

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Haiti: Earthquake

Emergency appeal n° MDRHT008  
GLIDE EQ-2010-000009-HTI  
Operations update n° 6  
17 February 2010

Period covered by this Ops Update: 9 February – 11 February 2010

**Appeal target (current):** CHF 218.4 million (USD 203,478,000 or EUR 148,989,000) in cash, kind, or services is solicited to support the Haitian National Red Cross Society (HNRCS) to provide basic non-food items and emergency shelter to 80,000 beneficiary families and provide emergency health care, fulfilment of basic needs in water and sanitation and livelihoods support for vulnerable populations in the earthquake-affected region. Of the CHF 218.4 million sought, the International Federation solicits CHF 2.1 million to support its inter-agency coordination of the Shelter and Non-Food Items Cluster.

As of 11 February 2010. Unofficial coverage, including pledges yet to be registered, has reached 49.9 per cent as follows:  
Plan of Action: 50.25%  
Shelter cluster coordination: 14%

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



Woman is hauling away a family kit received from the Red Cross. Photo source: Wendell Phillips

### Appeal history:

- CHF 500,000 (USD 491,265 or EUR 338,880) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to jump-start response activities and mobilization of Federation personnel. Non-earmarked funds to replenish DREF are encouraged.
- A Preliminary Emergency Appeal for CHF 10.1m was launched on 12 January 2010 to support the Haitian National Red Cross Society (HNRCS) to immediately deliver life-saving assistance to some 20,000 families (some 100,000 beneficiaries) for 9 months.
- A Revised Preliminary Emergency Appeal with a Revised Budget of CHF 105.7 million to assist up to 60,000 families (300,000 people) for 3 years was issued on 26 January 2010.
- On 9 February, Operations Update no. 5 was published, reflecting revised objectives for the six-month relief phase of the operation under the plan of action and including a revision of the preliminary budget to CHF 218.4 million of which CHF 2.07 million is designated to support the

Federation's inter-agency coordination of the Shelter and Non-Food Items (NFI) Cluster.

**Summary:**

Despite substantial progress in meeting the most immediate needs of the earthquake-affected population in Haiti in line with the objectives set under the plan of action for the Red Cross and Red Crescent Movement, much remains to be done and a sense of urgency continues to prevail, particularly with the approach of the rainy season. Providing adequate emergency shelter and sanitation facilities are the key priorities at the moment, whilst pursuing on-going medical, water and sanitation and relief interventions.

The pace of relief distributions has been stepped up, to reach over 2,500 people per day and the number of targeted households has been increased to 80,000 as per the revised relief plan. As of 11 February, over 53,132 households (265,660 people) had received food and/or non food items. Distribution of emergency shelter material, including tarpaulins, plastic sheeting, tents and shelter tool kits, is proceeding as a matter of priority, and is being closely coordinated amongst Movement and external partners through the Emergency Shelter and NFI Cluster, which the Federation now leads. As of 11 February 2010, the combined Movement actors had provided over 15,000 families (75,000 people) with shelter materials consisting of tarpaulins and rope.

One month into the operation, the objective of providing 300,000 people with 1,250,000 litres of safe drinking water each day has been surpassed. Movement water production and distribution activities are now reaching 320,000 people per day across 110 sites – representing over a third of the total of 900,000 people being provided with safe drinking water in 300 sites across Port-au-Prince, Leogane and Jacmel. As of 11 February, a total of 21,500,000 litres of safe drinking water had been distributed by the Spanish and Finnish Red Cross ERUs.

In parallel with water provision, sanitation activities are slowly beginning to improve, although this area remains a major challenge – in particular due to crowded conditions and fluctuating population in camps and settlements. Currently, a total of 3,700 latrines are planned for 86 camps. It is estimated that 868 latrines have been constructed to date. Of these, more than half - some 478 latrines - have been installed by Movement partners in 12 camps. Hygiene activities are on-going and over 12 million text messages have been sent to raise awareness amongst the population on health and hygiene-related issues.

Red Cross health care facilities and mobile teams have treated more than 18,882 people in post-earthquake Haiti, as of 11 February. Some 1,600 people are seen every day, of which between 1,000 and 1,300 at basic health care units (BHCU) and integrated mobile clinics. The number of earthquake-trauma cases is continuously decreasing, as expected, whereas the number of everyday emergencies is rising. There have been no outbreaks of communicable diseases yet, however the situation is considered to be an epidemiological time-bomb due to the over-crowded and inadequate living conditions, insufficient sanitation facilities and an extremely vulnerable population.

A mass vaccination campaign is now underway in Port-au-Prince, aiming to protect 140,000 children from diphtheria, tetanus, whooping cough, measles and rubella. As of 9 February, 3,568 people had been vaccinated. The Red Cross is one of the key implementing partners for this campaign.

The Haitian National Red Cross Society, the International Committee of the Red Cross (ICRC), 23 National Societies and the International Federation Secretariat gathered in Montreal, Canada on 9 and 10 February for the Red Cross Red Crescent Haiti Response Summit. The Summit fulfilled the planned objectives to reach a joint understanding of the current state of the operation, establish a consolidated Movement position on priority action areas and enhance Movement coordination and commit to prolonged relief actions with a vision of long-term recovery.

The International Federation offers its sincere gratitude to the National Societies, governments, private donors and individuals who have contributed to this Appeal. Their support contributes to achieving this Appeal's objectives and strategic aim to save lives, protect livelihoods, and strengthen recovery from disasters.

## The situation

A little over a month following the devastating earthquake of 12 January 2010 in Haiti<sup>1</sup>, and despite a massive concerted humanitarian response, the situation on the ground remains very precarious. One of the primary concerns at the moment is to ensure that people have adequate emergency shelter prior to the onset of the rainy season, which can begin as early as March and run until May, followed closely by the onset of the hurricane season in June. Heavy rains fell in Port-au-Prince on 12 February, underlining the urgency.

Sanitation also remains a major challenge, due to the lack of sufficient latrines in camps and settlements, and despite the fact that sanitation activities are slowly beginning to improve. According to the Pan American Health organization (PAHO)/WHO, less than 5% of latrine needs have been met (based on one latrine per 50 people), and the situation continues to pose huge challenges for public health in temporary settlement sites<sup>2</sup>. The lack of dumping sites for waste is also a constraint. The WASH Cluster reports that 3,000 portable and/or latrines that can be emptied (which facilitates maintenance) will be installed within the coming weeks in Port-au-Prince. The goal is to have 50 percent of latrines completed by 28 February.

Ensuring that people have both adequate shelter and sanitation by the end of the month is further complicated by the ad hoc nature of many spontaneous settlements, the constant increase in population noted in these self-settled camps and the unpredictable movement of internally-displaced people, a number of whom are said to be returning to the city in search of relief aid and work. Nineteen camp sites in Port-au-Prince, with a total estimated population of 180,000 people, have been identified as priorities for decongesting and efforts are underway to voluntarily relocate people to settlements in peripheral locations.

There has nevertheless been tremendous progress in the areas of water and food distribution. According to OCHA, over 900,000 people are being provided with safe drinking water each day, just shy of the overall target of 1.1 million people. Of this, Movement partners are providing 1,250,000 litres of safe drinking water to 320,000 people on a daily basis (i.e. an average of 5 litres per person per day) - reaching over a third of the total. Water storage capacity, monitoring and quality are fundamental factors to guarantee regular access to safe water. The assessment carried out by the Autonomous Metropolitan Agency for Drinking Water (CAMEP) system has been completed, and the National Authority for Drinking Water and Sanitation (DINEPA) will begin to repair the damaged sections.

Furthermore WFP reports that 1.6 million people have received a two week ration of rice over the past eleven days.

Medical teams continue to report a decline in earthquake-related trauma injuries requiring treatment. However, the need for overall medical care is rising. The Ministry of Health's surveillance system reports acute respiratory infections as the main cause of morbidity. So far, according to Red Cross health partners, the relative incidence of approximately 12 per cent of cases with respiratory tract infections is stable. The same applies for watery diarrhoea, with relative incidences of between 5 and 10 per cent, without a clear trend. Although there have been no outbreaks of diseases reported to date, the situation remains an epidemiological time-bomb due to the overcrowded and inadequate living conditions, insufficient sanitation facilities and an extremely vulnerable population. Malaria and dengue are widespread in Haiti during the rainy season and the current conditions in which the displaced populations are living increase the risks of outbreaks.

The vaccination campaign that started on 2 February is on-going.

