

Operations update



International Federation
of Red Cross and Red Crescent Societies

Haiti: Earthquake Progress Report

Emergency Appeal n° MDRHT008
GLIDE n° EQ-2010-000009-HTI
Operations update n° 24
29 January 2011

Period covered by this Progress Report:
1 to 31 December 2010

Appeal target (current): 314,329,971 Swiss francs in cash, kind, or services are required to support the plan of action of the Haitian Red Cross (HRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) to provide basic non-food items and emergency/transitional shelter to 80,000 beneficiary families and provide emergency health care, fulfilment of basic needs in water and sanitation and livelihoods support for vulnerable populations in the earthquake-affected region.

Appeal coverage: coverage currently stands at approximately 81 per cent. The 2,560,967 Swiss francs requested to support the International Federation of Red Cross and Red Crescent Society's inter-agency coordination of the Shelter and Non-Food Items Cluster have already been covered by different donors.

Summary: A 7.0 magnitude earthquake struck Haiti on 12 January 2010, affecting 3 million people. The earthquake directly affected Port-au-Prince, Léogane, Petit and Grand Goâve and Jacmel, causing over 222,570 deaths and 300,572 injuries. Widespread destruction in Port-au-Prince left over 1.5 million people homeless and in Léogane and Gressier 70 per cent of homes were destroyed or damaged; vast numbers of those whose homes were destroyed or damaged resettled in over 1,354 spontaneous settlement sites across the earthquake-affected area while 661,000 people fled the capital for other regions. The earthquake compounded pre-existing structural problems, severe poverty and low levels of development, very limited access to education, health and sanitation services.

The International Organization for Migration (IOM) has recorded a significant fall in the number of people living in camps since the 12 January 2010 earthquake. Some 500,000 internally displaced people (IDPs) have now left the camps in relation to a peak figure of 1.5 million over the summer months to just over one million in November. This is a reduction of nearly one third of the IDP population. The decrease is even more dramatic in semi-urban and rural areas and towns away from greater Port-au-Prince, such as Léogane, Petit Goâve, Gressier, Grand Goâve and Jacmel, where the population in camps has decreased by over 50 per cent and in the case of Léogane, by two thirds.

The IFRC Earthquake response programme has continued progress. At the end of December 2010, the relief teams had distributed 328,760 tarpaulins, 129,497 blankets, 250,116 hygiene kits and 136,733 mosquito nets. The transitional shelter programme has been moving forward with the completion of 723 shelters by the end of December 2010. In the health sector, 122,149 people have been reached by the community based health services and the health unit has been heavily involved in the cholera operation during this month. 218,910 people have been reached with water distribution by the end of December 2010 and 451,521 cubic metres water have been delivered; in addition, 143,036 people have been provided with sanitation facilities. The Disaster Preparedness/Disaster Risk Reduction programme has strengthened the capacity of 13 Haitian Red Cross Branches to respond to disasters and 25,000 vulnerable households have been covered by pre positioned stocks as of the end of December 2010.

1. GENERAL DATA

Country: Haiti	Type of disaster: Earthquake	GLIDE number: EQ-2010-000009-HTI
Target number of beneficiaries: 80,000 beneficiary families	Expected duration: 3 years	Budget: 314,329,971 Swiss francs

2. ANALYSIS OF THE CURRENT SITUATION

2.1. CURRENT RESPONSE

The Earthquake recovery operation continues to move ahead in the context of a continually changing political environment in Haiti. The operational approach in December was to continue the momentum gathered over the last year in all programmes, and sustain efforts to carry the operation through towards the one year anniversary of the earthquake, maintaining a strong focus in the implementation areas that were effective and feasible throughout the year. This strategy proved to be prudent in light of the sudden security challenges that arose in December in relation to the current political uncertainty in Haiti.

The shelter programme has been able to reach its target in the project in the La Piste IDP camp of moving in handicapped families. At the same time, the water and sanitation programme was able to expand capacity considerably in order to meet the increased demand for clean water generated by the cholera outbreak and IFRC cholera response and preparedness operation.

Along with maintaining operational status in the sectoral areas, additional human resources were mobilized to ensure a continuation of services. The continued support from regional Red Cross Societies through the RIT (Regional Intervention Team) mechanism continues to contribute to a strong and vibrant operation.

Some activities under the earthquake operation have been interrupted due to the cholera outbreak that has been affecting Haiti since October 2010. The cholera outbreak started in the Haitian department of Artibonite and has spread throughout all ten departments in the country, including areas affected by the January earthquake. As of 1 January, the Ministère de la Santé Publique et de la Population (MSPP) reported 3,651 deaths due to the cholera epidemic and 171,304 cases nationwide. The epidemic continues to threaten 2.2 million school children, given the lack of clean water and sanitation facilities in schools throughout the country.

The International Federation launched an Emergency Appeal for cholera response and preparedness to provide support to 500,000 people (100,000 families) in Haiti for up to a year and 150,000 people (30,000 families) in the Dominican Republic for up to six months. This Appeal aims to support the affected and vulnerable population within a four-pronged strategy in accordance with the Haitian Red Cross' Cholera Response plan of action and with the MSPP directives: **Group activity I) water supply, Group activity II) sanitation, Group activity III) preventive health and hygiene promotion and Group activity IV) curative health facilities**. The Appeal aims to support the coordinated response of the International Red Cross and Red Crescent Movement to the outbreak, thus increasing the synergy and efficiency of the operation. The proposed activities include the strengthening of the Haitian Red Cross volunteer network to improve resilience capacity in communities through cascade training and key messages on cholera treatment and prevention. The overall strategy of this Emergency Appeal focuses on the provision of services within the four aforementioned group activities at three different levels: in the communities, in Cholera Treatment Units and Cholera Treatment Centres.

The main activities carried out by the IFRC with support from the Haitian Red Cross are in the areas of water supply, sanitation, preventive health and hygiene promotion, curative health and logistics. In addition, Partner National Societies (PNS) in the country including the American Red Cross, the British Red Cross, the Canadian Red Cross, the Danish Red Cross, the Finnish Red Cross, the French Red Cross, the German Red Cross, the Japanese Red Cross Society, the Norwegian Red Cross, the Netherlands Red Cross, the Spanish Red Cross and the Swiss Red Cross have been contributing to the cholera response. PNSs have been conducting extensive hygiene promotion activities with support from the Haitian Red Cross. Other activities include managing and supporting Cholera Treatment Centres (CTCs) and Cholera Treatment Units (CTUs), distributing visibility material

with cholera related messages, transporting cholera patients, training Haitian Red Cross volunteers and sanitation focusing on latrines amongst other activities.

