

Operations update



International Federation
of Red Cross and Red Crescent Societies

Haiti: Hurricane Season 2008

Emergency appeal n° MDRHT005
GLIDE TC-2008-000147
Operations update no. 2
17 October 2008

Period covered by this Operations Update:
25 September to 15 October 2008.

Appeal target (current): CHF 8,360,877 (USD 7,600,810 or EUR 5,177,020) in cash, kind, or services to support the Haitian National Red Cross Society to assist 10,000 families (50,000 beneficiaries) for 9 months.

Appeal coverage: 63%.

Additional funds are expected to be registered in coming days, which will increase coverage to around 92%. A revised appeal will be published within the next two weeks reflecting the updated donor response.

[<click here to link to contact details >](#)

Appeal history:

- A Preliminary Emergency Appeal for CHF 3,812,770 (USD 3,466,154 or EUR 2,360,848) was launched on 5 September 2008 to support the Haitian National Red Cross Society to assist 10,000 families (50,000 beneficiaries) for six months.
- The Preliminary Appeal was revised on 25 September to CHF 8,360,877 (USD 7,600,810 or EUR 5,177,020) for nine months. The operation is thus expected to be completed by 5th June 2009.
- **Disaster Relief Emergency Fund (DREF):** CHF 300,000 (USD 272,727 or EUR 186,335) was initially allocated from the Federation's DREF to support the National Society to respond.



The Red Cross branch in Gonaives was severely affected by the floods. Source: International Federation

Summary: Since 26 August 2008 Hurricane Gustav, Tropical Storm Hanna and Hurricane Ike have left hundreds of people dead and tens of thousands homeless in Haiti. The hardest hit regions of the country were the departments of Sud, Sud-Est, Artibonite and the northern coast. These regions were cut off from the centre due to damaged roads and infrastructure. Emergency relief efforts by the Haitian National Red Cross Society (HNRCS) with the support of the Pan American Disaster Response Unit (PADRU) and the Regional Representation for Cuba, Haiti and the Dominican Republic began immediately despite the challenges of access to remote areas. Preparedness activities and pre-positioning of emergency relief items were undertaken. Following the initial assessment by a nine-member Field Assessment and Coordination Team (FACT), a joint FACT - Emergency Response Unit (ERU) mission was undertaken in the country starting 2 September to assist and support the HNRCS in its ongoing emergency relief efforts. These efforts focused on addressing the needs of the most affected people and were coordinated with Partner National Societies (PNS) present in the country. The FACT-ERU support covers basic health care, relief shelter, early recovery, water and sanitation, logistics, IT telecom, including emergency preparedness, monitoring and reporting and capacity building in partnership with PNS and the International Committee of the Red Cross (ICRC) present in the country.

This Operations Update focuses on the progress achieved in accordance with the objectives described in the appeal. Objectives for distribution of non-food relief items (NFI) have passed the 75 percent mark with an increasing speed of delivery. In light of this, relief and logistics teams are preparing to transition to support emergency and transitional shelter objectives. Currently, the most important needs are water and sanitation, basic health care as well as shelter and early recovery activities. One of the International Federation's basic health care-ERU teams has set-up a mobile clinic in Gonaives, the hardest hit area, and has begun providing out-patient health services to a growing number of people.

This operation is expected to be implemented over a period of nine months, and will therefore be completed by 5 June 2009; a final report will be made available by 5 September 2009 (three months after the end of the operation.)

The situation

Hurricane Gustav, the seventh named storm of the 2008 Atlantic hurricane season made landfall on the south-west peninsula of Haiti, approximately ten miles west of Jacmel on 26 August. On the morning of 27 August, as Gustav left Haiti, thousands of people affected by heavy winds and floods were evacuated to temporary shelters in the affected areas of Nord, Nord-Ouest and particularly Artibonite. Hurricane Hanna then brought about torrential rains and heavy floods on 1 September and affected mostly the northern coast of the country. With barely any time to recover, Hurricane Ike reached Haiti a few days later, and affected the Northern and Southern departments of the country in addition to Gonaives. Roads and bridges were destroyed cutting off access to the most remote and affected areas.