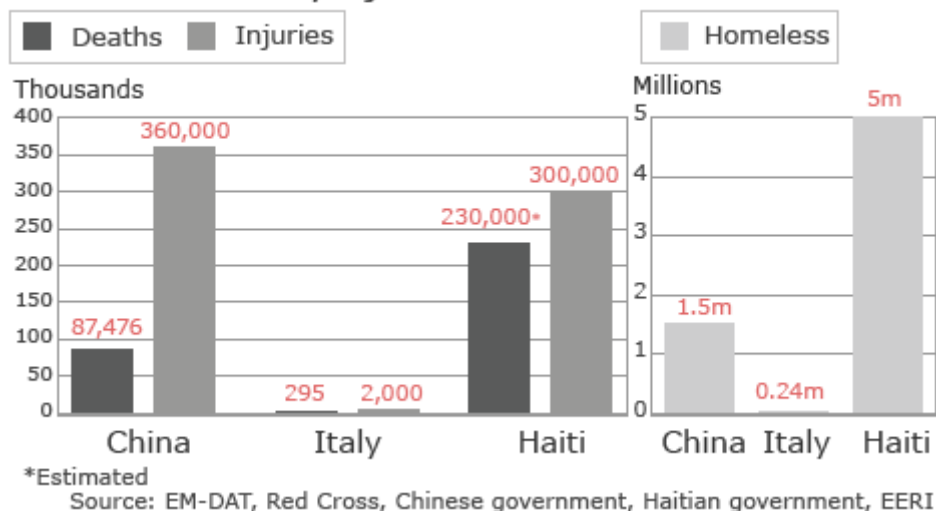
A report by Lucy Rogers on BBC News (14 February 2010) graphically demonstrates the relative devastating impact of the Haiti earthquake compared to recent earthquakes in China and Italy:

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<sup>1</sup> On 12 January 2010, a 7.0 (Mw) earthquake struck Haiti. With its epicenter located 25 km southwest of the capital Port-au-Prince, the death, destruction and damage was substantial in this city and in the surrounding departments of Sud-Est (South East), Sud-Ouest (South West), Nippes and Ouest (West).

<sup>2</sup> The WASH Cluster estimates that 18,000 latrines would ideally be needed in Port-au-Prince alone to support 900,000 people. This would require 18,000 m<sup>2</sup> of space for latrines; however, the physical space is not available due to congestion.

## Number of deaths, injuries & homeless

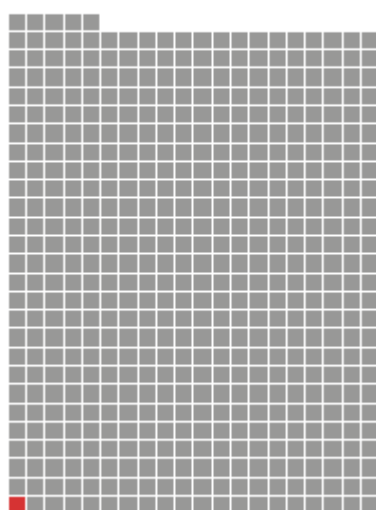


## Deaths : Affected

1 in every

**595**

affected died

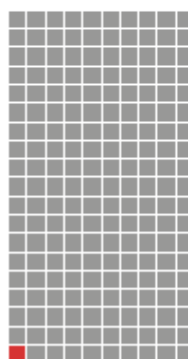


China

1 in every

**190**

affected died



Italy

1 in every

**15**

affected died



Haiti

Source: EM-DAT, UN, Haitian government

On 9 February, another aftershock (4.0 on the Richter scale) affected Port-au-Prince, causing further damage at the Caribbean Market on Delmas Avenue. The Government reported that 211 live rescues were achieved by international and national search and rescue teams as of 9 February. A total of 139 live rescues were carried out by international teams and 72 by national teams.

The security situation throughout the country remains stable despite increased reports of isolated incidents. The Government's state of emergency period is scheduled to expire on 15 February. A national day of mourning was held on 12 February.

Given the massive death and destruction, establishing precise numbers of the human and material impact of this disaster remains challenging. The government agency Civil Protection 6 February 2010 figures report 212,000 deaths and 300,000 injured people. While there are no clear numbers of the homes damaged, the sheer

population of internally displaced people (IDP) is a telling sign of the severe impact of this disaster. OCHA estimates that there are 1.2 million IDPs.

## Coordination and partnerships

Close coordination amongst Movement partners remains fundamental to effective humanitarian response in Haiti. Furthermore, the HNRCS and the International Federation maintain coordination and partnership with State institutions and local authorities, international aid agencies and other actors. The UN Cluster system is one of the principal interagency coordination mechanisms in place.

Twelve clusters are active in Haiti, as reported previously<sup>3</sup>. The Federation has officially taken over the lead of the Emergency Shelter and Non-Food Items Cluster, from the International Organization of Migration (IOM) as of 11 February.

The Rapid Multi Clusters/ Sectoral Needs Assessment has been completed. This assessment was conducted together with the Haitian Government, in order to identify gaps in the humanitarian intervention and establish a shared baseline. The preliminary findings - which the final report is expected to confirm - identified shelter, sanitation and food as priority needs.

The following section details some of the clusters' recent shared analysis and actions.

The members of the Emergency Shelter and NFI Cluster, led by the International Federation, are stepping up coordinated tent and tarpaulin distributions in Port-au-Prince, to ensure that emergency shelter solutions are in place before the rainy season begins. Space constraints within the densely-populated transitional settlements combined with the urgent need to provide shelter make strict adherence to the SPHERE standards of 18m<sup>2</sup> for a family of five, and even 3.5m<sup>2</sup> of covered space per person, not possible at this moment. The Cluster will revise standards on an on-going basis as larger-spaced settlement sites become available. Cluster partners manage ten organized settlements where 76,769 people live.

The Camp Coordination and Camp Management (CCCM) Cluster is advocating with the Government to fast track the expropriation of large quantities of suitable private land within and outside the city, to enable decongestion in flood prone areas and move vulnerable populations to safer sites before the start of the rains which can begin as early as mid March. The CCCM Cluster has identified 19 priority sites for decongestion, with a total estimated population of 180,000 people. Relocation will be on a voluntary basis. In the context of the up-coming rainy season, it has been noted that settlement location can be as much a factor in the loss of life as whether or not shelter material has been received. Sites need to be found that take flood risk, congestion, clearance of rubble, and proximity to services into consideration.

The Dominican Republic Humanitarian Country Team completed an inter-agency assessment of the border area. The team estimates that approximately 168,000 internally displaced persons are living along the border on the Haitian side. The majority of them are living with host families.

Health cluster partners continue to implement the massive vaccination campaign for rubella, diphtheria, tetanus and pertussis. The Ministry of Health has asked organizations and agencies working in the field to immediately report cases of acute hemorrhagic fever syndrome, measles, diphtheria, acute flaccid paralysis, meningococcal meningitis and rabies to the ministry's epidemiology unit. This Ministry has re-established the committee on HIV/AIDS. According to UNICEF, over 3 per cent of adults live with HIV and approximately 5,000 babies are born each year with HIV in Haiti.

The WASH Cluster has identified the need for 18,000 latrines for 934,000 people in Port-au-Prince. Using the standard of one latrine for 50 people, less than 5 per cent of this need has been met. Given the impossibility of meeting SPHERE standards under the current circumstances, the Government (through DINEPA) has presented a strategy that defines one latrine/100 people as a minimum, with the aim of moving progressively to a ratio of

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<sup>3</sup> The Twelve Clusters are: Emergency Shelter and Non-Food Items, Camp Coordination and Camp Management, Education, Food, Logistics, Nutrition, Protection, Water Sanitation and Hygiene (WASH), Agriculture, Early Recovery, Emergency Telecommunications and Health. Decentralized cluster mechanisms cover regions outside of Port-au-Prince. Furthermore, Logistics/Telecommunications, Health, Emergency Shelter, WASH, and Nutrition clusters are active in the Dominican Republic.

1/50, and eventually aiming to meet an ideal scenario of one latrine per 20 people. The high-population density in transitional settlements also present challenges for the dumping of solid waste.

The Food Cluster partners, led by the WFP, have provided 1.6 million people in Port-au-Prince with a two-week ration of rice since the beginning of their food surge operation. The Nutrition Cluster predicts that the Global Acute Malnutrition (GAM) rate could rise in future months due to displacement, the rainy season and the seasonal hunger gap. As of 9 February, WFP and its partners have reached 2.3 million persons with varying levels of food since the start of the response.

The members of the Protection Sub-Cluster for gender-based violence have received information from affected people that some camp committees do not represent the needs and interests of the entire camp population, thus hindering efforts to guarantee equitable and non-discriminatory distributions.

### **Movement Coordination**

The Haitian National Red Cross Society, the International Committee of the Red Cross (ICRC), 23 National Societies and the International Federation Secretariat gathered in Montreal, Canada on 9 and 10 February for the Red Cross Red Crescent Haiti Response Summit. The Summit fulfilled the planned objectives to reach a joint understanding of the current state of the operation, establish a consolidated Movement position on priority action areas and enhance Movement coordination and commit to prolonged relief actions with a vision of long-term recovery.

In a joint agreement signed by the participants at the end of the Summit, the Movement reiterated its commitment to undertake a coordinated, coherent and comprehensive approach to meeting Haiti's immediate and longer-term needs. The agreement highlights the shared principles for Haiti's relief, recovery and development: respect for HNRCS' priorities and support for sustainable, community-based approaches, Movement unity, coordinated and collective efforts with other actors, effectiveness based on skills and experience and accountability to beneficiaries, public, donors and governments. In keeping with the relief objectives, the support for HNRCS capacity building is fundamental and cross-cuts the other priority areas of health, shelter, water and sanitation, and protection.

The Recovery Scoping Mission Team (RSMT) completed its mission in Haiti. Their findings, presented to the Summit, recommended that all actions within this operation be organized under a single Movement umbrella. Recognizing the positive Movement coordination, as well as actions by individual partners, the RSMT acknowledges the ongoing challenges and seeks to ensure that the Movement's resources and capacities enhance the impact in fulfilling humanitarian needs.

The Recovery Assessment Team (RAT) started its two-week mission on 12 February 2010. The RAT will determine how the current early recovery approach can better establish the foundations for the transition to longer term programming, with consideration of the quantity of IDPs, their precarious living conditions and risks posed by the upcoming rainy season. As part of their mandate, they will also analyse the actual situation of the HNRCS and make recommendations regarding ways in which the current operation can also serve to build capacity and enhance sustainable development of the National Society over the longer-term. The early recovery approach will be based on a strategy which addresses the needs of directly and indirectly affected people.

