

Operations update



International Federation
of Red Cross and Red Crescent Societies

Haiti: Earthquake

Emergency appeal n° MDRHT008
GLIDE EQ-2010-000009-HTI
Operations update n° 2
22 January 2010

Period covered by this Ops Update: 19-22 January 2010;

Appeal target (current): CHF 105.7 million (USD 103,289,000 or EUR 71,649,500) in cash, kind, or services to support the Haitian National Red Cross Society (HNRCS) to assist up to 60,000 beneficiary families for a total of 3 years;

Appeal coverage: The donor response list on the Federation web site is constantly updated; the Appeal coverage as reflected on the list currently stands at 29 per cent; however, the coverage including pledges yet to be registered is now of approximately 35 per cent.

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

Appeal history:

- CHF 500,000 (USD 491,265 or EUR 338,880) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to jump-start response activities and mobilization of Federation personnel. Un-earmarked funds to replenish DREF are encouraged.
- A Preliminary Emergency Appeal for CHF 10.1m was launched on 12 January 2010 to support the Haitian National Red Cross Society (HNRCS) to immediately deliver life-saving assistance to some 20,000 families (some 100,000 beneficiaries) for 9 months.
- This Revised Preliminary Emergency Appeal features a Revised Budget of CHF 105.7 million to assist up to 60,000 families (300,000 people) for 3 years.



The International Federation distributed relief items to 110 families in Port-au-Prince on 20 January. Source: Finnish Red Cross.

Summary:

A powerful 6.1 aftershock was felt throughout the city on 20 January, and the epicentre this time was near the town of Jacmel. Though this new tremor caused much fear, some injuries and some damaged structures to collapse altogether, there were no reports of deaths or other serious situations. It is thought that aftershocks will still continue to be felt for some time.

The Haitian government is slowly gaining more coordination capacity, and it is meeting regularly with partners

and making decisions. The affected areas have been divided into eight zones and themes and areas of action have been assigned to each humanitarian actor. There is a strong possibility that the more than 500 makeshift camps where people are staying in Port-au-Prince will be relocated to several larger camps. The decision is pending.

Security remains a concern and some violent incidents are being recorded. A general curfew for the population (except for military and police forces) is now in effect for the affected areas and starts at 18.00 hours. The United Nations is boosting its peacekeeping presence by 3,500 military and police personnel.

Although the situation is improving everyday, there are still significant delays in getting humanitarian assistance into the country because of the airport's limited capacity and the increasing backlog at the border crossing between the Dominican Republic and Haiti. Humanitarian relief distributions have started, although many earthquake survivors are fleeing the city to other parts of the country, exerting pressure on those areas.

To date, a 26 member Red Cross FACT team is on the ground conducting the operation, and 19 ERUs with various specializations from several Partner National Societies are either operating on the ground or arriving shortly. The joint Canadian and Norwegian Red Cross rapid deployment hospital is now operational in Port-au-Prince's University Hospital. This 70-bed facility is providing care to 70-100 patients daily and started performing surgeries on 19 January. The Finnish/French/Swedish Basic Health Care Unit is also operational

Implementation of the Red Cross Relief and Shelter plan to reach 60,000 families is being implemented.

The priority for the Red Cross at this point remains for the emergency relief operation to address the most urgent needs of emergency medical care, water and sanitation and relief items. However, preparations are underway for recovery assessments.

During the recovery stage, community-wide consultation and partnership will be prioritized and the leadership of the HNRCS will facilitate an effective, relevant and meaningful response. Partnerships across aid agencies, national authorities, international donors and civil society organizations must be fully coordinated to ensure a cost-effective, efficient operation

Contributions to the Revised Appeal are flowing in thanks to strong support from donors including Partner National Societies, companies and individuals. However, given the increased budget of this revised Appeal, there is a significant need for on-going generous contributions to ensure vital assistance is provided to the affected Haitian population. The donor response list which is published on the public web site is constantly being updated.