The city of Gonaives (Artibonite), with an estimated population of 300,000 people, was the hardest hit with 506 deaths, 255 persons missing, and 5,447 houses destroyed according to the Département de la Protection Civile (DPC). 80 percent of the city was submerged under two meters of water. The receding flood waters left approximately 3,000,000 tonnes of mud. Major around-the-clock clean-up operations are underway by the National Centre of Equipment (Centre National d'Équipement – CNE) and NGOs. Infrastructural rehabilitation is also underway along the banks of the Quinte River in Artibonite. According to DPC, 165,337 families were displaced.

Over the last three weeks, improved weather has allowed for rehabilitation of roads and bridges and access is now possible by road to the most affected areas in the Departments of Sud, Sud-Est, Les Nippes, Artibonite and Nord-Ouest. Access has allowed emergency relief operations to begin in the most affected areas and has also permitted to assess the extent of the damages and the conditions of the most vulnerable populations. However, transport to most areas remains difficult due to road repairs and clean-up operations. The rehabilitation of housing and provision of emergency relief is a priority, as forecasts predict two more named storms and one hurricane are within the next month. Some areas north of Hinche toward the Nord-Est are still not accessible.



Clinic set up by the Basic Health Care ERU in Gonaives, where out-patient services are being provided to the population. Source: International Federation.

Health care is now resuming countrywide but there is still a concern regarding the costs of healthcare as a large part of the population cannot afford consultations and treatment. There is growing concern about malnutrition seeing that food prices are on the rise and livelihoods were destroyed and have not been re-established.

Cases of genital and skin infections are being recorded in high numbers due to insufficient access to clean water. Water purification and the fight against vectors are also priorities. The World Health Organisation (WHO) has confirmed cases of tetanus, typhoid fever and other infectious diseases in

Gonaives. Nonetheless, the Ministry of Health has determined that no additional medicines are required.

The World Food Programme (WFP) estimated that around 50,000 people were living in temporary shelters, for which schools are being used; however, this number is becoming increasingly difficult to monitor: s people are having to leave these temporary shelters after the re-opening of schools on 6 October. The issue of persons being asked or told to leave temporary shelters remains a matter of great concern as little information is

available on where they are being relocated. Some people have returned home, but conditions there are often worse than in shelters. The Cardinal William H. Keeler Trade Centre (a technical training facility associated to Catholic Relief Services) was identified by the DPC as a new shelter for people who had to be relocated. Currently, the number of people this facility can hold is not known.

The evolution of the situation is closely watched to ensure the safety of Red Cross staff and volunteers participating in the relief operation. Monitoring and reporting of the situation is constant.

Non-food items (NFI) distributions by the International Federation have exceeded 75 percent of the objectives set in the Appeal. Over 7,500 family kits have been distributed to date in seven of the ten departments of the country. 204 family shelter kits were distributed and 3,000 are now ready for distribution.

The International Federation's Basic Health Care-ERU mobile clinic is now set-up and operational in the city of Gonaives; since the beginning of the operation on 1 October, over 1,000 consultations have taken place. The International Federation's mobile unit includes a mobile laboratory.

The Ministry of Agriculture estimates that 63,777 hectares of agricultural lands were destroyed. The valley of Artibonite, where 80 percent of the country's rice is cultivated, was completely flooded. The planting season is starting within one month, irrigation channels are obstructed and the remaining non affected crops are at risk of being lost if nothing is done within the next few weeks. The early recovery cluster took over the coordination of the cleaning work from the Water and Sanitation and Hygiene cluster. The nature of the work will mainly focus on labor-intensive cash-for-work.

**Overview of damages
(TOTAL four Events)
1 October 2008**

Department	Deaths	Missing	Injured	Families Affected	Houses destroyed	Houses damaged
Ouest	156	40	401	30,276	5,447	17,842
Artibonite	506	255	58	61,403	7,470	29,421
Centre				1,476	112	830
Nord Est				178	5	173
Nord	3	2	31	6,967	1,184	5,006
Nord Ouest	3	2	5	12,925	564	5,848
Sud Est	52	5	33	17,022	5,116	11,906
Nippes	19	1	13	3,587	504	3,078
Sud	48	2	6	27,754	1,685	8,792
Grande Anse	6	3	1	3,749	615	1,729
TOTAL	793	310	548	165,337	22,702	84,625