3. REPORTING ON THE OPERATION

3.1. RELIEF DISTRIBUTION (Non Food Items and Emergency Shelter)

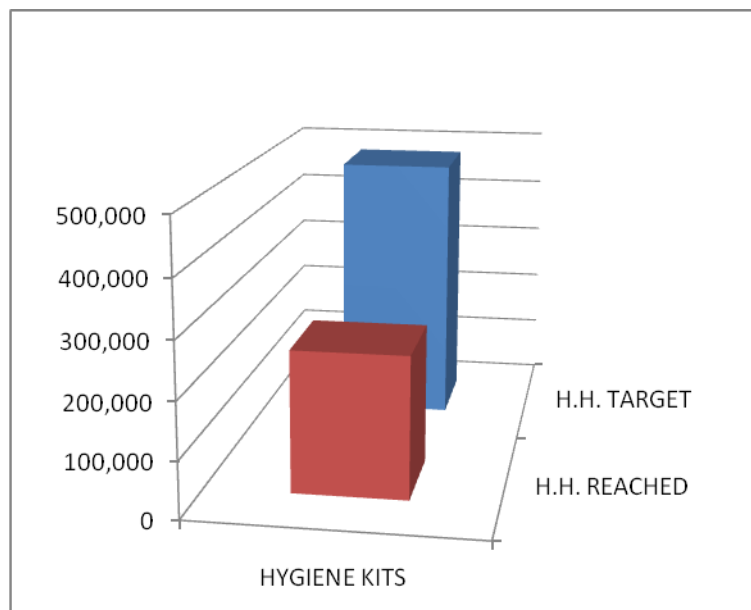
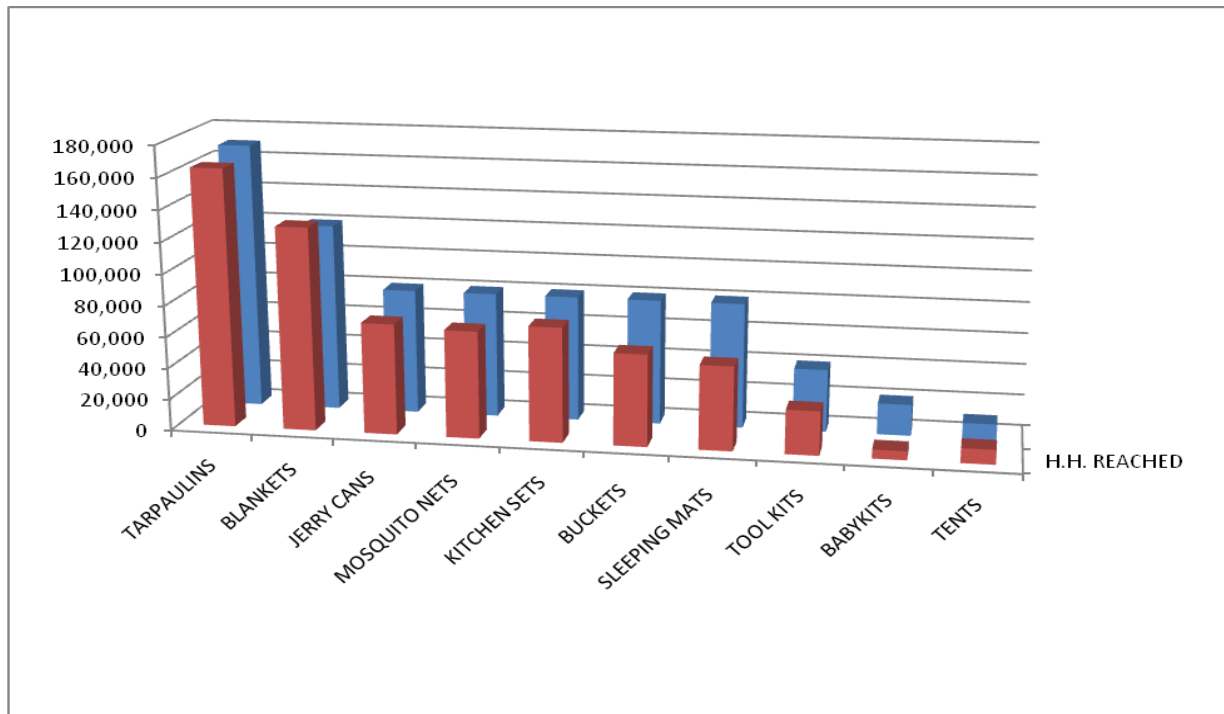
3.1.1. Report on indicators

Outcome: The most vulnerable people affected by the earthquake have access to basic non-food items that enable them to resume essential household activities.

Objective	Indicator	Non-Food Items	Target (no of items)	Year to Date Actual	% to date	Overall %
Output 1.1 80,000 families will have received basic non-food items (including emergency shelter) within the first six months following the disaster.	1.1 a) Total number of households provided with a set of Non-food items.	Blankets (2 per family)	120,000	129,497	108%	77%
		Jerry cans (2 per family)	160,000	141,434	88%	
		Mosquito nets (2 per family)	160,000	136,733	85%	
		Kitchen sets (1 per family)	80,000	73,104	91%	
		Buckets (1 per family)	80,000	58,632	73%	
		Sleeping mats (2 per family)	160,000	107,199	67%	
		Baby kits	20,000	5,749	29%	
	1.1 b) Total number of households provided with emergency shelter items.	Tarpaulins (2 per family)	140,000	239,342	171%	111%
		Tents	10,000	9,381	94%	
		Shelter tool kits	40,000	27,994	70%	
Output 1.2 20,000 additional families will have been identified in the affected area and have received emergency shelter items	1.2 # households provided with emergency shelter items	Tarpaulins - New camps	40,000	5,648		14%
Output 1.3 80,000 families will have received further emergency shelter items (tarpaulins, and rope) to replace those damaged through use or by the weather, etc.	1.3 Total number of households provided with emergency shelter items.	Replacement Tarpaulins	160,000	83,770		52%

Output 1.4 80,000 families will have received a hygiene kit on a monthly basis until December 2010	1.4 Total number of households reached with hygiene kits at least six times	Hygiene kits (1 per family for 6 months)	480,000	250,116	52%
--	---	--	---------	---------	------------

The following tables indicate the number of households reached at 31 December 2010 in relation to the overall target.



Analysis of implementation

Key accomplishments

More than 50,000 families have received a new beneficiary card with a bar code card during the reporting period; in addition, a digital database containing more than 50,000 families with their telephone number has been created during the reporting period.

Key challenges

The security situation has been a key challenge during the reporting period. Relief distributions were halted during the presidential election period due to the security situation in the country.

3.2. SHELTER

EMERGENCY SHELTER

Outcome 1: In cooperation with IFRC relief and water and sanitation teams, technical support has been provided to 3,000 families with training on how to optimize the use of existing emergency shelter resources and improve site conditions.

SHELTER SOLUTIONS

Outcome 2: In parallel to rapidly meeting the emergency shelter needs, provide shelter solutions to 7,500 Households within the next 24 months.

3.2.1. Report on indicators

Indicators

Objective	Programme components	Indicators	Year end actual
Output 1.1 3,000 families will have received guidance on how to make best use of available materials.	Training	No. of people receiving carpentry training. No. of people receiving masonry training. Total number of community members trained	331 0 331
Output 1.2 Improvements will have been made to the physical site(s) where the 3,000 families are temporarily settled.		Number of improved emergency shelters	222
Output 2.1 1,000 families will have received assistance with improving their shelter having elected one of five options	Support to "yellow" household owners	No. of households (yellow) who were able to return home. <i>** (estimates of the number of families have been made based on the official percentage of HH which were classified as red, yellow or green by the Government) The IFRC cannot specify how many families will be found per</i>	0

		<i>group. The definitive figures will be adapted and informed as a result of constant assessment.</i>	
	Site preparation for "Red" household owners	No. of households (red) who were able to return home.	0
	Households are supported to move to a new Government planned camp	No. of households who are supported with moving to Government planned camps.	173
	Host Communities	No. of households who have settled into a host community.	212
Output 2.2: 6,500 families will have received a timber or steel frame transitional shelter	Transitional Shelter	No. of households supported with site preparation for transitional shelters.	723
.	Households are supported with site preparation	Number of families who received a transitional shelter	404
		Number of families who received a steel frame transitional shelter	0
		Number of families who received a wood frame transitional shelter	404

Key accomplishments

EMERGENCY SHELTER

Outcome 1.1

3,000 families will have received guidance on how to make best use of available materials.

