

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

HAITI: FLOODS

21 March 2005

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

In Brief

Appeal No. 22/04; Operations Update no. 10; Period covered: 9 February - 14 March 2005; Appeal coverage 88.2%: ([click here to go directly to the attached Contributions List, also available on the website; the revised budget will be attached shortly](#)).

Appeal history:

- Launched on 22 September 2004 for CHF 4,246,000 for 6 months to assist 40,000 beneficiaries.
- Budget revised and increased to CHF 11,673,000 (USD 9,246,529 or EUR 7,515,212) to assist 50,000 beneficiaries for 6 months.
- Plan of action revised and timeframe extended until 22 September 2005
- Disaster Relief Emergency Funds (DREF) allocated: CHF 150,000

Outstanding needs: CHF 1,382,407 (USD 1,172,112 or EUR 890,724)

Related Emergency or Annual Appeals: Caribbean Annual Appeal (01.51/2004); Caribbean Annual Appeal 2005 (05AA041); Haiti: Annual Appeal 2005 (05AA042); Haiti: Social Unrest Emergency Appeal (07/2004) and Dominican Republic & Haiti: Floods Appeal (13/2004)

Operational Summary: The Federation, assisted by Haitian National Red Cross Society (HNRCS) volunteers from the branches, has provided non-food relief aid to 52,090 beneficiaries (10,418 families) in Gonaïves, Anse Rouge, Ennery and Port de Paix. The food and non-food component of the emergency appeal is now coming to a close and most of the relief supplies stocked at the Federation warehouse have been distributed. Repair and basic rehabilitation at La Providence hospital is completed and the field hospital, jointly sponsored by the Canadian and Norwegian Red Cross Societies, has been dismantled while medical equipment is transferred to La Providence. The latrine reconstruction project is progressing as scheduled and more than two thirds of the first phase is completed.

The Haitian National Red Cross Society and the Federation have revised the plan of action with a view to enhancing the objectives set out in the emergency appeal and to ensure further focus on rehabilitation and recovery. A new timeframe has been drawn up and implementation of the operation has been extended for six months until the end of September 2005. The funding target, however, remains unchanged. The revised plan of action includes additional activities within the area of water and sanitation, disaster management and community health. In addition, an assessment of the feasibility of constructing a limited number of family homes in Gonaïves for families whose houses were completely destroyed by the floods will be undertaken. In view of the fragile structure of the Haitian community, the Better Programming Initiative (BPI) methodology will be applied in the design of the ensuing project. The revised plan of action will enhance the capacity of the HNRCS and strengthen its role as an increasingly relevant partner for civil society.

In order to ensure that all objectives of the revised plan of action of the emergency appeal are adequately

addressed and that assistance is provided to the vulnerable sectors affected by the floods, more human resources are required in the field.

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Background

Almost six months after Tropical Storm Jeanne's heavy rains brought on violent flash floods in north-western Haiti the official death toll stands at over 1,800, while more than 800 people remain unaccounted for. Deforestation, poverty and a general lack of preparedness were the major causes of the disproportionately high loss of life as high waters drowned hundreds of people and buried a large region in mud. An estimated 300,000 people in at least eight communes in the region have been affected as a result of these devastating floods. The vulnerable, overcrowded town of Gonaïves and its environs, which has a population of approximately 200,000, has been hardest hit. Homes and possessions were swept away in the floods, sewers and latrines overflowed and vast areas of economically vital agricultural land were destroyed. Estimates are that at least half the population in Gonaïves was severely affected. With nowhere else to go, families have returned to what remains of their homes or live with neighbours, many having lost all their possessions. Newly-orphaned children face an uncertain future in what was already one of the poorest countries in the world. Flooded latrines and sewers contaminated the few available sources of fresh water. An epidemiological surveillance system was set up in the aftermath of the disaster by the Ministry of Health and its partners and this continues to monitor the incidence of disease; so far, no epidemic trends have been identified. Gonaïves' main hospital as well as over 90 percent of the private clinics sustained considerable damage as a result of the flooding. A high water table coupled with a fragile organization have stymied efforts to remove the remaining stagnant water from the streets and vacant lots which are still covered in mud and debris. Despite private citizens' and municipal contractors' best efforts, many of Gonaïves' water channels and aqueducts are still clogged with mud and refuse. Heavy machinery has been making headway in clearing badly damaged roads and mud-covered public spaces, but it has been reported that even with a dedicated labour force of two thousand a full clean up will take at several more months.

Security remains precarious, making the transportation and distribution of aid difficult. The United Nations Stabilization Mission in Haiti (MINUSTAH) comprises a multi-national military and civilian police force (CIVPOL) of approximately 7,000 and has been mandated by the UN Security Council to assist the Haitian authorities in maintaining peace and public order. As a result, the MINUSTAH has been directly involved in providing security for the public, which up until the end of 2004 has included escorting and/or being present during distributions of relief goods to ensure that distributions take place in the best possible conditions for everyone involved. A joint ICRC/Federation security assessment took place in early January 2005 to determine whether relief distributions without MINUSTAH are compatible with minimal security requirements. It was decided that at relief distribution points where security is still uncertain it would be acceptable to continue the use of military protection, while other distributions in more peaceful areas will continue without a military presence.

The Federation's revised Emergency Appeal, launched on 5 October, is based on the plan of action designed by the joint Haitian National Red Cross Society / Federation Field Assessment and Coordination Team (FACT)

which conducted a four-day assessment of the affected regions. The assessment focused mostly on remote areas outside Gonaïves where whole communities were cut off from transport and communications. The FACT team identified at least 3,000 seriously affected families (15,000 people) in the communes of Pilate, Gros Morne, Bassin Bleu, Anse Rouge, Port de Paix and Ennery. These people had not been identified or targeted during preliminary assessments. The plan of action prioritizes emergency relief distributions of food and non-food items in addition to shelter, health and water and sanitation interventions. The plan also includes activities to strengthen the capacity of the HNRCS, which is now facing the third consecutive catastrophe in Haiti in only one year.