Movement coordination mechanisms are functioning in Haiti. The Task Force, grouping the PNS on the ground meets weekly to jointly establish Movement strategies and share information from each National Society. As of 11 February, five Task Force meetings have been held. The Recovery Scoping Mission Team, present for one meeting, briefed the group on its preliminary findings which generated an opportunity for PNS to share information on potential recovery focus areas. The RSMT highlighted some of the challenges to define a unified strategy for reconstruction in Port-au-Prince, which include a clear understanding of capacities available and government plans and requests. Representatives from the UK's Department for International Development (DFID) and the European Commission's Humanitarian Office (ECHO) were present at a recent Task Force meeting where participants discussed medium and long-term recovery programmes.

Internal coordination by area is conducted through weekly meetings of each of the Technical Working Groups (TWG) for Health, WatSan, and Reconstruction/ Shelter. In the Reconstruction/ Shelter meetings (which include the HNRCS, PNS, and delegates from FACT, PADRU, the International Federation Secretariat and the shelter Cluster), participants discussed the Shelter Plan of Action, early recovery strategy, Shelter Cluster, mapping, and a planned IDP camp. The most recent TWG WatSan meeting was attended by 17 people representing the HNRCS, ICRC, PNS, RAT and FACT.

Efforts to foment HNRCS leadership and involvement in all of the TWG meetings have been undertaken. An organizational development meeting for PNS in Haiti before the earthquake was held with future meetings open to all PNS and the ICRC. This working group will enable the HNRCS to centrally strategize with other Movement members about employing a coordinated approach to organizational development and capacity building.

This operation has deployed 21 Emergency Response Units (ERU), the largest ever in the history of the Movement. For details, see Operations Update no. 5; a second rotation of both ERU and FACT members is currently underway. A newly appointed Head of Emergency Operations is expected in-country by 18 February.

As of 13 February 2010, the ICRC, the International Federation and the following sister National Societies have responded to the Haitian National Red Cross Society/Federation Appeal for support for relief, recovery and reconstruction actions: Albanian Red Cross, American Red Cross, Andorra Red Cross, Australian Red Cross, Austrian Red Cross, Belarusian Red Cross, Belgian Red Cross-French, Belgian Red Cross-Flanders, British Red Cross, Cambodian Red Cross, Canadian Red Cross, Colombian Red Cross Society, Costa Rican Red Cross, Chinese Red Cross, Croatian Red Cross, Danish Red Cross, Dominican Red Cross, Ecuadorian Red Cross, French Red Cross, Finnish Red Cross, German Red Cross, Grenada Red Cross Society, Icelandic Red Cross, Italian Red Cross, Iranian Red Crescent, Luxembourg Red Cross, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross Society, Kuwaiti Red Crescent, Luxembourg Red Cross, Magen David Adom, Mexican Red Cross, Monaco Red Cross, Moroccan Red Crescent, Netherlands Red Cross, Norwegian Red Cross, Red Cross Society of Panama, Paraguayan Red Cross, Portuguese Red Cross, Qatar Red Crescent, the Republic of Korea National Red Cross, Singapore Red Cross Society, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Taiwanese Red Cross Organization, Thai Red Cross Society, Turkish Red Crescent and United Arab Emirates Red Crescent.

### **National Society Capacity-Building**

The Haitian National Red Cross Society volunteers, staff and leadership guide this operation. Their impartial and tireless actions to provide humanitarian aid to the earthquake-population began immediately after the earthquake. Other Movement members are integrating HNRCS volunteers in their operations, with a view to strengthening local capacity and skills, based on the dedication and abilities already demonstrated during the emergency.

In addition to their contributions leading to a successful event in Montreal, the Haiti Response Summit provided a focused opportunity for the HNRCS leadership to strategize with Movement partners about plans to support its capacities in emergency response and organizational development. The agreement between those Movement members present at the Summit will underpin the relief and reconstruction phases.

As one of the Appeal's objectives - in addition to its cross-cutting nature in all Movement actions in Haiti - further information on the progress to strengthen the HNRCS is detailed under the relevant section below.

## **Red Cross and Red Crescent action**

The accelerated rhythm to distribute non-food items (NFI) before the onset of the rainy season has allowed the Movement to reach upwards of 2,500 families (50,000 people) per day.

As of 11 February, 53,132 households (265,660 people) have received food and/or non food relief. Some 30,304 tarpaulins have now been distributed; a shelter tool kit was provided to 2,914 families, and 925 families have received tents. One thousand to 1,300 people daily receive attention in basic health care units and mobile clinics, with a total of 18,882 people treated to date. Approximately 320,000 people benefit



An ICRC employee and Haitian National Red Cross Society volunteer interview a woman in order to help her find her child. Port-au-Prince, Haiti. Source: ICRC/Marko Kokic

each day from the 1.2 million litres of water produced, purified and/ or distributed by the Movement water and sanitation teams. Over twenty-one million litres of safe drinking water has been distributed since the beginning of the operation and over 470 latrines have been installed.

With Haitian National Red Cross Society leadership, Movement members in the current relief phase are responding to the interconnected humanitarian needs of affected people. At least 80,000 beneficiary families (400,000 people i.e. approximately 23.5 per cent of the estimated population of 1.7 million affected by the earthquake) will continue to receive emergency shelter and relief NFI composed of kitchen sets, hygiene kits and water and sanitation materials. In the relief phase, emergency cash transfers will be provided to up to 60,000 households. At least 300,000 people will have better access to sanitation facilities and improved environmental sanitation. Comprehensive health care in combined Movement health facilities have the capacity of providing services to up to 500,000 people.

Thanks to donor support, pledges for the NFI items for 80,000 families are covered. Given the urgency for distribution of NFIs - principally emergency shelter, the International Federation respectfully requests that donors who pledged in-kind contributions accelerate their provision and coordinate their delivery with the Regional Logistics Unit (RLU).

### **ICRC Response**

Present in Haiti before the earthquake, the International Committee of the Red Cross (ICRC) continues its relief actions and laying the foundations for the transition from emergency to early recovery activities.

Whilst the large-scale actions in the ICRC Restoring Family Links (RFL) programme have diminished, a fixed antenna is maintained at the HNRCS headquarters and temporary antennas function in the HNRCS branch in Petionville, the HNRCS first aid post at the Sports Centre in Carrefour, and one is in the process of being set-up in Saint Louis de Gonzague/ Delmas 33. There are RFL antennas in Cap Haitien and Gonaïves. Three RFL mobile units additionally contribute to facilitating people's searches for their loved ones. As of 6 February 2010, Telecom without Borders (Télécom Sans Frontières- TSF) has facilitated 7,264 telephone calls.

Employing its protection capacities, the ICRC is focused on attending to the needs of unaccompanied minors (UAM). The ICRC and the HNRCS continue to register unaccompanied minors, provide support in locating their family members and registering their information into the RFL system. The database currently contains over 26,000 names, including those of 4,061 people in Haiti announcing that they are alive. Cap Hatien authorities consider the ICRC and the HNRCS as reference points for UAM.

The health and hygiene actions, supported and/or conducted by the ICRC, respond to community needs and interests. Among the supplies regularly given to ten HNRCS first-aid posts (in Canapé Vert, Croix-des-Prez, Bicentenaire, Centre Ville, Carrefour Sports Centre, Place Jérémie and two in Route des Frères), the ICRC will include condoms furnished by the International Federation and as the community requested. In the Petit Goave health clinic, services by doctors recruited by the HNRCS branch, have been added to the already available services which creates a demand for medication and expands the health posts' original aim. Medicines have been delivered to Gonaïves and to Gros Morne.

Alongside local branch volunteers, the ICRC has restarted hygiene awareness campaigns. Furthermore, the ICRC is following-up on its needs evaluation regarding the services available in cases of rape, prevention of sexually transmitted infections and unwanted pregnancies, as well as psychological support.

The ICRC has conducted assessments in the transitional settlements located near National Haitian Television (TNH) and in Delmas 93. Medical support was provided for the TNH site; the water and habitat and economic security departments' evaluations are pending. The ICRC is prolonging its waste evacuation service in four transitional settlements.

The ICRC maintains seven water points in Cité Soleil, Bellecour, Lintheau, Place Fierté, the Soeur de Rosalie clinic and three transitional settlements which reach 25,000 people. Approximately 100,000 litres of water are distributed daily to 16,000 people in ten locations. In January, the ICRC distributed more than a million litres of water. In Cité Soleil, the ICRC is involved in locating leaks in the secondary branches of the water system. Six important leaks already have been identified and three have been repaired. The ICRC additionally has repaired a pumping station in this commune.

Upon the request of the HNRCS vice-president, the ICRC has donated a 100m<sup>2</sup> tent, 5 tarpaulins, and 20 blankets to the NGO *Pro Famil*, with the aim of installing its health clinic.

As an extension of its activities with detained people, the ICRC is rehabilitating the Port-au-Prince civilian prison. It is also analyzing the structural stability of some other public buildings.

The ICRC continues to maintain all coordination and relations necessary to ensure productive relations between the Movement and military and police bodies during this operation.