Source: DPC, 1 October

Coordination and partnerships

The HNRCS is constantly coordinating with the PNS in the field to evaluate needs. Weekly cluster meetings are attended by Movement delegates. Basic health care provided by the ERU mobile clinics included consultations to over 1,500 patients within the first two weeks of the operations. The momentum is increasing and objectives should be reached as planned thanks to close collaboration between the Movement, HNRCS, government authorities and Doctors Without Borders Belgium (Médecins Sans Frontières - MSF). The situation is being closely monitored during cluster meetings led by the World Health Organisation (WHO) and attended by UNICEF, the Water and Sanitation and hygiene cluster lead agency. As the International Federation's Representation for Haiti is no longer present in the country (and has become the Regional Representation for Cuba, the Dominican Republic and Haiti, in Santo Domingo), the Federation recommended the International Organisation for Migration (IOM) to be the leading emergency shelter cluster since they have a permanent representation in-country. IOM assessed that 93,110 tool kits and 104,546 tarpaulins are urgently needed to ensure that people have adequate living conditions instead of having to seek shelter. Early recovery cluster meetings led by the United Nations Development Programme (UNDP) are ongoing.

WFP is coordinating logistics and providing transport to the most remote and affected areas and is providing information and support to the International Federation's logistics team.

Action Against Hunger (Action Contre la Faim – ACF) is planning to implement food canteens targeting pregnant women and children. Cases of malnutrition are on the rise and assessments remain a priority for the WHO. Cluster meetings concluded that 35,000 hygiene kits are needed countrywide, of which 15,000 should be targeted for Gonaives. The cluster meetings also indicated a need for at least 60,000 tarpaulins. 30,000 family tool kits are needed as well as 116,110 mosquito nets countrywide.

Coordination efforts are currently focused on Gonaives through daily inter-agency coordination meetings led by United Nations Office for Coordination of Humanitarian Affairs (OCHA). All information is channeled through the FACT team and is provided to the HNRCS promptly and regularly.

National Society Capacity Building:

The HNRCS has a well developed capacity to respond quickly during the emergency phase of the disaster. Trained volunteers and staff were essential for initial response, assistance and support at all levels of the ongoing efforts in relief distribution, basic health care, shelter, early recovery and logistics as well as coordination. Their experience and knowledge through capacity building from previous years allowed prompt planning, coordination of relief efforts and notable increase in emergency preparedness. Halfway into the hurricane season, local HNRCS teams of staff and volunteers are in place and working in all ten departments. The capacity building provided by the IT Telecom team for radio communication in the most remote areas is also increasing the emergency preparedness of the HNRCS.

Red Cross and Red Crescent action

Overview

The deployment of the International Federation's standard disaster response units, such as FACT (consisting of members from PNS from Denmark, Finland, France, Norway, Switzerland, and the United States) and ERUs (consisting of members from PNS from Austria, Belgium, Canada, Denmark, Finland, France, Germany, Luxemburg, the Netherlands, New Zealand, Spain, Switzerland and the United States) has greatly contributed to ensure a coordinated International Federation response to the disaster.

The Red Cross Movement coordinated efforts internally and externally from the onset of the emergency. This coordination was represented in country by PNS (Canada, France, Germany, the Netherlands, Norway, Spain and the United States), ICRC and the International Federation's FACT-ERU team. They have been providing assistance to the HNRCS under the Movement banner to concentrate efforts and representation in all weekly cluster meetings organized through the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).



The hurricanes hit the country hard: houses were completely destroyed Source: International Federation

Weekly Movement meetings take place to share information and coordinate relief operations. PNS have provided relief support to the FACT-ERU team for Water and Sanitation. An International Federation/ Platform of Regional Intervention Americas and the Caribbean (Plateforme d'Intervention Regionale Amerique-Caraibes -PIRAC) agreement was reached to coordinate emergency relief distribution of NFIs. The Norwegian Red Cross facilitated transportation and housing to the teams in Haiti in the initial stages of the operation and are providing an in-kind donation of 10,000 mosquito nets to fill gaps. ICRC is the leading provider of security and movement within the country and has assigned a liaison officer to the International Federation and a temporary office space. The team is

also working closely with the ICRC delegate in Gonaives for security. The Canadian, Netherlands and Spanish National Societies are providing assessment information from the Sud and Sud-Est departments. HNRCS is providing constant support in terms of information sharing from government authorities, facilitating customs procedures, facilitating discussions with the Ministry of Health for medical licenses for health care teams. The HNRCS is assigning volunteers and staff to every part of the operation underway and is proving to be a major part of the success of the operation.

