief items takes place in a safe, efficient and respectful manner.

As of the final week of April, the three remaining relief ERU teams (BeNeLux, Danish and French) merged into one team in order to speed up the distribution of relief items and reach larger numbers of households. Based on the mutual consensus of the ERU team leaders, the IFRC and the HRCS, the present structure is intended to allow the Relief ERUs to improve their ability to achieve the objectives set forth in the Emergency Appeal.

At present and until 15 May, the consolidated Relief ERU team will comprise 16 delegates who will work with the HRCS to coordinate national staff and HRCS volunteers. As of Friday 30 April, the ERUs are working under one umbrella with a team leader functioning as the focal point who will coordinate the merged Relief ERU until 15 May, reporting to the IFRC Relief Coordinator. The teams will work closely together and will share delegates. The Relief Team will be divided into the following four areas:

- 1) Assessment, Registration and Ticketing Team
- 2) Relief Distribution Team (Basic NFIs)
- 3) Emergency Shelter Distribution Team, and
- 4) Collaboration with the HRCS/finalizing the hand over of established procedures to the IFRC Relief Team and the HNRCS.

Through the concerted efforts of the ERU teams, distribution rates during the final week of April and the first week of May have begun to climb over 1,000 families per day.

Additionally, the IFRC Delegation is staffed with a longer-term Relief Coordinator and four relief delegates who are working on developing the structure to deliver relief items over the coming months while being supported by the consolidated ERU team. Over the past months, many HRCS staff and volunteers have acquired the skills and experience to assume some of the field positions currently covered by international ERU staff. Following the departure of the ERUs, senior HRCS volunteers and staff will undergo a two day training conducted by the IFRC and HRCS on IFRC relief procedures. Participants in the training will then take over for the departing ERU members. As noted the four delegates will continue to play an active role in all phases of the operation and will be available as resource persons. Although the distribution of supplementary food packages donated through the Colombian and Mexican Red Cross Societies is currently limited to targeted distributions due to Government concern over the potential impact of large scale food distributions on the local market, volunteers from the Mexican and Colombian Red Cross Societies are being incorporated into the teams which are ensuring distribution of relief items.



A Haitian Red Cross Society volunteers arranges items before a distribution in Carrefour, supported by the French Red Cross Relief ERU. Source: IFRC/ Hope Weiner

CASH TRANSFER PROGRAMME

As mentioned in the previous Operations Update, the objectives and plans for the Cash Transfer Programme (CTP) have changed. The CTP team has now made all the necessary preparations to move forward with a pilot project of providing a small amount of cash to cover essential needs which targets families who elect to relocate from hazardous locations. As part of these preparations, the CTP team has negotiated and finalized a data sharing agreement between the American Red Cross and the International Organization for Migration. Additionally, the communication strategy for informing beneficiaries on the cash component of the relocation package was completed and shared with IOM, UNOCHA, and camp management organizations. As not all of the families may have access to phones, the team has designed a voucher distribution process as a back up system for those persons without phones.

FOCUS ON WATER AND SANITATION

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) (Note: Details of activities planned are available in Operations Update 6).
<ul style="list-style-type: none"> • 150,000 people in Port-au-Prince, Carrefour, Leogane, and Jacmel and Petit Goave have access to safe water.
<ul style="list-style-type: none"> • Three health facilities in Port-au-Prince and Leogane have access to safe water.
<ul style="list-style-type: none"> • 80,000 families will receive a 6 months' supply of aqua tablets for water purification.*** THIS ACTIVITY HAS BEEN CANCELLED
<ul style="list-style-type: none"> • At least 150,000 people in Port-au-Prince and Leogane have improved environmental sanitation through community clean-up committees and healthier hygiene practices.
<ul style="list-style-type: none"> • 150,000 to 300,000 people in Port-au-Prince, Leogane and Jacmel have better access to sanitation facilities.

