

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° 19
22 June 2010

Period covered by this Ops Update: 5 June to 18 June 2010

Appeal target (current): 218.4 million Swiss francs (203,478,000 US dollars/148,989,000 euro) in cash, kind, or services is solicited to support the Haitian Red Cross Society (HRCS)/International 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 livelihood support for vulnerable populations in the earthquake-affected region. Of the 218.4 million Swiss francs sought, the International Federation solicits 2.07 million Swiss francs to support its inter-agency coordination of the Shelter and Non-Food Items Clusters.



A little boy demonstrates the lessons learnt from water distribution and hygiene promotion activities. Source: Gianluca Salone/IFRC

The donor response report shows current coverage of 98 % of the Appeal target.

The budget for inter-agency coordination of the Shelter and Non-Food Items Cluster currently stands at 79%

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

Summary:

The International Federation of Red Cross and Red Crescent Societies (IFRC) is now covering 280,000 people of Port-au-Prince by delivering water by water trucks, it is important to understand the water and sanitation situation in Haiti. Before the earthquake, regular access to drinking water was only available to 63% of the country's population, with a mere 10% to 12% 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 Public Broadcasting Service (PBS) broadcast, the business of trucking water in Haiti began in the early 1970s. In some cases, the water that is trucked in by private companies supply private homeowners and institutions that can afford this service to satisfy their daily needs of water. However, for Haiti's poor majority, individuals that own cisterns or buy trucked in water and then sell it to others. The loss of homes and small private water storage facilities due to earthquake damage, left a gap in the capacity to store rainwater and potable water obtained in the private marketplace by water trucking, or when available from Port-au-Prince's water network.

In terms of sanitation, statistics released on 23 March by UNICEF, prior to the earthquake the sanitation services in Haiti only reached 17% of the population. Waste disposal facilities in the country are inadequate,

with only one dumpsite “Trutier”, located in Port-au-Prince which houses trash, rubble, excreta and biomedical waste. The remaining trash piles up in the city’s streets and waterways.

To date, despite intensive efforts by humanitarian agencies, where the International Red Cross and Red Crescent Movement is one of the major actors, over half of the directly affected population has not seen any improvement in their water, sanitation and hygiene promotion services since the earthquake. Despite aid being concentrated in and around Port-au-Prince, basic water and sanitation needs of many people are not being met, and the government and international aid community are months away from meeting these needs. In the urban and rural areas outside of Port-au-Prince, needs remain unmet in the areas of water and sanitation, particularly in regards to improving access to water sources and supply, where the groundwater sources such as wells, boreholes and springs have been directly affected by the earthquake. Nevertheless, the Red Cross Red Crescent Movement has been successful in meeting the commitments of the Movement concerning water supply.

Presently, many of the spontaneous settlements and communities that have formed over the past six months never received any form of support with water and sanitation, placing the affected population at an increased risk for disease. The Water and Sanitation Cluster is currently citing up to 600 settlements that have not received any support. The combined efforts of the Red Cross Red Crescent Movement from January through June, has distributed 147,846 cubic metres of drinking water to 282,055 people across 97 camps. There are now 235 flood-proof tank latrines, designed by the IFRC, and some 1,565 pit latrines installed in the camps.

The situation

The security situation is deteriorating day-by-day. The INGO community during the last few weeks has been the target of armed crime, car-jackings and kidnappings. The UN is adding 680 new police personnel in order to provide additional support to the Haitian National Police. In Hinche, several thousand farmers demonstrated against the distribution of seeds from the American multi-national company.

Red Cross and Red Crescent action

Due to the complexity, challenges and magnitude that the operation will encounter in terms of risks, the risk management and audit delegate will be conducting advisory services that include individual/team consultations, internal audits and workshops.

The first Haiti Operation risk management workshop was held on 14 June. Participants from PNSs, the Shelter cluster, and the IFRC delegates from various departments took part in this workshop. Although work remains to be done in finalizing the risks and their respective action plans, the group identified eight key risks and developed several action plans for the top risks.