ICRC distributed NFIs to 1,700 families in Cité-Soleil and Martissant and is also involved in Water and Sanitation reconstruction efforts with the International Federation. Spanish Red Cross is working in the south and north

producing 90,000 liters of water per day and distributing to the affected people as well as participating in the clean-up operations in Gonaives. The Netherlands Red Cross is active in hygiene promotion and water purification and is continuing the HIV programmes in the departments of Sud and Les Nippes together with the Canadian Red Cross.

The French Red Cross is providing support through the International Federation/PIRAC agreement, and has been implementing Water and Sanitation and an early recovery programme. The French Red Cross is also distributing shelter kits and hygiene kits in the department of Bas-Artibonite to 500 families whose homes have been damaged; close coordination is taking place to streamline distribution.

Programme Objectives:

Water, sanitation, and hygiene promotion	
Objective 1: (Relief Phase). The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation as well as hygiene promotion.	
Expected results	Activities planned
10,000 families receive relief items that facilitate access to safe drinking water and adequate sanitation (20,000 jerry cans, 10,000 hygiene kits, and 10,000 buckets).	<ul style="list-style-type: none"> • ERU relief deployment. • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Distribute relief supplies and control supply movements from point of dispatch to end user. • Monitor activities and provide reporting.
Objective 2: (Transition and Early Recovery Phase). The risk of waterborne, water related diseases and injuries has been reduced through the provision of sanitation and hygiene promotion.	
Expected results	Activities planned
1,500 families receive cleaning tools in Artibonite.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Procurement of materials and equipment: wheelbarrows, shovels, etc. following International Federation procurement procedures. • Distribute supplies and control supply movements from point of dispatch to end user. • Monitor activities and provide reporting.
Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to 1,500 families in Artibonite for six months.	<ul style="list-style-type: none"> • Rehabilitation of 300 family latrines in Artibonite. • Vector control and prevention measures. • Waste disposal measures. • Drainage measures. • Monitor activities and provide reporting.
The health status of the population is improved through behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> • Train 26 community-based HNRCS trainer of trainer's volunteers on Promotion of Hygiene and Sanitation (PHAST) methodology. • Initiate a hygiene promotion campaign within the affected population focusing on behaviour change and targeting 13 regional committees of HNRCS. The focus of the campaign will be identified according to the needs and assessment. This will be integrated with the health promotion campaign in the emergency health objective and activities. • Provide printed materials (posters, flyers, manuals, educational materials, etc) and other supplies to be used in the hygiene promotion campaign. • Monitor activities and provide reporting.
The scope and quality of the HNRCS water and sanitation, and hygiene promotion services are improved.	<ul style="list-style-type: none"> • Conduct two PHAST workshops (including 1 refresher course) for 26 trainers of trainers in the affected branches within six months. • Provide printed materials (posters, flyers, manuals, educational

	materials, etc) and other supplies to be used in the hygiene promotion campaign. <ul style="list-style-type: none"> • Monitor activities and provide reporting.
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Progress towards Objective

1) (Relief Phase): Water and Sanitation objectives are being reached thanks to close cooperation with Spanish Red Cross, ICRC and an International Federation's delegate.

The Spanish Red Cross objective is to provide 20,000 families with drinking water and is currently producing 90,000 litres per day. Between 11 and 28 September 790,500 litres of water were distributed in the city of Gonaives.

Up until 29 September, the Spanish Red Cross and the HNRCS have produced 834.500 litres of safe water which were distributed by ACF and National Society of Drinking Water (Société Nationale d'Eau Potable - SNEP).

