IFRC health delegate attends to a mother and her newborn baby who arrived at the Tunisian Red Crescent and International Federation of Red Cross and Red Crescent Societies Al Hayet (Life or La Vie) Transit Camp after fleeing Libya. Tunisian Red Crescent

Middle East & North Africa: Civil Unrest

Period covered by this Ops Update: 12 April – 4 May 2011

Revised Emergency Appeal target: CHF 12,269,102; the multilateral element of the appeal is for CHF 11,591,972. Appeal coverage: 85% Note: This is a provisional figure; contributions are being recorded.

Appeal history:

- The Emergency Appeal was launched on a preliminary basis on 1 March 2011 for CHF 4,400,000 for six months to assist 100,000 beneficiaries.
- The total of CHF 59,374 was allocated from the IFRC Disaster Relief Emergency Fund (DREF) to support this operation.
- On 24 March, the IFRC issued a Revised Emergency Appeal for CHF 12,269,102 (CHF 11,591,972 multilateral) to assist 150,000 beneficiaries in the region until December 2011.

Summary and key messages:

- Violence between government and opposition forces persists in Libya with escalation at Wazin near the Libya-Tunisia border.
- Demonstrations and protests are continuing in other countries in the region. An upcoming revised appeal will include Syria and Yemen.
- As of 4 May, the International Organisation for Migration (IOM) stated that 710,408 individuals have migrated from Libya to Tunisia, Algeria, Chad, Egypt, Niger and Sudan. Of these, over 339,223 individuals (48%) have arrived in Tunisia. To assist with the influx, activities of the International Federation of Red Cross and Red Crescent Societies (IFRC) continue in Tunisia.
- There has been a significant decrease in the number of third country nationals (TCNs) fleeing Libya into Tunisia. As of 4 May, 4,991 TCNs remain at the three transit camps near Ras Jdir in Tunisia, a reduction of 60% since the Operations Update of 12 April.
- The number of Libyans crossing into Tunisia near the more southern border point at Dhehiba has increased with more than 44,000 people arriving since 6 April. Humanitarian organisations have opened two camps to provide people with food and other essential items at Dhehiba and Remada that is approximately 47 km further west within Tunisia. According to UNHCR on 4 May, the two camps are accommodating 2,421 Libyans, however the number fluctuates daily.
- The Tunisian Red Crescent (TRC) and IFRC Al Hayet Transit Camp at Ras Jdir remains open. As of 4 May, 429 migrants were residing in the camp. The population has decreased in the last week due to a large number of repatriation flights for TCNs organised by IOM and an overall lower number of TCNs crossing at Ras Jdir.
On 30 April, the TRC-IFRC Transit Camp encountered a severe sandstorm that destroyed 50% of its total tent capacity, mostly in the family area, and other parts of camp infrastructure. Families have been temporarily relocated to a different part of the camp while the IFRC coordinated with IOM to temporarily halt new arrivals while repairs to essential services were being made.

The TRC and IFRC are providing punctual assistance to support needs in southern Tunisia among Libyans staying at camps and among host families. Already the IFRC has provided tents to the UNHCR camp at Remada for a school and child-friendly space being implemented by the NGO Islamic Relief.

The IFRC is proceeding with a visit to Libya in the week ahead to assess needs, further prospects for an ongoing presence in the country and the conduct of additional humanitarian activities in cooperation with the Libyan Red Crescent Society (LRCS) and ICRC.

**The situation**

Fighting has escalated between government and opposition forces throughout Libya including at Benghazi, Misrata, Tripoli and Wazin. Shortages of fuel, food, medical supplies, money and other essential items have reached a critical level. Along with the Libyan Red Crescent Society, the ICRC is active throughout Libya. The UN and other humanitarian actors have also gained access in the country but mostly in its eastern half. On 1 May the UN withdrew its international staff from Tripoli due to intensified fighting in the area.