Outcome 1.2

Improvements will have been made to the physical site(s) where the 3,000 families are temporarily settled.

Achievements

Annexe de la Mairie

306 families have received emergency shelter material distribution and training. This distribution was carried out by the Danish Red Cross in May 2010. Training was also provided by Haitian Red Cross volunteers through direct help and the provision of training materials such as pamphlets and posters. **222** families have so far received additional emergency shelter material as part of the programme for relocating families within the camp so as to make space for transitional shelters. Training and training material has been provided to all beneficiaries who received additional shelter material.

Outcome 2.1

1,000 families will have received assistance with improving their shelter having selected an option

Achievements

Annexe de la Mairie

35 families have received an initial settlement grant that has allowed them to leave the camp and move into more suitable and safer living conditions. These settlement grants will be followed up with a livelihoods programme involving several grants that will be distributed over the following 12 months.

Carradeux

100 families have received an initial settlement grant that has allowed them to leave the camp and move to more suitable and safer living conditions. **62** of these families have received the initial livelihoods grant after completing the move from the camp and developing a plan of action for how they will spend their grant. **100** families have received grants to help them relocate back to the province and either reside with a host family or adopt another alternative improved shelter solution. **18** of these families have received the initial livelihoods grant after completing the move from the camp and developing a plan of action for how they will spend their grant. In total **80** families have received a grant to help them relocate from a camp and have also received their initial livelihoods grant.

Outcome 2.2

6,500 families will have received a timber or steel frame transitional shelter

Achievements

Transitional Shelters supplied to Partner National Societies

- **195** transitional shelters were supplied to the Canadian Red Cross in Jacmel and Léogane
- **3** transitional shelters were supplied for the Norwegian Red Cross in Petite Goâve
- **132** transitional shelters were supplied for the French Red Cross in Port-au-Prince

The Canadian Red Cross has completed the installation of 195 transitional shelters, 3 transitional shelters are still under construction by the Norwegian Red Cross and 132 have been installed by the French Red Cross. The agreement between the IFRC and the Canadian, French and Norwegian Red Cross Societies is that these shelters are a contribution to the IFRC shelter programme as the procurement, shipping, warehousing and delivery of these materials is handled by the IFRC.

IFRC Implemented Transitional Shelter Programme

Prototypes

- **12** shelter prototypes have been constructed in various locations around Port-au-Prince

Saint Marc

15 shelters have been constructed in Saint Marc for families who had left Port-au-Prince after the earthquake of January 2010. Water and sanitation facilities including a communal kitchen area have also been provided for the 15 families.

Annexe de la Mairie

116 houses have been completed to date. **32** shelters are currently occupied. Drainage and flood mitigation works are continuing

Annexe de la Mairie - decongestion

3 houses have been constructed on plots of land provided by beneficiaries

La Piste

123 houses have been completed to date

Carradeux

16 houses have been constructed on land provided by the beneficiaries. **16** houses are currently occupied.

3.3. HEALTH AND CARE

Outcome 1

Health risks posed by 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.

Indicators

Objectives		Indicators	Year end actual
Output 1.1	At least 200,000 people in affected communities, including IDP camps, have been reached through health education programmes and increased their capacity and skills in epidemic control, hygiene promotion, vector control, first aid and psychological support.	Total no. of people reached by community based health services (community outreach). Total # of people reached with community health awareness text messages	122,149 1.2 million SMS
Output 1.2	Curative and preventive health care services provided by Haitian Red Cross Society and Red Cross Red Crescent partners have been effectively coordinated to ensure the optimal use of resources and timely and appropriate service delivery to beneficiaries.	Total no. of sites where RCRC health facilities provide services Total no. of HRCS volunteers involved in health activities	4 763

Key accomplishments

Psychosocial Support Programme

The emergency response mechanism of the Haitian Red Cross psychosocial unit has been activated in the framework of the cholera response. The four HRC psychosocial teams of Léogane (Lafferonay), Petit-Goâve, Canapé Vert (Sainte-Marie) and Carrefour were initially conducting transitional psychosocial (educational and recreational activities) activities, while the programme's organizational and methodological framework was being developed. These teams are currently entirely devoted to the cholera outbreak response, reaching 31,716 beneficiaries with cholera treatment, prevention and information on transmission messages, while also addressing the psychosocial aspects of the disease, such as fear, rumours and stigmatization.

The initial three months plan of action has been modified in order to adapt to the current emergency. The revised action plan encompasses the following activities where the psychosocial dimensions of the disease are fully integrated:

- Participating in the community mobilization and cholera prevention campaign.
- Simultaneously, psychosocial volunteers are also addressing rumours, beliefs, fears and stigmatization. linked to the cholera crisis through group discussions with both children (in schools) and adults.
- Community mediation and facilitation in order to foster acceptance of the setting up of Cholera Treatment Centres (CTCs).
- Supporting cholera patients in the CTC – with focus on isolated/abandoned patients – and management of a mourning tent within CTCs
- Supporting discharged patients and preventing stigma when patients are returning to their community.
- Supporting grieving families.

In order to participate in the campaign, all 102 psychosocial volunteers have been trained in hygiene promotion and cholera prevention and have been deployed in the community and in schools. However, it has been observed that certain community members are reluctant to open up and take protective measures because of rumours, social and cultural perception of the disease. Violent reactions have also been witnessed at times where CTCs were to be set up. Therefore, in addition to the prevention messages, the psychosocial volunteers are also addressing the psychosocial aspects of the outbreak: fear, stigma, rumours, resistance, culturally appropriate management of bodies, etc. are being discussed with community members through group discussion / debate. These group discussions allow all opinions to be expressed and discussed and a common understanding/response to be reached. Community leaders are also being approached.

The psychosocial support teams have been involved in both sensitization and facilitation/mediation sessions in the community surrounding the selected CTC site in Carrefour/Lamentin. The core team was composed of a Haitian Red Cross Carrefour Branch representative and two facilitators from the Haitian Red Cross and the IFRC. The intervention relied on:

- Participation and involvement of lead stakeholders, such as doctors, nurses and other health personnel from the community
- Facilitation of group discussion and peer sensitization sessions within the community
- Mediation between conflicting groups / interests within the community
- Facilitation/liaison/mediation between community representatives and CTC representatives.

As a result, a community committee has been formed in order to liaise with the Haitian Red Cross and the Canadian Red Cross CTC management team on a daily basis. This structure will help in maintaining the trust and confidence which has gradually been built with the community surrounding camp Lamentin. The community committee will also help raising awareness and liaising with individuals and groups which are still concerned by the setting up of the CTC.

The Haitian Red Cross and Red Cross Red Crescent have drafted a concept note on “cholera, beliefs and perceptions” which was initially shared with Movement partners only. There was however a request for the note to be circulated more widely through the WASH and Health Clusters as well as the Mental Health and PSS Sub-Clusters. Very positive feedback has been received from various humanitarian agencies. A French and Creole version is now expected.

The psychosocial support team has completed the needs assessment that will form the basis for the drafting of the Haitian Red Cross’s five years programme strategy. This assessment included the participation of some 2,400 community members from six communities. Data processing has since been delayed by the current cholera outbreak. The drafting of the five years programme strategy and the programme methodology, activities and indicators will follow on the basis of the outcome of the needs assessment. The activities, which will be defined in the programme strategy, will start as soon as the cholera emergency response is over.