The international community has responded to Haiti's flood disaster with distributions of food and water and the provision of immediate medical attention in spite of a complex security situation. These efforts to date, however, have been insufficient to meet the needs of many of the vulnerable in flood-affected areas, the vast majority of whom were already living in poverty and who need jobs, food, health care, access to clean water and public services; as a result, frustration is building. Recent macro-economic improvements have resulted in a stable currency, a decline in inflation and an increase in net foreign reserves. Nevertheless, the urban and rural poor, the vast majority of the population, perceive only limited improvements in their lives. Formal unemployment is reportedly as high as 70 per cent, with most workers engaged in the shadowy informal sector in urban areas and in subsistence farming. With the goal of making a lasting difference that will measurably improve Haitian's low standard of living, there will be a significant need for greater attention to be extended to vulnerable urban and rural sectors in the Gonaïves area. Now that the emergency phase is over, a redirection of Federation efforts from relief to rehabilitation and recovery is required.

For these reasons, the Federation team in cooperation with the HRCNS has re-revised the overall appeal and worked on a detailed revised plan of action with a view to enhancing the objectives set out in the Emergency Appeal. The HNRCS and the Federation have drawn up a new timeframe, and implementation of the operation is scheduled for completion by the end of September 2005. This new timeframe will not only ensure that the appeal objectives are accomplished, but will also facilitate the identification of new possibilities of community based development projects together with beneficiaries. The revised plan of action includes additional activities within the area of water and sanitation, disaster management and health, and an innovative pilot project in the field of reconstruction-action research. The budget has also been revised according to the new plan of action. However, since donors are willing to reallocate funding for the proposed plan of action, the funding target remains unchanged.

Operational developments

As sufficient unearmarked funds and human resources to implement all the objectives of this Emergency Appeal were late in arriving, the Federation team in Gonaïves, in consultation with the Panama Regional Finance Unit, had been obliged to temporarily limit the number of beneficiaries originally targeted in this appeal. As more funds have recently been made available, non-food aid distributions in Gonaïves have been able to reach 8,110



beneficiary families. In addition, the number of beneficiary families outside Gonaïves has increased from the previous reporting period to 2,308.

According to MINUSTAH, common crime is on the increase. During the last couple of weeks, several armed robberies have been reported, some with deadly results. A considerable number of demonstrations and barricades continue to cause roadblocks, in particular on the Route Nationale 1 between Estère and San Marc, 25 km outside Gonaïves. This has also been occurring recently in Gonaïves, where on several occasions communities have blocked the main road with burning tires. The participants in these demonstrations are not aggressive, but the roadblocks impede the day-to-

A considerable number of demonstrations and barricades continue to cause roadblocks in and around Gonaïves, which impede the day-to-day work of the Federation and the HNRCS.

Photo courtesy of Reuters

day work of the Federation and the HNRCS as they prevent the access to the warehouse, to distribution points and fuel stations.

The World Food Programme (WFP) and CARE will cease food distributions on 15 March. During the last six months WFP and CARE have provided at least 50 percent of the population of Gonaïves with a substantial amount of food parcels. The agencies have only a very limited stock left and funding to further extend the distribution period is not available. Remaining stock will be distributed on an ad hoc basis to families with undernourished children, in partnership with Medic ins du Monde-Canada. Likewise, UNICEF and Action Against Hunger (ACF) are closing down 16 canteens in greater Gonaïves which the agencies have operated during the last three months in an effort to prevent malnutrition among children. Under this feeding programme, 8,000 children between six months and five years of age have received a daily supplementary meal. Before pulling out, UNICEF will ensure that the children enrolled in this programme are vaccinated against measles, polio and DTP (diphtheria, tetanus and pertussis). MINUSTAH has voiced concern over the withdrawal of food aid distributions and fears that this decision may create security problems. Gonaïves has a long tradition of public demonstrations that can quickly flare up into full blown riots.

The ICRC will close its office in Gonaïves in mid-March, where after the Gonaïves area will be monitored from the ICRC office in Cap Haïtien.

Red Cross and Red Crescent action - objectives, progress, impact

Emergency relief (food and basic non-food items)

Objective 1: 50,000 beneficiaries (10,000 families) will have benefited from the provision of non-food items delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

A total of 7,000 families in Gonaïves and 3,000 families in the outlying 7 communes have been identified by the Federation assessment as being in need of non-food assistance. The temporary funding shortage was lifted and during the reporting period 27 aid distributions of hygiene kits, kerosene stoves, plastic sheeting, blankets, jerry cans, cleaning kits and kitchen sets were carried out. Of these, ten carefully planned aid distributions took place in Gonaïves and three in the area of Anse Rouge and Port-de-Paix, where the Federation team, in cooperation with the local HNRCS committees, had identified 1,648 beneficiary families. In addition, 14 separate one-time distributions were carried out in smaller communities in Gonaïves identified as being in need. The Federation will complete the distribution of non-food relief items by 19 March.