Progress:

Movement Operation Figures	
WATER SUPPLY	
• Total number of water points in camps/makeshift camps - peri-urban and rural areas in PaP and Leogane	107
• Estimated beneficiaries	308,000
• Daily Water Distribution (PaP & Leogane)	1.6 M litres
• Global average l/p/d	5
• Medical units supplied	4
TOTAL WATER DISTRIBUTED TO DATE	111,000 m3
SANITATION	
• Total Number of Sites	67
• Estimated beneficiaries	220,000
• Latrines (trench latrine)	966
• Tank Latrines	160
TOTAL NUMBER of LATRINES	1,336
SOLID WASTE	
• Solid Waste Disposed of	2,500 m3
DRAINAGE	
• Clearance of main drains	8 camps

At the moment, the priority of the IFRC and the water sanitation and hygiene (WASH) Cluster is to ensure the continued access of the affected population to sufficient levels of clean drinking water and sanitation facilities to maintain the current level of stability in the health of the affected population and reduce the risk of sudden outbreaks of water borne diseases. It is critical, given the current vulnerable living situations in hundreds of over crowded spontaneous settlements, to avoid contamination of the local food and water sources with pathogenic bacteria, parasites, and viruses from raw sewage.

Current Operating Context

Despite annual flooding and heavy rains, less than one percent of the country's available water resources is in use. On 25 April 2010 the *Philadelphia Inquirer* reported that UNICEF estimates that only one-half of the three million Haitians residing in areas directly affected by the earthquake currently have access to clean water. In terms of putting the situation in context, people generally are unable to survive more than six days without water. Given the heat and humidity in Haiti this period may be even shorter. According to the UN Environment Programme (UNEP) more people die from unsafe water each year than from all violence including war. In Haiti, waterborne illnesses kill one out of every 13 children before age 5.

It is important to understand that even prior to the earthquake access to water and sanitation in Haiti was poor, no Haitian city had a centralized sewage system and there were virtually no water treatment facilities which were accessible to the general public. According to statistics released by UNICEF on 23 March, prior to the earthquake sanitation services reached only seventeen percent (17%) of the population; at the same time waste disposal facilities are inadequate with only one dumpsite "Trutier" in Port-au-Prince which houses trash, rubble, excreta and biomedical waste. The remaining trash remains piling up in the city's streets and water ways.

The daily water requirements for the estimated three million people affected by the earthquake (approximately one-third of the country's total population) range from nearly 23 million litres as a short term minimum to anywhere from four to eight times that amount to sustain the population in the longer term. Access to drinking water prior to the earthquake was only available to sixty three percent (63%) of the country's population, with a mere 10 to 12 percent of the population having access to piped water connections with intermittent service. The majority of the population was dependent on trucked in water and water packaged in bottles or small plastic bags. According to a PBS report on the subject, the business of trucking water began in the early 1970s. In some cases water which is trucked in by private companies supplies private homeowners and institutions which can afford it with a sufficient amount of water to meet their daily needs. For the majority however, individuals that own cisterns in poor neighbourhoods buy a truck of water, then sell it to others. These water kiosks are also supplied through private boreholes.

On 21 April, as part of the Haitian government's efforts to return to pre-earthquake systems, the representative of the National Direction for Potable Water and Sanitation (DINEPA) reported the agency's plans to gradually reduce subsidies on reverse osmosis-treated water which is currently being provided free of charge at 400 private water kiosks. On 26 April, people will be charged two Gourdes, or approximately five cents per gallon (before the earthquake the average price for a gallon of water was more than twice as much - five Gourdes) for water at subsidized kiosks. Keeping in mind the current lack of employment opportunities, this is a significant burden for the population; UNICEF reports, based on data gathered over the period of 1992 - 2007, that some 55% of the population subsisted on incomes below the international poverty line. Additionally, there are some 200 private water kiosks in Port au Prince where the price is not restricted by the government.

Progress:

The original plan outlined in the Emergency Appeal to distribute aqua tablets (tablets intended for water purification) has been amended. While standard operating procedures during the preliminary weeks of an emergency often include the distribution of water purification tablet to prevent outbreaks of disease and to allow maximum access to any available water, the situation in the affected areas did not require this measure as agencies such as the IFRC and the respective ERUs were able to establish a clean drinking water supply. To this end it would be ill advised at this time when the health situation is relatively stable to distribute these tablets.

Aqua-tablets (also referred to as water purification tablets) are optimally used immediately during times of emergency, or upon the sudden outbreak of a disease. When used appropriately in times of emergency these tablets allow critical access to drinking water for communities which are completely cut off from any water supply or whose water supply has been contaminated. During periods where the water supply is relatively stable, these tablets which are necessary in times of emergency can have an adverse effect on communities.