750 jerry cans and 750 buckets were distributed from International Federation's stocks. Also, a clean up campaign headed by HNRCS volunteers started in the community of Saint Jacques mainly in schools. In addition, a water and sanitation promotion campaign started with a distribution of 10,000 purification tablets and water filters to 230 families in the community of Terre Blanche.

Between 13 and 28 September, Spanish Red Cross distributed 376,000 litres of safe water to Cayes Jacmel, and Marigot with an average distribution of 23,500 litres per day.

A water treatment plant was transported to Cote de Fer by truck after a Water and Sanitation evaluation was completed on 16 September. The water treatment plant can produce and distribute around 3,000 litres per hour.

A joint International Federation/ICRC assessment was conducted in Lower-Artibonite to fix a water pipe from the source Duco which supplies the village of Williamson. This village has suffered from landslides. A donation of 100m of two-inche polyethylene pipe, fittings, three shovels and three picks was made to local HNRCS in Arcahaie to fix breakages.

Challenges:

In the first Water and Sanitation cluster meeting, held at the beginning of the emergency, it was stated that Spanish Red Cross would produce water and the SNEP and ACF would distribute it. This arrangement has not been working, since production capacity is much higher than distribution capacity: trucks are not coming with the expected regularity to take back and distribute the clean water.

Emergency health and care

Objective 1: (Relief Phase). The immediate health risks of the emergency on the affected population are reduced through the provision of preventive, community-level and curative basic health services to up to 60,000 people for up to three months.	
Expected results	Activities planned
<p>Two basic health care ERUs serve the primary health care needs of up to 60,000 people (30,000 each) for up to three months.</p> <p>10,000 families receive mosquito nets (2 per family) to prevent vector borne diseases</p>	<ul style="list-style-type: none"> • Assess the health risks of the affected population in terms of health services, prevention, health needs and risk of communicable diseases. • Deployment of the basic health care ERUs to their areas of operations and provision of service. • Handover of the ERU. • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Distribute supplies and control supply movements from point of dispatch to end user. • Monitor and evaluate the activities and provide reporting distributions.
Objective 2: (Transition and Early Recovery Phase). The medium-term health risks of the emergency on the affected population are reduced through the provision of targeted health education and hygiene promotion, malaria and dengue prevention and psychosocial support to the affected communities.	

Expected results	Activities planned
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> • Train community-based volunteers on health promotion. • Initiate a health promotion campaign targeting affected populations covered by the basic health care ERUs. This will be integrated with the hygiene promotion campaign through the Water and Sanitation objective and activities. The campaign will include guidance to prepare homemade oral re-hydration salts (ORS). • Provide Information Education and Communication (IEC) materials to be used in the health promotion campaign. • Supply of materials including printed Community Based First Aid (CBFA) training manual, volunteer manuals and other IEC materials (posters, flyers, etc.). • CBFA workshops to create a sustainable community approach training 60 HNRCS volunteers including 26 trainers. • Monitor activities and provide reporting.
The scope and quality of HNRCS' health in emergencies as part of disaster preparedness is improved.	<ul style="list-style-type: none"> • Conduct two trainings on selected modules of CBFA for 60 volunteers in the affected branches within the next 9 months. • Conduct two workshops in psychosocial support for 60 volunteers. • Provide Information Education and Communication (IEC) materials to be used in the Health Promotion Campaign. • Supply of materials including printed Community Based First Aid (CBFA) training manual, volunteer manuals and other IEC materials (posters, flyers, etc.). • CBFA workshops to create a sustainable community approach training 60 volunteers including 26 trainers. • Monitor activities and provide reporting.

Progress towards Objective 1. (Relief Phase):

One basic health care-ERU (BHC-ERU) and HNRCS coordinated a joint free medical mobile clinic in different areas of the Ouest department from 27 September to 5 October providing basic medical care to a total of 879 people.

The ERU was comprised of ten delegates from the Spanish Red Cross (three doctors, three nurses and four technicians). Half of the team departed on 26 September, the remaining departed on 9 October.

The other basic health care- ERU (consisting of Canadian Red Cross, Finnish Red Cross and German Red Cross) has set up mobile out-patient clinic in Gonaives (Artibonite) which is annexed to the MSF emergency hospital. Operations began on 1 October in coordination with the Ministry of Health and the HNRCS. It will be able to treat 30,000 persons over three months with preventive and curative care. Another aspect of the operation focuses on health education and hygiene promotion as well as psychological support.

