

Operations update

 International Federation
of Red Cross and Red Crescent Societies

Chile: Earthquake

Emergency appeal n° MDRCL006
GLIDE EQ-2010-000034-CHL
15 March 2010

Period covered by this Ops Update: 9 March to 14 March 2010

Appeal target (current): Swiss Francs 13,086,822 (US Dollars 12,898,800 or Euros 9,446,740) to support the Chilean Red Cross (CRC) to provide non-food items to 10,000 families (50,000 people), emergency and/or transitional shelter solutions for 10,000 families (50,000 people), preventive community-based health care for at least 90,000 people, and water and sanitation for up to 10,000 households. This year-long operation will be completed by 2 March 2011. A Final Report will be available by 2 June 2011 (three months after the end of the operation).



An IFRC Water and Sanitation Regional Intervention Team member installing a rigid corrugated water tank (Oxfam type) in Tubul (Bio-Bio region) benefiting approximately 4,000 people. Source: Daniel Rojas/ ICRC.

Appeal coverage: Current appeal coverage, which does not include pledges not yet registered, stands at approximately 27%. Current updates on appeal coverage are available on the donor response report available on the International Federation website. [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- On 27 February 2010, Swiss Francs 300,000 (US Dollars 279,350 or Euros 204,989) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Chilean Red Cross to initiate the response and deliver immediate relief items for 3,000 families. Unearmarked funds to repay DREF are encouraged.
- On 2 March 2010, a Preliminary Emergency Appeal was launched for Swiss Francs 7 million (US Dollars 6.4m or Euros 4.7m) in cash, kind, or services to support the Chilean Red Cross to assist some 15,000 families (75,000 people) for 6 months.
- On 10 March 2010, an Emergency Appeal was issued to solicit Swiss Francs 13,086,822 (US Dollars 12,898,800 or Euros 9,446,740) to support the Chilean Red Cross to provide non-food items to 10,000 families (50,000 people), emergency and/or transitional shelter solutions to 10,000 families, curative and preventative health care for at least 90,000 people, and water and sanitation services for up to 10,000 people.

Summary:

Over two weeks since the 27 February 2010 earthquake measuring 8.8 and the tsunami, Chile continues to feel aftershocks. On 11 March 2010, the largest aftershock, measuring 6.9 Mw, stirred up more panic than severe damage. As of 12 March 2010, government figures report 507 deaths, at least 300,000 homes damaged and an estimated 1.5 million people affected. Shelter needs are critical. There are approximately 90 settlements, housing 19,000 people, in the regions of O'Higgins, Maule and Bío-Bío. Another 25,000 people are sleeping in improvised temporary shelters and an additional 50,000 people are in urgent need of shelter as they are living in makeshift settlements.

Since the beginning of the operation, the Chilean Red Cross has mobilized 1,750 volunteers, incorporated 1,371 new collaborators and received and sent 770 tonnes of donated food and non-food items (NFI) to the affected regions. In addition to its centralized emergency response office in the national headquarters, the CRC, with International Federation and the ICRC assistance, has installed two operational bases in the cities of Concepción and Talca in order to coordinate the response in the field.

Movement actors, including recently trained CRC volunteers in relief, have conducted comprehensive assessments in nine towns in the province of Talca in the Maule region. After the evaluation of needs, more than 400 families have been identified to receive NFI family kits (1 kitchen set, 1 hygiene kit, 4 blankets and 2 jerry cans). Assessments and/or rapid evaluations also have been completed in different areas of O'Higgins (VI region), Maule (VII region), Bío-Bío (VIII region) and are continuing in Araucanía (IX region), to lay the foundation for projected emergency and transitional shelter solutions, which are complementary to the distribution of NFI family kits.

Distributions of non-food items began on 13 March 2010. CRC volunteers recently trained in relief distributions distributed family kits to 112 families (401 people) in three towns in the Maule region. With the arrival of 2,696 kitchen sets, 2,661 hygiene kits, 7,000 blankets and 10,500 jerry cans from the Regional Logistics Unit in Panama, NFI distribution will now rapidly advance.

The Spanish Red Cross basic health care unit, including two ambulances, has been operational in Hualañé (Maule region) since 9 March 2010. In its first five days, this ERU, assisted by ten CRC volunteers, provided health care to 542 people. The staff and equipment for the Japanese Red Cross Society's Basic Health Care (BHC) ERU are in Chile; this BHC ERU will be established in Parral (Maule region) and was scheduled to start providing health care on 14 March 2010. The Finnish Red Cross/ Norwegian Red Cross Field Hospital is scheduled to arrive in the next few weeks and will be operating in the Temuco province (Araucanía region).

The Spanish Red Cross psychosocial support team has attended to 463 people in trainings and community intervention in Hualañé.

The water and sanitation team is now up and running. Newly trained CRC volunteers, with Movement support, mounted two 11,000 litres rigid corrugated water tanks which benefit 4,000 people, installed six latrines and conducted hygiene promotion campaigns in two camps in Tubul (Bío-Bío region).

The Chilean Red Cross and other members of the International Federation offer their sincere gratitude to the countries, individual, institutional and corporate donors and National Societies that have contributed to this Appeal. This support is essential to achieving the appeal's objectives to provide non-food items to 10,000 families (50,000 people), emergency and/or transitional shelter solutions to 10,000 families, curative and

preventative health care for at least 90,000 people, and water and sanitation services for up to 10,000 people.

This operation is compatible and shaped by the IFRC strategic aims to save lives, protect livelihoods, and strengthen recovery from disasters and crises; enable healthy and safe living; and promote social inclusion and a culture of non-violence and peace.

The situation

Since the 8.8 earthquake and subsequent tsunami on 27 February 2010, Chile has experienced hundreds of aftershocks. The largest one, measuring 6.9 Mw and with its epicentre near the coastal town of Pichilemu (O'Higgins- Region VI) was felt on 11 March 2010. This was the same day the new Chilean President took office. Aftershocks have not abated—more were reported in Araucanía (IX region) on 12 March 2010-- and are projected to continue for some time in Chile's central region. Despite the fears that this could mean the occurrence of yet more severe damage, the two members of the Japanese Red Cross Society team who travelled to Pichilemu (O'Higgins- Region VI) reported no new serious damage.

Chile is an earthquake-prone country due to the periodic collision of the Nazca oceanic plate with the continental South American plate. Due to its history of earthquakes, Chile has established preparedness measures that include strict construction codes that diminished severe loss in more contemporary buildings in the larger cities.

Despite the State's available resources, it has little experience providing technical support in humanitarian emergency operations and has solicited assistance to do so. The Chilean Red Cross (CRC), in coordination with the national response system, has an important role in leading this support available in the International Movement.

As of 12 March 2010, government figures report 507 deaths, at least 300,000 homes damaged and an estimated 1.5 million people affected. These numbers are expected to rise as more bodies are positively identified, assessments continue in remote regions and recent aftershocks are taken into account. Shelter needs are critical. There are approximately 90 settlements, housing 19,000 people, in the regions of O'Higgins, Maule and Bío-Bío. Another 25,000 people are sleeping in improvised temporary shelters (generally schools) and an additional 50,000 people are in urgent need of shelter as they are living in makeshift settlements.