Aqua-tablets are not a long term solution for providing communities with access to drinking water. In many cases, particularly with children and babies, communities which have access to a reasonably clean source of drinking water develop the necessary resistance to tolerate the local water supply. If aquatabs are introduced, and a family is unable to continue maintaining the use of them either because they lack money or the product is

unavailable, young children, infants, the sick and the elderly who have lost their immunity to the local supply as a result of taking these pills, can become quite ill if placed in a situation where they have to drink the water that is untreated with aqua tabs. As mentioned, these tablets in extreme situations, such as the weeks immediately following a sudden onset disaster or in the event of a disease outbreak, are life saving however they are not intended for long term use. As such these tablets will be set aside either for use during the coming months in the event of any sudden onset flood or hurricane related disasters, or they will be distributed appropriately prior to their expiry date.

The number of latrines provided by the Red Cross/Red Crescent has been reduced given the closing down of pit latrines which were flooded and/or collapsed during recent heavy rains. These pit latrines will not be repaired as the use of pit latrines in Port-au-Prince is no longer permitted. To this end, increased efforts to install elevated tank latrines is now a priority. The frequent rains are also compromising the drainage capacity in the temporary settlements, thus the Movement will increase the distribution of drainage tool kits to communities so that communities can improve the capacity within their respective settlements.

The IFRC, through the resources provided by the respective ERUs, is currently providing some 1.6 million litres of water to at-risk settlements in Port-au-Prince and Leogane with the majority of temporary settlements in the affected area lacking water and sanitation facilities. As the ERUs come to the end of their tenure (15 May), it is critical that the Red Cross/Red Crescent ensure that there is a smooth transition from the current activities to working with communities and local authorities on arriving at longer term solutions. At present, the current level of activities is highly demanding. The work of maintaining the latrines in the camps is gritty and difficult, and carries with it psychological, health and security risks. At the same time the Red Cross support which is intended to function as an "emergency solution" has a limited mandate which is to help bridge the breakdown in the water system until the authorities are in a position to resume the pre-disaster level of activities. The Movement cannot and should not enter into a situation or commitment to communities in which it is functioning as a substitute for the national water authorities. The complication in this situation is two fold; one is that Port-au-Prince is an urban capital city with a unique set of challenges in terms of creating systems that will limit the spread of waterborne diseases. The second, as noted above, is that the water and sanitation systems in Haiti were deficient prior to the earthquake. Of note, over the reporting period DINEPA announced that there was clostrosporidium detected in the water supply; however, the seven settlements which were connected to the city water network had not received water from the network, and water trucking was resumed. As a result of this situation, it has now been established that the connection of settlements to the DINEPA/CAMEP network is not a sustainable exit strategy. To this end, while there is a keen awareness of what level of responsibility is appropriate for the Red Cross, as the situation is still very much of an emergency, the IFRC is committed to ensuring the continued provision of water and sanitation services in Port-au-Prince and Leogane and is prepared to assume the responsibilities of the ERUs providing that sufficient resources (financial, human and technical) are available. Hygiene promotion activities are also an integral component of the Red Cross Red Crescent approach to water and sanitation. These activities currently concentrate on health and hygiene emergency key messages focusing on the prevention of waterborne vector disease and IFRC/HRCS training of trainers and volunteers continues to take place on a weekly basis.

Challenges:

As mentioned earlier the greatest challenge faced by the IFRC at this point is ensuring a smooth transition in the provision of services as the ERUs finish their missions. The French Red Cross which is currently covering 67 settlements will carry on activities in ten of these, employing a bilateral integrated approach. The Spanish Red Cross M15 ERU in Leogane will complete its activities by 15 May and is progressively dismantling water points while reducing water production and distribution. To date 16 water points have been dismantled and 6 water points have been handed over to NGOs to manage.

Emergency Health
Objective 1 (Relief phase): 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 (Note: Details of activities planned are available in Operations Update 6).
<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.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Affected communities increase their capacity and skills in epidemic control, community based first aid and psychological first aid.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Selected affected groups and communities and Movement personnel and volunteers receiving psychosocial support have improved their resilience and coping mechanisms.

Progress:

As of 21 April, more than 100,000 people have been treated by Red Cross/Red Crescent health care facilities. Mobile health care units, two field hospitals, four basic health care units and two bilateral partners are providing health services at four fixed and 41 mobile sites covering a population of approximately 700,000 persons. Following a helicopter crash which occurred near Port-au-Prince during the third week of April, the HRCS was called to assist and within less than 30 minutes the HRCS and the IFRC were able to mobilize medical teams and volunteers. Trained First Aid volunteers were also deployed to the emergency.