The BHC-ERU mobile clinic in Gonaives is comprised of one waiting area and three treatment tents as well as a mobile laboratory to test urine, stool, blood, parasites, renal function, malaria and hepatitis (two microscopes and one photometer). The BHC-ERU team in Gonaives consisted of seven delegates from the Canadian Red Cross, Finnish Red Cross and German Red Cross (one team leader, one medical doctor, three nurses, one lab technician, and one technician).

Health, malaria education and hygiene promotion (PHAST methodology) is also planned with local HNRCS medical staff and volunteers. Between 1 and 5 October, the BHC-ERU in Gonaives provided basic medical care to 822 affected people.

Challenges:

No challenges identified within this objective.

Shelter and Non-Food Items

Objective 1: (Relief Phase). Provide sufficient non-food items to emergency public shelters where essential household activities can be satisfactorily undertaken.

Expected results	Activities planned
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10,000 families receive kitchen sets (1 per family) and blankets (2 per family).	<ul style="list-style-type: none"> • Relief ERU deployment to support relief activities in collective shelters. • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Procurement of materials. • Distribute supplies and control supply movements from point of dis end user.
Objective 2 (Transition and Early Recovery Phase). Provide sufficient covered space to allow for temporary shelter for 4,000 families.	
Expected results	Activities planned
<p>3,000 families whose houses have been damaged receive shelter kits.</p> <p>1,000 families whose homes have been destroyed receive shelter kits plus construction materials.</p>	<ul style="list-style-type: none"> • Develop beneficiary targeting strategy. • Trainer of trainers workshops for HNRCS in temporary shelter set up. • Workshops to disseminate knowledge on temporary shelter set up to the targeted communities. • Distribution of shelter kits and materials. • Supervision of the construction of temporary shelter by HNRCS volunteers in shelter construction. • Monitor activities and provide reporting.

Progress (Relief Phase) Objective 1

To date, 7,395 family kits have been distributed in various communities within the departments of Sud, Sud Est, Grande Anse, Ouest, Artibonite Nord Ouest and Les Nippes. In the department of Sud Est, 204 shelter kits were distributed.

The family kits include the following:

- 1 kitchen set
- 1 hygiene kit
- 2 mosquito nets
- 2 blankets
- 2 jerry cans

The shelter kits include the following:

- 2 Tarpaulins
- 1 tool kit (1 shovel, 1 hoe, 1 saw, 1 machete, 1 par of construction scissors, 1 hammer, 30 meters of rope, 5 meter of steel wire, 500 grams of roofing nails, 500 grams of nails).

NFI family kits:

The relief phase objective of reaching 10,000 families is near completion. It is anticipated that the objective will be reached by the third week of October. Additional stocks provided by PNS are being evaluated to avoid duplication of distribution efforts. Movement distribution statistics are being consolidated for information and reporting as well.

ICRC distributed 1,700 family kits to Cité-Soleil (Department of Centre) on 2 and 3 October. On the other hand, the Spanish Red Cross distributed NFI and FI to 500 families in Marigot, Jacmel and Cayes Jacmel (Department of Sud-Est); while the Canadian Red Cross distributed 500 family kits in Les Nippes.

2,000 pre-positioned family kits of NFI by PADRU were distributed. Pre-positioned stocks are being replenished as part of preparedness activities. At the end of the operation, 3,000 NFI kits are planned to be pre-positioned for the possible future emergencies that will hit hard to access areas.

Challenges: Challenges have been identified regarding crowd control during distributions in Artibonite as the population grows desperate.

Progress Objective 2 Transitional Shelter

After consulting with the shelter department in Geneva and HNRCS, the objectives of the previous appeal were modified in order to include the early recovery phase to allow more sustainable shelter relief to families whose

houses were damaged or completely destroyed. The objective of providing shelter kits to 6,000 families was revised to 3,000 families and the number of families to receive shelter kits and construction materials was revised from 2,000 to 1,000 families to ensure a more complete coverage of their needs.