The following table shows the distribution status of Federation relief items as of 14 March:

Beneficiary families receiving non-food items	10,418
Items	Number Distributed
Kitchen sets	7,977
Kerosene stoves	7,987
Family hygiene kits	30,547
Individual hygiene kits (male)	5,015
Individual hygiene kits (female)	6,690
Cleaning kits A (brooms, mops)	3,015
Cleaning kits B (cleaning products)	3,910
Blankets	19,335
Tarpaulins	4,989
Plastic sheeting (rolls)	400
Jerry cans, 20 litres	13,108
Jerry cans, 10 litres	23,252
Buckets	4,767
Mosquito nets	8,500

The following table shows the geographic distribution of beneficiary families as of 14 March:

Area	Number of beneficiary families
Gonaïves	8,110
Ennery	660
Anse Rouge	910
Port de Paix	738
TOTAL	10,418

Impact

The distribution of non-food relief items is coming to an end. To date 10,418 beneficiary families in the towns of greater Gonaïves, Ennery, Anse Rouge and Port de Paix have received non-food relief items that are helping them cope better and recover from the material losses they suffered as a result of the floods. The beneficiary families have been assisted through regular distributions corresponding closely to their practical needs. To avoid duplication and achieve a maximum level of coverage, the Federation has been closely coordinating with other humanitarian NGOs, such as Action against Hunger, OXFAM and CARE.

Constraints

Questions raised as to MINUSTAH's participation in Federation relief distributions had led to a suspension of distributions in Gonaïves for several weeks. It was decided that at relief distribution points where security is still precarious it would be acceptable to continue the use of military protection, but that other distributions in areas where there has been no sign of danger will continue without a military presence. During the reporting period, MINUSTAH's presence was solicited at two distributions in Gonaïves and in Port de Paix.

Several other external factors have hampered relief activities. For the last couple of weeks, the shortage of trucks in Gonaïves has become more prominent. Owners have taken advantage of this situation and increased daily charges. The conditions of the vehicles, however, have not improved. This has resulted in frequent breakdowns and subsequent delays in the distribution timetables, most recently in Port de Paix. Despite preventive measures taken, relief items continue to disappear during transportation from the Federation warehouse to distribution points and at distributions.

Objective 2: 7,000 people (1,400 families) will have benefited from the provision of food items delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

A total of 3,000 people in the commune of Chansolme received food rations from the World Food Programme and, as such, the community was not targeted by the Federation's distributions. Early funding shortages and the WFP presence in Chansolme made it more practical for the Federation to concentrate its efforts in other areas. As a result, nearly all food relief resources have until now been directed towards the commune of Ennery. Between 10 October, 2004 and 29 January, 2005 the Federation team carried out eight distributions of food parcels to previously identified beneficiary families living in and around Ennery and in the nearby community of Passe-Reine. In addition, eight separate one-time food distributions were carried out to smaller communities identified as being in need. Finally, in late January, 150 beneficiary families in Gonaïves that support orphans received a total of 750 food parcels, which represents over half of the standard food intake per family member for a period of one month. These families were identified in collaboration with CARITAS.

The following table shows the distribution status of the Federation food relief items:

Beneficiary families in the commune of Ennery receiving food items	1,390
Beneficiary families in Gonaïves receiving food items	150
Food parcels (>1000 kCal for 30 days)	20,823
Corn flour, 20 & 25 kg units	331

Impact

The distribution of food parcels in the commune of Ennery has been completed. A total of 1,390 families in that area received one food parcel per month per family member over a period of three months. These parcels were intended to supplement individual families' food supplies and improve their overall nutrition. Each food parcel is designed to provide an individual with at least 1,000 calories per day for a period of one month, which represents about half of the SPHERE standard food intake per person. Each parcel contains:

- Rice (10 lbs)
- Red beans (2 lbs)
- Sardines (2 lbs)
- Salt (1 lb)
- Sugar (4 lbs)
- Cooking oil (2 litres)

Shelter

Objective: 15,000 beneficiaries (3,000 families) will have benefited from the provision of shelter materials delivered through secure distribution centres.

Progress/Achievements (activities implemented within this objective)

Due to the damage that thousands of homes sustained as a direct result of flooding, the joint HNRCS and Federation assessment team identified some 3,000 families in need of materials for temporary shelter and other construction activities. Distribution of shelter materials has been delayed by the security situation in the country and a lack of human resources in the field. Tarpaulins and plastic sheeting stored at the Federation warehouse have been distributed in collaboration with the local HNRCS branch and the German Red Cross, which recently started a rehabilitation project in the area between Port-de-Paix and Anse Rouge. Distributions will be finalized by the end of March, before the heavy rains set in.

The following table shows the distribution status of the Federation shelter material as of 14 March:

Area	Items	Number of beneficiary families
Mandrin	Plastic sheeting (tarpaulins)	154
Anse Rouge	Plastic sheeting (tarpaulins)	410
Port de Paix	Plastic sheeting (tarpaulins)	738
Gonaïves	Plastic sheeting (tarpaulins)	1,366
Anse-Rouge	Plastic sheeting (rolls)	800

Impact

Following discussions between the German Red Cross and the Federation, the above distributions were carried out as followed: it was agreed that the German Red Cross, which is developing a shelter programme, would receive part of the plastic sheeting stock in storage at the Federation's warehouse in Gonaïves. Under this initiative 1,400 beneficiary families have received shelter material to complement rehabilitation kits containing wood, zinc sheets, nails and tools. Additionally, 2,068 beneficiary families, who were more recently identified as in serious need of shelter in the communes of Mandrin, Anse Rouge and Port de Paix received plastic sheeting for home repair. For the most part, beneficiaries receive two tarpaulins per family while one roll of plastic sheeting is shared between two families.

Constraints

A new factor which must now be seriously considered is the 'dependency syndrome' which humanitarian aid efforts are creating through beneficiary identification. Dependency syndrome is manifested in some beneficiaries who not only feel entitled to long-standing aid, whether they need it or not, but increasingly have found a disincentive to work as the more vulnerable they appear the more aid they will potentially receive. In certain cases, beneficiaries use whatever shelter materials they get to sell on the market rather than for home repair. This

situation could potentially become dangerous as the rainy season approaches. Stories of ill-prepared homes being washed away or obliterated in a single night are not uncommon.