Progress towards objectives

Relief distributions (basic non-food relief items)
Outcome 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.
Outputs (Relief phase) <i>(Note: Details of activities planned are available in Operations Update 6). Future Operations Updates will present revised activities, based on the up-coming Appeal and revisions currently underway in light of the Montreal Summit).</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. • 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>The pilot project aims to provide cash grants to up to 2,000 to 15,000 IDP households (10,000 to 75,000 people) **AS NOTED PREVIOUSLY, THIS RESULT HAS CHANGED.</i>

	Tarps	Blankets	Hygiene Kit	Jerry Cans	Tents	Mosquito Net	Kitchen Set	Buckets	Sleeping Mats	Baby kits	Toolkit
Colombian Red Cross	200	1,564	9,746	677	0	0	110	10	1,026		1,552
Danish Emergency Response Unit	35,803	3,478	0	0	2,211	0	0	0	0	0	17,874
Finnish Red Cross	1,226	9,087	2,636	0	1,054	0	2,636	4,507	0	30	0
French Red Cross	11,328	7,322	3,940	6,503	1,627	2,625	4,315	553	3,578	0	114
German Red Cross	0	3,532	2,276	1,556	0	2,996	1,133	2,996	0	0	0
Haitian Red Cross	0	0	0	0	0	0	0	300	0		0
IFRC-AmCross/BeNeLux	66,198	94,944	31,991	49,890	61	54,245	25,488	32,979	41,446	12	29
IFRC-BeNeLux	2,920	3,846	1,460	2,920	0	1,994	1,460	2,920	2,920	150	0
IFRC-Canadian Red Cross	11,560	26,814	7,856	14,282	1,990	16,360	5,812	6,698	11,308		0
IFRC-Colombian Red Cross	3,280	3,396	1,698	3,196	0	3,096	50	1,748	0		0
IFRC-Dominican Republic Red Cross	4,685	5,082	2,496	3,772	0	3,632	1,741	2,992	0		0
IFRC-French/Finn ERU	30,322	44,929	21,416	31,223	0	25,811	17,925	21,079	30,029	0	1,893
IFRC-German Red Cross	2,640	5,209	771	756	0	30	15	2,584	0		0
IFRC-Haitian Red Cross	15,432	16,337	23,044	7,075	345	6,282	3,837	6,957	6,593	287	3
IFRC-MEX/COL Red Cross	5,539	0	0	0	0	0	0	0	0	0	0
IFRC-RIT/RDRT-Relief	2,898	19,108	4,865	10,488	295	9,028	3,355	3,770	4,500		0
IFRC-Turkish Red Cross	2,832	500	200	700	0	700	350	1,918	700		0
Spain Red Cross	400	1,600	225	800	0	800	0	800	0		0
Turkish Red Cross	0	650	0	0	177	0	100	600	0		0
Watsan	0	0	0	0	0	0	0	0	0		103
Others	220	0	0	0	12	0	0	0	0	0	0
Danish Red Cross	7,973	0	0	0	25	0	0	0	0	0	2,581
Grand Total	205,456	247,398	114,620	133,838	7,797	127,599	68,327	93,411	102,100	479	24,149

The relief distribution process continues to be adapted to improve efficiency. The Haitian Red Cross Society relief distribution volunteers are supported by relief delegates/RDRTs, and divided into five teams supervised by two to three team leaders. In order to make distributions quicker and more accountable, distribution cards and tickets are bar-coded.. Camp committees are usually informed about the distribution at least a day before the distribution and are involved in the distribution activities providing security personnel on a voluntary basis. Their participation makes the distribution smooth and well organized. The beneficiary turnout is thus far encouraging.

At the end of a distribution day, relief delegates and distribution team leaders meet to de-brief, brainstorm or evaluate the day's distribution, discussing necessary adjustments or making recommendations for the next distribution. Distributions are mainly carried out outside camp premises, this reduces security risk and promotes good crowd control.