Given the shortage of available health care in country combined with the size of the operation and the health risks posed to operational staff, the IFRC staff nurse is heading an initiative to increase the capacity of health services for national and international staff. In addition, to providing 24 hour on call service and medical support for all operational staff, psychosocial support services will be introduced in the coming weeks. The plan is to adapt IFRC materials on "care for caregivers" to the Haitian context.

The World Health Organization issued criteria regarding a mobile health care clinic. In order to be regarded as a formal mobile clinic, the clinic must offer the following services, namely:

Maternal health care
 Infant health care
 Vaccinations
 Epidemiologic surveillance
 Nutrition
 Assistance relating to sexual abuse

At present, some 28 organizations are providing mobile clinic services, but only 14 are reporting to Haiti's MoH. The MoH has called for a meeting with actors implementing mobile clinics. The MoH has instituted a plan of action employing the following two strategies:

Provide care as close as possible to the place where the population lives.
 Reinforce the MoH by
 reinforcing the human resources of the structures
 reinforcing strategic information.

Additionally the MoH is introducing guidelines for the destruction of expired drugs. The identification of a focal point within the MoH will take place in the coming days by WHO.

The national contingency planning in health (PAHO/WHO) is ongoing. Organizations are requested to provide updated information on resources and plans; to date only two organizations (Red Cross/Red Crescent being one of them) have shared their information on available resources and medical stock.

Shelter and community infrastructure

Objective 1 (Relief phase): 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

(Note: Details of activities planned are available in Operations Update 6).

- 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.

Progress:

The Red Cross/Red Crescent has made all the necessary preparations to begin construction of transitional shelters (TS) – small wood-frame shelters. Nearly 20 demonstration or prototype transitional shelters have now been built either at the IFRC base camp or, using Canadian military surplus supplies, in Leogane. A logistics “pipeline” between the Dominican Republic and Port-au-Prince has been set up and the first materials have now arrived.

The HRCS and the IFRC are continuing to negotiate with local mayors for agreement to start building shelters at several small sites in Port-au-Prince, Leogane, Jacmel and Cabaret, and remain hopeful that this effort will bear fruit. Nevertheless, there is consensus to begin introducing creative options for smaller scale interventions. While it was originally envisaged that large tracts of land would be made available relatively quickly, it has become evident that this process is taking longer than anticipated. National Societies such as the Canadian and Netherlands Red Cross are working with the HRCS in Jacmel and Petit Goave to seek ways of commencing activities with individual households integrating elements of a “street by street” strategy into their implementation. At the same time, the IFRC is working on gradually making space at the Annexe de la Mairie - Cité Soleil. At the moment one of the constraints in delivering shelter assistance (tents or transitional shelters) is the need for space so that households receiving these items can set them up in a manner which is safe. At the moment most families living in the temporary settlements are separated by only a matter of inches in makeshift shelters which are smaller than either a tent or a transitional shelter. To this end, over the past two months representatives from the IFRC shelter team and the HRCS have met with the Committee de Gestion for the settlement to work on a solution that allows for the provision of transitional shelters in a manner that is socially responsible. At present, some 900 households have expressed their willingness, and have independently volunteered to move from the site. In order to facilitate their move, the IFRC is supporting these families with shelter tool kits comprised of two tarpaulins, four pieces of corrugated-iron sheeting, four pieces of wood and necessary tools such as hammers and nails. The IFRC relief team has supported the shelter team with the ticketing and distribution to these families. Given the planning required on behalf of the families seeking to move, the distribution and process is taking place gradually in phases.

Strengthening of HNRCS capacities

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

Prior to the earthquake the HRCS developed a national plan of action 2010-2015, however, this plan has subsequently been modified to reflect the needs of the National Society after the earthquake. The plan is in line with strategy 2020. An overview of this plan was presented at the meeting in New York. As noted, the HRCS was decimated by the earthquake. The Society lost its physical facilities including the national headquarters, as well as many of its staff. Additionally, with the increase in activities the HRCS is greatly in need of staff particularly in the area of middle management to effectively implement activities.

The HRCS national plan is composed of three main pillars: Disaster Preparedness and Response (DP/DR), Health (community and emergency), Blood Services and organizational structure (OD).