The Icelandic Red Cross (Nordic Consortium) psychosocial support activities have continued to take place in four locations: Delouise, Place Jeremy, St Marie, Place Harry) with the support of volunteers, reaching 2,563 beneficiaries.

Community based health

The Finnish/Icelandic/Swedish Red Cross Societies have continued to work in health and hygiene promotion with the support of volunteers in the same four locations where the psychosocial support activities are taking place: Delouise, Place Jeremy, St Marie and Place Harry, reaching 26,348 beneficiaries.

Ten Haitian Red Cross volunteers have been trained as trainers in the Epidemic Control Toolkit. Translation of the manual into French/Creole is currently underway. Volunteer trainings will begin as soon as print outs of the manual are available.

The Haitian Red Cross Society planning process for a framework for the National Society’s community health programme (based on the Community-Based Health and First Aid (CBHFA) approach), was interrupted by the cholera outbreak. The focus of community health work has since been on cholera treatment and prevention, where the volunteers have reached 31,716 beneficiaries.

Information, education and communication materials have been developed and distributions started to PNSs and to the Haitian Red Cross in order to support their cholera awareness-raising activities. These materials consist of 2 different posters and leaflets: one on cholera prevention and the other on cholera treatment. These posters will be used jointly with hygiene promotion awareness-raising.

81 Community Health Promoters in Léogane have been trained in hygiene promotion and cholera prevention, transmission and treatment. Awareness-raising is being carried out in 17 camps and 2 communities.

661 Haitian Red Cross volunteers have received training in cholera treatment, prevention and transmission.

Emergency Health

The Finnish Red Cross’s mobile clinics have continued to work in Delouise, Place Jeremy, St Marie and Place Harry, reaching a total of 29,337 beneficiaries. The Emergency Health Delegate and the HRC counterpart have been focusing on cholera related activities since the outbreak in October.

The IFRC supported the Bureau of Delmas by providing medical training on cholera for 48 health workers from 26 health centres. These health centres were also supported with 1,000 ORS sachets each.

The IFRC and the Haitian Red Cross have trained 77 doctors and nurses in how to manage patients with cholera – specifically focusing on triage and appropriate treatment. These health personnel are expected to staff CTCs. Additionally, 29 general workers for CTCs were trained in cholera prevention and how to prepare disinfectant solution.

Key challenges

The health department has been facing a number of challenges due to the delay in receiving IT telecom equipment. A high level of rotation in human resources has been a constant issue and the cholera outbreak has slowed down the activities of the unit.

3.4. WATER, SANITATION AND HYGIENE PROMOTION

Outcome 1: The risk of waterborne and water related diseases in affected areas has been reduced through the provision of safe water

	Objectives	Indicators	Year end actual
Output.1.1	Safe water is available to up to 200,000 people in camps, makeshift settlements and surrounding neighbourhoods, in Port-au-Prince over a 18 month period, with a minimum of 5l/p/d of drinking water, aiming for 10 l/p/d and SPHERE standards in long-term camps	Total # of people provided with daily access to drinking water (emergency set up)	218,910
		Total amount of drinking water distributed (# of litres)	451,521 m3
		Total # of (emergency) water distribution sites set up	93
Output 1.2	Safe water is available for up to 40,000 people in outlying areas and including host families through the improvement/rehabilitation of water supply networks and/ or creation of new water sources, as appropriate – including the drilling of boreholes, springs and small network development.	Total # of people provided with access to an improved water source through the rehabilitation of water systems and/ or creation of new water sources.	0

Outcome 2: Meet the sanitation needs of the beneficiary population including the provision of latrines in areas where digging is feasible, as well as where digging is not feasible

Output 2.1	Excreta disposal facilities and washing facilities are available to up to 280,000 people in temporary settlements, planned settlements and/or to the affected population in general. <i>**Facilities will include pit latrines and raised tank latrines. Services will include sludge removal.</i>	Total # of people provided access to sanitation facilities	143,036
		Total # of community and social infrastructure provided with improved sanitation facilities	303
		Total # of settlements where an environmental sanitation intervention has been conducted.	34
Output 2.2	Up to 200,000 people living in temporary settlements and camps have access to improved drainage and vector control.	See narrative	

Output 2.3	Existing septic tanks and latrines in schools, hospitals and other public infrastructure which remain occupied by earthquake victims, or which have now resumed their ordinary functions have been emptied.		
Output 2.4	Red Cross Red Crescent Basic Health Care Units have improved medical waste management and disposal.		
Output 2.5	Alternatives such as manual de-sludging, or cost recovery for use of the HRC de-sludging trucks have been evaluated; and an exit strategy for the Red Cross to gradually discontinue de-sludging activities has been developed, and the responsibility for these services has been assumed by the government.		

Output 2.2: IFRC has distributed cleaning kits to 16 camps where the camp cleaning committees are taking care of the drainage clearance and IFRC teams are regularly visiting the sites in order to ensure quality control.

Output 2.3: IFRC water and sanitation teams are not currently working in schools or in hospitals to carry out sanitation activities.

Output 2.4: One incinerator has been provided to the Canadian Red Cross CTC in Carrefour.

Output 2.5 : This is in process. IFRC water and sanitation teams are in dialogue with UNOPs with regard to de-sludging.

Outcome 3: Improved hygiene practices – targeting in particular women and children – through hygiene promotion activities, dissemination of key health and hygiene messages on water and excreta-related diseases, hygiene practices during emergency and by building capacity for participatory health and hygiene promotion through CBHFA

Output 3.1	Water and sanitation interventions for people living in Port-au-Prince and outlying areas and/or with host families (approximately 300,000 people) are supported through the creation, training and support of water committees and accompanied by hygiene promotion and household sanitation practices.	Number of people reached through hygiene promotion activities.	53,626
Output 3.2	Community based health and first aid committees are in place in selected IDP camps (40,000 people) and accompanied towards self-supporting and empowered community for HP, disaster preparedness, vector control.		This activity is currently not being implemented
Output 3.3	Households living in IDP camps at risk for flood, hurricane and other natural disasters are prepared for potential emergencies through adapted HP messages.		

Outcome 4: The IFRC support to up to 3,600 households with shelter solutions, is complemented with water and sanitation interventions to ensure that families are situated in a safe and sustainable environment.

Output 4.1	A sustainable sanitation system has been built in newly identified and previously approved existing sites in coordination with the shelter programme.	Total # of people provided access to sanitation facilities.	143,036
Output 4.2	6,500 households who have received shelter support from the IFRC have a reliable source of water and have received water through water trucking for up to three years.	Total # of people provided with access to an improved water source through the rehabilitation of water systems and/ or creation of new water sources.	218,000
Output 4.3	New water sources (groundwater and surface water) have been constructed for households located in newly identified and approved pre-existing sites in coordination with the shelter programme.	Number of people reached through hygiene promotion activities.	53,626
Output 4.4	Community based health and hygiene promotion activities have been provided to up to 6,500 beneficiary families of the Red Cross Red Crescent Core/Transitional Shelter programme.		The water and sanitation department carried out hygiene promotion activities for 142 families in La Piste under the shelter programme

Outcome 5: The national water authority (DINEPA) is applying the three year strategy for water which has been developed in cooperation with the HRCS and the IFRC, to assume full responsibility for water trucking, and is providing water to communities through the network, and using equipment donated by the HRCS and the IFRC.