The operation began in the department of Sud-Est (Jacmel, Caye Jacmel, La Vallée and Marigot) as a pilot project site to validate beneficiary identification forms, training and distribution and monitoring of shelter kits. Based on the relief ERU team's assessment and distribution in the department of Bas-Artibonite, the shelter team will now be able to deploy its priority efforts in the towns of Desdunnes, l'Estere, Dessalines, St-Marc, Grande Saline and Petite Rivière.

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From October to November, 3,000 families will receive shelter kits. Another 1,000 families will receive shelter kits and wood to build their temporary shelter from the end of October to the end of December. Beneficiaries will be selected in large part from the 10,000 families who have already received family kits. The priority is to assist families living in temporary collective shelters (schools and hospitals) by providing them with tools and two tarpaulins. The shelter kit will allow beneficiaries to repair their homes and will be distributed up to November. Families whose homes are completely destroyed will receive tool, wood and tarpaulins to build a temporary shelter. Distribution will begin in November.

Training of 14 volunteers in different departments has begun to teach building techniques for temporary shelters and to reinforce existing structures that have been damaged.

Disaster Preparedness and Risk Reduction

Objective 1: (Transition and Early Recovery Phase). In the six departments of Haiti most affected by annual storms / hurricanes and where there are traditionally difficulties with road access, highly vulnerable communities will be supported by their regional and local Red Cross committees in preparing for future disasters.	
Expected results	Activities planned
18 communities in 6 departments of Haiti, with extreme vulnerability to natural disaster, have established an early warning system, emergency plan and community emergency teams in preparation for the annual threat from hurricanes and tropical storms. The HNRCS has the capacity to run a community disaster risk reduction / preparedness programme in 6 departments of Haiti.	<ul style="list-style-type: none"> • Mobilise Movement partners to align their DM objectives. • Selection of priority departments with disaster vulnerability. • Selection of 6 HNRCS branches and volunteers for inclusion in the project. • Training of branch disaster managers as DPP trainers (20). • Training of DPP volunteer teams in 6 branches (teams of 10). Selection of 3 vulnerable communities for each branch (total 18) • Community DPP training for 20 in each location (total 360). • Development of an early warning system and evacuation plans. • Distribution of community emergency equipment kits. • Monitoring and reporting of activities. • Monitor activities and provide reporting.
Objective 2: (Transition and Early Recovery Phase). The risks of future emergencies on the population have been reduced through improvement of disaster management mechanisms of HNRCS, including the establishment of a national Red Cross contingency planning process in preparation for the 2009 hurricane season, pre-positioning of stocks, and training.	
Expected results	Activities planned

<p>13 HNRCS regional committees have the capacity to develop local contingency planning processes and 75% have developed a formal contingency planning document which is updated annually.</p> <p>Emergency stocks for 3,000 families are pre-positioned throughout the six departments most vulnerable to disasters.</p> <p>Regional HRCS committees and volunteers are trained in VCA and beneficiary selection.</p>	<ul style="list-style-type: none"> • Design, prepare, and conduct workshop at HNRCS HQ on contingency planning. • Selection of Regional Committees for pre-positioning. • Define clear procedures and an operating manual for the management and distribution of pre-positioned stocks. • Pre-position stocks in 6 regional committees (3,000 families). • Conduct 6 branch workshops on stock management, VCA, beneficiary selection and reporting on needs
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Progress: Currently, HNRCS is still receiving relief items. Once these are delivered, stock pre-positioning will take place. At the end of the operation it is expected to have 3,000 NFI pre-positioned for future emergencies.

Programme Support Objectives:

IT/Telecoms

<p>Objective 1: (Relief Phase). A well functioning and reliable communications system to ensure effective communication and security for all movement partners for the immediate response to the disaster has been established.</p>	
<p>Expected results</p> <p>The shared ICRC / HNRCS VHF network is covering the operational areas.</p> <p>Radio contact is possible from 3 branches to communicate operational updates.</p> <p>Data communication and office facilities are available for the operation.</p>	<p>Activities planned</p> <ul style="list-style-type: none"> • Deployment of ERU IT/Telecoms. • Rehabilitation of 3 VHF repeaters. • Installation of one VHF repeater for coverage of Sud and Sud-Est. • Rehabilitation of 6 VHF base stations. • Installation of VHF radios in vehicle. • Installation of data connectivity facilities and provision of IT support. • Monitor activities and provide reporting.
<p>Objective 2: (Transition and Early Recovery Phase). The disaster management capacity of the HNRCS has been strengthened through effective communication systems.</p>	
<p>Expected results</p> <p>HNRCS will be able to communicate within branch areas and branch to headquarters with independence of public communication systems.</p>	<p>Activities planned</p> <ul style="list-style-type: none"> • Rehabilitation and provision of spare parts for 10 VHF base stations • Distribution of VHF handsets in 13 branches. • On-site training of staff and volunteers in 13 branches. • Monitor activities and provide reporting.