Assessments by State institutions, supported by international agencies and NGOs, continue in Chile. The following table summarizes the National Office of Emergencies and Information (*Oficina Nacional de Emergencias e Información - ONEMI*) 12 March 2010 figures based on assessments:

Region	Affected people	People in collective centres	Number of collective centres	People injured	Housing			
					Minor damages	Major damages	Destroyed	Not evaluated
O'Higgins (VI)	170,031	1,428	32		24,494	18,094	19,663	82,481
Maule (VII)	292,927	2,595	63	2,043	16,060	28,500	23,354	11,214
Bío-Bío (VIII)	1,209,997	2,638	11	5,000	71,275	36,864	23,539	Housing assessments underway
Santiago Metropolitan	188,267	193	6	3,291	28,884	6,430	4,035	Housing assessments underway
TOTAL	1,861,222	6,854	112	10,334	140,713	89,888	70,591	93,695

Upon starting his term, the new President immediately announced reconstruction measures, coordination with his cabinet ministers and travel to some of the most affected regions to assess damages and the implementation of a government reconstruction strategy.



Spanish Red Cross Basic Health Care Unit providing basic medical services in Hualañé (Maule region). Source: Enrique Santo/ Spanish Red Cross

The Minister of Education established a goal of ensuring that all students in the affected areas return to school within 45 days. School is scheduled to begin on 15 March in the Maule region and in Bío-Bío classes will begin later due to difficult transportation and use of school facilities as temporary shelters. According to local authorities' estimates in the Maule region, 30 to 40 per cent of the public schools are destroyed or unusable. Efforts are being made to create provisional schools in other structures. As is well-known from other disasters, the return of children to their normal routine assists in their psychological recovery following an emergency.

The Minister of Health stated that his sector will strive to ensure that all those people who are ill as a result of the disaster are in medical centres within the next month. Regional State officials in Maule region have informed that the Talca and Curicó hospitals are not able to be used and the older part of the Parral hospital is destroyed. In the Araucanía region, the hospital of Ango is completely destroyed and the hospital in Temuco has suffered significant damage.

The Minister of Public Works announced that the rehabilitation of damaged roads, airports, dams, canals, bridges and water towers will cost approximately US Dollars 1.2 billion.

In general, water, electricity and telecommunications have been resumed throughout the country, with only small pockets of coastal areas experiencing difficulty connecting to electricity networks. Electricity in O'Higgins region has been 65 per cent restored. Land line connectivity has improved significantly in the region of Bío-Bío, with these services now reaching 65 to 75 per cent coverage in Concepción.

Coordination and partnerships

Complying with its role as an auxiliary to the State in humanitarian issues, the Chilean Red Cross had established effective partnerships prior to the earthquake with the National Office of Emergencies and Information. As the state agency leading the emergency response effort, ONEMI coordinates with non-state actors active in the response.

In Chile, the CRC is a recognized actor in emergency response, and maintains regular contact with ONEMI regarding the State's assessments, capacities and definition of needs in the affected regions. The CRC participates in ONEMI's informative and strategy-planning meetings in Santiago and Concepción.

In addition to meetings with the outgoing government, the CRC and IFRC have met with current government officials. The IFRC Secretary General and Head of the Americas Zone met with the Minister of Foreign Affairs before his investiture. From this meeting, it is apparent that the government looks favourably on the International Federation's interest in being legally registered as international organization and establishing long-term work in the country. Although this process takes time, initial steps are being taken towards this end.

The International Federation is in contact with interagency partners on the ground. Although the cluster system has not been activated, information and tasks are being coordinated and shared for the most effective response possible. OCHA reports that inter-agency teams did assessments in the earthquake-affected regions of Bío-Bío

and Maule.¹ Their findings, complementing State evaluations and in-line with the CRC-International Federation formal and informal assessments being conducted, focus on the priority areas of emergency shelter and non-food items, water and sanitation, health, education and food. Their findings contribute to detailing the intervention areas under the Central Emergency Response Fund (CERF) budget for US Dollars 10 million, announced on 5 March 2010.

The IFRC is participating in interagency shelter coordination meetings which are held with the participation of the Chilean Red Cross, the German Red Cross, the Swiss Red Cross, the Swiss Agency for Development and Cooperation (COSUDE), the European Commission Humanitarian Aid Office (ECHO), *Techo para Chile* (Roof for Chile), USAID, Habitat for Humanity, UNICEF, the International Organization for Migration (IOM) and the United Nations Development Programme (UNDP). The participants are in the process of planning shelter interventions.

The CRC, at the national and branch levels, is coordinating with non-traditional partners from the private sector. National and international companies based in Chile have contributed to providing, gathering and facilitating humanitarian assistance. The Chilean Red Cross and the International Federation are grateful for all the generous support received. The following is a non-exhaustive list of some of the private sector donations to date:

- The retail conglomerate Cencos, through its Jumbo supermarkets, collected personal hygiene items and diapers which were received by CRC volunteers and sent to the affected region.
- Honda has provided transportation support in all-terrain vehicles in the affected region by CRC.
- The computer company IBM donated the use of its facilities for the establishment of the re-establishment of family links (RFL) centre, established by the International Committee of the Red Cross (ICRC) with the National Society. IBM also created and gave computer programmes to attend to the emergency needs (organizational management for shelter registry, management and handling of assistance needs, monitoring and status of volunteer management).
- The airline company LAN has provided daily freight flights to the CRC and other aid organizations from Santiago to the Bío-Bío region. CRC was able to distribute two tonnes of relief items including hygiene kits, blankets and diapers to the region of Bío-Bío thanks to this donation.
- Nextel have provided their radio and telephone equipment to the CRC in Bío-Bío and has committed to donating t-shirts to identify the CRC volunteers working in Talca and Chillán.
- Sealed Air Cyrovac Chile donated more than 20,000 litres of water in Talca and surrounding areas which the company's workers distributed.
- The department store Ripley initiated a campaign in which for every blanket purchased and donated, Ripley would provide another. Over 14,000 blankets have been collected and will be delivered by CRC volunteers from the emergency centres in the Maule and Bío-Bío region.
- Samsung provided needed technological equipment for the operations centre, which has facilitated its logistics and communications capacities.

Other private companies including Claro, Hyundai, ING, Johnson & Johnson, Kia Motors and Triumph amongst others have donated goods and funds to the CRC. Local branches in the affected areas have requested assistance directly to private companies in their regions. The CRC headquarters is in the process of systematizing a combined national and branch-level donor data base to track donations received and chart potential partners for future actions.

Internal coordination amongst Movement members in Chile is constant and smooth. A unified response between representatives from the National Societies of America, Argentina, Colombia, Finland, Germany, Japan, Peru, Spain, Switzerland and Turkey has been established with the CRC. The existence of a centralized response centre in the CRC national headquarters has facilitated joint Movement actions and information sharing in Santiago and in the two base centres established in Concepción and Talca.

While a formal Movement coordination body has yet to be organized for this operation, previous work will support the formation of a joint response structure between the National Society, the International Federation and other Movement actors in Chile. As recently as last year, the CRC, the ICRC and the Federation worked together under a tripartite agreement; this ended in 2009 and was in the process of reformulation when the

¹ The OCHA Situation Report number 7 (10 March 2010) provides a summary of these findings. OCHA situation reports and other documents are available through its web page: <http://ochaonline.un.org/>

earthquake struck. Given the pressing need to respond to the emergency, these negotiations have been postponed, although they most likely will be integrated into the objective to enhance the strengthening of the National Society in this appeal.