The situation

Dire humanitarian conditions prevail in the city of Port-au-Prince, and the damage in neighbouring towns and cities is now coming to light. The International Organization for Migration (IOM) estimates that 200,000 families (up to one million people) are in need of immediate shelter and non-food assistance and that at least 500,000 people are currently living outdoors in some 500 improvised camps in Port-au-Prince. Many internally displaced persons have started to leave the capital in search of shelter in other parts of the country, which involves the need for humanitarian support for these other areas.

The destruction of buildings is severe, and it is thought that 20% of the city of Port-au-Prince is destroyed. Leogane (pop. approx 134,000) is the most severely damaged area west of Port-au-Prince, with up to 10,000 people killed and up to 90% of buildings damaged. Gressier (pop. approx 25,000) and Carrefour (pop. approx. 334,000) have up to 50% of buildings destroyed. Petit Goave (pop approx 117,000) has 20% of buildings destroyed.

Most public and private hospitals left standing continue to be stretched to the limit, with not enough doctors or nurses to handle the hundreds of wounded waiting at their gates. Hospitals have also been badly affected by water shortages. Local authorities say many pumping stations are not working and water pipes are likely to have been damaged. An assessment by WHO/PAHO found that at least eight hospitals and/or health centres have collapsed or sustained serious damage. Field hospitals that are already operational report an overflow of patients who are reluctant to leave the facilities because of a lack of alternatives of which they are aware. Major health concerns include untreated trauma wounds and infection of wounds.

Ten days after the earthquake, over 121 survivors have been pulled out of the rubble by the urban search and rescue teams.

The Haitian government is now coordinating much of the action, and has set up eight zones for the distribution of humanitarian assistance. Each zone will receive direct support by a national Minister to coordinate the relief effort. The zones are: 1) Petionville and Kenscoff; 2) Carrefour; 3) Gressier; 4) Petit Goave, Grand Goave and Leogane; 4) Tabarre; 5) Cabaret and Croix de Bouquets; 6) Delmar; 7) Jacmel; and 8) Port-au-Prince Municipality.

Local authorities are in process of making a decision about the location of the internally displaced, currently living in as many as 500 or more camps. Some possibilities are being discussed, but the creation of several large camps seems to be a very probable solution.

With the 220 m pier now being partially operational, the logistics situation is slowly improving, but shows some restrictions that require careful coordination and support. Red Cross shipments by sea are scheduled to start next week, following the securing of a slot and a shipping agent. The airport is currently operating at 170% of its normal capacity, and a new landing protocol permits only cargo flights with water, food and emergency health and logistics to land.

The Red Cross Camp requires a larger area to accommodate the needs. Therefore, the Italian Red Cross Base Camp ERU will be installed in a new location within a secure area established by authorities. The current Base Camp site will be used as a much-needed warehouse.

Coordination and partnerships

Regular coordination meetings for the Logistics, Shelter/NFI, Water and Sanitation, Health and Food Clusters are being held regularly. In addition, the Child Protection Cluster has been activated. Each day, the capacity of most humanitarian relief organizations present in the country increases, as does the need to enhance coordination to ensure the most effective and efficient delivery of goods and services to the population.

Given the nature of the situation in Haiti, the Federation and ICRC are collaborating closely on a 'Movement' approach, including collaboration, facilitation, and support for the entry and movement of the Field Assessment and Coordination Team (FACT) and Emergency Response Unit (ERU) assets. A Movement Coordination Platform is operational, and a cross-sectoral assessment database is in place to consolidate all assessments conducted in country by the Movement, and the focal point will be Relief ERU. There is a Federation Movement Coordinator in country, and an ICRC counterpart arrived on 20 January.



Medical staff of the Canadian and Norwegian Red Cross rapid deployment hospital at surgery, just after delivery of the first baby born in this medical unit. Source: Olav Saltbones, Finnish Red Cross.

As of 20 January, 19 ERUs have been deployed, of which twelve are operational (nine in Port au Prince, one Water and Sanitation ERU in Leogane and one Logistics ERU in Santo Domingo).