An exercise was carried out to promote awareness of the items distributed. Twenty randomly chosen beneficiaries that received a hygiene kit were also provided with detailed information on the contents of the kit and how to use items. Some beneficiaries had little knowledge on the content and usage of the items in the kit, but were satisfied with the assistance.

CASH TRANSFER PROGRAMME

The Cash Transfer Programme (CTP) Pilot project is in its 6th week of implementation. To date, 1,787 beneficiaries have received a notification via SMS messaging or voucher notification to obtain their cash grant, of those, 1,659 have received cash. These beneficiaries are located at Corail Cesselesse and Tabarre Issa Camps. The focus of the CTP team this week was on improving systems and advance towards the next phase of CTP beyond the pilot project. Several important system controls were developed also this week. The team now has a weekly report schedule for the data entry office. Additionally, a series of data control flow sheets for guidance and tracking of how files are handled internally has been created. Household monitoring surveys have been completed, preliminary results from Tabarre Issa show that most people are spending their cash on repaying debts, followed by food and then transport.

The goal of this pilot project is to assist IDP families currently living in nine priority high-risk camps that are in the process of relocating to safer shelter options. The project objective is to provide 50 US dollar cash grants to approximately 15,000 IDP households residing in nine high-risk camps that choose to relocate.

Water, sanitation, and hygiene promotion
Outcome 1: The risk of waterborne and water related diseases has been reduced through the provision of minimum safe water, minimum sanitation and hygiene promotion.
Outputs (Relief phase) <i>(Note: Details of activities planned are available in Operations Update 6. Future Operations Updates will present revised activities, based on the up-coming Appeal and revisions currently underway in light of the Montreal Summit).</i>
<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. • Three health facilities in Port-au-Prince and Leogane have access to safe water. • <i>80,000 families will receive a 6 months' supply of aqua tablets for water purification.</i>*** THIS ACTIVITY HAS BEEN CANCELLED • 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.

Sine 16 May 2010, the Red Cross Red Crescent has been serving 97 camps with services that include water trucking and sanitation and hygiene promotion. However, another ten camps are still receiving water via trucks by the HRCS and the IFRC. The French Red Cross plans to connect these ten camps to the CAMEP/DINEPA water supply system

Together with the Spanish Red Cross a total of 42,527.69 cubic metres of water have been trucked since 16 May 2010, serving a population of 260,000 people. This translates to about 7.1 litres per day. It is taken into account that the water supply from the Haiti water authority is not consistent. The Water and Sanitation department has started upgrading emergency bladder tanks with more durable and reliable Oxfam tanks; however, the process is being slowed down by land ownership complications. Volunteers from Haiti Red Cross Society have been trained on how to set up the Oxfam tanks and are now in the process of installing two tanks with minimum supervision.



IFRC installed water point in camp in Port-au-Prince. Source: Gianluca Solone/IFRC

Furthermore, 39 cleaning toolkits have been distributed to the camps and are being used for cleaning campaigns. This was carried out after a series of community meetings with camp committee members. The meetings helped to sensitize them on the importance of taking charge of their own camps and keeping them tidy. In addition, the production chain is still ongoing for model tank latrine that was designed for sanitation in early February by the IFRC Water and Sanitation department.

The Japanese Red Cross Society Desk Officer has been in Haiti since the 30 May, this visit mainly focused on the assessment of health and water and sanitation in Leogane for possible collaboration with the IFRC. According to the Desk Officer, the Japanese Red Cross Society plans to be involved in water and sanitation activities linked to health related issues, such as health and hygiene promotion as well as supporting other water and sanitation activities including water point recovery and rural sanitation, which would serve up to 50,000 people in the Leogane area.

Emergency Health
Outcome 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.

Outputs

(Note: Details of activities planned are available in Operations Update 6. Future Operations Updates will present revised activities, based on the up-coming Appeal and revisions currently underway in light of the Montreal Summit).