According to IOM, more than 710,408 people have fled Libya into neighbouring countries including 339,223 to Tunisia since late February. While third country nationals (TCNs) crossing the border and needing assistance remains at an average of 350 per day, the number of Libyans migrating into Tunisia has jumped dramatically and most notably through the southern border point of Dhehiba. Of the 40,000 Libyans that have migrated since 6 April, the majority tend to stay among host families in the towns of Remada, Medenine and Tataouine. Approximately 2,421 Libyans are also at two camps - one at Dhehiba and another at Remada.

Since the violence in Libya began, IOM has provided flight assistance for TCNs to return to their home countries. As of 4 May, more than 171,545 people have been repatriated from Tunisia. The flights continue, although sometimes sporadically, but with an average of roughly 300 people departing per day. There is still a great need for repatriation flights since 2,501 TCNs are still residing among the three transit camps being operated by the TRC-IFRC, UAE Red Crescent and UNHCR at Ras Jdir. In the meantime, TCNs continue to arrive in Tunisia. There are also approximately 2,500 persons of concern, from countries such as Somalia and Eritrea, being handled by UNHCR that are unable to return to their home countries.

The TRC-IFRC Al Hayet (Life or La Vie) Transit Camp has reached a cumulative total of more than 4,100 TCN occupants since it opened on 6 April. As of 4 May, 429 migrants were present at the camp awaiting transportation assistance from IOM.
The TRC-IFRC Transit Camp population is lower than in previous days due to a recent increase in IOM repatriation flights and decrease in TCN border crossings. The drop in number of TCN migrants is due to their lack of access to the Libyan border with Tunisia.

On 30 April, the TRC-IFRC Transit Camp suffered destruction to tents and infrastructure due to a severe sandstorm. Another sandstorm hit on 2 May halting the repairs and reconstruction in addition to damaging more tents and the food distribution area. Despite the damage, individuals and families staying at the camp still have access to safe water, sanitation services, three meals each day, family linking services, a basic health clinic and playground. All individuals at the Transit Camp received another round of essential non-food items such as soap, buckets and blankets the day after the first storm.

The TRC continues to assist the population in the UNHCR Shousha Camp in collaboration with the ICRC to distribute items such as blankets, soap, buckets, toothbrushes, toothpaste and other in-kind donations. To date, the Red Cross/Red Crescent Movement has reached more than 35,800 people in transit at Shousha Camp with essential goods. The TRC has also worked with the ICRC to facilitate more than 45,000 calls between migrants and their families around the world. The TRC continues to provide basic health care to the sick and injured in Shousha Camp and at the Libya-Tunisia border while working with the IFRC and ICRC to improve sanitation facilities and deliver safe water.

Coordination and partnerships

The IFRC Zone Office at Amman and Regional Representative at Tunis responded to the current humanitarian situation by deploying staff, assets and participating in regular coordination meetings with the TRC and ICRC. Along with interaction at the Tunisian border with Libya, the overall result has been effective cooperation and relations. TRC and IFRC staff and volunteers are actively participating in the humanitarian coordination mechanisms with agencies working in the border region. Excellent coordination has occurred between the Red Cross/Red Crescent Movement, the UN System, NGOs, community representatives, local authorities. As part of its close cooperation, the ICRC is also providing family linking services in the Al Hayet Transit Camp and collaborating on non-food item stock provision as needed.

The following National Societies are supporting the Red Cross/Red Crescent response through financial, in-kind and/or human resources: Algerian Red Crescent, American Red Cross, Austrian Red Cross, Belgian Red Cross, British Red Cross, Bulgarian Red Cross, Canadian Red Cross, Chinese Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Iranian Red Crescent, Italian Red Cross, Japanese Red Cross, Jordan National Red Crescent Society, Kuwait Red Crescent Society, Lebanese Red Cross, Luxemburg Red Cross, Moroccan Red Crescent, New Zealand Red Cross, Netherlands Red Cross, Norwegian Red Cross, Palestinian Red Crescent, Qatar Red Crescent Society, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Syrian Red Crescent, and the United Arab Emirates Red Crescent.
Red Cross and Red Crescent action

Progress towards outcomes

Activities under the current Appeal aim to provide sustained support for the arrival and departure of people in transit as well as augmenting services as the need arises. The bulk of the TRC-IFRC emergency operation is focused on providing support to the vulnerable population leaving Libya through the borders with Tunisia and Egypt while other geographical areas of activity are also being considered.