In terms of DP/DR, building on previous experiences the HRCS wishes to develop capacity at the branch and community level. Elements of this programming have been incorporated into the “Surge” project which will include activities such as “institutional DP training at the branch level;” community based DP training; the provision and maintenance of essential equipment at the branch level; multi-hazard contingency planning at the regional level; pre-positioning of family stock in accessible locations; and the establishment of the HRCS DM Operations Centre in Hinche. The decision to establish the centre in Hinche was taken because Hinche was identified as one of the least disaster prone areas in the country.

In terms of health, the Society envisages implementing projects that build on the HRCS’s existing national reach and community mobilization capacities and which have a lasting impact on the health of men, women and children. Programme activities will include activities promoting community and emergency health, HIV/AIDS prevention, the dissemination of basic health information, psychosocial support programming, and developing increased collaboration with the Ministry of Health and other national actors in health response as well as ambulance services. The HNRCS also seeks to increase the number of regular blood donors, and attain ISO 9001 international accreditation.

The HRCS seeks to rebuild lost and missing physical assets: headquarters, branches, blood banks etc. destroyed by the earthquake, and improve management capacity in all of the sectors particularly in the area of volunteer management. The HRCS seeks to improve its capacity for project management, resource mobilization and communications. Much has been said to underscore the fact that Haiti’s recovery will depend on decentralization, and the National Society needs to ensure that branch capacity is consistently strong throughout the country. To this end it is important to make sure that training activities are not limited to Port-au-Prince or the affected areas, but that volunteers and regional governing board staff are also trained and developed. Finally, the HRCS is looking towards ensuring financial sustainability and independence.

IT/Telecom

Objective 1 (Relief phase): A well functioning and reliable communications system has been established to ensure effective communication and security for all Movement partners for the immediate response to the disaster.

Expected results

(Note: Details of activities planned are available in Operations Update 6).

- 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.

The IT/Telecom team supports clear communications and contributes to safety in all aspects of this operation via computer support services and radio communications. Over the reporting period the team continued to reinforce IT and telecomm capacity for the IFRC and HRCS. During the first week of May a team was sent to help HRCS branches in the south to improve their IT capacity; a trip to northern branches is planned shortly.

Logistics

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

Expected results

(Note: Details of activities planned are available in Operations Update 6).

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

Progress:

Key Statistics for the period ending 28 April 2010:

Arrivals in the country since 12 January 2010:	To Date Total
Total aircraft received	104

Sea shipments (40' containers)	300
Total tonnage of shipments received (sea and road)	7,897

Activity during the Reporting Period	Period
Aircraft received	0
Sea shipments (40' containers) received in Haiti	28
Trucks or containers received in Haiti	12
Estimated tonnage received	151
Trucks dispatched	63
Estimated tonnage dispatched	409

Preparedness planning and actions for the hurricane season have begun. The logistics team has issued requisitions to procure the supplies and the logistics team is tracking their arrival. It is planned to store enough stock in Haiti to support 15,000 families, and to store enough stock in Panama to support 10,000 Haitian families. The fourth rotation of the British Red Cross Emergency Response Unit will not be replaced, and the ERU completed its mission on 2 May 2010. The Swiss Red Cross' fifth and final rotation arrived on 27 April 2010; as stated above, the ERUs will end their mission on 15 May. The logistics team is actively seeking a short-term logistics delegate to organize the receipt, temporary storage, re-packing and movement of containers to the selected sites for the prepositioned goods. The permanent logistics delegate is expected to arrive on 1 June 2010.

Fuel arrived in Haiti during the reporting period, ending the shortage in Haiti. Given the potential for further fuel shortages in the future, a fuel reserve will be established at one of the IFRC warehouses.

The physical inventory of three warehouses (Barbencourt, Woodstock and Batimat) was conducted during the reporting period. A verbal agreement for the Waterloo warehouse holding water and sanitation and medical supplies was concluded with the landlord and a written lease was forwarded to him for signature.

Challenges:

In terms of challenges, further work needs to be done on developing a distribution plan while complications are arising concerning the lack of customs documents for vehicles belonging to PNSs and ERUs which came into the country between the occurrence of the earthquake and the re-introduction of customs declarations in March and April 2010.

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

(Note: Details of activities planned are available in Operations Update 6).

Operational security management structures and procedures established and operating effectively ensuring a working environment.
 RC and HRCS operations have good security awareness and are able to anticipate and react to changing conditions and circumstances in a timely manner.
 Improved planning capacity, more effective management and prevention of security incidents, and enhanced ability to react through reports, analysis and lessons learned.
 Effective working partnerships established with other agencies providing increased access to information and resources.