Health

Objective 1: To rehabilitate Gonaïves' only referral hospital, La Providence, serving the primary and secondary health care needs of the population.

Progress/Achievements (activities implemented within this objective)

Repair work and basic rehabilitation of La Providence Hospital's main buildings were completed by mid-February. The fully equipped, 100-bed field hospital that had been set up in the area, jointly sponsored by the Canadian and Norwegian Red Cross Societies, was dismantled and, at the time this report, all medical equipment and activities had been transferred to La Providence. The hospital is now completely in the hands of the local health authorities and a formal handover is expected to take place soon. The installation of water and electricity was also completed in the final days of the transfer. Presently, OXFAM is in the process of constructing twelve elevated latrines on the hospital compound, four of which have been completed, while the remaining will be finished in the third week of March. Before the end of March, the Norwegian Red Cross will deploy an electrical engineer who will make a thorough assessment of the electrical systems at the hospital in order to ensure that all components are correctly connected and do not overload the system.

It took more than two weeks of continuous work to pack, transport and install the equipment in La Providence. Patients were transferred as the wards became ready. All tents have been conditioned and are currently stored at the Federation's warehouse in Gonaïves. The tents were donated by the Canadian and Norwegian Red Cross Societies to the HNRCS headquarters, which will decide in which branches it will be most appropriate to use them. A land cruiser, a pick up, a fork lift and a generator have also been donated to the Federation's operation in Gonaïves, while an additional land cruiser is on loan from the two National Societies.

Impact

The population of Gonaïves and the surrounding areas have had access to free primary and secondary health care services through the Canadian and Norwegian Red Cross Societies' field hospital for more than five months. Between mid-October 2004 and mid-February 2005, the field hospital received well over 2,500 outpatients. Over 650 persons were admitted for specialist care, including more than 60 patients for overnight care, of which more than half were admitted for surgery. The medical services provided by the same staff as at the field hospital will, in principle, now be available to patients at La Providence Hospital. The repaired buildings at La Providence provide patients with a better environment for care than the hospital tents, which, in addition to being inadequate shelter during the present heavy winds and upcoming rains, leave patients, staff and equipment undesirably exposed to the sun, heat and dust.

Constraints

Despite the fact that the transfer of equipment and services from the field hospital to La Providence would allow La Providence to become operational and return to normality, the hospital administration and staff were not in a position to participate actively in the transfer and few heads of units organized the packing of equipment. Consequently, the responsibility was left entirely to Federation and ICRC delegates, assisted by daily labourers. A recent visit to the hospital revealed that the surgical unit is not yet operational; boxes remain unpacked, sterilizers and fridges are not connected. Consequently, no operations are being carried out and patients are being referred to hospitals in San Marc and Marchand Dessalines, 20-30 kilometres from Gonaïves. In addition, La Providence has closed down the maternity ward and patients have been turned away since waste disposal facilities are not operational. There is no fuel for the generators and patients have to pay for the fuel in order to obtain their X-rays. There is also a serious issue with frequent instances of trespassing and thefts, the most recent being the pilfering of all mattresses from the maternity ward and the complete stock of chlorine from the French Red Cross depot, which occurred in spite of guards being posted at the gates and MINUSTAH patrolling regularly. In addition, the salary issue has been brought forward once again. To compound matters, on 14 March Haitian medical staff initiated an indefinite strike in protest against conditions and lack of support from the Ministry of Health in Port-au-Prince. Cuban medical doctors, however, continue working as they best can.

The Haitian health authorities have taken several months to come to an agreement in regards to which authorities: either the Ministry of Health, the Ministry of the Interior or of Foreign Affairs should sign the official hand over document, which will also be signed by the Federation and the HNRCS. Recent reports, however, indicate that the Ministry of the Interior may be the responsible partner. The handover document is presently with the HNRCS president.

Objective 2: To reduce the impact of water/vector born diseases (typhoid, malaria and diarrhoeal diseases) in the affected areas.

Progress/Achievements (activities implemented within this objective)

Two basic New Emergency Health Kits (NEHK) have been supplied to the Hospital de l'Espoir in Pilate to assist efforts to reduce the impact of water and vector borne diseases. The contents of the two kits will cover the basic health care needs of 2,000 people in Pilate for three months. In addition, the Federation and the president of the Gonaïves branch of the HNRCS have drawn up job descriptions for a programme officer and an assistant to coordinate a rapid-impact health promotion campaign related to water and sanitation, hygiene, basic nutrition and HIV/AIDS. No further activities have been carried out as a health delegate has not yet been identified to manage this project.

Objective 3: To contribute to enhancing health conditions, in particular for women and children, in the affected areas in Gonaïves.

Poor nutrition, unsanitary conditions and inadequate health services are reflected in the United Nations Development Programme's (UNDP) human development indicators. Despite the fact that health indicators have reportedly improved in Gonaïves as compared to before the floods, general health conditions remain extremely precarious, especially for the most vulnerable sectors of the population. The public health system, already stretched to the limit, has few resources available to work in preventive health care with and in the communities.

The purpose of this component of the health and care programme is to link volunteers from the Gonaïves branch of the HNRCS to the existing health infrastructure. Activities will be carried out through community workshops, home visits and other awareness activities to promote hygienic practices among beneficiaries and to create a closer link between the Red Cross and local communities. The focus for this intervention will be on awareness campaigns for vaccination and preventive health, environmental sanitation and vector control. In addition, volunteers will be active in the fight against HIV/AIDS and related stigma through peer education and the creation of a theatre group.