Output 5.1	The sanitation needs of 1,000 families (5,000 people) living in the streets close to their damaged houses have been met,		This activity is not currently being implemented.
Output 5.2	The water needs of 1,000 families (5,000 people) living in the streets alongside their damaged houses are met, based on assessments, and including increased water storage capacity and establishment of water points.		30 water points of a total of 93 IFRC water points are located in neighbourhoods.
Output 5.3	The national water authority (DINEPA), with technical and material support from the IFRC, is able to truck water or supply water through repaired networks or new water sources to communities in Port-au-Prince, including poor communities who were unable to access water prior to the earthquake.		An MOU is being prepared and is now under finalization in order to be signed with DINEPA.

Key accomplishments

The water and sanitation programme in Port au Prince increased its team with an additional sanitation delegate in December 2010. Four additional delegates are due to arrive in January, to work in the areas of economic security, shelter, sanitation and logistics.

The water and sanitation team is further supported by four Regional Intervention Team members. Some of the tasks that will be carried out include testing procedures and monitoring and evaluation of the operational process.

Water

Water distribution was partially disrupted for two days (8-9 December) due to political unrest in Port-au-Prince. On 10 December operations resumed with some 85% coverage. Within 2 days, all the trucks were back to work and the operations were back to normal, continuing to provide 66 IDP camps in Port au Prince with drinking water.

Water distribution was put on hold on 25 December as a result of the holidays. The beneficiaries were advised of this ahead of time, and had therefore stocked enough water for use during that period. Normal distributions resumed on 26 December 2010.

During the recent political demonstrations, some water points and plastic tanks were destroyed by the community, hindering water point rehabilitation. The rehabilitation is now being stepped up with the arrival of high density polyethylene (HDPE) pipes and fittings. Identification of damage and malfunctions of the water systems in some camps and prioritization of maintenance activities and rehabilitation of those in camps for internally displaced persons in Port-au-Prince were conducted as part of a continuous improvement plan.

With cholera suspected to be in some camps, there are plans to increase the quantity of water delivered to the various camps and also to further step up chlorination as directed by DINEPA, the government water authority.

Water trucking data has been analyzed. Some findings indicated that certain zones were receiving much more water than required while others did not receive sufficient quantities.

The department increased the number of water trucks in an attempt to achieve the objective of supplying 10 litres of water per person per day. This objective, to some extent is being achieved, but some hurdles have been encountered. With the cholera outbreak some camp populations are chasing away the new truck drivers, and accusing them of intending to spread cholera through the water. The second water source referred to as Dante, which is a privately-owned borehole, is in use whereby the IFRC purchases water for water trucking in Port-au-Prince.

Sanitation

The spraying of latrines with high test hypo-chlorine (HTH) in 13 camps continues twice a week. The production of more than 200 latrines and showers to cover the needs of sanitation in the camps is currently in progress at the warehouse. It has been decided that sub-groups will be created for the production of toilets and showers:

2 sub-groups for the installation of latrines and showers in the camps (in the field)

1 sub-group for the manufacture of toilets and showers (at Solferino Warehouse)

A working model that will allow an increase in the number of cubic meters of excreta drawn per day will be implemented shortly. The water and sanitation team has implemented a new type of filter (metal mesh) for vacuum trucks that will expedite the work and protect the pumping equipment from frequent damage. The team has also now implemented a dosage of 2% high test hypo-chlorine to prevent the spread of cholera. A new model of latrine construction (covered by plastic sheeting) for easy disinfection and prevention of cholera has also been implemented.

An assessment was carried out which identified the following current needs: emptying of latrines in 16 camps, repair of latrines in 8 camps, installation of 180 single-family latrines in the camp at La Piste, installation of showers (180 in La Piste and 18 in other camps), strengthening of 34 existing water and sanitation committees, and the creation of committees in the camps where there are none, distribution of cleaning kits to

the Water and Sanitation Committees in the camps, sanitation campaigns and hygiene promotion for the reduction of cholera cases in all camps assisted by the IFRC.

Construction of 7 blocks of tank latrines (a total of 28 latrines) was completed in five IFRC camps, (Annexe de la Mairie, Avenue Populaire Bell Air, La Piste and Clearcin 24) while 8 blocks of showers (a total of 16 showers) were constructed in two IFRC camps, (Premature, Aviation Block 6A, Aviation Block 6B and Aviation Block 6C) and 4 portable latrines were installed at Premature camp. Currently, 11 blocks of latrines are in Solferino warehouse, ready to be installed, as well as 6 blocks of showers.

A total of 8 hand washing stations were installed in Premature, Henfrasa, Avenue Popular, Bell Air, La Piste and Clearcin 24.

De-sludging activities continued in camps assisted by the IFRC and by the PNS. The water and sanitation team removed plastic bags filled with excreta, thrown by the population around the latrines area, and evacuated them to a controlled dump site. Disinfection of the area (including latrines) was done by spraying high test hypo-chlorine.

An assessment of "Charbonière" camp to identify the present needs: additional latrines, showers, hand cleaning facilities, drainage was carried out, and cleaning material was distributed for the cleaning campaign on solid waste.

The CTC in Carrefour managed by the Japanese Red Cross Society and the Canadian Red Cross was supported with 12 portable latrines.

Hygiene Promotion

Practical training in hygiene promotion and sanitation was provided to the technical field staff from the water and sanitation unit of Haitian Red Cross in an effort to continue to increase technical and operational capacity. Hygiene promotion key messages and posters have been distributed in collaboration with the DP DRR department in 34 camps of Port-au-Prince.

Furthermore, hygiene promotion activities were held at the Aviation Camp, in which 4,944 people participated. During this activity, 224 homes where there were cases of cholera were identified and these homes were subsequently sprayed. A meeting was also held with the committee leaders, to coordinate clean-up activities involving the camp members. This activity will be accompanied by hygiene promotion.

Hygiene promotion was also carried out at the market square, where 688 beneficiaries were reached. After the event, random phone calls were made to determine how much information was retained by the beneficiaries.

A workshop was carried out on how to make paper and sock puppets, and how to use these to implement hygiene promotion with children living in camps and surrounding areas. This workshop was attended by 24 HRC volunteers.

A check list on topics and activities for hygiene promotion was developed, to provide guidance to volunteers and ensure the transmission of information. This has been shared with the local supervisor of health promotion of Haitian Red Cross.

A Memorandum of Understanding is being prepared and is now under finalization in order to be signed with the national water authority, DINEPA whereby, with technical and material support from the IFRC, DINEPA will take responsibility for supplying water through repaired networks or new water sources to communities in Port-au-Prince, including communities which were unable to access water prior to the earthquake.

Léogane Sub-Office

In Léogane, a draft contract on latrine construction at the household level has been prepared and meetings were held with three Conseils d'Administration de la Section Communale (CASEC) One week training for community team leaders (CLTS) was held by the IFRC and attended by community leaders in the camps. The training covered good sanitation practices.

The construction of 30 latrines in Léogane commenced during the month of December.

In Léogane, a meeting was held with the three CASEC coordinators to start the assessment for the establishment of a database of the water needs and issues related to the concerned areas.

3.5. BENEFICIARY COMMUNICATIONS AND GENDER BASED VIOLENCE

3.6.1 OUTCOMES AND OUTPUTS – Beneficiary Communications

Information on the beneficiary communications and disaster preparedness and disaster risk reduction sections below covers January-November 2010; details for December 2010 will be included in the 12 months' progress report.