## Progress towards objectives

<b>Relief distributions (basic non-food relief items)</b>	
<b>Objective 1 (Relief phase): The most vulnerable people affected by the earthquake have access to basic non-food items and cash transfers that enable them to resume essential household activities.</b>	
<b>Expected results (Relief phase)</b>	<b>Activities planned</b>
<p>80,000 families resume essential household activities using non-food relief items: 1 kitchen set, 2 blankets, 1 bucket, 2 jerry cans, 2 mosquito nets and 1 hygiene kit.</p> <p>20,000 families are supported in fulfilling the basic care and non food needs of their children under two years of age with baby kits.</p>	<ul style="list-style-type: none"> <li>• Relief ERU deployment to support relief activities.</li> <li>• Conduct rapid emergency needs and capacity assessments to develop and implement beneficiary targeting strategy and registration system.</li> <li>• Procure and transport relief supplies and materials.</li> <li>• Distribute supplies and control supply movements from point of dispatch to end user.</li> </ul>
<p>Up to 60,000 families have access to cash that allows them to purchase items to supplement their basic household needs during the emergency phase.</p>	<ul style="list-style-type: none"> <li>• Employ relief assessments to identify beneficiaries for cash transfers.</li> <li>• Evaluate methodology, create strategy and implement a cash transfer programme.</li> <li>• Employ HNRCS knowledge in cash transfer programmes to distribute funds.</li> <li>• Implement security measures to ensure safety of beneficiaries.</li> </ul>

The increased pace of relief distribution reflects the urgency in responding to the affected population's basic needs before the onset of the rainy season, which could begin as early as mid March, and within the projected three-month period since the earthquake. The emphasis is on providing the targeted 80,000 families with all basic NFI items, as well as with emergency shelter within this timeframe (see under Shelter and Community Infrastructure). A substantial number of HNRCS volunteers are working tirelessly alongside Federation ERUs<sup>4</sup> and PNSs in this on-going race against time.

Relief distributions are currently reaching upwards of 2,500 families per day, for a total of 53,132 households (265,660 beneficiaries) assisted as of 11 February. The package of non-food relief items aims to enable families to resume essential household activities within a basic – albeit temporary emergency sheltered environment. Based on Shelter Cluster recommendations, and with a view to providing families with a degree of flexibility, the Operation has also started distributing 32 x 2m rolls of plastic sheeting. Much larger in size than the 4 x 6 m tarpaulins provided to affected households for their emergency housing needs, these large rolls of woven plastic have multiple uses ranging from community structures, partitions in large settlements or camps, and can be cut to meet specific needs.

<sup>4</sup> There are currently four Relief Emergency Response Units (ERUs): American Red Cross, Benelux Red Cross/ French Red Cross, and Danish Red Cross ERUs working primarily in Port-au-Prince; and the French Red Cross/ Finnish Red Cross ERU in Leogane.

Relief distribution is being coordinated through the International Federation Relief Cell. All four ERUs, together with PNSs are working together to plan, organize and implement NFI distributions. This includes the Canadian Red Cross working in Jacmel, the Colombian Red Cross Society, the Dominican Red Cross (DRC), the French Red Cross, the German Red Cross, the Spanish Red Cross and the Turkish Red Crescent. In addition to NFI distributions, food distributions are being carried out by the Colombian Red Cross Society, the Dominican Red Cross and the Turkish Red Crescent.

### Progress:

As of 11 February 2010, combined Movement actors have distributed the following:

Distributors	Sum of Total HH	Sum of ShKit_Total	Sum of Buck_Total HH	Sum of Jer_Total	Sum of Food_Total HH	Sum of Tarps_Total	Sum of Blan_Total	Sum of Mos_Total	Sum of Kit_Total	Sum of Hyg_Total
Colombian RC	24244	776	1708	4073	19016	3596	4960	3396	110	11444
Danish ERU Shelter	2113	2113	0	0	0	2138	0	0	0	0
DR RC	3682	0	2992	4400	1400	5313	5710	4260	2101	2866
ERU RELIEF	7011	0	1769	4285	30	8494	9140	4200	3724	2640
French RC	218	25	0	0	0	224	366	0	193	193
French/Finn ERU	5347	0	2906	1117	0	7499	9643	8638	4708	2493
German RC	2169	0	2584	756	0	2640	5209	30	15	771
Haiti RC	3000	0	300	0	3000	0	0	0	0	0
Spain RC	1400	0	800	800	0	400	1600	800	0	225
Turkish RC	3948	0	1590	0	2192	0	950	0	100	0
<b>Grand Total</b>	<b>53132</b>	<b>2914</b>	<b>14649</b>	<b>15431</b>	<b>25638</b>	<b>30304</b>	<b>37578</b>	<b>21324</b>	<b>10951</b>	<b>20632</b>

The relief distribution teams have honed their distribution methodology, while still respecting procedures regarding assessments, the establishment of local committees, assembling beneficiary lists and the provision of vouchers before actual distribution takes place. Relief teams have suggested that beneficiaries begin providing their mobile phone numbers, with a view to facilitating potential cash transfers in the future.

Additional highlights from relief distributions over the reporting period include:

- Assessments carried out by the American Red Cross/ Benelux Relief ERU team in Pétienville have identified a number of smaller settlements which, due to their size and difficulty of access, may prove to be good candidates for future cash transfer programmes.
- The Canadian Red Cross is now operational in Jacmel and is implementing a distribution plan of NFIs, including tents, to reach 20,000 families.
- The Colombian Red Cross Society continues to distribute food parcels, targeting the most vulnerable groups. As of 11 February 2010, 19,016 households had received food assistance. In addition, CRCS has donated 2 tonnes of medical supplies to the World Health Organization (WHO).
- The Danish Red Cross Relief ERU has been focusing on shelter distribution in accordance with the agreed plan. Four hundred shelter kits were distributed in Damien on 10 February. Further details on shelter distributions are provided under the shelter objective below.
- The Finnish/ French ERU distributed NFIs to 538 families in the Savane area of Leogane. In coordination with OCHA and the Leogane emergency committee, this ERU has been conducting assessments.

- The Turkish Red Crescent (TRC) is pursuing its NFI and food distributions. As of 7 February 2010, the TRC had distributed food parcels to 1,200 households and 1,000 packs of bottled water to 12,000 people. The TRC also distributed 2,000 blankets to 1,000 households, as well as 200 kitchen sets and 100 hygiene kits. The TRC has set up 177 family tents for the most vulnerable families, benefitting approximately 1,000 people.
- The German RC is continuing with the distribution of NFI in Carrefour.

### Challenges:

The upswing in the rhythm of distributions is depleting NFI stocks in Port-au-Prince. Ever closer coordination and shared strategic planning between the relief and logistics teams are necessary to ensure that needed goods and current distribution capacities are in sync.

Greater effort needs to be made to integrate HNRCS volunteers into both distribution planning and implementation, so as to benefit from local knowledge, especially as the pace of distributions increases.

Cash for work programmes could be considered to pay affected people to pre-package NFIs and thus facilitate distributions.

Distributions are at times challenged by the difficulties associated with trucks being unable to navigate the small and steep roads.

A strategy is needed to address the growing black market in NFIs and vouchers. Interagency strategy and information sharing will contribute to containing this practice.

<b>Water, sanitation, and hygiene promotion</b>	
<b>Objective 1: The risk of waterborne and water related diseases has been reduced through the provision of minimum safe water, minimum sanitation and hygiene promotion.</b>	
<b>Expected Results (Relief phase)</b>	<b>Activities Planned</b>
150,000 people in Port-au-Prince, Carrefour, Leogane, and Jacmel and Petit Goave have access to safe water.	<ul style="list-style-type: none"> <li>• Conduct needs and capacity assessments to implement beneficiary targeting strategy and registration system to deliver assistance.</li> <li>• Identify of main water sources.</li> <li>• Analyze the quality of each water source.</li> <li>• Purify water in water sources, trucks and stable tanks.</li> <li>• Set up water tanks in more than 85 IDP transitional settlements.</li> <li>• Design the water distribution plan in coordination with the water and sanitation key actors.</li> <li>• Distribute purified water in all transitional settlements in the targeted areas.</li> <li>• Identify an appropriate exit strategy in order to ensure access to safe water in the affected areas.</li> </ul>
Three health facilities in Port-au-Prince and Leogane have access to safe water.	<ul style="list-style-type: none"> <li>• Set up mobile water purification plant.</li> <li>• Conduct water analysis.</li> <li>• Distribute safe water in sufficient quality and quantity.</li> <li>• Water quality monitoring.</li> </ul>
80,000 families will receive a 6 months' supply of aqua tablets for water purification.	<ul style="list-style-type: none"> <li>• Distribute relief supplies (safe storage materials) and control supply movements.</li> <li>• Conduct hygiene promotion activities relating to relief articles distributed and aqua tablets.</li> </ul>
At least 150,000 people in Port-au-Prince and Leogane have improved environmental sanitation through community clean-up committees and healthier hygiene practices.	<ul style="list-style-type: none"> <li>• Assess sanitation conditions in every transitional settlement where water is distributed.</li> <li>• Research the different community practices</li> <li>• Build hand washing facilities.</li> <li>• Broadcast basic hygiene promotion messages.</li> <li>• Train at least 50 HNRCS volunteers in community approach, participatory techniques and basic hygiene promotion in emergencies (PHAST in emergencies).</li> </ul>