Progress Objective 1 Relief Phase:

HNRCS repeater antenna for communications in Obleon covering the South (Port-au-Prince) is repaired and will allow for proper communication and security during relief operations to take place in Jacmel as well as provide good coverage to ambulances in Port-au-Prince.

Two team members travelled to the Fort-de-Pêche repeater site accompanied by a technician from ICRC in order to refuel the generator and restore the repeater to normal operation improving coverage for the Gonaives area.

Logistics

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

Expected results	Activities planned
All programs receive professional logistics support and goods are received for distribution as planned	<ul style="list-style-type: none"> • Deployment of a logistics ERU; • Assess logistics infrastructure; • Set-up efficient logistics unit and identify best supply chain to support the operation; • Carry out reception of air and sea relief goods and arrange transportation to distributions points; • Liaise and coordinate with other key actors to ensure best uses of all information; • Monitor activities and provide reporting.
Objective 2: (Transition and Early Recovery Phase). The capacity of the HNRCS in logistics has been strengthened.	
Expected results	Activities planned
The capacity of the HNRCS to manage the logistics chain is enhanced.	<ul style="list-style-type: none"> • One training in warehouse management. • Monitor activities and provide reporting.

Progress Relief Phase:

The logistics ERU team consisting of five delegates has provided reception, storage and custom clearance of the relief items and management support of the two warehouses (HNRCS – Dikini and International Federation’s warehouse) including packing of kits into more portable containers than boxes such as empty rice bags. Stock management support is also provided to HNRCS for their stocks in Dikini. Support is also provided to ICRC for their NFI stock movements.

Total Warehouse Stock Quantities (1 October):

- Blankets:	12,003	(2 items per family kit)
- Buckets:	10,399	(1 item per family kit)
- Hygiene kits:	6,408	(1 item per family kit)
- Jerry cans:	30,688	(2 items per family kit)
- Kitchen set:	6,515	(1 item per family kit)
- Mosquito net:	13,412	(2 items per family kit)
- Shelter Tool Kits:	3,096	
- Tarpaulin:	12,328	
- Family Tents:	250	
- Sleeping mat:	900	

Total handling (1 October):

4,213 m³
715,064 kg

Warehouse stock evaluation is ongoing at Diquini. Items will be logged and perishables such as water, medical supplies, and others will be assessed. Handover is scheduled at the end of October.

Early Recovery

An Emergency Markets Mapping Analysis (EMMA) focusing on cash based response of market systems in critical conditions was led by Oxfam, who also organized a training for participating agencies. The training took place during the week of 29 September with 12 participants including HNRCS, International Federation, Canadian International Development Agency (CIDA), and Save the Children. The Red Cross participants of this meeting consisted of an International Federation delegate, two HNRCS delegates and one Canadian Red Cross delegate.

Communications – Advocacy and Public Information

A Response Intervention Team (RIT) delegate is in place since 23 September to provide reports and information, to implement the communication plan and to provide support and training the HNRCS on media tools, information for press relations and public information material.

The communication plan was implemented from the Zone office located in Panama. This plan had as objectives to:

- Enhance the visibility of activities carried out by the Red Cross.
- Promote confidence and transparency of actions.
- Learn from good practice in communications for future experiences.
- Improve internal communications with regard to information.
- Promote and disseminate Red Cross activities and emergency response during the hurricane season.
- Increase the presence of the International Federation, step up programmes and strengthen their impact for beneficiaries.
- Promote the International Federation as a humanitarian organization that is a “leader and model” for disaster response among the media, members and donors.

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 is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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