Activities planned to reach this objective :

- Reinforcement of the medico-social services at the HNRCS headquarters through the recruitment of a staff member focusing exclusively on the Gonaïves operation.
- Implementation of training of trainers (ToTs) sessions in community-based health and designing training materials in Creole.
- Provision of adequate training in community-based health to 30 volunteers from the Gonaïves area, including activities in HIV/AIDS.
- Delivery of key health messages to the communities.
- Implementation of specific awareness campaigns in the communities, targeting pregnant women and mothers with small children.
- Creation of a theatre group among HNRCS youth volunteers to promote health messages.

Water and Sanitation

Objective 1: To provide 450,000 litres of water in accordance with WHO water quality standards, affording 30,000 people (6,000 families) in Gonaïves with 15 litres per day.

Progress/Achievements (activities implemented within this objective)

A total of 6,000 families in Gonaïves were identified by the Federation assessment as being in need of fresh water. Despite a lack of human resources and a previous funding shortage, the Federation, in cooperation with the French Red Cross ERU team, has managed to meet and exceed the needs of the target population. Having accomplished this, the French Red Cross ERU team, specialized in mass water and sanitation, implemented the joint exit strategy for all agencies working with water distribution, closed down reservoirs, and removed and reconditioned the bladders. With the public water system mostly repaired and connected to the network, and with ever more wells being cleaned or rebuilt, communities now have increased access to water through the sources that served them before the floods.

Four local Red Cross staff members who were trained by OXFAM have cleaned and tested the water quality of wells in areas previously serviced by the French Red Cross. OXFAM, Action against Hunger and the French Red Cross, coordinated by Médecins sans Frontières, reached the target of rehabilitating approximately 800 wells before the end of December. To date approximately 1,200 wells have been cleaned.

The provision of clean drinking water in Gonaïves is the responsibility of the local water agency (SNEP) and the Haitian authorities. It is estimated that the public network, which does not include all of Gonaïves, presently meets fifty per cent of the needs of the population connected to it. The Federation is concerned about the chronic needs and the subsequent humanitarian impact.

In order to determine how best the Federation can assist improving water distribution to the population, an assessment of the existing public water supply system in Gonaïves will be carried out. The assessment will analyze whether the SNEP has difficulties in responding to the damages because of the overwhelming state of disarray of the network or whether it is due to a lack of commitment on the part of the SNEP and the authorities. If the results of the analysis reveal a lack of resources, then the most cost-effective initiatives that will have a truly long-term impact on the beneficiaries will be proposed and undertaken by the Federation. The current Federation water and sanitation delegate has already begun the assessment.

Impact

The amount of potable water distributed to the affected population in Gonaïves has provided a population of more than 30,000 people with over 20 litres of clean water per day for more than three months, and has prevented the spread of water borne diseases. In two areas previously serviced by French Red Cross water tankers, families now have access to clean drinking water from community and private wells. In addition, as a result of the dissemination of promotional hygiene messages at the water distribution points, families now have an increased awareness of hygiene issues.

Constraints

OXFAM has provided the local water agency (SNEP) with three new pumps, and the boreholes used to supply fresh water are now in good working order. Production is almost at 100 percent; however, since the electrical network remains dysfunctional and SNEP does not have the means to purchase diesel fuel for the generators, the population connected to the public water supply network is sometimes left without sufficient water. In addition, frequent leaks in the pipeline system are contributing to the existing shortage of piped water in areas where well water is not available.

Objective 2: To improve the transport and storage capacity at household level of clean water for 50,000 people (10,000 families)

Progress/Achievements (activities implemented within this objective)

During the reporting period, the remaining stock of 10- or 20-litre collapsible jerry cans were distributed to beneficiaries. Since the beginning of the operation, 9,915 families in Gonaïves and the commune of Ennery have

received collapsible jerry cans. For the most part, families received either two 20-litre jerry can or four 10-litre jerry cans.

Objective 3: To supply the Gonaïves field hospital and living compound with sufficient water that is in accordance with the WHO standards for quality water.

Progress/Achievements (activities implemented within this objective)

Until the end of the operation of the field hospital, the French Red Cross water and sanitation team, which took over from the Spanish Red Cross specialized water and sanitation unit, continued to supply the hospital with approximately 40,000 litres of high quality water per day. The hospital area was fumigated each morning and showers and latrines disinfected. Waste was collected and burned in the incinerator at the former referral hospital, La Providence. A team of four HNRCS volunteers have been trained in vector control, disinfecting and waste disposal and are now able to carry out this job without supervision. An additional 22-25 staff members have been trained in general water distribution and production.

The French Red Cross water and sanitation delegate also participated in the survey of the water supply systems at La Providence Hospital and came up with recommendations for measures to make these systems functional, which are now being implemented. In addition, a stationary water treatment plant has been donated to and installed in La Providence. One of the two new French Red Cross water and sanitation delegates who arrived in late January has been in charge of monitoring the ongoing repairs to the hospital's water supply system, which has included rehabilitation of the water supply network, installation of new pipes in the principal buildings and rehabilitation of the smaller reservoirs connected to the individual wards. In addition, a leakage in the main water reservoir was detected and repaired. The French Red Cross water and sanitation engineer, however, recommends that the hospital authorities carry out a more thorough repair, which will involve completely emptying the reservoir. In addition, it is recommended that the pump operating the water supply unit be connected to the public electrical network in addition to the generator, which consumes a large quantity of diesel. The public network does not function 24 hours a day, but even a few hours of connection per day will help the hospital to reduce costs. A depot in a small building was rehabilitated and secured in order to have a storage facility in which to keep all equipment for the water supply unit.