	<ul style="list-style-type: none"> <li>• HNRCS trained volunteers conduct 10 training in hygiene promotion for community leaders, settlement local management committees or others.</li> <li>• Provide community training on household water treatment, drainage, vector control, community clean-up and other prevention measures and support HNRCS and community members to provide successive trainings.</li> <li>• Carry out hygiene promotion in rural and semi-urban areas affected by the earthquake.</li> <li>• Create, support and follow-up the establishment and functioning of community-level hygiene promotion committees.</li> </ul>
150,000 to 300,000 people in Port-au-Prince, Leogane and Jacmel have better access to sanitation facilities.	<ul style="list-style-type: none"> <li>• Three Mass Sanitation ERUs train communities in healthy excreta and solid waste disposal.</li> <li>• Build at least 2,000 latrines for solid waste disposal and drainage in settlements where water is distributed and hygiene campaigns are conducted.</li> <li>• Assist local water and sanitation authorities of rural and semi-urban areas affected by the earthquake and/or communities which are hosting additional populations.</li> <li>• Purchase materials and equipment: vacuum trucks, sludge pump, excreta tank for risen latrine, timber, wheelbarrows, shovels, boots and other materials.</li> </ul>

The already limited nature of water and sanitation services in Haiti prior to the earthquake, combined with a scarcity of water and sanitation facilities in the many transitional settlements, has complicated the task of providing safe water, rehabilitating or establishing healthy sanitation systems and fomenting healthy hygiene practices. According to OCHA<sup>5</sup>, coverage of water supply prior to the earthquake was limited to the piped system, which was reaching only 25% of the population of Port-au-Prince, with the rest obtaining water from water kiosks. The Movement is nevertheless taking huge steps to respond to the water, sanitation, and hygiene challenges to meet the affected population's needs as quickly and effectively as possible.

Initial efforts have focused on providing safe water to at least 300,000 people in Port-au-Prince, Leogane, and Jacmel over a six-month period. One month into the operation, this objective has been surpassed, with 1,250,000 litres of safe drinking water being provided to 320,000 people on a daily basis (i.e. an average of 5 litres per person per day). Movement water production and distribution activities are now reaching over a third of the total of 900,000 people being provided with safe drinking water each day in 300 sites across Port-au-Prince, Leogane and Jacmel. As of 11 February, a total of 21,500,000 litres of safe drinking water had been distributed by the Spanish and Finnish Red Cross ERUs to 110 different settlements.

In parallel with water provision, sanitation activities are slowly beginning to improve, although this area remains a major challenge – in particular due to the lack of sufficient latrines in camps and settlements.

Currently, a total of 3,700 latrines are planned for 86 camps. It is estimated that 868 latrines have been constructed to date. Of these, more than half - some 478 latrines - have been installed by the Movement in 12 camps.

Sanitation actions include solid and human waste disposal through the building of different models of latrines, de-sludge services with vacuum trucks and other tools, and locally-run committees. According to the particular context, committees for family and communal hygiene and sanitation could be established.

Sanitation Overview Movement activities			
Location (District)	Number of Latrines	Other activities	ERU and PNS
Port-au-Prince	108	Solid waste collection,	ERU - British RC MSM20

<sup>5</sup> OCHA, Haiti Earthquake Situation Report 20, 11 February 2010.

		camp cleaning, hygiene promotion (100)	
	300	70m3 water tank and 1000m of water tubes	ERU – French/Finnish RC M15
	40	Hygiene promotion	ERU – Spanish RC MSM20
Leogane	30	Hygiene promotion	ERU – Austrian RC M15
Jacmel		Chlorine tablets	Canadian Red Cross
<b>TOTAL</b>	<b>478</b>		

Relief distributions of mosquito nets, hygiene kits, jerry cans and buckets are supplemented with informational and technical support. ERUs and PNSs, with the invaluable contribution of HNRCS volunteers trained in hygiene promotion and other WatSan activities, are working together in the same locations to provide water and sanitation services and promote healthy hygiene practices.

Other highlights of water and sanitation activities during the reporting period include:

- FACT WatSan participated in a rapid field assessment with DINEPA, UNICEF, SMCRS (solid waste authority), MSB (Swedish Civil Contingency Agency) and USAID to identify the official dumping site for solid waste, excreta and medical waste. FACT WatSan is also working on guidelines for the aquatab distribution.
- The government has created two organized settlements in Port-au-Prince. More people are now moving into La Piste and Automeca camps. The government has projected the establishment of at least one more camp in Port-au-Prince. The FACT WatSan, HNRCS, Spanish Red Cross and French Red Cross technical team assessed the design of La Piste and are leading its set-up. In both camps, promotional talks on solid waste collection and camp cleaning activities have generated the creation of community volunteer committees for tackling these issues.
- The WatSan team has met with CAMEP engineers to identify the water distribution network in Parc Olympic. Water and sanitation actions will be implemented, in combination with emergency shelter initiatives, for an estimated population of 25,000 people living at this site.
- Water and Sanitation activities are progressing rapidly in Leogane. The Austrian Red Cross ERU MSM20 is working on sanitation in five camps, and has completed 30 latrines in three of the camps in this district. Ensuring coordinated Movement actions, the FACT WatSan, the Spanish Red Cross M15 and the Austrian Red Cross MSM 20 all met in Leogane to discuss and visit WatSan work sites.
- The recent donation of an excavator truck from the Luxembourg Red Cross has been received and will contribute greatly in speeding up WatSan operations, including the construction of additional latrines, laying of water tubes, and other sanitation activities.

### Challenges

The Government decision to allocate the La Piste area for an organized camp has challenged the WatSan ERUs to provide a longer-term design for water and sanitation facilities suitable for 25,000 people over an indeterminate period of time, until permanent shelter becomes available.

As the population and density of camps continues to grow, demand for assistance rises. This requires flexibility, and constitutes an additional challenge to take into account intensifying needs.

Meeting the demand for latrines and solid waste management before the onset of the rainy season is challenging, particularly in paved areas or locations with a high level of ground water. Technical analysis has been undertaken so that any solutions are appropriate to the context.

<b>Emergency Health</b>	
<b>Objective 1 (Relief phase): The immediate health risks of the emergency are reduced through the provision of curative and preventive basic health, emergency evacuation services, targeted community-based health education and psychosocial support for the affected population.</b>	
<b>Expected results</b>	<b>Activities planned</b>
Medical health, surgical care and physiotherapeutic treatment are ensured in the rapid deployment hospital ERU in Port-au-Prince, referral hospital ERU in Carrefour, and other Movement-supported medical facilities with the capacity to provide essential surgical services for a population of 500,000 people.	<ul style="list-style-type: none"> <li>Assess the health risks of the affected population in terms of access and availability of health services, prevention, health needs and risk of communicable diseases and epidemics.</li> <li>Provision of medical, surgical, maternal and paediatric services) through referral hospital and surgical unit.</li> <li>Deployment of physiotherapists and provision of services</li> </ul>
Primary health care needs are met by the Basic Health Care ERUs and their respective Mobile Health Clinics with a capacity to provide basic health care to a population of 150,000 people.	<ul style="list-style-type: none"> <li>Provision of medical services (clinic and mobile health teams).</li> <li>Increase in the quality and quantity of BHC-interventions through integration in the 15 Health-facilities which will serve as second level structure in the Ministry of Health response-plan</li> <li></li> </ul>
Affected communities increase their capacity and skills in epidemic control, community based first aid and psychological first aid.	<ul style="list-style-type: none"> <li>Train HNRCS volunteers in International Federation epidemic control and community health tools (Epidemic Control for Volunteers, and Psychological First Aid tools, using Community-Based Health and First Aid as the strategic framework.) for all community health initiatives in Haiti.</li> <li>Monitor the risk of epidemics (diarrhoea, cholera, measles, vector-borne diseases and others) through active surveillance in health facilities and in the community.</li> <li>Carry out a vaccination campaign with a target of up to 100,000 vaccinations to reduce the risk of measles outbreaks.</li> <li>Reproduce and disseminate printed and non-printed materials on CBHFA, psychosocial support (PSP) training manual, volunteer manuals and other Information, Education and Communication (IEC) materials</li> <li>Carry out an information campaign through SMS and Infoline to disseminate health promotion messages on hygiene, vaccinations, HIV prevention to reach at least 1.2 million people.</li> <li>Distribute at least 100,000 male and female condoms at Red Cross health clinics and first aid posts together with prevention messages.,</li> <li>Distribute Mosquito nets and provide health education on their use.</li> <li>Increase disaster-preparedness-capacities for possible outbreak scenarios in the rainy and hurricane season through prepositioning of emergency health kits.</li> <li>Identify training needs in traditionally hurricane-prone areas of Haiti and provide emergency health and epidemic control volunteer trainings in the branches.</li> </ul>
The HNRCS has improved capacity to provide a more effective and relevant evacuation service of wounded and ill to reduce acute injuries and infections during the emergency phase.	<ul style="list-style-type: none"> <li>HNRCS, with ICRC support, provide evacuation and first aid services</li> <li>Refresh HNRCS volunteers' evacuation skills</li> <li>Rehabilitate and right-size the CRH ambulance services including the dispatch system.</li> </ul>
Selected affected groups and communities and Movement personnel and volunteers receiving psychosocial support	<ul style="list-style-type: none"> <li>Train HNRCS volunteers for enhanced knowledge and skills on community based psychosocial support, and psychological first aid.</li> <li>Provide psychosocial support to targeted affected groups and communities.</li> </ul>