- Medical health, surgical care and physiotherapeutic treatment are ensured in the rapid deployment hospital ERU in Port-au-Prince, referral hospital ERU in Carrefour, and other Movement-supported medical facilities with the capacity to provide essential surgical services for a population of 500,000 people.
- Primary health care needs are met by the Basic Health Care ERUs and their respective Mobile Health Clinics with a capacity to provide basic health care to a population of 150,000 people.
- Affected communities increase their capacity and skills in epidemic control, community-based first aid and psychological first aid.
- The HRCS has improved capacity to provide a more effective and relevant evacuation service of wounded and ill to reduce acute injuries and infections during the emergency phase.
- Selected affected groups and communities and Movement personnel and volunteers receiving psychosocial support have improved their resilience and coping mechanisms.

The German-Finnish Red Cross Field Hospital in Carrefour is a referral hospital providing primary, secondary and tertiary level health care to a population of approximately 250,000. The hospital features: an outpatient department, 2 adult wards with a 40 bed capacity, 1 paediatric ward with 20 beds, 1 maternal and child health ward with 8 beds, 1 intermediate care unit with 10 beds, operating theatre, basic laboratory, x-ray and ultrasound, pharmacy, psychosocial support department and a public health department. Since its opening on 28 January 2010, the hospital has received 28,062 patients. The average number of patients per day has increased from 186 in February to 225 in March, to 270 in April. In May, the average number of patients seen per day dropped to 242; however, the hospital recorded the largest numbers of OPD attendances in one day.¹ The hospital started recording Mother Child Health (MCH) visits on 2 February.. Since then, the hospital has received 3,693 MCH patients. The average number of patients per day has remained around 40 (range: 0-126).² The MCH attendances have risen through May to 376 during the last week of the month. The number of births in the hospital is steadily increasing, following a calm period in early April. Currently the average is about 50 per week, which is similar to March figures.

The Public Health Department runs a daily vaccination clinic and provides regular interactive education to patients and staff on hygiene and sanitation, malaria prevention, family planning and breastfeeding. In addition, all infectious disease patients are referred to the public health physician, as well as any patients presenting visible illnesses or problems, for example dog bites.

The hospital runs a Mobile Health Clinic that visits temporary settlements where there is a great need of medical assistance, but do not have access to a hospital. To date, the mobile health team has helped nearly 20,000 patients, which include over 3,000 children under 5 years of age. A health promotion team has recently joined the mobile health clinic. The health promotion team is providing health education to approximately 500 people per week, and distributing condoms to 300 people per week.

The Japanese Red Cross Society basic health programmes are also currently ongoing.

Summary

Date	Number of Patients		
	BHC Clinic Port-au-Prince	Mobile Clinic Port-au-Prince	BHC Leogane
31 May	108	0	103
1 June	78	0	89
2 June	72	0	87

¹ This calculation underestimates the true number of attendances per day as it is based on a 7-day workweek and the hospital is closed Saturday afternoon and all day Sunday except for emergencies. The purpose of this average is only to show degree of change from month to month.

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3 June	N/A	0	0
4 June	94	40	114
5 June	75	0	42
Cumulative	427	40	435

The American Red Cross post Earthquake Health Promotion (PEHP) pilot project consists of a participative approach to providing first aid, hygiene, health, and safety promotion and livelihoods support in the new camps that have appeared since the earthquake. This pilot project is built on an integrated, disaster risk reduction foundation that promotes community safety, resilience and preparedness for future disasters. In addition, it provides hygiene promotion, malaria prevention, camp safety, HIV prevention and condom distribution.

The Finnish Red Cross, the Icelandic Red Cross and the Swedish Red Cross basic health clinic has visited Parc Jean Marie Vincent (La Piste) six times a week, from Monday to Saturday. Two clinic teams have provided during 42 days primary health care service between May and June. During the last month, 4,911 patients have been assisted at the clinics. The majority of the patients were female patient over 5 years (2,442), of these 717 visited the clinics for prenatal diagnosis (29.4%). A new statistic format was created jointly with the local medical staff. Hygiene promotion activities are linked to the La Piste clinic. Moreover, the HRCS volunteers supported by the British Red Cross are organizing a promotion session in the clinic waiting area.