Eleven Haitian nationals working at the specialized water and sanitation unit servicing the field hospital received thorough training in maintaining high-quality water systems. One person has already been trained in water treatment and replenishing water supplies. These newly-trained water engineers will be capable of taking over the responsibility of maintaining and reconditioning the equipment. The two French Red Cross water and sanitation delegates who arrived in mid-January finalized the handover process. It has also been arranged that OXFAM will provide materials and continue work on the water programme in cooperation with the HNRCS, ensuring that safe water will continue to be available.

In the final days prior to the closure of the field hospital, Spanish Red Cross delegates dismantled the water supply unit, which will now be used for training activities in Haiti and the Dominican Republic.

Impact

High quality water and healthy surroundings have been ensured for the field hospital and for staff living quarters. Likewise, high quality water is now available at La Providence Hospital. Neighbours of the Red Cross compound also benefited from access to clean drinking water until the end of December, when the supply of water was discontinued by humanitarian agencies. In addition, HNRCS volunteers have acquired new skills, enabling them to operate an ERU unit with minimum support of a Federation water and sanitation delegate.

Constraints

Although the French Red Cross delegates responsible for the water supply to the field hospital reached the end of their missions in mid-December 2004, their replacements did not arrive in Haiti until 20 January 2005. The Federation water and sanitation delegate was assigned to manage the project in the interim. This overburdening of the delegate hampered the progress of this and other ongoing water and sanitation projects.

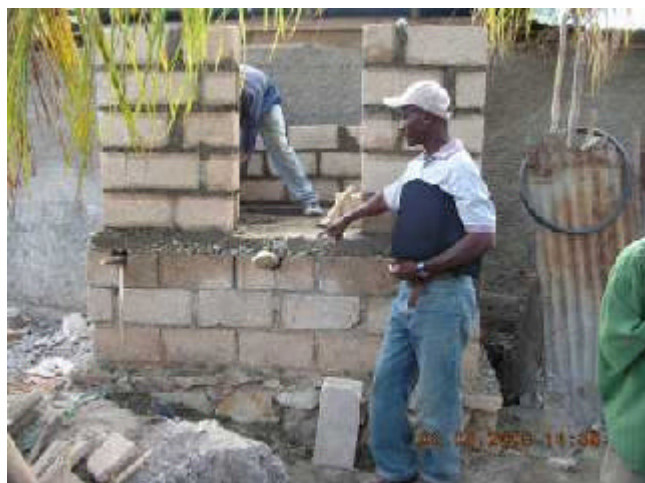
Despite preventive measures taken, the storage facility at La Providence was broken into, using heavy tools. Twenty 40-kg bags of chlorine, sufficient to chlorinate the water supply for almost one year, were stolen. The case

was reported to the hospital authorities and investigations are ongoing. Fortunately, a smaller stock is still available at the Federation's warehouse. In addition, the well has become contaminated twice and a full clean up is necessary. On one occasion human waste was detected and on the other a dead animal was discovered. According to local sources, evidence from both incidents indicates that the well was used as part of a traditional voodoo ritual.

Objective 4: To provide materials and technical assistance in latrine reconstruction for 1,000 families living in areas where the risk of uncontrolled disease is high.

Progress/Achievements (activities implemented within this objective)

A water and sanitation consultant who was deployed for a month to the Federation office in Gonaïves, along with an HNRCS-designated counterpart, made an assessment which identified a need for individual family latrines; an appropriate plan was designed. A Federation water and sanitation delegate arrived in late December 2004 to manage the project and, after collecting bids to complete latrines, chose two contractors. For practical reasons, the clearly defined project area was divided into five working zones. In late January, a contractor began work to empty the first 300 latrines, which involves digging large holes in which to put the latrines' waste and mud. At present, the contractor has completed the goal of the first contract and emptied all 300 latrines. Negotiations are underway to extend the contract to include emptying an additional 200 latrines. In view of major needs for improving the unsanitary conditions of the population, this project has been extended for six months to include the emptying and rehabilitation of an additional 400 latrines in a community yet to be defined. This part of the project will be initiated once the first phase is completed.



To date, 300 latrines have been emptied and negotiations are underway to extend the contract to include an additional 200 latrines. In view of the major needs for improving the unsanitary conditions of the population, this project has been extended for six months to include the emptying and rehabilitation of an additional 400 latrines

The project includes emptying full latrines, mostly filled with mud, and/or rehabilitation of damaged latrines. The project proposes to build new latrines for clusters of families where the SPHERE standards of a maximum of 20 persons per latrine are exceeded, and to rehabilitate latrines that were destroyed by the floods. According to an assessment of the latrines currently being emptied, all of the latrines were partially or totally destroyed. Thus far, 193 latrines have been completely rehabilitated, which includes the construction of a walled and roofed area.

The following table gives the status of the latrine rehabilitation project as of 14 March:

Phase 1: Zones A,B,C,D,E		Status
Total number of families in the area	1,277	
Number of latrines to be emptied during phase 1	500	300 latrines emptied. List of 200 additional latrines is currently being drawn up.
Number of emptied latrines identified as in need of rehabilitation	300	Rehabilitation of 193 latrines completed. 107 latrines in various stages of repair.

Number of latrines emptied by owners identified as in need of rehabilitation	26	Rehabilitation of all 26 latrines completed.
Number of households without access to latrines	117	Latrines will be built during phase 2.
Phase 2:		
Number of latrines to be emptied	300	
Number of latrines to be constructed	100	Includes households identified during phase 1.

Impact

The Federation assessment identified the need to reconstruct existing latrines and build new latrines for clusters of families that have never had latrines in order to prevent additional water contamination. The reconstruction of as many latrines as possible will contribute to the prevention of waterborne diseases.