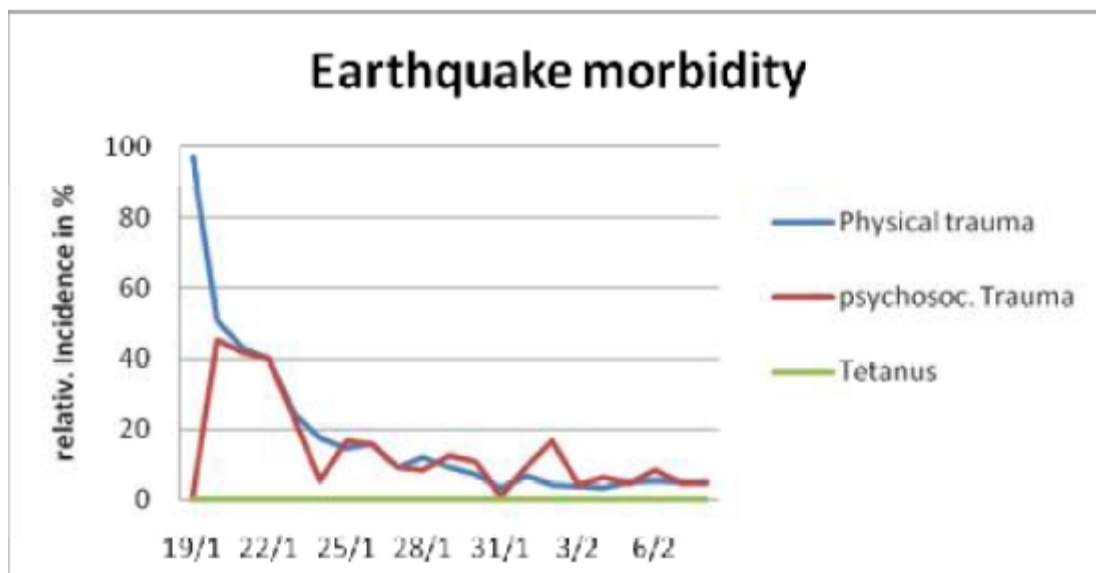
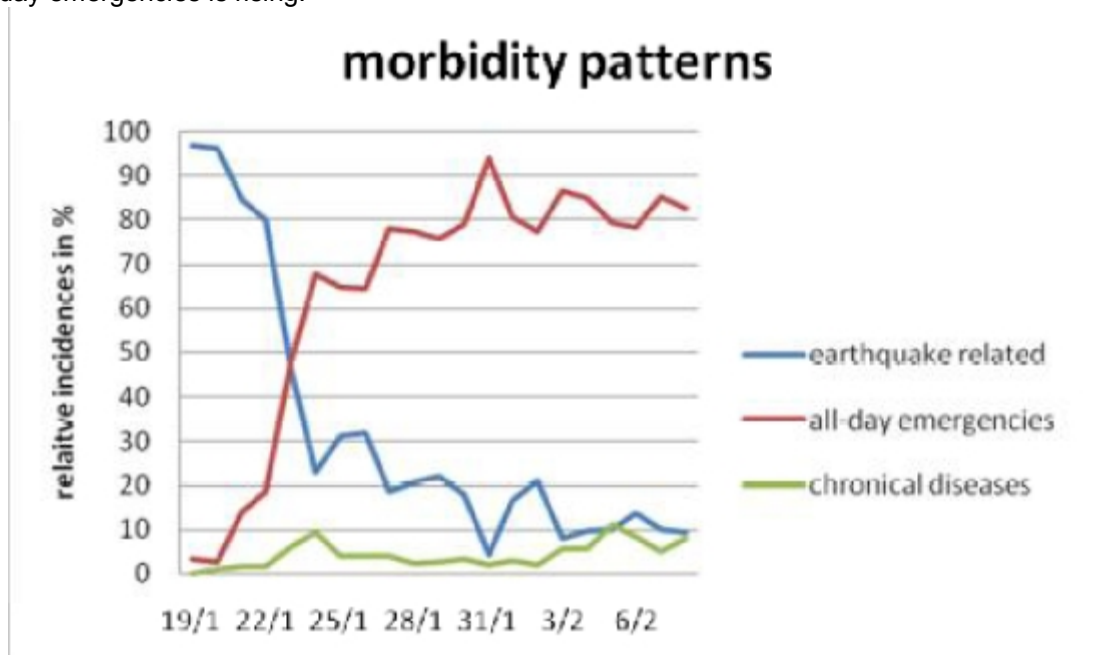
have improved their resilience and coping mechanisms.

- Monitor the mental health of Movement personnel and volunteers providing information and support on stress management, traumatic experiences and overwork.

### Progress:

Red Cross health care facilities and mobile teams have treated more than 18,882 people in post-earthquake Haiti, as of 11 February. Some 1,600 people are seen every day, of which between 1,000 and 1,300 are seen daily by basic health care units (BHCUs) and integrated mobile clinics. BHCUs from Finland, Germany, Japan and France are working closely together and coordinating their programs through regular meetings.

The number of earthquake-trauma cases is continuously decreasing as expected, whereas the number of everyday emergencies is rising.



So far, the relative incidence of approximately 12 per cent of cases with respiratory tract infections is stable. The same applies for watery diarrhoea, with relative incidences of between 5 and 10 per cent, without a clear trend. Nevertheless, the situation remains an epidemiological time-bomb due to the over-crowded and inadequate living conditions, insufficient sanitation facilities and an extremely vulnerable population.

A mass vaccination campaign is now underway in Port-au-Prince, aiming to vaccinate 140,000 children against diphtheria, tetanus, whooping cough, measles and rubella. As of 9 February, 3,568 people had been vaccinated. The Red Cross is one of the key implementing partners for this campaign.

Other health-related developments during the reporting period include:

- The Finnish, French and Swedish Red Cross BHC have had the Oral Rehydration Solution (ORS) instruction leaflet translated into Creole. This leaflet is being given to patients with diarrhoeal symptoms. The BHCs are working on the establishment of a fixed clinic in La Piste. Plans to set up a fixed clinic in Croix-Deprez had to be cancelled, as the area was deemed unsafe.
- The Norwegian/Canadian Red Cross/Magen David Adom Rapid Deployment Hospital ERU psychosocial support (PSP) services have been called on several occasions to ascertain whether children were unaccompanied minors. Two recreational spaces have been created in the hospital garden: one is child-friendly with games for children, and the other is a recreational area for adults with card games and dominos. The proposed move of the teams from Port-au-Prince to Petit Goave is in progress. The patient case load has been handed over to partners in the vicinity of the clinic.
- The German Red Cross referral hospital has treated 2,290 outpatients and has 70 in-patients. There have been a total of 64 surgical interventions so far. Psychosocial support activities are provided at the hospital.
- The Turkish Red Crescent is also carrying out psychosocial support programming.
- The Colombian Red Cross Society continues providing medical assistance through its Medical Units in the community of Santos 25.

The health technical working group meets regularly. In the most recent meeting, participants discussed the psychosocial support programme at the German/Finnish Field Hospital. The work there is highly appreciated, and will be an important input to the further development of PSP activities under this operation. The health catchment-area is being increased by deploying additional teams to Petit Goave and Leogane.

#### Challenges:

The impact of the rainy season on health could provide serious challenges. The risk of epidemic outbreaks remains a real possibility. Response capacities will need to be strengthened in the coming months to avoid additional potential health problems from arising and diverting resources from the response to the potential emergency.

Other areas of concern identified by health team members and necessitating follow-up, include:

- The establishment of a parallel disaster-preparedness process for the hurricane season 2010, so as to identify training needs in traditionally hurricane-prone areas of Haiti (particularly Gran Sud) and provide emergency health and epidemic control volunteer training at branch level.
- The need to increase disaster-preparedness-capacities for possible outbreak scenarios during the up-coming rainy and hurricane seasons, through prepositioning of emergency health kits (Interagency Emergency Health Kit, cholera, malaria).
- The need to increase the capacity of the National Society to respond to health emergencies, through strengthening volunteer networks by providing training in Epidemic Control for Volunteers, Malaria Toolkit, and Community-Based Psychosocial Support as a matter of priority.



Swedish nurse Monika Hörling takes care of a 2-year-old girl Melissa Germain at the Finnish Red Cross mobile health clinic, Port-au-Prince, Haiti. Photo source: Noora Kero / International Federation

<b>Shelter and community infrastructure</b>	
<b>Objective 1 (Relief phase): Ensure that 80,000 affected families have healthy and safe emergency shelter to help preserve their physical and mental well-being, human dignity and prevent the further deterioration of their humanitarian situation.</b>	
<b>1. Expected results</b>	<b>2. Activities planned</b>
<p>The most vulnerable affected families are supported in the recovery of their comprehensive well-being through the distribution of emergency shelter materials to 80,000 families in Port-au-Prince, Carrefour, Leogane and Jacmel.</p> <p>Collective rubble removal is achieved by local committees using 1,200 clearing kits linked with a cash for work programme in Carrefour, Leogane and Jacmel.</p> <p>3,000 host families receive cash vouchers for the purchase of shelter materials to improve the living conditions and promote housing solutions in host families.</p>	<ul style="list-style-type: none"> <li>• Conduct rapid emergency needs and capacity assessments.</li> <li>• Develop community and beneficiary targeting strategy in coordination with local authorities and other humanitarian actors.</li> <li>• Procure and distribute suitable shelter relief options (tents, shelter kits complemented with other construction materials and tools).</li> <li>• Procure and distribute other household NFIs in coordination with relief.</li> <li>• Provide basic guidance on the use of shelter relief items to complement the distribution.</li> <li>• Develop a shelter strategy and plan of action to deliver on both transitional shelter solutions and shelter early recovery options.</li> <li>• Identify and prioritize vulnerable groups for the next phase.</li> <li>• Monitor and evaluate the shelter activities and report on distributions.</li> </ul>

### **Progress:**

The recent heavy rainfall, a precursor to the rainy season which can begin as early as mid March and run until May, has intensified the already urgent demand for emergency shelter. The International Federation has stepped up its emergency shelter distributions. Now reaching approximately 2,500 families per day, concerted efforts are being made to respond to this critical need rapidly and efficiently.