FACT BOX – BENEFICIARY COMMUNICATIONS – FROM JANUARY 2010 TO 30 NOVEMBER 2010

SMS DELIVERED: 26.6 MILLION

PEOPLE REACHED: 1.2 MILLION

RADIO HOURS: 27 HOURS

CAMPS REACHED BY SOUNDTRUCK: 207

CALLS TO RED CROSS INFO LINE: 837,000

	Narrative Update
Outcome 1: The capacity of the IFRC and the HRC to communicate with disaster affected communities using media and advocacy tools has been developed.	
Output 1.1 Partnerships and mechanisms. Agreements which are in line with the IFRC's procedures have been formed with local media and print providers.	Ongoing: contract in place with Radio 1. Relationships established with radio stations through cholera advertising.
Output 1.2 Infrastructure. The necessary infrastructure (office and radio broadcast and video production studios) has been built to allow beneficiary activities to commence within the IFRC structure.	Ongoing: AV container and equipment has been set-up. Radio studio equipment is currently being ordered through logistics.
Output 1.3 Employment and training. Operational staff for television, radio, print media and SMS, has been hired and provided with training in all aspects of beneficiary communications.	Ongoing: 3 national staff recruited to work on SMS and Radio and this will continue to increase during 2011 as operational needs require and the project grows.
Outcome 2: The necessary partnerships and mechanisms to allow the Red Cross to deliver beneficiary activities to the people of Haiti have been developed.	
Output 2.1 SMS Gateway. Field representatives have managed information received through SMS, and field representatives have directly assisted with the facilitation and resolution of issues raised by or on behalf of both individuals and communities. <i>**The SMS Unit will use an SMS gateway to receive information from beneficiaries.</i>	Ongoing: Due to cholera and hurricanes and the volume of SMS issued, the focus of the gateway has been to get information out rather than receive it. As Voila upgrade their capacity, the Federation will be able to focus more on receiving information. A pilot project has been established with a Haitian call centre which manages calls from one camp and responds to these with a Q&A. The Red Cross then follows up on calls to resolve issues.
Output 2.2 Print Media Programming. A more effective layout has been designed for the HRC quarterly newsletter and the publication's distribution is increased	Not currently under implementation.

and the audience expanded.	
<p>Output 2.3 Electronic media programming (Television/Radio). Programming through a network of local radio stations and TV service providers in Haiti has accelerated and interfaced with HRCS outreach.</p> <p><i>**Electronic Media programming will include a weekly 60 minute “talk back” radio show, and 15 minutes per week of TV. Ongoing management of *733 information line with VOILA.</i></p>	Ongoing: 60 minute talkback radio shows have broadcast 22 shows with Haitian Red Cross involvement. Television at this stage is not a priority as much of the population does not have access to a TV.
<p>Output 2.4 Media based events for the community. Outdoor community events have taken place supported by outside interactive radio broadcasts which have accelerated and interfaced with HRCS and community outreach and advocacy efforts.</p>	Planned: When the radio equipment arrives, these are planned for 2011.
<p>Outcome 3: A mentor programme to assist in building the capacity of participating volunteers in beneficiary communications to improve the capacity of HRC in conducting accountability and beneficiary communications within the framework of the HRCS/IFRC management efforts has been developed.</p>	
<p>Output 3.1 Mentor programme. Project mentors have been identified and have commenced the initial inductions and training of HRCS volunteers to support future activities.</p>	Postponed: Currently the HRC does not have capacity to provide volunteers for beneficiary communications. This will be looked at again in 2011.
<p>Output 3.2. Working with local organizations. The HRCS is working closely with local, regional and international groups including the Communicating with Disaster Affected Communities (CDAC) working group, the Emergency Information System (EIS), USHAHIDI (crowd sourcing and crisis information) and local media outlets and is also working with other Red Cross projects to assist in their communicating with beneficiary needs.</p>	Ongoing: Haitian Red Cross communications capacity is stretched so their engagement with outside partners such as CDAC is limited. However the beneficiary communications project team is coordinating with the CDAC network and individual CDAC members, such as IOM. The Haitian call centre used for the pilot questions and complaints system is the local provider which took over from Ushahidi. EIS is no longer operational in Haiti. HRC is kept informed of this activity and it is expected their involvement will grow over time.
<p>Output 3.3 Partnerships and networking. Beneficiary Communications representatives have attended CDAC and all meetings relevant to beneficiary communications strategies per sector.</p> <p><i>**Beneficiary Communications representatives will work closely with HRCS/RCRC/PNS. The Beneficiary Communications project will be evaluated.</i></p>	Ongoing: CDAC meetings are attended when possible and useful. The Red Cross is coordinating well with CDAC members on individual projects.

Key accomplishments

Disaster preparedness and alerts

It was critical that people were provided with practical information to help them prepare their homes and families at the time of the approach of the Hurricane Season with some 1.2 million Haitians living in makeshift camps at the time. Beneficiary communications supported the Haitian Red Cross disaster preparedness team to provide life-saving information.

The Red Cross unique partnership with the Haitian mobile phone network, Voila (owned by Trilogy International Partners), saw 4 million SMS successfully delivered to approximately 500,000 Haitians. Messages included: advising people to put their important documents in waterproof covers; to clean drainage

around their homes to reduce the risk of flooding; and to store reserves of water, food and medicine. The campaign promoted the free Haitian Red Cross recorded information line, which received 400,000 calls.

In September 460,000 SMS were sent to warn people living in areas at risk of flooding or high tides. A further 1.1 million SMS were successfully delivered in November to prepare people for Hurricane Tomas. This led to another 310,000 calls to the free Red Cross information line. Additionally, a sound truck visited 26 camps across Port-au-Prince to play key information on preparing for hurricanes and flooding.

The weekly Radyo Kwa Wouj show (Red Cross Radio Show), which is broadcast nationally live for one hour on the Radio 1 network, dedicated 7 shows to disaster preparedness, including interviews with expert guests and the chance for listeners to phone in and have their questions answered live on air.

Cholera

The key to tackling cholera is fast treatment and public information on prevention. In Haiti, beneficiary communications has played a key role getting life saving messages out to the population using SMS, radio and sound trucks.

From 21 October until 30 November, 4 million SMS were sent, reaching at least 500,000 Haitians. Messages covered the symptoms of cholera, treatment and simple steps to prevent it. Information uploaded on the Red Cross information line was accessed 90,000 times. A second SMS cholera campaign ran throughout December, covering aqua tab use and tackling the fear and stigma surrounding Cholera Treatment Centres. A list of all Haiti's Cholera Treatment Centres is now available on the free information line and promoted through an SMS.

During October and November a sound truck visited 180 camps in Port au Prince, playing a 30 minute package on cholera prevention and treatment. A 3 minute cholera advert played on loop as the truck drove from camp to camp.

Twelve Red Cross radio shows have been dedicated to all aspects of cholera, including four emergency broadcasts during the first week of the outbreak. Listeners have contacted the show from all over the country with their questions. In addition, 70 Haitian radio stations have agreed to play the Haitian Red Cross cholera prevention advert.

Shelter

The selection of some families over others for the shelter programme could easily cause unrest. Beneficiary communications is supporting this project with a 2-way communication plan to make sure families are kept informed and involved in the process.

Notice boards have been installed throughout the camp outlining how the project will run, how families will be selected (depicted pictorially as well as in words), who the Red Cross are and their commitment to finding a shelter solution for everyone. Each notice board also has a suggestion box where residents can leave letters or comments.