The Finnish Red Cross started to support former ICRC-supported volunteers in the beginning of May with incentives and material. In mid May, a third group of volunteers were supported. The three teams are functioning in Place Jeremy, Saint Marie and Parc Henry.

The Canadian Red Cross and the Norwegian Red Cross ERU is operating with only one surgical team, but the team is able to meet the current needs for surgeries. The team is working closely with the three Haitian rotating gynaecologists (coming from Port-au-Prince) and with the six resident doctors. The resident doctors are very engaged and they are showing increased interest in learning from, and sharing experiences with, the operational theatre (OT) and emergency room (ER) teams. Relations with gynaecologists and residents are exceptional.

OT cases = 69 total	
Female < 5 = 7	Female > 5 = 32
Male < 5 = 4	Male > 5 = 26
12 major (including 7 caesarean sections) and 57 minor cases	

The outpatient department (ODP) has been handed over to the hospital and is currently being operated by the Haitian and Cuban residents. The emergency room continues to see trauma related cases. This includes cases of inter-personal violence in all age groups, traffic related injuries and a growing number of burns. The emergency team has reviewed its triage system in order to improve the identification of patients who require more timely care. An important service offered by the ERU is the ability to transfer patients with the two ambulances when necessary. The hospital has the capacity to stabilize patients and provide non-life threatening care, but specialized care is only available in Port-au-Prince. The ERU ambulances are called upon by other actors at the hospital to transport patients.

Shelter and community infrastructure

Outcome 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.

Outputs

(Note: Details of activities planned are available in Operations Update 6. Future Operations Updates will present revised activities, based on the up-coming Appeal and revisions currently underway in light of the Montreal Summit).

- 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.

The shelter needs and site assessments are ongoing in the zone of Cité Militaire in Port-au-Prince. A meeting took place with a private property landowner to negotiate the construction of transitional shelter for nine families for a period of two years. In addition, site research in Gressier (rural and mountain area) is ongoing. Five localities in the rural area of Gressier have been visited; previously these were covered by the Finish Red Cross with emergency-shelter, hygiene and kitchen kits distributions. On 10 June, an anchoring system demonstration took place in the HRCS/IFRC base camp in Port-au-Prince for the construction of hurricane resistant shelter. The Cluster agency members and other PNS attended this demonstration.

On 27 May, the Canadian Red Cross commenced construction in Laffarony –a community half way between Gressier and Leogane—with the development of the first prototype based on a modified IFRC shelter kit. The construction of this shelter served as a training event for the ten newly hired carpenters.

In Leogane, the Spanish Red Cross have almost completed the construction of 13 houses of which 5 families are already living in. The Spanish Red Cross is planning to construct another 50 shelters in Leogane during the next week.

Original Host Families programme:

This programme focuses on shelter interventions and cash transfer programming validation surveys that have been carried out by the HRCS, the British Red Cross and the IFRC. This has driven the revision of the programme approach in order to meet the needs in the area as well as to refocus programming at a community level. The IDP population is returning to directly affected areas looking for jobs and/or assistance as the humanitarian response activities are attracting these people who are in search of employment opportunities as livelihood opportunities are severely restricted on hosting communities. In most cases IDP children are being left behind with relatives to ensure their safety and education, as the government of Haiti has promised free education for displaced children. Conditions for many of the people in the host communities is not significantly better than for the displaced; 40% of the population has no regular work and up to 50% of their children do not go to school in four of the eighteen communities in the South Department.

Disaster Preparedness and Disaster Risk Reduction
Outcome 1: The HNRCS has reinforced its capacity to prepare, respond and recover from disasters, selected communities are prepared through risk reduction
Outputs:
<ul style="list-style-type: none"> • Preparedness of the National Society is enhanced through the use of contingency planning, reinforcement of logistics, IT/Telecom, • Reduce the risk by better preparing vulnerable people by reaching community levels, communities well preparedness

The Haitian DP/DRR Surge Project aims to implement preparedness activities that will support up to 450,000 people and will cover the hurricane and rainy season and potential civil disorder, as well as earthquake affected areas. The two main lines of work are: a) at institutional level to build capacity, ensuring that the National Society is prepared for future events, and b) at community level, in building safer and more resilient communities.