Constraints

The number of latrines to be rehabilitated was initially constrained by a temporary funding shortage, which has only recently been alleviated. The rehabilitation is progressing as scheduled and the first phase, which started on 18 January, is expected to be completed by mid-April. In addition, there are two more obstacles which, until now, have postponed the reconstruction of latrines: the water table has remained high in the flooded areas, and the rehabilitation of latrines, which requires the active participation of the affected population, was perceived as a secondary priority when compared with the more immediate need to rebuild destroyed or damaged homes. As the immediate needs of the population are being attended to, this component of the project has been made a higher priority.

Objective 5: To reduce the risk of the spread of disease due to poor hygiene and sanitation in vulnerable communities in Gonaïves.

Most communities suffer from poor hygiene and sanitation. Public and private areas are still covered with caked mud, waste and debris, which risk contaminating community or private wells during the upcoming rainy season. Trained HNRCS volunteers will use the Participatory Hygiene and Sanitation Transformation (PHAST) methodology to promote hygiene, sanitation and community management of water and sanitation facilities. The methodology aims to empower communities to manage their water and to control sanitation-related diseases by promoting health awareness and understanding which, in turn, leads to environmental and behavioural improvements.

Activities planned to reach this objective:

- Recruitment of an experienced PHAST trainer of trainers and a programme coordinator.
- Adaptation of existing PHAST training material and translation into Creole.
- Training of PHAST trainer of trainers and selected volunteers.
- Identification and selection of target communities.
- Implementation of the PHAST methodology in the communities.

Reconstruction-Action Research

Objective: To assess the feasibility of constructing a limited number of family homes for families whose houses were completely destroyed by the floods, without damaging the fragile cohesion of the local community or endangering the beneficiaries.

Despite the severe damage that Hurricane Jeanne caused to thousands of people's homes, very little has been done by the authorities or humanitarian actors to address the issue of adequate housing. According to the World Health Organization, some schools and churches are still being used as overnight shelters, mostly by women and children who have nowhere else to go, while others continue to live with neighbours and family members. This new component of the appeal aims to examine the possibility of implementing a pilot programme in Gonaïves. The fundamental design of the project will be based on methodologies aimed at reducing jealousy and tension, such as the Better Programming Initiative (BPI), with regard to the selection of beneficiaries, mobilization of groups within the local community, and construction methods and approaches.

Activities to reach this objective

- A technical consultant with experience in managing construction programmes and the Better Programming Initiative methodology will be deployed to the area for one month. Depending on the recommendations of the assessment, a separate housing construction programme for Gonaïves will be developed and presented to donors.

Strengthening of Response Capacity

Objective: To reinforce the HNRCS with its mandate to respond to catastrophes within a country with a fragile political context and during the hurricane season.

Until recently, the focus of the relief operation has been on the immediate needs of the affected population. Now that the emergency phase is coming to a close, proposals to enhance the capacity of the HNRCS to more effectively respond to disasters and strengthen its role as a humanitarian actor have been examined. The focus of this component will be on pilot initiatives in the Gonaïves area which could be replicated in other areas, depending upon results and lessons learned. The programme will be closely coordinated by the Federation's delegation in Port-au-Prince.

Activities planned to reach this objective :

- Recruitment of a Federation operations manager.
- Recruitment of a regional coordinator for disaster management, focusing exclusively on Gonaïves.
- Assessment of the present disaster management capacities of the Gonaïves branch of the HNRCS.
- Identification of training needs within various groups of volunteers, followed by relevant training.
- Training of communities in disaster management, including risk mapping and disaster response.
- Purchase and pre-positioning of emergency relief stock in Gonaïves.

Federation Coordination

From the onset of the disaster, the Federation and Partner National Societies in Haiti have coordinated their support to the Haitian National Red Cross Society in order to agree on a framework for the operation and to avoid duplication of efforts. In Port-au-Prince, the ICRC is being consulted daily in connection with the security situation. At the field level, a close working relationship with the ICRC, which has supported the Federation in the design of security and evacuation plans, has been established. In addition, the Federation is ensuring close cooperation with UN agencies and other external partners in its effort to make the best use of available resources.

In Port-au-Prince, as well as in Gonaïves, the Federation is participating in coordination meetings, which take place once a week. In Port-au-Prince, these meetings are chaired by the UN while, until recently, the local authorities, La Délégation de L'Artibonite, were the coordinating body in Gonaïves. The responsibility for coordination in Gonaïves has now again been transferred to the UN. A summary of the revised Appeal was prepared for the UN agencies, giving short and concise information, with a clear distinction between intended activities in Gonaïves itself and the seven outlying communes.

In the field, the Federation-deployed French Red Cross mass water and sanitation ERU has been participating in coordination meetings with other water and sanitation actors, such as, OXFAM, Action Against Hunger, CARE and the local water agency (SNEP). In addition, the field hospital's Norwegian Red Cross administrative staff has been accommodated at the Federation's flood response office, while the ICRC delegate deployed to Gonaïves and the French Red Cross delegates have often used the Federation's office facilities.

Red Cross and Red Crescent Movement -- Principles and initiatives

- Relief activities being carried out are based on the Fundamental Principles of the Red Cross and Red Crescent Movement.
- Beneficiary selection criteria focus on the vulnerability of those affected
- Relief operations are being conducted with respect for the culture of beneficiaries, ensuring gender sensitivity and prioritizing assistance to children and the elderly.

- Activities are based on the SPHERE Project humanitarian charter, the Better Programming Initiative (BPI) and the code of conduct for emergency response.
- Transparency is being ensured through the production of regular reports and news bulletins.
- All objectives put forward in the appeal are in line with Strategy 2010, as well as the Strategy for the Movement and the Principles and Rules of the Movement.