In Tunisia, the TRC and IFRC are continuing services and assistance at their Al Hayet Transit Camp while also pursuing activities at the UNHCR Shousha Camp and at Ras Jdir that lies along the border with Libya. The team is investigating prospects for short-term efforts to support operations in the south of Tunisia at Remada and Tatouine. Below summarises action taken to date by sector.

Emergency health

<table>
<thead>
<tr>
<th>Outcome: Up to 100,000 people in transit, including vulnerable groups, have access to the provision of basic health care, preventative health measures, and psychosocial support to meet their immediate needs.</th>
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<tbody>
<tr>
<td><strong>Outputs</strong></td>
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</table>
| Target population in transit have access to a basic health facility. | • Establish a health clinic with TRC, including a basic and supplementary interagency emergency health kit (IAEHK) and first aid kits.  
• Erect the health clinic and IAEHK identify emergency care area, consultation clinic, pharmacy and psychosocial support area.  
• Stock the clinic with pharmaceutical items and medicine.  
• Identify isolation site and erect tents and water and sanitation services for isolation site.  
• Develop processes and procedures for clinic and treatments.  
• Establish ambulatory services 24 hours/7 days per week.  
• Develop referral system in coordination with MoH and other partners. |
| Target population receive rapid medical care for physical health problems. | • Provide basic health services.  
• Provide special care for vulnerable populations, such as nutritional care for children, pregnant women and disabled people.  
• Coordinate with RC/RC partners and other health agencies to provide GBV support and gynaecology services in transit camp.  
• Establish a basic epidemiological surveillance system and provide vaccinations as required at the clinic in cooperation with the WHO/MoH program.  
• Refer patients to hospitals and other facilities when necessary.  
• Assess TRC health volunteers and provide trainings in emergency first aid.  
• Monitor staff, equipment and supplies at the clinic. |
Up to 10,000 people receive psychosocial support according to the needs.

- Assess psychosocial needs among the target population and volunteers.
- Monitor patients during clinic consultations and provide PSP as appropriate.
- Assess TRC staff and volunteer capacity and provide trainings and equipment in psychosocial first aid and support.
- Liaise with MoH and other partners to create a referral system for critical cases.

**Progress since last report**

- Between 6 April and 1 May, the health team provided 2,425 health and medical consultations. No cases have been critical. The “others” category below includes non-communicable diseases and chronic illnesses that do not cause risk or health hazards to other people, such as diabetes, back pains, hypertension, cardiovascular diseases, etc.

- Two TRC volunteers arrived in mid-April to provide psychosocial support to beneficiaries and volunteers for one month. More than 45 people to date have been sensitised on strategies about how to interact with migrants to better meet their needs. A psychosocial support delegate also arrived on 26 April for a two-week mission. He is currently conducting a needs assessment and will plan psychosocial support capacity building efforts with TRC.

- On 12 April, the health team worked with UNICEF and the Ministry of Health to screen children below the age of 18 in the Transit Camp (approximately 250) to verify if children required vaccinations. As a result of the screenings, the MoH and volunteers vaccinated 19 children.

- The health team has coordinated with UNFPA to come to the Al Hayet Transit Camp twice a week (Thursdays and Saturdays) for ob-gyn services and health promotion. UNFPA has attended five pregnant women in the camp to date and provided a sensitisation session on female hygiene for 12 women in the camp on 23 April. A multi-purpose tent is also being erected in the family area to enable women to have easy access to essential services, mainly health and social support.

- Extensive coordination meetings take place regularly between the IFRC/TRC health department and other stakeholders (IOM, UNICEF, UNFPA and the Ministry of Women and Child Protection) to provide protection measures for women and children exposed to gender-based violence.