In partnership with the CRC, the Federation currently has assumed an operational role in the emergency response efforts which not only include the affected population's critical needs but also strengthening of CRC capacities. The Movement actors in the earthquake-affected zones primarily located in the Maule and Bío-Bío regions and in the CRC national headquarters in Santiago are sharing knowledge, conducting hands-on training and strategizing with CRC volunteers, staff and leadership. In the field, volunteers are being trained in assessments and relief distribution, water and sanitation, psychosocial support, and community-based health actions so they can be the central actors in the implementation of these actions now and in the future. Among the supplementary services at CRC national headquarters, the IFRC and emergency response units (ERUs) are providing support in the area of organizational development (including strategic planning for this emergency response), financial administration, communications, IT/ Telecom and reporting.

Having a qualified and committed team composed of CRC volunteers, staff and leaders, representatives of Partner National Societies and International Committee of the Red Cross and International Federation staff ensures a combined Movement response that is taking steps to fulfil the humanitarian needs of the most vulnerable people. Furthermore, many sister National Societies present and abroad are giving generous support to the CRC-led operation. In addition to the donor response report available, this and future operations updates will report on bilateral support under its respective objectives but not part of this appeal's budget.

ICRC

Following the disaster, the ICRC immediately deployed staff from its regional office in Brazil and specialists from other locations. The ICRC, which has provided support to the National Society on selected issues and at the branch-level in the past, has a seven-person team in Chile. Amongst the activities presented below, the ICRC is fundamental in the facilitation of Movement coordination.

CRC volunteers are working with the ICRC on the re-establishment of family links (RFL). These actions have focused on people in cut-off and remote villages (including islands off Chile's coast), hospitals and prisons. In total 347 phone calls were made from people affected by the disaster to their relatives in other parts of the country or abroad, resulting in 204 positive contacts (of which 64 were from detainees). ICRC will work with the CRC to establish a plan of action to strengthen RFL capacities and to incorporate RFL into disaster response. The ICRC maintains a web site for RFL which is available for sharing information requests on family members with whom contact has been lost: <http://www.familylinks.icrc.org/chile/eng>

As part of its mandate to assist detainees, the ICRC donated medicines and medical supplies to the penitentiary system's health unit. ICRC teams visited the prisons of Talca (Maule) which was badly destroyed and Lebu (Bío-Bío) where the destruction of one wall has led to detainees being held in a nearby school.

An ICRC forensic specialist is working with the State institution for legal medicine on the protocol for the management of cadavers, data base and inter-institutional coordination (police, health authorities and other state bodies). The ICRC reports that the situation in the capital and the affected areas is under control, whilst a number of bodies still are expected to appear in villages along the coast due the tsunami.

The ICRC has trained volunteers in the "safer access" framework which increases the protection of Movement volunteers and staff and beneficiaries of its actions within contexts of conflict. The safer access approach combines the incorporation of conflict-related Movement policies and guidelines into operational response plans, the basic understanding of international humanitarian law and the management of operational security in conflict situations. The ICRC provided training in safer access to ten volunteers in Santiago before their deployment to Talca.

National Society Capacity Building:

The CRC leadership, staff and volunteers continue their vigorous actions to provide humanitarian assistance to the population affected by this disaster. Hundreds of volunteers and new collaborators are mobilized in the affected areas to respond to the needs of those living in Chile's central region. With the support of the International Federation and the ICRC, the CRC is running two operational bases in Concepción and Talca.

These bases reinforce the centralized response office established in CRC national headquarters and buttress branch-level initiatives.

As mentioned above, Movement actors in the field and in the national headquarters are strengthening staff and volunteer skills in assessments and relief distribution, water and sanitation, psychosocial support, and community-based health actions, organizational development, financial administration, communications, IT/ Telecom and reporting.

The CRC has spearheaded resource mobilization in Chile; it has contacted and received support from non-traditional donors, organized a concert and sold merchandise to raise funds for this operation.

The strengthening of the National Society is a cross-cutting objective in this operation. When possible, CRC volunteers are being trained in the different emergency response areas which will be reported on in each respective objective. Further detail on volunteer mobilization and the process to strengthen its skills in governance, management, volunteer and communication will be provided in the respective objective below.

Red Cross and Red Crescent action

Overview

The CRC immediately put its emergency response mechanism into motion after the 27 February earthquake and tsunami. National Intervention Teams were mobilized, volunteers were contacted, a centralized office for the disaster response was organized, and new volunteers and collaborators were incorporated into the multi-pronged emergency response. The following table shows the number of volunteers and collaborators in each region as well as movement of donated goods:

Volunteers and Aid Mobilized

Region	Volunteers	Collaborators	Tonnes received	Destination
Tarapacá	15	-	200	
Antofagasta	60	100	150	Metropolitan, VI and VII
Atacama y Coquimbo	200	300	75	VII
Valparaíso	391	271	25	Within the region
Libertador Gral. Bernardo O'Higgins	126	210	25	Within the region
Maule	45	20	25	Within the region
Bio-Bio	113	200	70	Within the region
Araucanía	320	150	-	Within the region and VIII
De los Ríos, Los Lagos	70		-	VIII
De Magallanes	60		-	
Metropolitana	350	120	200	Metropolitana
TOTAL	1,750	1,371	770	



Chilean Red Cross volunteers register beneficiaries in Talca (Maule). Source: Chilean Red Cross

The CRC actively began dispensing locally donated food and NFIs immediately after the disaster. Nine hundred families in the Santiago Metropolitan region will receive essential relief items and food. The distribution, which includes beneficiary cards, is coordinated with the municipality. The regional CRC branch in O'Higgins, with 138 volunteers and 38 collaborators from the region's 15 local branches, is distributing 13,000 food rations and other donated goods. The CRC branch in Chillán in the Bío-Bío region has 60 volunteers working in affected zones and distributing locally donated NFIs.

The International Federation deployed its Regional Representative for the Southern Cone countries, staff from the Pan-American Disaster Response Unit (PADRU), including a Team Leader, Shelter Delegate and Information Officer,

the Emergency Health Coordinator from the Americas Zone office and Regional Intervention Team members (RITs). In response to the CRC/IFRC Preliminary Appeal, sister National Societies also began deploying ERUs to contribute to this operation. The following table identifies the Red Cross and Red Crescent staff in Chile and/or currently waiting for deployment as coordinated by the International Federation:

Red Cross Red Crescent Staff	Current Status
Team Leader (IFRC)	Santiago
Relief (IFRC- American Red Cross)	Concepción (Bío-Bío region)
Shelter (IFRC)	Santiago
Health (IFRC): 2 people	Talca (Maule region) and Santiago
Water and Sanitation (IFRC)	Concepción (Bío-Bío region)
Disaster Management (Finnish Red Cross)	Maule region
Basic Health Care ERU (Japanese RC Society): 7 people	Parral (Maule region)
Basic Health Care ERU (Spanish Red Cross): 14 people	Hualañé (Maule region)
Field Hospital (Finnish Red Cross and Norwegian Red Cross)	ETA 18 March and programmed to be deployed to Temuco (Araucanía region)
Psychosocial support (Spanish Red Cross): 10 people	Hualañé (Maule region)
Logistics ERU (Spanish Red Cross): 5 people	Santiago and Hualañé (Maule region)
Logistics (IFRC- RIT from Colombian Red Cross)	Concepción (Bío-Bío region)
Communications (Spanish Red Cross)	Hualañé (Maule region)
Finance (IFRC)	Santiago
Procurement (IFRC)	Santiago
Information (IFRC)	Santiago
IT/ Telecom (1: IFRC and 3 Peruvian Red Cross)	1 Santiago and 3 Hualañé (Maule region)
Reporting (IFRC)	Santiago
Japanese Red Cross Society	Santiago
Swiss Red Cross	Concepción (Bío-Bío region)
Turkish Red Crescent: 2 people	Concepción (Bío-Bío region)
Psychosocial support (IFRC- Nicaragua Red Cross, Ecuadorian Red Cross and	Talca

Colombian Red Cross) to support Spanish Red Cross team	
---	--

Progress towards objectives

Following the earthquake and tsunami this past 27 February, the Red Cross and Red Crescent, led by the Chilean Red Cross has taken great strides towards charting a comprehensive relief and early recovery strategy which responds to the local context. While the Chilean State continues to take efficient actions to provide for its citizens' well-being, the Red Cross Red Crescent actors in Chile are an auxiliary body to these efforts. This Appeal has seven objectives that encompass relief distributions for 10,000 families, emergency and transitional shelter for 10,000 households, emergency and preventive health for at least 90,000 people, water, sanitation and hygiene promotion for a minimum of 10,000 households, early recovery livelihoods support, enhancement of disaster preparedness and risk management capacities for the National Society and community-based groups and strengthening of the CRC's governance, management, volunteer and communication skills.