The Red Cross Red Crescent seeks to deliver and implement a contingency plan in line with the national and inter-agency contingency plans, covering detailed hazard risk analysis, local and national emergency scenarios, strategies and priority areas of intervention, regional and national capacities and coordination mechanisms. The project has been presented to the Civil Protection Office. The IFRC/HRCS actively participating as well in the national contingency planning process (SNGR, national and international organizations). A key objective of the DP/DRR Surge Project is the setting up of Disaster Management Operational Centre in Hinche, not only to decongest activities centred in Port-au-Prince, but also to ensure that non-earthquake high-risk areas are also adequately covered. The disaster management operational centre (DMOC) plan of action has been drafted and the site was relocated from Saint Marc to Hinche. Land has been also secured, however the legalization is pending. Moreover, temporary warehouse space has been secured (rubhall) with stocks in the pipeline for 5,000 families.

The project seeks to strengthen capacity of ten HRCS Regional Committees in high-risk areas (Nord, Nordest, Artibonite, Centre, Sudest and Sud). The project has been presented to Presidents of the Regional HRCS committees to ensure buy-in and ownership. In addition, capacity and needs assessments have been concluded at all regional committees participating in the project.

The pre-positioning of emergency relief items before the start of the 2010 hurricane season in strategic warehouses aims to cover the needs of 125,000 people who may be affected by tropical storms, heavy rains, flooding and/or hurricanes, amongst other hazards including earthquakes. Updated distribution as defined with the HRCS include, stock for 17,000 families in Haiti. Logistics assessments at then regional committees and DMOC have been completed.

Actions aimed at strengthening the existing radio communications network of the HRCS, as well as the central radio room in Port-au-are ongoing. These activities will help to ensure a strong communications network between all the regional branches, including the procurement of core stock, and the training of human resources. In addition, IT/Telecoms capacity and needs assessments are completed. The required IT/Telecoms equipment is currently being procured.

For community-based risk reduction, participation in preliminary basic assessments in selected camps following recent heavy rainfall. A Preliminary mapping of settlements where the Haitian Red Cross Society and the IFRC are currently operating in coordination with PNS has been completed. This mapping will help to define action plans, areas of intervention and standardize tools and methodologies for community-based interventions.

Strengthening of HRCS capacities

Outcome 1 (Relief phase): HRCS volunteer management in emergencies is improved.	
Output	Activities planned
The HRCS 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

The Red Cross Red Crescent Movement Coordination team held an Organizational Development coordination meeting last Saturday at the at the Spanish Red Cross Office in Port-au-Prince. Participants included the HRCS, the Federation, the ICRC and PNS such as the American Red Cross, the Canadian Red Cross, the German Red Cross and the Spanish Red Cross. There is a strong commitment from all Movement partners to support capacity building and further development of Haitian Red Cross Society, not only in the earthquake-affected areas, but all around the country and the whole society.

IT/Telecom

Outcome 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.
Outputs <i>(Note: Details of activities planned are available in Operations Update 6.</i>
<ul style="list-style-type: none"> • The shared ICRC / HRCS 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.

A training in IT was organized from 7 to 8 June in the base camp for 30 Haitian Red Cross Society volunteers of the HRCS branches in coordination with the Danish Red Cross ERU . The training focused on the installation, troubleshooting and operation of computers.

Logistics

Outcome 1 (Relief phase): To effectively manage the supply chain from arrival of relief items and ERUs, including clearance, storage and forwarding to distribution.
Outputs <i>(Note: Details of activities planned are available in Operations Update 6.</i>
All programmes receive professional logistics support and goods are received for distribution as planned.