A security briefing by the Security Unit takes place for new arrivals, everyday. A more user-friendly version of the Security Regulations for Haiti has been drafted and distributed. A more comprehensive Security Regulations document is also currently under review as part of the continuing efforts to develop the Security Framework.

Communications – Advocacy and Public Information

The IFRC communications team in Haiti continues to conduct interviews and produce material for the IFRC website on a regular basis. A two day meeting focusing on communications was held in New York following the Summit.

Coordination and partnerships

The HRCS 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.

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 HRCS.

Emergency Shelter and 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.

The Shelter Cluster, comprising nearly 70 humanitarian agencies and convened by the IFRC, has now distributed emergency shelter-materials to 1.51 million people. The number of tarpaulins distributed to date Cluster-wide stand at: 489,277 (244,639 families - two per family or 1.22 million people); the number of tents distributed to date Cluster-wide stands at: 57,222 families (286,110 people). These figures represent just over 100% of the new government-based figure of 1.5 million for those needing shelter relief, reached ahead of the original target date of 1 May for the earlier known caseload of 1.3 million.

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 rainy 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. Over 120,000 transitional shelters have been planned by 42 agencies within the Shelter Cluster and agencies have started working on pilot shelters where land is available. Most constructed emergency shelters will require strengthening prior to the rainy season. It is becoming increasingly evident that most tents distributed do not provide waterproof protection coverage. Plastic sheeting is therefore being distributed as an additional measure, hence increasing the need for more plastic sheeting in this emergency phase. 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 the 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

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>

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 (Netherlands, British, and Finnish). 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 Swiss francs 2.07 million 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

At the meeting in New York and at coordination meetings held in Haiti, the President of the HRCS has repeatedly emphasized the importance of continuing to work together in a coordinated manner, and within the overall framework. To be effective it is imperative that support to the HRCS is provided through the structure of the Red Cross Red Crescent Movement; there will be diversity within the details of the respective activities but the Movement must work as one actor.



Lamy Médé, a grandmother in her late 60s, says tent living is hard, especially when it's hot. She has been registered as part of the Canadian Red Cross transitional shelter project in Jacmel. Source: IFRC/Jose Manuel Jimenez

With the Memorandum of Understanding (MoU) signed by the HRCS, the IFRC, the ICRC and Participating National Societies, the "Declaration Of Adherence" will work towards good coordination of the Haiti Earthquake Operation. Coordination meetings on the two levels, namely the Movement Operations Committee and the Technical Committee have taken place since the early days of the earthquake operation, and now, as soon as all members have been appointed, initiatives will be taken to start regular meetings on the Movement Platform level.

The new element added during the final week of April to the coordination meeting structure was the introduction of “Geographical Coordination”. The first meeting was for Leogane, and the next took place in Jacmel on Friday 30 April. The objective of these meetings is to better understand what the various PNS are doing in the same area, and through discussing common interests, challenges, and ways of solving problems, be in a better position to optimize resources. An important element in this process is also to see how best to strengthen the capacity of the HRCS.

The Shelter Coordinator arrived in Haiti during the final week of April, while the Recovery Coordinator has been in country since the middle of April developing a recovery strategy. The recovery strategy is intended to follow up on the findings of the “Recovery Assessment Team” report which was circulated in early April. The recovery strategy will cover all of the sectors (not only shelter and livelihoods) and will be shared for comments in the coming weeks. These sectoral Coordinators will support the IFRC’s Movement Coordinator with ensuring good coordination within each of the sectors during the implementation phase. The Coordinators in the respective sectors will be responsible for providing a platform for coordination and knowledge sharing between the respective actors. To date, the IFRC’s programme Coordinators have been working with the Movement Coordinator to cover this need, however, as the structure changes and there are a greater number of independent partnerships with the HRCS, there is a need to have each sector covered by a separate coordinator with expertise in the respective sector.

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.
- A three month consolidated report was published on 23 April, showing overall progress of the Haiti Earthquake operation since the occurrence of the disaster.
- An **Appeal, replacing the current Preliminary Appeal, is expected to be launched in the coming weeks** following the agreements reached at the Montreal and New York Summits, and based on a new plan of action for the relief phase of the operation and associated budget reflecting a prolonged relief phase of up to 12 months, as well as on commitments made by Partner National Societies with regard to multilateral funding of the different components of the Haiti Earthquake operation.

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

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