As of 11 February 2010, the combined Movement actors have provided over 15,000 families (75,000 people) with shelter materials consisting of tarpaulins and rope. In addition, 2,914 shelter tool kits, and nearly 925 families have received tents. Educational flyers providing information on how to use these materials are included with each distribution. Over 60 HNRCS volunteers are active in the evaluations, identification of beneficiaries and distribution of NFI relief, including emergency shelter. ERU teams are conducting site assessments in Port-au-Prince. In Leogane, the Colombian Red Cross Society supports the ERU team in this effort. An aerial assessment was carried out over Leogane by the French/Finnish Relief ERU team leader. In addition, thirteen dispensary self-standing tents for communal schools are to be distributed in the hilly Carrefour region.

The International Federation took over the lead of the Shelter Cluster on 11 February. Shelter Cluster partners have a shared objective of providing some type of shelter solution to at least half of the estimated 1.2 million people living in transitional settlements by early March.

For the International Federation and Movement partners, the overall aim is to provide at least 80,000 households (400,000 people) with two tarpaulins (plastic sheeting) and rope. Plastic sheeting is a well-proven material in disaster response. When combined with supplementary materials (salvaged or provided), it enables strong and near-waterproof shelters to be built. Nevertheless, it remains clear that tarpaulins are useful only as a short-term emergency solution. The International Federation is therefore committed to contributing to durable and dignified housing solutions for the most vulnerable affected people as soon as reasonably feasible, given the immensity of

immediate needs. Informational flyers on how to use tarpaulins, combined with support by HNRCS volunteers and the Movement shelter team, are an integral part of every distribution<sup>6</sup>.

Moreover, the shelter response aims to maintain a degree of flexibility, to respond to the varying scenarios of needs. As such, additional Shelter Tool Kits and timber, along with the informational flyers and technical support, will be provided to 20,000 of the 80,000 targeted households. Furthermore, additional timber and construction materials will be supplied to 2,000 of these 20,000 households. A separate group of 10,000 households (50,000 people) will receive family tents. Furthermore, community organization to remove rubble, prepare and maintain the areas for emergency shelters will be bolstered with the distribution of 1,200 debris clearing kits. On the basis of one per 25 families, these kits support community-based early reconstruction efforts.

Traditional shelter solutions have been adjusted to take into account the high-density in the transitional settlements. As more land becomes available and the Haitian government's plans to establish organized camps are implemented, the HNRCS and other Movement members will adjust their inter-related shelter, health, water, sanitation and hygiene response to better take action in these new locations.

As an auxiliary to the Haitian government, the HNRCS along with the International Red Cross Red Crescent Movement is working to guarantee that these proposed camps adhere to minimum humanitarian standards, to include:

- § Basic needs and public services (food, shelter and sanitation),
- § Security for all inhabitants,
- § Access to livelihoods and public institutions.
- § Voluntary relocations.

The Movement's shelter solutions also take into account Haiti's environmental conditions, which are characterized by risks of floods, landslides and other environmentally-provoked disasters, due to deforestation and reduced rainfall absorption capacity. The lumber included in the shelter distributions is being procured through a local business which imports wood from locations outside of Haiti, principally from the United States. All International Federation wood purchases are from companies that are chain of custody certified. Done through the Sustainability Forestry Initiative (SFI), mainly active in North America, and the Forest Stewardship Council (FSC), present globally, these certification systems establish standards which promote responsible forestry, and social and environmental standards.

Finally, it is worth noting that activities are already underway to design the early recovery programme which combines various shelter models (to include a wooden core house, a steel core house and a safe community centre). Work on the timber prototype has begun. The plan is for villages to prepare the sites, and for beneficiaries to take part in the building – at an estimated cost of under USD 1,000. Tenders have been received from various companies for the construction of steel core houses. Furthermore, the plan of action for host family intervention is under study. Coordination has begun with the American and British Red Cross National Societies on a cash transfer programme, with the potential for pilot testing in Les Cayes.

### **Challenges**

The constant flux in human movement generates difficulties in assessing the exact numbers of people in any given location. Individuals and families continue to move in and out of transitional settlements. The exodus of people from the most affected areas continues, thus expanding the range of locations where relief is needed.

IDP movements are hard to predict. Further congestion remains a concern, in particular if a large number of IDPs should decide to return to Port-au-Prince in search of work, thereby straining the already over-stretched shelter situation.

Although the small physical spaces of the transitional settlements impede the use of 16m<sup>2</sup> tents, different emergency shelter options have been developed to respond to this challenge.

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<sup>6</sup> The International Federation and affiliate members of Oxfam International have established shared guidelines, reviewed by peer panels, for the use of plastic sheeting in emergencies. The how-to-use flyers are based on these guidelines.

There is an urgent need for Shelter Cluster coordination in Leogane, particularly in light of conflicting information regarding actual needs.

### Strengthening of HNRCS capacities

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

### Progress:

The Haitian National Red Cross Society (HNRCS), volunteers, staff and leadership continue to lead this operation. The positive impact of their impartial and tireless actions to provide humanitarian aid to the earthquake-population is noteworthy.

HNRCS was an integral partner in the organization of the Haiti Response Summit, held in Montreal on 9-10 February (see Movement Coordination section above). The meeting also provided HNRCS with the opportunity to strategize with Movement partners regarding plans to support its capacity building in emergency response and organizational development. The agreement signed by Movement actors present at the Summit will underpin the relief and reconstruction phases.

In keeping with the relief objectives, the support for HNRCS capacity building remains fundamental and cross-cuts the other priority areas of relief, health, shelter, water and sanitation, and protection.

Based on information available to date, training and integration of HNRCS volunteers into operational activities – with a view to enhancing skills and specialized knowledge – is occurring across all areas of the operation. The following table provides a snapshot of volunteer capacity-building activities as part of the emergency response so far.

<b>HNRCS Volunteer Involvement in Operation Response Operations</b>			
<b>Area</b>	<b>Number of Volunteers</b>	<b>Capacity-building / Skills</b>	<b>Movement Partners</b>
Relief	60	Evaluation and identification of beneficiaries Distribution methods	International Federation
Health	16	First aid and basic health care	French Red Cross health post
	10	Psychosocial support	Norwegian/Canadian Red Cross/Magen David Adom rapid deployment hospital
	TBC	Vaccination campaign	International Federation
Water and Sanitation	80	Hygiene promotion	International Federation
Shelter	25	Shelter kit use	International Federation
IT/Telecoms	1	HNRCS counterpart fully incorporated	International Federation
	TBC	Radio room operations	
<b>TOTAL (incomplete)</b>	<b>192</b>		

### Challenges:

HNRCS staff and volunteers have been seriously affected by the earthquake, and there has been a loss of previously acquired capacity.

The personal and living conditions of many HNRCS staff and volunteers remain difficult. This must be taken into account in terms of provision of meals, accommodation and transport to facilitate volunteer involvement in response activities. This issue is currently being addressed at base camp level.

### IT/Telecom

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

Expected results	Activities planned
The shared ICRC / HNRCS VHF network is covering the operational areas.	<ul style="list-style-type: none"> <li>• Deployment of ERU IT/Telecoms.</li> <li>• Rehabilitation of VHF repeaters.</li> <li>• Installation of one VHF repeater for coverage of Sud and Sud-Est</li> </ul>
Radio contact is possible from branches to communicate operational updates.	<ul style="list-style-type: none"> <li>• Rehabilitation of VHF base stations.</li> <li>• Installation of VHF radios in vehicle.</li> </ul>
Data communication and office facilities are available for the operation.	<ul style="list-style-type: none"> <li>• Installation of data connectivity facilities and provision of IT support.</li> <li>• Monitor activities and provide reporting.</li> </ul>

#### Progress:

Like other logistics-related objectives, the IT/Telecom actions are fundamental contributions to the well-functioning and safe relief distributions currently underway. The IT/Telecom team supports clear communication and contributes to safety in all aspects of this operation via computer support services and radio.

Vehicle and staff tracking is now conducted from the base camp radio room, thus freeing up space on the overly-congested ICRC channel. With the increase of human and material resources during the relief phase, the IT/Telecom team will be increased with three new radio operators to increase capacity, especially during peak hours.

The repeater in Obleon has been repaired and a ICRC repeater is planned for instalment at this same location. The repeater in Fort-Delpeche, managed by the ICRC, currently is out of service due to problems to charge the batteries.

Installation of a radio station is being carried out in the office of the HNRCS to enable direct communications by the National Society with the operation, their staff and operational branches. Other radios will be installed in American Red Cross and ICRC vehicles. The IT/Telecom teams train delegates in radio use and radio security policy. Ten delegates from the American Red Cross and seven from the Swiss Red Cross recently received training. Future actions also include the distribution and installation of the donated VSAT Stations

An added 2 Mbps link has improved the base camp computer network.

#### Challenges:

An aggressive virus has affected almost every computer in Red Cross camps. Measures are being taken to minimize the threat.

The stock of radios for stations or vehicles is running out and delivery dates for additional material have not yet been confirmed.