Progress:**Key Statistics:**

Arrivals into the Country since January 12, 2010:	To Date Total
Total air consignments received	193
Sea consignments received	419
Total tonnage of consignments received (air and sea)	8,811

Arrivals during the Reporting Period:	Numbers
Air consignments received in Haiti	3
Sea consignments received in Haiti (containers and break bulk)	0
Road shipments received in Haiti from Dominican Republic	0
Estimated tonnage received from air, sea and road consignments to Haiti	14
Trucks dispatched	83
Estimated tonnage dispatched	455

Fleet:	Vehicles
IFRC light vehicles	27
IFRC locally rented vehicles	19
VRP vehicles with PNS	48
ERU and PNS light vehicle fleet	77
IFRC trucks in country	28
IFRC Buses and Mini-Buses	3

The following items of non-food items (NFI) are in the pipeline and should arrive shortly: buckets, cleaning kits, generators, jerrycans, kitchen sets, mosquito nets, rice bags, rope, shelter tool kits, tarpaulins and multi-purpose tents.

Communications – Advocacy and Public Information

The communications team this week focused on showing the operational work and the contributions made by Haitian Red Cross Society volunteers and the impact on the lives of Haitians affected by the earthquake. Web stories, photos and video have been produced on the following story: Resourcefulness of persons living in the decongested settlement of Tabarre-Issa (Pastor Manes). In addition, a shelter case study is currently being produced on emergency shelter for use of the Shelter Cluster. A story on the latest phase of beneficiary communications roll-out in Haiti (mapping and Disaster Preparedness/Disaster Risk Reduction test SMS) is in progress.

Coordination and partnerships

The IFRC continues to participate in all the meetings with state institutions and local authorities related to the operation. In addition, it plays a main role in the humanitarian cluster meetings. Twelve clusters are active in Haiti, as reported previously³ with the IFRC assuming the lead role of the Emergency Shelter and Non-Food Items Cluster. Beneficiaries targeted by the Shelter Cluster are now 1,514,885 individuals or 302,977 households, in line with the Haitian government (Civil Protection Department) data released on 11 March. With high coverage of emergency shelter material, gap identification and specific targeted distribution is now the priority of responding humanitarian agencies whilst construction of transitional shelter increases. The distribution of appropriate tools and toolkits remains vital for both the transitional and emergency phases. It is expected that items that were distributed earlier will be affected due to increased winds and rains in the coming weeks. It is already evident throughout the affected area that additional plastic sheeting is needed for tents that have leaked during recent downpours. The decongestion process of dense settlements within Port-au-Prince continues with a number of population movements to new sites less exposed to immediate danger.

³ 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.

Host families continue to be the focus of a number of agencies with assessment guidelines and shelter responses defined. A well coordination inter-cluster mechanism is greatly needed for the host family and host community response.

Moreover, the evacuation of emergency settlements in school grounds is of serious concern to humanitarian agencies. In some areas, small parcels of land have been made available by the Haitian government. However, these areas are not large enough to accommodate the populations that may be displaced from education facilities. The Shelter Cluster is preparing agencies to provide ongoing emergency and transitional shelter solutions in these areas.

ICRC Response

The ICRC continues to search for the families of separated children from the earthquake, while continuing its traditional activities, such as visiting detainees, renovating drinking water infrastructure in Cité Soleil (a poor neighbourhood in Port-au-Prince) and supporting violence victims. The ICRC Movement Coordinator participates in all Movement coordination meetings and most of the technical meetings in order to share information on the activities with the IFRC and PNS and to assist the IFRC or PNS if the need arises.

Movement Coordination

Last week the IFRC had the ninth Movement Operational Committee meeting with more than 50 delegates and guests attending. Among the many prominent guests were the IFRC's Secretary General from Geneva, the Head of the Americas Zone Office in Panama, the President of the American Red Cross, and the Secretary General of the Canadian Red Cross. A UN Habitat representative was also present at the meeting and presented their strategy and work related to one of the topics of the day: the challenge of finding available land for shelter construction in Haiti.

Regarding the Movement Coordination in the Haiti operation, in the course of the last days important steps have been taken by the Movement Operational Committee to make it more operational and strategic through the invitation of five PNS to become members on the Movement Platform. The five National Societies are: The American Red Cross, the Canadian Red Cross, the Colombian Red Cross Society, the German Red Cross and the Spanish Red Cross. This decision is an important step forward, ensuring strong continuous coordination and strategic decisions to be taken as required.