The continual aftershocks generate challenges in the assessment and relief process and have led to the bolstering and honing of the plan of action. Two and a half weeks after the first earthquake, the Operation is rapidly increasing its assessment and response capabilities. The dynamic and selfless participation by new and previous CRC volunteers has been fundamental to keeping on track with the planned assessments and expanding them as necessary. The mobilized Emergency Response Units for basic health care (BHCU) from the Japanese Red Cross Society (JRCS) and the Spanish Red Cross (Spanish Red Cross), along with the ERU for logistics and the psychosocial team from the Spanish Red Cross, are central to the progress made in this reporting period.

The CRC, with International Federation and ICRC assistance, installed two operational bases in the cities of Concepción and Talca in order to coordinate the response action. Both bases reinforce the actions the CRC volunteers in these branches have implemented since the earthquake struck.

Assessments

Evaluating the impacts caused by the first earthquake, the tsunami which washed over 500 kilometres of the coast, and the hundreds of ongoing aftershocks is a monumental task. Even with the assiduous State agencies involved in appraising the damage and interagency assessments, more than two weeks after the earthquake and tsunami, the evaluations of needs has not ceased. As this operation provides a comprehensive relief response focused on shelter and other non-food items, integral health care and promotion, water and sanitation, Red Cross and Red Crescent actors in the earthquake affected areas in the central regions are conducting assessments which are essential to effective relief distributions.

In a participatory process, a Spanish Red Cross relief expert facilitated a workshop on relief with 48 CRC volunteers (22 from the CRC branch in Talca and 26 from branches in Santiago), the President of the Talca branch and the Regional Disaster Management Director from the CRC Maule regional branch and International Federation staff.

Ranking vulnerability into four levels, the participants collectively established criteria for relief distributions. The first level of vulnerable population includes households with elderly persons over the age of 65, people living with a disability, families headed by one person-- including those headed by youth-- and pregnant women. The next level includes people living without dignified shelter and the third group is composed of families who have difficulty accessing basic services. The last vulnerable group are the CRC volunteers themselves who were affected by the disaster.

Volunteers were also trained in rapid evaluation. Using a standard form, CRC volunteers are assessing needs based on information about the location, details of population and community organization, condition of the settlement and/or community, and the issues related to land, shelter, water and sanitation, health. The volunteers have been trained to gather the information and provide a recommendation on the provision of relief items.

Logistics

The logistics work, fundamental to achieving this appeal's objectives, has been well-developed and smoothly implemented. Under the technical lead of the logistics ERU from the Spanish Red Cross and the IFRC logistician in the field, to date there have been no significant problems in receiving and transporting needed goods and materials. On 7 March 2010, the Spanish Basic Health Care Unit arrived in Santiago and was sent directly to Hualañé (Maule region) where it is now operational. This included filing the paper work for the entry and use of

the two ambulances which also arrived. The following day, the charter flight from Panama with 2,696 kitchen sets, 2,661 hygiene kits, 7,000 blankets and 10,500 jerry cans, and water equipment for providing clean water daily to 7,000 people, arrived in Santiago.

The municipality located between Santiago and the airport has loaned a 7000 metres² warehouse. In addition, the logistics delegate in Concepción is locating an appropriate warehouse in this city.

The logistics team in Chile and Panamá are involved in multiple tasks. Amongst these are the consolidation of in-kind pledges and matching them to relief team's stated needs. Additional support was given to assist the logistics ERU with the shipment of the Japanese Basic Health Care Unit and inter-agency emergency health kit (IAEHK).

Logistics is tendering for goods locally, as will be explained in the respective objectives, and will determine which relief items could be purchased in Chile or from neighbouring countries. The mobilization table which is available on the DMIS web page, as well as upon request, reflects the outstanding needs.

The International Federation encourages donors, including National Societies, to coordinate with the Panama Regional Logistics Unit for the efficient mobilization and shipment of goods to the field.

The following section reports on the progress towards the objectives of providing basic non-food items, safe water, emergency shelter, community-based health care and psychosocial support during this relief period. The goal to reinforce the CRC's competencies is part of all of the other objectives and will be addressed when relevant.

Relief distributions (food and basic non-food items)	
Objective: Affected families have access to food and non-food items to support their efforts to resume essential household activities.	
Expected results	Activities planned
Up to 10,000 households (50,000 people) resume household activities through the distribution of one hygiene kit and one kitchen set and other non-food items.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop a beneficiary targeting strategy and a registration system to deliver intended assistance. • Distribute relief supplies and control supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities and provide reporting on relief distributions. • Develop an exit strategy.
Up to 3,000 families have their immediate food needs covered through the distribution of food parcels received locally by the Chilean Red Cross.	<ul style="list-style-type: none"> • Coordinate with other actors to receive, sort, pack and distribute food items.

Progress:

The necessary preparatory actions to distribute food and non-food items have been underway for over two weeks. The assessment phase continues and soon will overlap with NFI distributions of kitchen sets, hygiene kits, blankets, jerry cans and emergency shelter solutions. It is important to note that while listed under the next objective, emergency and transitional shelter solutions are an integral part of NFI distribution.

The sixteen tonnes of NFIs sent from Panama are in the process of being transported to the central region. The International Federation is looking into the possibility of sending more blankets, hygiene kits, tarpaulins (plastic sheeting) from the warehouse in El Salvador. A Procurement Officer has been deployed to Chile to assess the alternatives to procure locally. The logistics personnel in the field are also conducting assessments. Chile has a large functional market for many of these goods. As of now, when needed items have not been found in the required quantity and quality, they are included in the mobilization table to be sent from Panama or El Salvador. Initial findings have identified the possibilities of locally procuring shelter and other items during the early recovery phase.

The training of volunteers in relief distributions, particularly the establishment of a scale of vulnerability, is essential to fairly allotting these items.

Movement actors have completed a census with more than 400 families who will receive NFI family kits in the province of Talca (Maule region). These surveys have been completed in the following communities:

- Corinto
- El Estero
- Curtiduria
- Pichaman
- Gonzalez Bastias
- Las Palmas de Toconay
- Toconay
- Tanhuzo
- San Rafael

Each family will receive one kitchen set, one hygiene kit, four blankets and two jerry cans.