A Haitian call centre and mapping company, Noula, has been enlisted to answer standard questions. Questions not answered by Noula are forwarded to the shelter community mobilization team for further investigation. A free phone is available for residents to call Noula and as at 1 December, 260 calls had been made to this service.

A sound truck also visited the camp on five occasions to explain the selection process and the alternative options open to people to make sure those with little or no literacy still understand the process.

Gender-based violence

Violence against women is a serious issue in the camps in Port-au-Prince. Working with the Haitian Red Cross Gender-Based Violence programme, beneficiary communications delivered a week-long campaign to raise awareness of this issue.

A three-day SMS campaign from 19 to 21 October 2010 saw 1.1 million SMS sent in Port au Prince, reaching 360,000 people. Messages condemned violence against women and children and encouraged women who had been raped or attacked to seek medical help and not to blame themselves. A list of clinics where women could go for help were uploaded to the Red Cross information line which received 37,000 calls.

The SMS campaign coincided with a Red Cross Radio Haiti edition which used expert guests and phone-ins to discuss the issue in more detail, with one brave woman sharing her story on air.

Key challenges

Ensuring communications is 2-way

While there have been successes in getting vital information out to communities, more focus is needed in 2011 on making sure they can communicate with the Red Cross. This will require commitment from operational teams, who will ultimately be the ones responsible for using this feedback to influence their programmes. Steps to achieve this will include; broadcasting the radio live from camps; expanding the relationship with Noura call centre and for the mapping team to cover more projects and camps and utilizing the 2-way function of the SMS system.

Impact of Hurricane Tomas and cholera outbreak

As with all programmes, Hurricane Tomas and the outbreak of cholera have had a significant impact on beneficiary communications. Diverting time and resources to provide communication support to tackle these issues, while successful and worthwhile, has meant less opportunity to focus on developing the beneficiary communications programme.

4. DISASTER PREPAREDNESS AND RISK REDUCTION

Outcome 1: The capacity of the Haitian Red Cross to prepare, respond and recover from disasters has progressively improved.

Output	Objective	Indicators	Year end actual
Output 1.1	The HRC with support from the Red Cross Red Crescent has implemented and delivered a contingency plan in line with the National and Interagency contingency plans.	Total number of HRC branches with strengthened capacity to respond to disasters. Total number of households covered by pre-positioned stock for Haiti.	13 25,000
Output 1.2	An operational and logistics Disaster Management Operations Centre has been established in Hinche.		The land was purchased and the construction of the office in Hinche housing the Disaster Management Operations Centre has been completed.
Output 1.3	Regional Branches of the Haitian Red Cross have been progressively strengthened over a period of 24 to 36 months.		Logisticians from 13 branches have been trained. Office furniture for 11 branches had been provided; improvement of the radio system for the branches of Hinche and Les Cayes has commenced.
Output. 1.4	Emergency relief supplies have been pre-positioned for 25,000 families.		All supplies are in Haiti. The stocking of the supplies in Jérémie, Les Cayes, Jacmel, Gonaives, Port-de-Paix, and Anse à Veau has been carried out.

Output 1.5	The Information Technology and telecommunication system have been progressively strengthened over a period of 24 to 36 months.		Repair and installation of the information system in 8 branches has taken place
-------------------	--	--	---

Outcome 2: The preparedness of communities has been progressively strengthened through risk reduction.

Output 2.1	High risk communities and makeshift camps in Léogane, Jacmel and Port-au-Prince have been identified and assessed within a 12 month period.	Total number of people trained in vulnerability and capacity assessment or community based disaster management.	47
Output 2.2	Simple early warning systems for hurricanes, flooding and epidemics in identified communities and makeshift camps have been established.	Total number of camps/communities reached with mitigation activities (in temporary camps as well as communities in high risk areas outside the earthquake affected area)	90
Output 2.3	High risk communities and makeshift camps have progressively improved their level of preparedness for disasters.	Total number of camps/communities with early warning systems in place. Number of people reached with text messages on steps to take to prepare for disasters.	90 3,954,142
Output 2.4	Mitigation activities have been carried out in high risk communities outside the earthquake affected area.		Yet to take place
Output 2.5	100 safe community facilities have been built in high risk areas.		Yet to take place

Outcome 3. The IFRC and the HRC (in its role as an auxiliary to the government) are working with the government on strengthening the legal framework for International Disaster Assistance in line with IDRL guidelines.

Output 3.1	The GoH is better prepared to receive and coordinate international assistance for relief and recovery.		The DP DRR teams of the Haitian Red Cross and the IFRC have been working closely with the Civil Protection (DPC) during the periods of heavy rain and Tropical Storm Tomas in order to assist and strengthen the capacities of the DRC.
-------------------	--	--	---

Key accomplishments
Institutional based Preparedness Activities

In order to increase the National Society storage capacity, fifteen 40 foot containers and thirteen 20 foot containers have been purchased, transported and adapted as Tropical Mobile Storage Units (TMSU). These will be available for several years and will increase the Haitian Red Cross’s response capacity in remote Regional Branches.



TMSUs in Barbancourt warehouse (Port-au-Prince)

A Disaster Management Operations Centre has been set up in Hinche and the branch office has been entirely renovated. This operational and strategic location has helped to decongest the current activities in Port-au-Prince and the Centre has provided relevant support for regional branches and assisted with field coordination during the cholera outbreak in affected areas.

In addition to tropical mobile storage units, a warehouse with a storage capacity of non-food items for up to 5,000 families has been constructed in Hinche where the Disaster Management Operations Centre is based.

The propositioning of the emergency relief stocks (non food items) for 17,000 families in Haiti has been increased to 25,000. The backup stocks for 8,000 families in Panama will be transported to Port-au-Prince in order to avoid long processes with customs and administration when they are needed.

ARTICLE & QUANTITY BY FAMILY	Planned	Items Delivered	Items to deliver	Received items (%)
------------------------------	---------	-----------------	------------------	--------------------

FAMILY EMERGENCY KIT	MOSQUITO NET	2	50,000	30,900	19,100	61.80%
	JERRY CAN	2	50,000	31,100	18,900	62.20%
	BLANKET	5	125,000	77,270	47,730	61.82%
	WATER BUCKET	1	25,000	15,400	9,600	61.60%
	KITCHEN SET	1	25,000	16,154	8,846	64.62%
	TARPAULIN	2	50,000	63,900	13,900	127.80%
	HYGIENE KIT	1	25,000	18,378	6,622	73.51%
SHELTER KIT		1	25,000	15,450	9,550	61.80%
Community tent (1 tent for 10 families)			250	100	150	60.00%

Table of emergency stocks repositioning progress

A strategy and intervention plan with clearly defined levels of responsibility is in place in case of a new disaster. The programme has set up alert, information management and coordination mechanism systems. Five teams have been trained to undertake field assessments and the development of standard operating procedures for quick and efficient response in case of a major disaster took place during the hurricane season.



Disaster Management Operations Centre

In collaboration with the British and Danish Red Cross Societies, the Haitian Red Cross branch in Les Cayes benefited from support for office rehabilitation and equipment. In addition, equipment has been provided as follows for the 13 regional branches in order to enhance their level of capacity for emergency response:

- Eight additional VHF radio bases for some of the most vulnerable, remote areas not covered by public communication facilities
- Two additional repeaters in order to improve and extend the VHF coverage
- 45 handset radios for the emergency kit for when deployment is needed
- Computers (1 desktop and 1 laptop for each branch), printers and office furniture
- A free phone connection network between the regions and the headquarters through the VOILA company

Several trainings have been organized for the 13 Haitian Red Cross regional branches in order to reinforce the National Society's human resource management capacity: 26 resource persons were trained in effectiveness and efficiency in the management of relief assistance and 26 volunteers were trained in IT and information management.