The Sectoral and Geographical Coordination meetings have continued for the sector water and sanitation, and for Gressier – Leogane – Petit Goave a meeting was held on 11 June 2010.

Appeal history

- 500,000 Swiss francs (491,265 US dollars/338,880 euro) were 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 10.1 million Swiss francs was launched on 12 January 2010 to support the Haitian Red Cross Society (HRCS) to deliver immediately 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.
- **Key documents are being drafted** following the agreements reached at the Montreal and New York Summits. These include a revised plan of action for the multilateral programming reflecting a prolonged relief phase of the operation and elements of recovery planning, together with an associated budget, based 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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ANNEX I

Pediatrician saving lives in Port-au-Prince

Nurses and assistants crowd around as chief pediatrician Dr. Zubair Masood checks on the health of 20 mothers and babies in his care. It could be a routine ward round in any hospital in the world. But this is far from routine. Dr. Masood's pediatric ward is in a tent and his patients are mostly young mothers who lost their homes in the earthquake that devastated the Haitian capital Port-au-Prince and surrounding areas on 12 January. .

Dr. Masood is part of a team of local and international surgeons, doctors, anesthetists, nurses, midwives, obstetricians and psychologists who have been offering health care for the past 20 weeks at a tented field hospital run by the German and Finnish Red Cross on the site of a former soccer stadium in Carrefour, one of the worst quake affected areas.

Dr. Masood is delighted to be part of such a big operation – the hospital has the capacity to treat 1,700 people a week – but he says there are challenges working in Haiti, the poorest country in the western hemisphere.



Dr. Masood with one of the nurses in the ICU. Source: José Jimenez/IFRC

“The local doctors and nurses work extremely hard and with all their hearts to help their fellow Haitians. But they don't always have all the expertise so part of my job is to train them and build capacity”.

Another issue is equipment. There are no incubators, ventilators or radiant warmers that help a premature baby breathe, keep warm and away from germs. The field clinic doesn't have a specialized intensive care unit for newborns. They share the “observational” or “intensive care” tent with adult patients.

“There are ten beds in this tent”, says Dr. Masood. “But most of them are taken up with babies who are sick or underweight.”

He points to two month old twins, Clairens and Clairenne Thomas, whose mother died

at home 8 days after they were born. Sick and weak, their orphanage has twice bought them into the intensive care unit for treatment.

Many of the children in the ward though were born at the field clinic. It has become the go-to hospital for the pregnant women of Carrefour who prefer to give birth here for free than risk a home birth. Since it opened on 28 January, 791 babies have been delivered by the midwifery team and the numbers are rising. In the first week of June 69 babies were born.

While the field hospital does not keep records of the numbers of premature births, Dr. Masood is seeing a lot of babies born before 37 weeks.

“Last week we delivered a baby at 25 weeks. She weighed just 710 grams but died three days later”.

Many of the women who give birth early are living in the squalid camps near the hospital, without sufficient food, water and sanitation – a factor that Dr. Masood believes could be related to the increasing number of premature births he is seeing.

Stopping at the bed of Many Fillia, he picks up her tiny daughter, Stacey. “This is a miracle baby, which has defied all the statistics”, he says. “When I saw her in the delivery room, I thought she was not going to survive. She was 12 weeks premature and weighed just 810 grams, but I knew that this baby just didn't want to die.”

Two months on Stacey weighs 1.2 kilos – a third of the weight she should have been at birth. But with the care of Dr. Masood and his team she is making good progress.

“She has tested negative for cerebral palsy and other physical and mental impairments associated with premature birth and there is no reason that she should not grow up a healthy child.”

Although he has practiced pediatrics for more than 20 years in Canada, Saudi Arabia and in his native country Pakistan, it is the first time he has worked for a big international humanitarian organization.

“Despite the challenges of working in a very complex emergency, I have no regrets about taking this contract. It comes up in August but the needs are so great here I would love to extend until the end of the year.”