A total of 240 IFRC family kits (240 kitchen sets, 240 hygiene kits, 960 blankets and 480 jerry cans) were dispatched from Santiago to Talca (Maule region) for immediate distribution. Forty CRC volunteers from the Maule region whose households were affected by the disaster are among the planned recipients. The distribution was held on 13 March in the following communities:

Distribution of family kits in Maule Region		
Community	Number of families	Number of people
Corinto	47	199
Estero	40	125
Curtiduria	25	77
Total	112	401

The IFRC team in Talca has made an additional requisition for 436 kitchen sets, 436 hygiene kits, 1744 blankets and 872 jerry cans to be immediately distributed. Future updates will provide more information on planned locations and quantities.

In light of the difficulties related to food distributions, the Chilean Red Cross respectfully requests that international donors refrain from sending food donations.

On 13 March, the Spanish Red Cross logistics ERU dispatched relief items for 2,000 families to Concepción consisting of:

- 2,000 kitchen sets
- 2,000 hygiene kits
- 8,000 blankets

The distribution will take place during the upcoming week.

In addition to the above outlined objectives, the CRC will receive a donation of 12 tonnes of hygiene kits from Earth to Earth. The German Red Cross, with German government funds, will provide blankets, jerry cans and tents to 2,000 families. This donation is in addition to the ECHO-supported purchase and distribution of hygiene kits, kitchen sets and jerry cans for 5,000 families, 700 temporary shelters and 250 tents.

Challenges:

Difficulties reaching remote locations or areas whose main thoroughfares have been damaged are challenges to the assessment process which precedes distributions. Combined Movement actions and more trained CRC volunteers are contributing to increasing the velocity of the NFI distribution process.

New collaborators and some of the CRC volunteers have not had previous experience with relief distributions. On-going training is necessary to make sure that Movement principles are followed and to guarantee efficient and safe distributions.

Emergency shelter	
Objective: Ensure that the most vulnerable families have a healthy, safe and dignified shelter solution to preserve their physical and mental well-being and prevent the further deterioration of the humanitarian situation.	
Expected results	Activities planned
Up to 10,000 households receive shelter solutions (5,000 receive family tents and 7,000 receive transitional shelter support) to assist their recuperation.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop a community and beneficiary targeting strategy in coordination with local authorities and institutions. • Assess the extent of the shelter needs and preferred shelter solutions, employing local suppliers when possible. • Provide appropriate emergency and transitional shelter solutions in coordination with local and regional authorities, universities, professional associations and the affected population. • Develop awareness raising activities on safe shelter and Disaster Risk Reduction (DRR) in coordination with CRC and local authorities.

Progress:

The disaster affected approximately 300,000 homes that need to be rehabilitated before the winter and rainy season arrives (normally starting in May-June). Important steps have been taken that contribute to establishing a solid foundation for emergency and transitional shelter actions. Like the relief objective, this shelter objective directly depends on the Red Cross and Red Crescent-conducted assessments. 5,000 family tents (16m²) will be distributed to families who are not living in a dignified manner and/ or living in shelter which does not fulfill minimum internationally established norms. A family tent will be complemented with a family kit. A distribution plan is being drafted and will be reported on in the next Operations Update.

Within the past week, CRC volunteers in Talca have been trained in relief distributions, which include the ability to survey shelter needs. Thirty-five volunteers from the Talca regional branch and 26 from the CRC branch in Santiago are now involved in assessments in surrounding rural areas. Employing a list of all the CRC branches in the area In Bío-Bío region, the relief teams also are using the same rapid assessment survey to identify shelter needs. In addition, the assessment team in this region is encouraging all branches in the Maule region to contribute to this effort. Chilean Red Cross volunteers rotated this past weekend, further training on relief distribution and survey methodology will take place with the next rotation in the Concepción CRC regional branch.

Red Cross and Red Crescent actors, including the CRC which is at the helm of the response, have conducted assessments and/or rapid evaluations in the different areas of O'Higgins (VI region), Maule (VII region), Bío-Bío (VIII region) and will continue to do so in Araucanía (IX region), to lay the foundation for projected activities. Future assessments, now including CRC volunteers trained to conduct them, will enhance future distributions of non-food items (NFIs). The following table details some of the findings of the early IFRC and sister National Society assessments:

Region	Location	Housing	Other
O'Higgins (VI region)	Graneros	3,000 people affected. 640 people in collective centres.	
	Codegua	1,516 people affected. 387 homes uninhabitable.	

	Rancagua		Dispatched NFI and FI.
	Chimbaronogo	Adobe homes collapsed or nearly collapsed. No collective centres.	
	El Tambo	No collective centres.	Coordination with the municipality.
Maule (VII Region)	Talca	Red Cross local branch to be demolished due to the technical report from the authorities. Red Cross regional branch damaged but waiting official damages report.	IFRC/CRC operational regional base
	Pichaman, Las Palmas de Toconay, Tanhuzo and Toconay	111 households camp on their own property. Urgent need for tarpaulins and tents.	No landline or cellular phone access. No electricity in Pichaman and Las Palmas.
	Curtiduría	20 houses uninhabitable. No displacement. People are camping on their rented land.	
	Corinto	200 houses uninhabitable. People are camping on their property. Collective centres.	
	El Estero	97% houses have collapsed. People are living in small tents in their own backyards. Most of population is elderly.	Urgent need for tents, tarpaulins and construction material
	Curicó	CRC branch with no damages	
Bío-Bío (VIII region)	Talcahuano and Caleta Tumbes	1,500 people in makeshift camps: some small tents, shacks with eucalyptus poles without plastic. Some sleep in vehicles. WatSan challenges.	Nascent community organization. Fishing industry (loss of livelihood).
	Tirua, Lebu, Llico, Tulca	Uninhabitable homes: 500 in Llico and 900 amongst the rest.	Infrastructure damage (bridge over Tulca River, damaged roads).
	Arauco	Makeshift camps. Some collective centres.	Fishing industry (loss of livelihoods). Damaged roads, bridges, ports.
	Coronel Lota Cobquecura	Uninhabitable homes: Camps surrounding damaged houses. Red Cross branch 50% damaged. 2,500 without homes. People are camping on their property. Sanitation challenges. Structural damage of adobe homes. Need for tarpaulins.	Shortage of flat clean space for people to settle.
	Quirhue	Uninhabitable homes: 1,600. A total of 6,400 people affected. 95% are staying with friends/families. Social centre. Water provided via cistern trucks.	
	Portezuelo	Assessments are on-going	

As this summary table of the assessments shows, populations in several remote towns live in unplanned settlements or makeshift structures close to their destroyed homes. There is an urgent need for emergency shelter solutions which include tents, tarpaulins and rope and other shelter materials to fulfil some of the identified needs.

The CRC and the International Federation coordinate with regional and municipal authorities when conducting assessments and will continue to do so when implementing the emergency and transitional shelter solutions.

In addition a shelter coordination meeting was held on 12 March with the Chilean Red Cross, IFRC, COSUDE, ECHO, German Red Cross, *Un Techo Para Chile*, USAID, Habitat for Humanity, OIM and UNDP to coordinate the shelter intervention. The CRC and the IFRC will lead the group to work on the improvement of the technical aspects of the existing emergency shelter model to adapt them to the climate conditions and provide them to the most vulnerable groups.

Future updates will provide more information on the shelter solutions. The CRC is interested in coordinating with the government's plan for this sector.

Challenges:

The Chilean Red Cross volunteers are implementing rotations to respond the emergency response from the regional offices of Bio-Bio and Maule. Every 10 days the volunteers must be trained to conduct comprehensive assessments. This combined with travel to remote regions has caused delays in needs identification. With the involvement of more CRC trained volunteers, the assessments have been completed faster and reach a wider geographical area.