National Society Capacity Building

The Federation expects to leave the affected communities and the National Society better organized and prepared for disasters. As a first step, the participation of branch volunteers in activities such as conducting surveys and assessments, distributing relief supplies, installing and maintaining water supplies and the training of trainers in health related issues has provided volunteers with additional skills and capacities to respond to disasters.

Communications – Advocacy and Public Information

News articles concerning the disaster have been posted on the Federation's website and a press release was issued on 5 October concerning the launch of the Federation's revised Emergency Appeal. A news article was compiled for an ICRC news magazine targeting the international community in Haiti. In addition, with the support of the Federation, work is on-going to ensure the visibility of the operation which is being led by the National Society. Distributions of relief items are being carried out wherever possible by HNRCS volunteers who wear clothing showing the Red Cross emblem; in addition relief items clearly display the Red Cross emblem as a means of increasing the visibility of the Red Cross within Haiti.

[Contributions list below; click here to return to the title page.](#)

Haiti - Floods (hurricane Jeanne)

ANNEX 1

APPEAL No. 22/2004

PLEDGES RECEIVED

15/03/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				11,673,000	TOTAL COVERAGE 88.2%	
AMERICAN - RC		400,000	USD	452,800	10.01.05	
AMERICAN - PRIVATE DONOR		15,000	USD	18,967	28.09.04	
AMERICAN - PRIVATE DONORS				126	07.10.04	
AMERICAN - PRIVATE DONORS		23,484	USD	26,584	23.12.04	
BARBADOS - RC		7,750	USD	8,773	30.12.04	
BELGIAN - GOVT/RC		8,409	EUR	12,959	22.09.04	PROGRAMME SUPPORT
BERMUDA - RC		20,000	USD	25,290	12.10.04	
BRITISH - RC		40,000	GBP	91,440	28.09.04	
BRITISH - GOVT/DFID		147,059	GBP	336,177	18.10.04	RELIEF NEEDS, OPERATIONAL NEEDS
CANADIAN - RC		50,000	CAD	46,900	20.09.04	ASSESSMENT MISSION
CANADIAN - GOVT/CIDA/HAPS		200,000	CAD	187,600	24.09.04	
DANISH - RC				75,975	17.11.04	
ECUADOR - RC		525	USD	595	23.12.04	
FRENCH - PRIVATE DONOR		200	EUR	303	07.12.04	
HAITI - GOVT		50,000	HTG	1,630	02.02.05	FUEL GENERATORS, HOSPITAL PATIENTS FOOD
IRISH - GOVT		150,000	EUR	232,875	06.10.04	
JAPANESE - RC		111,400	USD	140,865	01.10.04	
LUXEMBOURG - RC		50,000	EUR	77,625	21.10.04	
MICROSOFT		15,000	USD	16,980	31.12.04	
MONACO - RC		8,000	EUR	12,420	11.10.04	
NETHERLANDS - GOVT		529,412	EUR	809,736	29.10.04	OPERATIONAL COSTS, RELIEF ITEMS
OFDA/USAID		990,000	USD	1,251,855	23.09.04	
PRIVATE DONORS				61,849	15.11.04	
PRINCETOWN CARIBBEAN CONNECTION		1,587	USD	2,006	06.12.04	
SWEDISH - GOVT		1,000,000	SEK	167,500	27.09.04	
SWISS - RC				42,781	28.10.04	
SWISS - RC				6,999	27.10.04	
SWISS - PRIVATE DONORS				6,541	29.09.04	
COMMUNE DE VERNIER				5,000	13.01.05	
ANMWE POU AYITI				5,000	11.10.04	
WHO STAFF				4,000	30.09.04	
TRINIDAD & TOBAGO - RC		10,216	TTD	1,950	28.02.05	
SUB/TOTAL RECEIVED IN CASH				4,132,101	CHF	35.4%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
BELGIAN - GOVT		257,214	EUR	396,367	22.09.04	PURIFICATION TABLETS, JERRYCANS, BLANKETS, PLASTIC SHEETING, FAMILY TENTS
BELGIUM	DELEGATES			15,000		

Haiti - Floods (hurricane Jeanne)

ANNEX 1

APPEAL No. 22/2004

PLEDGES RECEIVED

15/03/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CANADIAN - RC		1,270,000	CAD	1,191,260	05.11.04	DIRECT ASSISTANCE: ERU REFERRAL HOSPITAL
CANADIAN - RC	DELEGATES			18,400		
DENMARK	DELEGATES			10,200		
FRENCH - RC/GOVT/ECHO/VEOLIA		785,000	EUR	1,209,685	24.09.04	DIRECT ASSISTANCE: MEDICAL KITS, BLANKETS, JERRYCANS, KITCHEN SETS, LAMPS, TARPULINS, HYGIENE KITS, STOVES, 5 DELEGATES, ERU LOGISTICS AND WATER DISTRIBUTION & TRUCKING
ICELAND	DELEGATES			12,800		
NETHERLANDS	DELEGATES			18,000		
NORWEGIAN - GOVT/RC		9,523,810	NOK	1,785,714	05.11.04	DIRECT ASSISTANCE: ERU REFERRAL HOSPITAL
SPANISH - RC		849,981	EUR	1,319,595	20.10.04	DIRECT ASSISTANCE: TOYOTA HILUX, WATER TTT PLANTS, JERRY CANS, HYGIENE KITS, FOOD RATIONS, ERU LOG, WATSAN, 10 DELEGATES
SWISS - RC				181,471	27.10.04	REHYDRATION SALT, EMERGENCY HEALTH KIT, WATER PURIFICATION TABS, MOSQUITO NETS, COOKING EQUIPMENT, TRANSPORT
SUB/TOTAL RECEIVED IN KIND/SERVICES				6,158,492	CHF	52.8%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	