Community based disaster preparedness and risk reduction activities

In order to train community members in first aid, basic techniques of search and rescue, risks/needs assessment and to help set up early warning systems, 37 volunteers from Haitian Red Cross regional branches and 16 volunteers from PNSs have been trained as trainers in various areas as follows:

- Teaching methods relating to basic skills of trainers

- Education and organization on Community preparedness for Risk Reduction
- Vulnerability and Capacity Assessment
- Community Based First Aid
- Development and management of micro projects

In coordination with IOM and UNOPS, 90 of the camps which are most vulnerable to flooding and landslides have been identified and 16 Haitian Red Cross water and sanitation volunteers with others from 35 NGOs working in camps received training of trainers in the field of preparedness and risk reduction and were immediately deployed to reach 14,000 extremely vulnerable families.

A demonstration of elementary gestures that save life in IDP camps in Port-au-Prince



Deployment of trained volunteers (28 working in camps and 26 from regional branches) in community hygiene and integrated health promotion and preparedness to cope with epidemics served as the basis for initial concrete emergency actions at community level during the first weeks of the cholera outbreak. A feedback mechanism with 2-way communication with beneficiaries through mass communication (radio, television, SMS and posters) has been developed.

International Disaster Response Law

In September 2010, The Federation through the IDRL Delegate, initiated a technical assistance project in Haiti to support the Haitian Red Cross in advising the government on how best to strengthen its legal framework for international disaster response, particularly in the context of the response to the Haiti earthquake. It is based on the “Guidelines for the domestic facilitation and regulation of international disaster relief and initial recovery assistance” (“IDRL Guidelines”) unanimously adopted by the state parties to the Geneva Conventions at the 30th International Conference of the Red Cross and Red Crescent in November 2007.

5. NATIONAL SOCIETY CAPACITY BUILDING

The acquisition of land in Port au Prince for the construction of the Headquarters of the Haitian Red Cross, the blood bank and other facilities can be considered as a major achievement. Support was provided in December to the Haitian Red Cross in order to prepare the National Society’s communications plan and work towards meeting the needs of the media during the month of January, 12 months after the occurrence of the earthquake.

6. PROGRAMME SUPPORT

6.1. Logistics

Key Statistics:

Arrivals in the country since 12 January 2010:	To Date Total
--	---------------

Air consignments received	252
Sea consignments received	240
Total tonnage of consignments received (air and sea)	112,022.4

Arrivals during the Reporting Period:	Period
Air consignments received in Haiti	21
Sea consignments received in Haiti (containers and break bulk)	14
Road consignments received in Haiti from Dominican Republic	3
Estimated tonnage received from air, sea and road consignments to Haiti	96,000

Fleet:	Vehicles
IFRC light vehicles	75
IFRC locally rented vehicles	17
VRP vehicles with PNS	70
ERU and PNS light vehicle fleet	86
IFRC trucks in country	39
IFRC vehicles on going registration	100

IFRC Logistics Activities

Management and Administration

The warehouse capacity is stretched to its limit to accommodate incoming supplies. Due to absorption of supplies by programmes, this requires attention to reorganize the stock in the warehouses in order to accommodate the incoming stock.

Logistics is participating in the response to the outbreak of cholera in Haiti. During the reporting period, logistics received supplies for the cholera operation such as ORS, ringer lactate and infusion sets, HVC antibody tests, body bags, personal protective equipment, aqua tabs and soap. Logistics also helped to set up Cholera Treatment Centres (CTC) in Archaie, Croix des Bouquets and Carrefour. In addition, logistics support was provided to the HRC in order to run an ambulance service to transport cholera patients in the IFRC's 10 Land Rovers. The Federation plans to open a new warehouse as soon as the lease is finalized in order to consolidate the cholera supplies in this facility.

The current situation in Haiti required that the fleet upgrade its fuel storage capacity to avoid any fuel shortages during crucial periods of hibernation. The fleet is currently working with the fuel supplier DINASA with a view to having a fuel station at Basecamp with 3,000 gallons on standby and a rented tanker holding a minimum of 2,000 gallons of fuel. In addition, all the ambulances for the Cholera Ambulance Centre will be filled up and back up fuel storage provided.

Given the instability of the political situation, logistics has arranged for civil disturbance insurance. The stock is currently valued at more than CHF 13,000,000. The Logistics department is now working on entering stock values into the software used for this purpose: LOGIC.

The plan to hand over a number of responsibilities from the IFRC to the HRC has begun. IFRC Logistics is in the process of defining the roles and responsibilities to be handed over, the tasks and the timeline to accomplish the tasks.

Warehousing

Logistics is finalizing the contract for a new warehouse for cholera intervention stock, named Colorado; the warehouse is of 830 m². Forklift capacity is critical to ensure the smooth operation of the warehouses. The local market for forklifts does not meet Federation needs; therefore, the procurement of new forklifts is crucial to continue to operate at the same pace.

6.2. Security

The security phase for the operation has been changed from Yellow to Orange. The definition for this is "Emergency Phase" *Access to beneficiaries limited, Risk to Red Cross and Red Crescent personnel and tight security management needed.*

The IFRC Haiti Delegation needed to go into hibernation in early November due to the threat of Hurricane Tomas and also in response to an increase in violence and demonstrations related to the current political turmoil in Haiti. The implementation of partial or complete travel restrictions for IFRC programmes has become a frequent tool used to manage the fluid security environment.

The Cholera outbreak has also placed a strain on the capacity of the IFRC Security Unit in Haiti. Attempting to maintain life saving programmes during a period of travel restrictions has resulted in a few security related incidents.

It is anticipated that there will be an increase in violence and politically motivated demonstrations when the scheduled run-off election takes place in January 2011. The period prior to and immediately afterwards will see the need to place travel restrictions and possibly hibernation restrictions upon the delegation and programmes.

The contingency plans are currently under review, factoring the current fuel shortage in Haiti that may possibly last for over one month. Also hibernation and evacuation plans are being reviewed.

Contact information

In Haiti:

- Eduard Tschan, Country Representative for Haiti; email: eduard.tschan@ifrc.org
- Stephen McAndrew, Head of Operations in Haiti; email: stephen.mcandrew@ifrc.org

In the Dominican Republic:

- Alexandre Claudon, Regional Representative for the Latin Caribbean; e-mail: alexandre.claudon@ifrc.org

In Panama:

- Ruben Cano, Haiti Support Team Coordinator; phone: (507) 380 0250; cell phone: (507) 65505289; email: ruben.cano@ifrc.org
- Thierry Schweitzer, Logistics Mobilization Coordinator, Pan American Disaster Response Unit (PADRU); phone (507) 316 1001; fax (507) 316 1082; e-mail thierry.schweitzer@ifrc.org
- Sandra Lombardo; Resource Mobilization Officer – Haiti Operation: email: sandra.lombardo@ifrc.org; phone: (507) 317 3050; fax: (507) 317 1304.

In Geneva:

- Pablo Medina, Operations Coordinator for the Americas; phone: (41 22) 730 42 74; fax: (41 22) 733 03 95; email: pablo.medina@ifrc.org

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