Recently the Chilean media reported that a local official in one of the affected regions refused to receive a *mediaguas* from another organization, stating it was not a dignified housing solution. This has become a topic of public debate with a diversity of opinions. To avoid these problems, the CRC and International Federation privilege community-based decisions, which include continual consultation and work with affected households to ensure that emergency housing options are acceptable and appropriate for the local context.

The new government has stated that it will offer several options to provide emergency shelter. Amongst these is a high-quality pre-fabricated house, programmes of owner-driven construction and bonds. The International Federation will keep up with these options and adapt its programme to supplement government actions and/ or resources.

The current decreasing temperature of this autumn season signals the onset of rain. The climate in the central region is a concern which is taken into account in the planning and implementation of emergency and transitional housing solutions.

Emergency health	
<p>Objective 1: The medium- and long term health risks of the emergency on the affected population are reduced through provision of targeted preventive and community-based health interventions, including hygiene promotion, recruitment of voluntary non-remunerated blood donors, disease prevention and psychosocial support to the affected communities.</p> <p>Objective 2: The affected communities will benefit from curative health care through deployment of field health facilities and equipment.</p>	
Expected Results	Activities planned
<p>At least 10,000 families over a 12 month period have their health risks reduced through provision of preventive health care through community-based interventions.</p> <p>Selected affected groups and communities receiving psychosocial support have increased their resilience and coping mechanisms.</p>	<ul style="list-style-type: none"> • Design medium and long term programmes for volunteers using Federation standard tools and approaches (CBHFA, PHAST, epidemic control, voluntary blood donor recruitment). • Organize trainings and workshops for volunteers and communities. • Monitor and evaluate activities. • Translation, local validation and reproduction of Federation PSP Toolkit • Training of CHRC volunteers in skills in community based psychosocial support and psychological first aid. • Provide psychosocial support to targeted affected groups and communities. • Identification of the need and location of field hospital and other health facilities. • Deployment of health ERUs or other needed field health capacities.

This appeal's health objective is a direct response, and a product of consultations with local and national governmental authorities, to complement national health system services. The State, as it has in other key

services, has dedicated much energy to identify gaps in the health system as the result of the disaster.

The Ministry of Health has informed that 25 hospitals are damaged in the regions of Valparaíso, Metropolitana, O'Higgins, Maule, Bío-Bío and Araucanía. Five of these are totally destroyed and non-operational, 12 have severe damage (75 per cent or more) with very limited functionality and eight are partially damaged (less than 75 per cent) with diminished capacity. Fourteen of these facilities are beyond repair and will have to be completely rebuilt. A total of 4,000 beds have been lost. In the region of Araucanía, 18 of 24 operating rooms have been lost; the region currently operates with only 6.

Progress:

The International Federation health team, including the two basic health care ERUs deployed and the pending deployment of a field hospital, have made great strides in filling some of these gaps. The Spanish Red Cross BHC ERU is established in Hualañé (Maule) and the Japanese Red Cross Society BHC ERU will be operational in Parral (Maule) within the next few days. The Finnish Red Cross and Norwegian Red Cross Surgical hospital is scheduled to be installed in Temuco in the region of Araucanía (IX region). The 64-person psychosocial team, composed of ten Spanish Red Cross members and local staff, is working in Hualañé and Concepción.

The Spanish BHC ERU is composed of 24 people which include a team leader, paediatrician, traumatologist, intensive care unit doctor, doctor of general medicine, two emergency nurses, two hygiene promotion nurses, a reproductive and gynaecological health nurse, four assembly technicians and maintenance plus eight CRC volunteers and two local ambulance drivers. Two members of the Spanish Red Cross logistics ERU were in Hualañé to assist with setting up the BHC.

In coordination with Hualañé Hospital Medical Centre, an agreement has been established that the BHC will respond to the emergency cases and the Hualañé Hospital will continue providing health care for the chronic cases. Since 9 March 2010, this BHC ERU has been attending patients in Hualañé. Up to 14 March, the BCH has provided health care to 542 people with the assistance of ten CRC volunteers.

One of the ambulances is used as a mobile health unit. A medical team composed of a local doctor and a Spanish Red Cross doctor and nurse were dispatched to Escalerilla, a small village about 20 km from the BHC. They carried out house visits to those people that cannot get to health facilities. While the four-person medical team (two doctors and two nurses) are in the field, another doctor from Hualañé works in the Spanish Red Cross BHC ERU camp to provide medical services. This BHC ERU is in the process of incorporating more local health specialists into the team's activities.

Following the largest aftershock on 11 March 2010, many people arrived at the BHC in panic. Nurses and the psychologist on-site provided treatment; some people received medication and stayed for observation. To date, the most common cases treated have been respiratory tract infections, post traumatic stress, and earthquake related trauma cases. In general, common illnesses are most prevalent with few earthquake-related injuries or traumas.

The Japanese Red Cross Society BHC ERU, established in Parral (Maule region), is scheduled to start providing health care on 14 March 2010. The objective of the BHC-ERU will be to provide basic health care to the people of the community.

The Japanese technical staff arrived on 12 March and will work until 23 March 2010 when the facility will be handed over to local health professionals. The two Japanese Red Cross delegates who had been in country for the past week recently transferred responsibilities to the incoming technical team. This BHC ERU is composed of a team leader, a doctor, two nurses, three technicians (including one doctor and one nurse seconded by the Canadian Red Cross). The objective of the team is to assist the CRC and the Chilean Ministry of Health in site planning, assembly of the unit and an introduction to the use of the equipment.

Combined health assessments between the International Federation, Partner National Societies and local authorities have led to the plan to establish the Finnish Red Cross and Norwegian Red Cross surgical hospital in Temuco (Araucanía). Whilst the hospital in Angol (Araucanía) is 100 per cent destroyed and the hospital of Temuco (Araucanía) is 60 per cent destroyed, the region's needs are great. Araucanía authorities formally solicited Red Cross Red Crescent assistance. However, there are challenges as no ideal site exists in the vicinity of the lost Angol hospital and water, sewage and electricity are not immediately available. The Temuco hospital has lost most of its surgical capacity and the 500 beds are located in a structurally unsafe building. In both cases, the logistic aspects have been identified and preparatory work related to the arrival is being

addressed. Given the ongoing aftershocks, the health needs are constantly being monitored to ensure that this third ERU responds to the current needs in the country.

The Spanish Red Cross psychosocial team is working in and around Hualañé (Maule region), Concepción (Bío-Bío region) and Santiago (Metropolitana region). Mobilized by the International Federation, psychosocial specialists from the Nicaraguan Red Cross, Ecuadorian Red Cross and Colombian Red Cross are being integrated into the psychosocial support team.

The team members in Hualañé met with 20 teachers in the area to offer basic support on issues related to intervention with children. The teachers had requested this meeting. Teachers and the team members will work together on a plan to work with children and offer training for parents. Additionally, the team conducted a psychosocial intervention with 20 CRC volunteers. Needs have been identified to offer psychosocial accompaniment and facilitate activities in Linares, Curicó and Constitución (Maule region).

The following table details the psychosocial support activities in Hualañé up to 14 March 2010:

Activity	Type	People attended
Trainings	Professionals and volunteers	61
Community Intervention	General psychosocial support	402
TOTAL		463

Following the large 6.9 aftershock on 12 March 2010, the team attended to the people's new needs. Members of the psychosocial team along with 15 CRC volunteers from Santiago and Curicó conducted group therapy for more than 100 people (half were children) to deal with anxiety and fear. Two team members traveled to Talca where 150 people are in a collective centre to facilitate psychosocial support activities. In addition, the PSP team leader went to Curicó to carry out urgent psychosocial support to the most affected persons.