- Since the start of the operation, about 30 training hours on health issues have been provided for 118 TRC staff and volunteers.

- TRC medical personnel continue to support ongoing medical consultations in the UNHCR Shousha Camp and at the border with thousands of consultations being carried out to date.

**Operational gaps, challenges or constraints**

On 30 April, a sandstorm destroyed all health clinic tents at the TRC-IFRC Transit Camp. The field team has since replaced one tent that is currently being used for all health services. Another tent will be re-built for psychosocial consultations and the team is evaluating how many isolation tents need to be erected again. Additional challenges are being encountered such as the rotation of volunteers, a lack of long-term medical staff for the clinic and the irregular vaccination schedule of the Ministry of Health at the Transit Camp. The health team is working to resolve these issues.
Water, sanitation and hygiene promotion

<table>
<thead>
<tr>
<th>Outcome: Up to 150,000 people in transit have access to safe water, adequate sanitation and hygiene items to minimize the risk of sanitation and water-related diseases.</th>
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<tbody>
<tr>
<td>Outputs</td>
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</table>
| Target population is provided with adequate sanitation which meets Sphere standards in terms of quantity and quality. | • Erect temporary latrines in Shousha camp and TRC/IFRC transit camp.  
• Install hand-washing facilities at key locations throughout the TRC/IFRC transit camp.  
• Install shower cabins in transit camp.  
• Provide solid waste management solutions in transit camp.  
• Ensure proper drainage in transit camp.  
• Monitor vectors and undertake vector-control activities if necessary.  
• Monitor sanitation facilities daily. |
| Target population is served by hygiene promotion activities which meet Sphere standards in terms of implementation, and the identification and use of hygiene items. | • Recruit and train staff/volunteers to disseminate basic hygiene messages, monitor water points, and clean latrines, shower cabins and tents.  
• Conduct a base survey on hygiene practices in transit camps.  
• Develop IEC materials and awareness campaigns around the essential hygiene promotion messages in a participatory approach with the targeted population.  
• Distribute additional soap as required.  
• Monitor hygiene practices in camps. |
| Target population is provided with adequate safe water that meets Sphere and WHO standards in terms of quantity and quality. | • Assess needs and map resources available (water availability, quality, pressure, etc).  
• Connect to local water infrastructure and establish alternative water sources.  
• Install emergency water storage and water points throughout the camp.  
• Continuously monitor water quality and install water purification system if needed.  
• Maintain water taps and tanks regularly. |

Progress since last report

- The following displays the water and sanitation targets and completed activities as of 4 May.

- Before the sandstorm of 30 April, 82 latrines were present at the Transit Camp to meet Sphere standards for more than 1,600 adults. The sandstorm destroyed 52 latrines but with the 30 remaining units, Sphere standards are still being met for the current camp population of 429 people. The team is currently rebuilding eight latrines which the team expects complete by 6 May. The team will erect more latrines and showers soon after.
- The field team erected a 1,000L water tank for hand-washing beside the food distribution point as well as eight hand-washing posters beside the latrines and the hand-washing tank. Two Ghanaian migrants of the Transit Camp participated in making the posters.
- Volunteers and staff remain dedicated to maintaining a clean and hygienic camp through tent, latrines and shower cabin cleaning. Since camp opening, the field team has cleaned 1,209 tents in total; latrines and showers are cleaned everyday.
• Ten hygiene promoters were given a 1 1/2-day training with emphasis on effective communication and how to pass along hygiene messages through three-pile sorting, the F diagram and camp population participation. Since the opening of the Al Hayet Transit Camp, the 10 hygiene promoters have passed safe hygiene messages to 2,334 people, or 57% of the cumulative camp population. The promoters continue to pass messages to an average of 110 people daily.
• The IFRC hygiene promoter carried out a hand washing campaign for children in the family area; 60 children participated (31% of children at that time). For four days, the hygiene promoter also brought in a clown to pass safe hygiene messages to children and adults in the camp. The clown’s presence was the time of the recent sandstorms and served to distract beneficiary attention from the damage and elevate the spirits of families and individuals. The clown walked around the camp passing safe messages and taught the nine steps of hand washing at the water points; an all children and adults enjoyed the hygiene activity.