### Logistics

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

Expected results	Activities planned
All programs receive	<ul style="list-style-type: none"> <li>• Deployment of a logistics ERU.</li> </ul>

professional logistics support and goods are received for distribution as planned.	<ul style="list-style-type: none"> <li>• Assess logistics infrastructure.</li> <li>• Set up efficient logistics unit and identify best supply chain to support the operation.</li> <li>• Carry out reception of air and sea relief goods and arrange transportation to distributions points.</li> <li>• Liaise and coordinate with other key actors to ensure best uses of all information.</li> <li>• Monitor activities and provide reporting.</li> </ul>
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Efficient and coordinated logistics underpins the rapid increase of relief actions in Haiti. The supply chain—procurement, transport, fleet and mobilization in several countries— is done by air, sea and land. Despite the challenging infrastructure available to manage the flow of goods to the most affected people in Haiti, non-food items have been dispatched efficiently to respond to the changing relief demands.

The Port-au-Prince port is still under repair; it is not expected to be completed until May. Two floating docks are being installed to increase the daily reception capacity to up to 1,500 containers. The International Federation will continue to use sea freight, attempting to make use of air shipping when action is needed to avoid gaps in the supply chain. International shipping into the Dominican Republic will now use the port at Caucedo.

OCHA reports that incoming flights to Haiti are decreasing, which could potentially facilitate more flight slots. However, the restart of commercial flights planned for this week could maintain the same waiting time for slots. The Haitian customs service has been resumed.

#### Progress:

As of 11 February 2010, 88 flights have been received and handled between Santo Domingo and Port-au-Prince. Currently most air cargo arriving in Santo Domingo is on commercial aircraft. The total shipments reached 3,431 tonnes as of 11 February. Details of logistics statistics are set out below.

#### Key Statistics

Activity	To Date Total
Flights received in the operation	88
Sea shipments (40' containers)	15
Total tonnage of shipments	3'431

Activity	Period
Aircraft handled	1
Trucks / containers received Haiti	10
Estimated tonnage	350
Trucks despatched	14
Estimated tonnage	48,5

The logistics team continues to handle large shipments by sea. The first consignment by sea from the Regional Logistic Unit (RLU) in Panama, via the Dominican Republic, arrived in Haiti. The second shipment of eight containers arrived in the Rio Haïna port in the Dominican Republic on 13 February.

In response to the plentiful food donations from their respective countries, the Colombian Red Cross Society and the Mexican Red Cross, along with the Dominican Red Cross are coordinating with the logistics team to receive a 7,000 to 10,000 mt food donation by sea. Since logistics needs will be increased - in addition to the volunteers' skills who will arrive for distributions - the logistics team has requested one or two Regional Intervention Team (RIT) members to support this task..

Nineteen PNS have used the International Federation warehouse in Barbancoart to store, handle, and dispatch relief items. Warehouse capacity is strained. Plans are underway to distribute NFI between Babancoart and Batimat warehouses, to increase dispatch capacity for distributions. Grounds are being prepared to set up Rubbhalls (portable warehouses) and further increase storage space. An additional warehouse will be rented to accommodate goods being brought in by the Mexican Red Cross,

On-going efforts are being made to make logistics more integrated into relief and recovery actions. To reduce the complexity of logistics on the ground in Haiti-- particularly for shelter-- a consolidation centre will be set up outside the country where family kits can be put together and then dispatched. The logistics coordinator in Haiti will then be able to more efficiently activate the supply chain based on requisitions.

The logistics team is in the process of preparing for the recovery phase. A logistics adviser is supporting the Recovery Assessment Team (RAT) and Shelter Cluster so that logistical aspects are mapped into the recovery phase strategy.

Thanks to generous donor support, the NFIs to be distributed to 80,000 families are covered. Water and sanitation material and sanitation trucks (with delivery and suction capabilities) are urgently needed. Given the necessity for water and sanitation materials, in-kind donations of water and sanitation materials will be accepted based on the approval of the WatSan team and delivery time. International tenders have been launched for vacuum trucks and timber.

### Challenges:

Relief distribution has been scaled up to reach 2500 families per day. Continued support is being provided to the relief distribution, with plans agreed 72 hours in advance.

It is important for donors who pledged in-kind contributions to speed up the delivery of goods and provide RLU with clear delivery timeframe. Additional human resources also are needed in warehouse and airport logistics to support this increase.

Although procurement support in Haiti is being reinforced to respond to the current demands, this process is time-consuming.

Due to the urgency of providing shelter before the rainy season begins, very short lead times have been given to respond to shelter request for large quantities of items. Action has been taken to local source shelter requests where possible and commence international tenders.

## Security

**Objective 1 (Relief phase): A well functioning and effective operational security framework that will enable RC/RC personnel to operate safely and securely.**

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Sound operational security management structures and procedures established and operating effectively ensuring a safer working environment.</li> <li>• Federation and HNRCS operations have good security awareness and are able to anticipate and react to changing situations and circumstances in a timely manner.</li> <li>• Improved planning capacity, more effective management and prevention of security incidents, and enhanced ability to be proactive through reports, analysis and lessons learned.</li> <li>• Effective working partnerships established with other agencies providing increased access to information and resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Deployment of Emergency Security Coordinator (first 6-8 weeks).</li> <li>• Recruitment of Security Coordinator for 12 months +</li> <li>• Implement IFRC Minimum Security Requirements (MSR), and the establishment of a sound security management process.</li> <li>• Participate in, and give advice to operational planning meetings, Critical Incident Management teams and Task Forces.</li> <li>• Monitor the security situation and provide updates and security briefings.</li> <li>• Manage security incidents and provide incident analysis</li> <li>• Provide security briefings and debriefings for RC/RC personnel in the operation.</li> <li>• Ensure a 24/7 security support and advice to operation.</li> <li>• Contract and manage security guard force company at offices, accommodations, warehouses and operational sites.</li> </ul>

### Progress:

In spite of the operation's size and complexity combined with factors related to pre-disaster violence, the Movement actors continue to operate safely and securely. Having volunteers and staff from the HNRCS, Haiti's largest community-based organization, participate in all phases of the relief efforts is advantageous. Clear communication

in the local language of Creole as well as cultural understandings of their society allow HNRCS volunteers to contribute to security objectives.

OCHA reported that around the month anniversary of the earthquake, protests were organized in Petionville against alleged hoarding of aid and deficient political leadership. Street gangs, once curtailed by the MINUSTAH peacekeeping forces, have capitalized on the lack of full access to food, water and shelter by looting.

Updated security regulations for the operation have been produced and these will be distributed to all delegates and staff. The IT/Telecom system, particularly the fully functional radio room between staff and vehicles, combined with ongoing HNRCS leadership and presence during distributions contribute to maintaining the safety of Movement members.

### **Challenges:**

In order to maintain the safety of all Movement members and contribute to the security of beneficiaries during distributions and other actions, stringent security procedures continue to be necessary. Understanding the ongoing and potential risk of violence, the security unit monitors local developments and shares information with other partners engaged in the relief effort.

## **Communications – Advocacy and Public Information**

Whilst the general interest in Haitian earthquake decreases over time, the one month anniversary of the earthquake generated renewed media interest. A brochure entitled Haiti: from Tragedy to Opportunity was issued one month after the earthquake struck, on 12 January, summarizing actions undertaken by the Movement to date and providing details on the context and the integration of lessons learned from previous large-scale disasters into the programming.

Providing information to the earthquake-affected population is a central part of the Movement's communication activities. Since 2 February 2010, 12 million SMSs on health topics and the vaccination campaign for children and youth have been sent to mobile phone users. It has been estimated that approximately three people are reached for each SMS message sent.

The HNRCS, the International Federation and Voila/Comcel launched the HNRCS information line. Haitian citizens can dial \*733 and receive updated information on the Federation vaccination campaign and acute diarrhoea. The service will be an ongoing development and will offer information on HIV prevention, condom distribution locations, as well as water and sanitation information.

The HNRCS is planning on producing radio spots to provide further information on suggested health measures and Movement activities.

Given the pressures to guarantee emergency shelter options before the upcoming rainy season, the UN has requested the presence of the International Federation, as the lead agency in the shelter cluster, at UN-sponsored press conferences.

In terms of international media, the following activities have taken place or are scheduled:

- The British Red Cross hosted an English journalist from the *Telegraph* in Leogane.
- A Panamanian television journalist reported on the German referral hospital.
- The psychosocial team from the Danish Red Cross gave interviews to the delegates and volunteers to the American Red Cross, *the Miami Herald*, Danish local radio, *Ekstrabladet*, a Danish daily paper and a Brazilian media group. One of the delegates published an article about the psychosocial work in the morning paper *Politiken*.
- The BBC is to film the vaccination program in La Piste with British Red Cross.
- Eight interviews with different American radio stations were managed by American Red Cross.
- MTV US is coming during the next few weeks to film Red Cross / Red Crescent activities.
- The Italian newspaper 'Il Giorno' interviewed members of the Italian ERU for the one month commemoration.
- French media are making preparations for President Sarkozy's visit on 17 February.

This operation's media team has posted 29 news stories and nine press releases since the earthquake. A video, interviews and images on the SMS campaign have been recorded and should soon be available from the International Federation Secretariat.

News in English, French, Spanish, and Arabic and photos galleries of the Movement's actions in Haiti can be found on the International Federation website: [www.ifrc.org](http://www.ifrc.org). Upon request, the Communications Department in the Secretariat also furnishes additional information.

## 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

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