Challenges:

There have been few challenges in this objective. As the BHC ERUs were directly requested by local and national health authorities, their establishment and implementation of activities has gone according to plan.

The flexibility of the psychosocial support team to respond to evolving needs also contributes to not having serious challenges to report.

The large aftershock on 12 March 2010 has made more evident the need for the quick arrival and establishment of the Finnish Red Cross and Norwegian Red Cross surgical hospital. Increased attention will be given to the issues which will facilitate its rapid deployment to start operations once in country.

Water, sanitation and hygiene promotion

Objective: The health of affected communities is improved with the provision of clean water, minimum sanitation and hygiene promotion.

Expected Results	Activities planned
Up to 10,000 households have access to safe water and community-based hygiene activities.	<ul style="list-style-type: none"> • Conduct rapid health and water and sanitation emergency needs and capacity assessments in coordination with the relevant local authorities. • Develop a community and beneficiary targeting strategy in coordination with local authorities. • Train and mobilize CRC volunteers in water, sanitation and hygiene promotion teams using the participatory hygiene and sanitation transformation (PHAST) methodology and a technical team in water evaluation. • Set-up mobile water purification plants or hire water distribution trucks to dispense safe water in sufficient quality and quantity.

	<ul style="list-style-type: none"> • Conduct hygiene promotion activities (personal and community hygiene, solid and human waste disposal, water handling).
--	--

The water supply has been normalized in the majority of the affected regions. Essbio, the water company for the Bío-Bío and O'Higgins regions, has stated that the only areas which still need water to regain its coverage prior to the disaster are Santa Cruz (operating at 95 per cent and with 5 per cent covered by water trucks), Navidad and Boca Rapel (100 per cent covered by water trucks) in the O'Higgins region.

Progress:

The IFRC water and sanitation (WatSan) RIT has been engaged in coordination with local water authorities, conducting WatSan assessments in selected regions, and training CRC volunteers in WatSan.

In the Bío-Bío region, on 12 March, the IFRC WatSan team now located Tubul is installing two rigid corrugated water tanks (Oxfam type) of 11,000 litres each. CRC volunteers were learning by doing as these two tanks were installed. They are located in two of the six camps established in the region and will benefit 4,000 people.

On 11 March, the IFRC team installed six latrines in Tubul with the assistance of 25 CRC volunteers from the branches of Santiago, Temuco and Concepción. The latrines were installed in two of the five camps established in the region of Bío-Bío. Hygiene promotion campaigns were carried out in the two camps in Tubul. The main activities of the campaign included residual and waste management and safe water handling. CRC volunteers are carrying out a census to determine the exact number of people in the camps and identify the immediate needs.

On 13 March, the Spanish Red Cross logistics ERU dispatched 4,000 jerry cans and WatSan equipment to Concepción. Distributions will be held in the upcoming week.

German government funds have purchased ten 5,000 litre water tanks. The next update will provide more information on their arrival and installation.

Challenges:

Some of the challenges identified are the quality and quantity of water distributed by the water trucks, the existence of water which could be captured at its source but is not being sufficiently used and the lack of technical capacity for assessment and repair of distribution networks. The State authorities have also recognized these weaknesses and are working to overcome them with international support, including that provided by the Movement.

There is a lack of information on autonomous community water supplies and practices, deficient knowledge of hygiene practices for clean water handling and storage and an absence of crucial sanitation material (from chemical latrines to clean-up kits). This operation's proposed community-level actions and facilitation of educational and awareness-raising actions to foment healthy water, sanitation and hygiene practices will contribute to diminishing these problems.

Livelihoods

Objective: The most vulnerable affected groups and families have the ability to restore, improve or diversify their livelihoods through livelihood support or substitution activities.	
Expected results	Activities planned
<p>Vulnerable groups and families are actively involved in early recovery actions and benefit from livelihood support or livelihood substitution activities.</p> <p>Communities and groups participating in livelihood restoration and income-generating projects improve their financial well-being and recover their economic</p>	<ul style="list-style-type: none"> • Assessment and participatory planning. • Selection of target beneficiaries. • Delivery of livelihood substitution activities such as cash-for-work for debris clearing. • Delivery of livelihoods / income substitution activities such as unconditional cash grants, productive assets replacement, vocational and technical skills training, support for re-establishing small businesses etc. • Identify key sectors (i.e. small-scale cooperatives or groups dedicated to fishing or agricultural production) to establish a pilot programme. • Training and capacity building for CRC staff and volunteers to

sustenance.	implement this programme and integrate it with other areas (shelter, comprehensive health care, etc.).
-------------	--

Progress:

The ongoing comprehensive assessments, explained in the relief and shelter objectives above, are providing needed information that will contribute to establishing a livelihoods support programme which responds to local needs and interests. Whilst activities towards this objective are being examined, it remains an early recovery objective.

At the present time, findings on the coast have identified that at least 26,000 people dedicated to fishing activities have lost their personal belongings and livelihoods. They need equipment including boats and resources to rebuild docks and other infrastructure which will allow them to re-establish economic generation activities.

In summary, fishing capacity has been reduced by 75 to 90 per cent. An estimated 100 fishing coves have been destroyed and 1,000 multi-person fishing boats were lost. In Maule, 20 per cent of the region's rice production no longer has irrigation sources and 100,000 hectares of irrigated land have been lost. The government is leading reconstruction efforts of irrigation systems as well as the rehabilitation of the fishing industry.

Challenges:

As the Chilean government provides a cash transfer programme to people in the lowest economic sectors, it is important that potential Red Cross Red Crescent unconditional cash grants do not duplicate functions and are closely coordinated with local authorities to have more positive impact on the most vulnerable disaster affected people.

Disaster Preparedness and Risk Reduction

Objective: The risks of the impacts of future disasters are reduced through the strengthening of disaster management mechanisms, the establishment of a national contingency planning process and volunteer training with International Federation tools so that knowledge is replicated with community-based groups and institutions.

Expected results	Activities planned
<p>The CRC has increased disaster preparedness and risk reduction (DRR) in its programmes and institutional strategy.</p> <p>Communities with vulnerability to natural risks establish early warning systems linked to wider systems to monitor disaster and climate risk.</p> <p>Volunteer and staff capacity to deliver sustainable DRR programming is increased.</p>	<ul style="list-style-type: none"> • Review the CRC response plan including coordination with the government's national response plan. • Work with local and national civil defence institutions to promote the creation of coordination mechanisms. • Develop a group of DRR trainers who can replicate knowledge learned at the branch and community level. • Identification of hazards and effective early warning processes. • Implement a pilot project of DRR training in selected communities, building on lessons learned from other disasters to ensure sustainability. • Train CRC volunteers and staff in DRR tools and methodologies.

As this is an early recovery objective, there is no progress to report for this reporting period.

Strengthening the National Society

Objective: The Chilean Red Cross is better prepared to respond to this and future emergencies through the development of efficient, effective and competent governance, management, volunteer and communication structures.