Operational gaps, challenges or constraints
Water consumption has been extremely high since the Transit Camp opened with an average use of 50L per person per day. The situation has resulted in some water accumulation and wastage around water points. The water and sanitation team recently removed one water tap, installed water economising taps and assigned people to monitor camp tap stands in anticipation of reducing water usage and waste. The recent decrease in camp population has helped to alleviate the issue. In addition, the camp population is not consistently using latrines and, instead, often using the showers and open desert to perform their necessities. This is one of the reasons why the hygiene promoter brought in the clown to pass safe hygiene messages.

Emergency Shelter and Camp Management

<table>
<thead>
<tr>
<th>Outcome 1: A transit population of up to 150,000 individuals has access to a safe, secure and hygienic settlement that upholds basic human rights and meets their needs.</th>
<th>Activities</th>
</tr>
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<tbody>
<tr>
<td><strong>Output</strong></td>
<td><strong>Activities</strong></td>
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</table>
| Target transit population has adequate and safe shelter according to Sphere standards. | • Select and secure land with enough space for target population and space to expand if needed.  
• Plan sufficient temporary shelter and necessary infrastructure on land (electricity, fencing, water, sanitation facilities, food area and family area).  
• Set up shelters and infrastructure on land.  
• Plan and set up hygiene and security measures and systems to ensure beneficiary and volunteer/staff safety and health.  
• Monitor, maintain, repair and/or rebuild temporary shelters, infrastructure and other areas as required.  
• Register and deregister camp population to track people assisted and fill unoccupied shelters. |
| Target population have access to safe water, food, sanitation facilities and services, health care and meeting points through integrated camp activities. | • Coordinate with team sector leads on water and sanitation, health and relief systems and activities.  
• Hold regular coordination meetings with all sector leads to ensure camp services are integrated and maintained.  
• Plan and set up an information point for the transit population to know all services available at camp.  
• Coordinate with external parties to offer specialized services and ensure all beneficiary needs are met. |
| The material sourcing, construction techniques and settling of the population minimize the adverse impact on the environment. | • Engage and coordinate with environmental agency to assess the impact of camp activities on the environment.  
• Coordinate with environmental agency and other external partners to alter camp activities as needed to ensure minimum negative on environment.  
• Coordinate with environmental agency and other external partners to ensure camp land is restored to its original state. |

Progress since last report
• As of 4 May, 429 migrants remained in the TRC-IFRC Transit Camp. The following two charts display the current population, total arrivals and departures as well as the camp population by nationality.
Monitoring and repairing the tents, latrines, water supply/usage, bathing cabins and other infrastructure began as soon as the Transit Camp opened and has continued daily. Following the recent sandstorms, camp management and technical teams have been busy in disposing of 320 destroyed tents, the repairing of tents, electricity, fencing and other infrastructure.

The TRC-IFRC relief team has gathered more detailed demographic information about new arrivals and better identified vulnerable populations during the registration process such as unaccompanied minors, children under age 5, children aged 5 to 18 and pregnant women. This is helping to track trends and support other sectors and external needs including those among health team counterparts, UNICEF, Save the Children and UNHCR.

The IFRC and TRC have built a children’s playground in the family area of the Transit Camp with swings and a teeter-totter. The TRC also established two tents for arts and crafts and other school-related activities for the children. The playground withstood the recent sandstorm but with the arts and crafts tents still in the old family area and far from the children, the team is working to relocate them into the new family area once it is fenced.

The TRC and IFRC coordinate on a daily basis with IOM, UNHCR, local authorities, the UAE Red Crescent and other actors working in the local area regarding the number of people crossing the border into Tunisia, arrivals and departures from each camp, population needs and ongoing activities to better support TCNs awaiting their transport assistance. Below are details reflecting TRC-IFRC Al Hayet Transit Camp arrivals and departures since opening.

Operational gaps, challenges or constraints
The camp management/relief team is focusing on repairing camp infrastructure in the aftermath of the recent sandstorms. Staff have contacted an environmental agency to support the operation in minimising a negative impact on the environment but with most construction completed and new repairs ongoing, the focus of involvement will have to be on clean-up of the camp as part of its eventual exit strategy.

RIGHT: Damage to the TRC-IFRC Al Hayet Transit Camp near the Ras Jdir border. Jaime Richardson/British Red Cross
### Relief

**Outcome:** A transit population of up to 150,000 individuals receive essential items and food to meet their needs.

<table>
<thead>
<tr>
<th>Output</th>
<th>Activities</th>
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</table>
| Target population receive essential goods in transit camps after registration and within 24 hours of arrival. | - Develop a standard NFI kit composition with specific items in coordination with partners.  
- Distribute NFIs to target population following arrival and registration in camps. |
| Target population has access to three meals a day. | - Coordinate with HNS, PNS and external partners on meal production and service.  
- Provide meals to camp residents each day. |

**Progress since last report**
- The relief team continues to provide meals three times per day to the camp population as well as essential non-food items within 24 hours after migrants arrive at the Transit Camp. After the recent sandstorms, the team distributed new non-food items to those remaining in the camp and, in particular, buckets, soap and other items damaged or lost in the storms.
- The TRC and IFRC relief team continues to coordinate with the ICRC to provide family linking services to camp occupants. Migrants at the Transit Camp have made more than 5,000 calls to their families and friends.
- The Italian Red Cross kitchen is serving two meals a day for the camp population. Since the camp opened on 6 April, they have served more than 60,000 meals in total. The TRC has served breakfast of milk or juice and biscuits each day.
- The TRC/ICRC kitchen in Shousha Camp closed on 18 April. WFP, ACF Spain and Islamic Relief France now manage the three kitchens in Shousha Camp. In total, the TRC worked with Movement partners to serve more than 300,000 meals in Shousha Camp since early March.

**Operational gaps, challenges or constraints**
The TRC-IFRC camp management/relief team continues to improve the ticketing systems and processes related to food and non-food item distributions and plan for the next month of operation. In spite of efforts and intentions, people in the Transit Camp have complained about the portion size of food provided. This has caused disruption during meals and increased overall beneficiary frustration levels. The IFRC and TRC are in discussion with WFP to receive additional food to complement existing meal services.

### Contingency planning and preparedness

**Outcome:** By advancing the process of regional contingency planning, capacity of the National Societies in MENA zone to respond to civil unrest and population movements is further strengthened through effective and appropriate interventions.

<table>
<thead>
<tr>
<th>Output</th>
<th>Activities planned</th>
</tr>
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</table>
| Regional, country and scenarios specific contingency plans are developed. | - Develop and agree on a regional approach towards a strategic and multi-sectoral contingency plan.  
- Map existing resources and capacities of the National Societies, Federation and other key stakeholders in the region by using WPNS and other tools.  
- Conduct rapid trainings/workshops for staff and volunteers on how to develop a contingency plan.  
- Develop practical contingency plan taking into account the evolving risk patterns in the region, various scenarios, capacity and mandate of the National Societies in the region.  
- Develop an EW/EA model for civil unrest scenarios based on clearly identified triggers.  
- Integrate contingency planning concept with OD and other on going capacity building activities at national and regional level. |
| Preparedness gaps are identified and implemented. | - Identify and map the overall and essential preparedness gaps in capacities and resources.  
- Develop work plans for implementing preparedness activities enabling effective and efficient response by the National |
Societies and IFRC.

- Position and procure necessary human resource material and financial capacities to support the preparedness work plan.
- Develop the Standard Operating Procedures and response protocols as appropriate and agreed.
- Conduct joint simulation exercises as appropriate and required.