Expected results	Activities planned
------------------	--------------------

<p>The CRC governance structure is strengthened to provide improved National Society and social leadership.</p> <p>The CRC management structure (administrative, financial and human resources procedures) is improved and better organized.</p> <p>The CRC has reinforced its body of active, trained volunteers.</p> <p>The CRC has positioned and highlighted the CRC and the Movement's actions and principles with the media, donors and partners.</p> <p>Branches in the affected regions have access to radio, satellite and internet communication system to facilitate their communication with CRC national headquarters and other branches.</p>	<ul style="list-style-type: none"> • Analyze the current state of the CRC including a strategic planning process and the national and local response systems. • Strengthen administrative and financial procedures. • Modify the CRC Strategic Plan. • Develop and revise job descriptions for the CRC's salaried and volunteer human resources. • Update and maintain the national volunteer register. • Establish standardized volunteer training. • Ensure management of new volunteers and incorporate them in the relief operation. • Develop informative and regular information materials to different stakeholders. • Improve the CRC communications materials (web page, magazine, and other printed and virtual materials) to reflect the actions of CRC volunteers, sister National Societies and the International Movement in this operation and in general. • Provide initial and ongoing training for the establishment of an IT/ Telecom team in selected branches and in national headquarters. • Install and implement the use of equipment by CRC volunteers.
--	---

Progress:

Strengthening the CRC skills is fundamental to this operation. While the response to the emergency and the implementation of early recovery activities are essential for the present, the long-term and sustainable impact provided by a strong National Society goes far beyond the duration of this particular operation. The CRC has continually risen to the challenge of leading this operation, identifying areas and requesting support where Movement accompaniment and technical support is beneficial. The International Federation is working with the CRC in its national headquarters as well as in various branches spread out over Chile's central region which was hardest hit by the earthquake, tsunami and subsequent aftershocks.

In addition to its highly-functional and useful emergency operations centre, the CRC is engaged in systematizing its volunteer data base and maintaining regular contact with the branches active in this operation. Volunteers and interested collaborators from around the country continue to contact their local branches and the operations centre offering their support. In the effort to contribute to volunteers' security when they are engaged in this operation, 4,000 volunteers have received insurance and discussions are underway to determine if volunteers should be vaccinated against AH1N1 as a preventive measure.

Many of the CRC branches in Chile's central region sustained damages and some were completely destroyed, amongst these are the Linares (Curicó- Maule region) branch and the Talca branch which was damaged on 27 February and then with the largest aftershock on 12 March collapsed. The CRC is gathering and systematizing information on CRC infrastructure damage.

In this reporting period and in different locations in Chile, CRC volunteers have been trained in relief, water and sanitation, psychosocial support, IT/ Telecom, communications and basic health.

In the affected central regions, local volunteers have become the backbone of the operation, and particularly so in regions of difficult access:

- In **O'Higgins**, there are currently eight active branches with more than 10 active volunteers each, distributing donated food.
- In **Maule**, 35 branch volunteers are daily participating in the operation in Talca; 26 from Santiago are also engaged in the response effort in this zone.
- In **Bío-Bío**, the CRC branch in Chillán (Bío-Bío region) has at least 60 volunteers working in the affected areas, distributing aid consisting of donated hygiene items, water and clothes.

- In Concepción, CRC volunteers participate regularly in the emergency response: 21 in WatSan, 20 in distribution, 17 in psychosocial support. This group is supported by the Peruvian Red Cross IT/ Telecom team based at the branch, sister National Societies, International Federation staff and the ICRC team.
- New volunteers and collaborators at the Concepción branch are given an induction with talks on first aid, disaster response, and the operational organization chart in Concepción, amongst other topics. Volunteers receive their meals during their shift and many of these people are staying in the branch.
- In Concepción, steps are being taken to coordinate this effort and provide technical support to the regional branch office. Daily there are meetings between the branch sub-director for relief, ICRC, the CRC regional president and the International Federation.
- In the **Metropolitana** region, the CRC has 373 volunteers and 580 collaborators providing assistance.

The CRC has established a data base of all its branches, identifying their current response actions, the number of volunteers mobilized, as well as verifying if CRC volunteers had been affected by the earthquake, tsunami and subsequent aftershocks.

As has been reported, the CRC is receiving the support of the IFRC and emergency response units (ERUs) are providing support in the area of organizational development (including strategic planning for this emergency response), financial administration, communications, IT/ Telecom and reporting.

Challenges:

Increased human resources from sister National Societies and the International Federation are needed to continue providing training opportunities for previous and new volunteers and collaborators. The upswing of interest in the CRC needs to be appropriately taken advantage of by training all of these people in the Movement's Principles and Values, history, as well as urgently needed technical skills.

Logistical support is necessary so that volunteers travelling away from their homes to assist in this operation have access to safe and healthy living conditions. The recent establishment of insurance for the volunteers is a major achievement.

In order to solidify Movement cooperation, the CRC leadership and Movement partners are striving to establish joint strategic coordination mechanisms and agreements which will spur a more effective and timely emergency and early recovery response.

Communications – Advocacy and Public Information

The CRC provides information on its activities and the joint relief actions conducted with other Movement actors to national and international media. The IFRC communications officer has worked closely with the CRC to draft the communications plan and to enhance communications activities. This six-month plan aims to position the International Movement's role in the response to this disaster based on community needs, strengthen the CRC's skills in the area of communications, maintain a fluid communication between Movement members and promote practical recommendations about humanitarian donations. After a validation process, the CRC communication department and the president recently approved the plan.

The CRC issued its first newsletter on this operation. This newsletter conveys the information related to the establishment of operational bases in Concepción and Talca and the important private sector sponsorship of activities in the CRC response. A national press release was issued about the general public and private companies' support to the CRC emergency response.

The IFRC home page highlighted this operation's appeal when it was first published. Two web stories were written on the visit of the IFRC Secretary General's visit to Chile and the setting up of the two operational bases. Photo collections on the visit of the Secretary General to Hualañé and ICRC RFL activities are now posted on cumulus.

Interviews were given to *El Mercurio* (Chile's most important daily newspaper) and to a US radio show via the American Red Cross.

The ICRC information officer is in Concepción working on new materials which will be available for the Federation website. The Spanish Red Cross press officer is in Hualañé covering the activities of the BHC.

Operations Updates and news items (in English and Spanish) provide regular updated information on the International Federation website: www.ifrc.org. The Federation's Communications department will gladly provide additional information upon request.

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.

Contact information

For further information specifically related to this operation please contact:

- **In Chile:** Chilean Red Cross, Nelson Hernandez, Relief Director; phone: 56 9 84809242; email: socorro@cuzroja.cl.
- **In Chile:** Alberto Monguzzi, IFRC Team Leader; phone (56) 95972915, (507) 66795055; email: alberto.monguzzi@ifrc.org.
- **In Buenos Aires:** Gustavo Ramirez, Regional Representative for the Southern Cone and Brazil; phone (56) 81086910; email: gustavo.ramirez@ifrc.org.
- **In Panama:** Mauricio Bustamante, Acting Head of the Pan American Disaster Response Unit; phone: (507) 316 1001; fax: (507) 316 1082; email: mauricio.bustamante@ifrc.org.
- **In Panama:** Ilir Caushaj, Regional Logistics Coordinator, Pan American Disaster Response Unit; phone: (507) 316 001; fax: (507) 316 1082; email: ilir.caushaj@ifrc.org
- **In Panama:** Maria Alcázar, Resource Mobilization Coordinator for the Americas; phone: (507) 380 0254; fax: (507) 317 1304; email: maria.alcazar@ifrc.org.
- **In Geneva:** Pablo Medina, Operations Coordinator for the Americas; phone: (41) 22 730 4381; email: pablo.medina@ifrc.org.

[<Click here to return to the title page>](#)