**Progress to date:**

The MENA Zone office deployed a Disaster Management (DM) specialist from the region to Yemen for three weeks to support the Movement efforts in strengthening the Yemen Red Crescent Society (YRCS) disaster management program. Between 25-26 April, the YRCS DM unit and the IFRC facilitated a nationwide DM consultation workshop to further refine the society’s emergency plan and identify gaps that require further support. The ICRC and in-country partner national societies also participated in the workshop. The outcomes of the workshop were very useful, in particular with streamlining the DM unit at headquarters and branches level. A clear plan of action was developed in close cooperation with all Movement partners in Yemen and will be integrated in the upcoming revised appeal.

Between 21-23 April, the MENA Zone DM Coordinator visited the Syrian Arab Red Crescent to assess their needs and capacities, in addition to discussing possible future IFRC support for emergency preparedness related to the current situation. The Zone office provided immediate support with emergency items as contingency planning.

The Zone office also collected contingency plans from three national societies as a preparation to consolidate into regional plans. National Societies' DM coordinators who attended the Zone's disaster response information system meeting from 17-18 April displayed interests about future disaster preparedness profile for National Societies in the regions.

Lastly, the Zone conducted interviews for a contingency planning delegate and the selection process is underway.

**Operational gaps, challenges or constraints**

The lack of financial resources continues to affect the implementation of the above mentioned activities. Due to the expected larger size of the upcoming revised appeal; more support is crucial for these efforts.

**Logistics**

<table>
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<tr>
<th>Outcome: Ensure an effective and efficient supply chain, suitable storage of goods and appropriate transport to carry out all activities within the operation.</th>
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| Establish relevant procedures and processes to enable all sectors to access goods and materials they require for their activities. | • Conduct logistics assessments.  
• Negotiate handling, storage and handling facilities and carry out customs procedures at the airport, borders and ports.  
• Process requisitions according to IFRC procedures.  
• Update stock report daily and send goods received notes appropriately.  
• Secure warehouses for IFRC and TRC pipeline.  
• Liaise with program and adjust supply chain to meet demand.  
• Prepare exit strategy and relocation of fix assets. |
| Ensure suitable vehicles available required by IFRC delegates and TRC volunteers and staff for their activities. | • Provide sufficient transport resources.  
• Manage and maintain vehicles.  
• Monitor fuel and maintenance costs. |

**Progress to date**

- Sea containers and 12 flights have arrived carrying 265 metric tons of operational goods in addition to four vehicles. All have cleared customs.
- A total of five field warehouses have been erected at the Transit Camp although one was destroyed in the recent sandstorm. All contents of the warehouses were, however, largely unaffected by the storm.
Stocks presently occupy about 90% of the four remaining field warehouses’ capacity. There is no intention to erect a replacement field warehouse.

- The logistics team is sorting through various in-kind donations such as food, laundry soap and clothes and creating stock reports regarding the items for the relief team to distribute.
- Logistics is also working in close coordination with the water and sanitation team to set up a system aimed at cleaning used buckets, sleeping mats and blankets for recycled use in the Transit Camp. This will significantly reduce waste and costs for the emergency operation.
- TRC volunteers recently filled systems and fleet management positions and the logistics team is now focusing on building TRC capacity to be ready for a hand over of logistics activities progressively from June.

**Operational gaps, challenges or constraints**
No significant details to report.

**Communications – Advocacy and Public Information**

The current information and reporting delegate has been the communications focal point and in the last two weeks provided interviews with Argentine and Italian radio stations as well as Chinese Central TV. The Head of Operations has also conducted an interview to Vatican TV. Since the beginning of the Appeal, dozens of interviews have taken place with English, French and Arabic language networks including Al-Jazeera, BBC and CNN.

Four TRC volunteers continue to work as part of information tent to orient incoming arrivals to Transit Camp services as well as walk around the camp to answer questions. The team often provides assistance through simply listening to migrant concerns about pending repatriation flights. The health, relief and information management/reporting teams continue to provide support and liaise with other humanitarian actors when there is a special need for coordination.

**How we work**

All IFRC 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 IFRC’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 IFRC’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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