ERU Type	Approx. no. of personnel	National Societies	Installed & operational
Field Hospital	46	German and Finnish Red Cross	ETA 22 Jan
Rapid Deployment Hospital	29	Norwegian and Canadian Red Cross	Yes
Fixed BHC	15	Japanese Red Cross Society	Team arrived in PaP/Equipment pending
BHC	12	Finnish, French and Swedish Red Cross	Yes
BHC	10	German and Swiss Red Cross	Yes
Relief/shelter	5	American Red Cross	Yes
Relief/Shelter	6	Benelux and French Red Cross	Yes
Relief/Shelter	6	French Red Cross and Finnish Red Cross	Pending Arrival
Logistics	6	British Red Cross	Yes
Logistics	6	Swiss Red Cross	Yes
Wat/San M15	6	French Red Cross	Yes
Wat/San M15	6	Spanish Red Cross	Yes
Wat/San M15	TBC	German Red Cross	Pending arrival
IT /Telecom	5	Spanish Red Cross	Yes
IT/Telecom	5	Danish and American Red Cross	Yes
Wat/San MSM20	7	Austrian Red Cross	Pending arrival
Wat/San MSM20	5	British Red Cross	Pending arrival
Base Camp	14	Italian Red Cross	Personnel arrived; pending arrival of equipment
Base Camp	7	Danish Red Cross	Pending arrival
19 ERUS	196	15 National Societies	12 ERUs in the field

With regard to the FACT team on the ground, the following is the structure as of 20 January:

Country	Function	National Society
Haiti	Team Leader (1)	Canadian Red Cross
Haiti	Reporting (1)	International Federation
Haiti	Health Coordinator (1)	International Federation
Haiti	Relief Coordinator (2)	American Red Cross
Haiti	Media (2)	International Federation
Haiti	IT and Info Mgmt (1)	Danish Red Cross
Haiti	Shelter (2)	Swiss Red Cross/Andorra Red Cross
Haiti	Finance (2)	Icelandic Red Cross
Haiti	Security (1)	International Federation
Haiti	HR (1)	Japanese Red Cross
Haiti	Assessment (1)	Finnish Red Cross
Haiti	Recovery (1)	British Red Cross
Haiti	Movement Coordinator (1)	International Federation
Haiti	WatSan (2)	International

		Federation/British Red Cross
Haiti	Deputy Team Leader (1)	ICRC
Haiti	Disaster Management (1)	International Federation
Haiti	Information Mgmt (1)	Grenada Red Cross
Haiti	Logistics (3-general, liaison and coordinator)	International Federation/American Red Cross
Santo Domingo	Admin	International Federation
Santo Domingo	Admin/Transport	International Federation

The Federation's Geneva-based secretariat continues to support the operational coordination in the Zone and the field with the deployment of global surge capacity and representation in global level coordination meetings at the UN and other multi-lateral agencies. Staff members from the Secretariat headquarters as well as the Zone office have been mobilized to Haiti and/or the Dominican Republic to support the operation.

The HNCRS is at the heart of the Red Cross / Red Crescent response in Haiti, and is coordinating with all Movement Partners.

During the Relief Cluster meeting of 19 January, the Haitian Secretary of State explained that the government's relief priority at this point is the distribution of food ingredients so that the population can prepare their meals in a dignified manner, whether it is within the family or in community kitchens. It is highly likely that support will be required from the MINUSTAH to ensure the security of both items to be distributed and personnel. The Secretary also mentioned the intention of working with town mayors so that distribution takes place at the municipal level.

The government official also stressed the need to take into consideration rising pressure currently exerted on towns outside Port-au-Prince, as people start to look for options outside of the capital. Follow-up required by agencies includes providing information regarding the capacity to distribute and any limitations. The World Food Programme (WFP) has plans to conduct an assessment in Jacmel with the aim to distribute food. The International Federation's relief distribution plan was shared with the Movement actors and with the Cluster.

Red Cross and Red Crescent action

Overview

The Red Cross and Red Crescent is coordinating and implementing all response activities from its base camp in the capital city. As of 20 January, 185 delegates are staying in this camp, where resources are limited; therefore, it is strongly recommended for all personnel being deployed to Port-au-Prince to bring equipment and supplies to be self-sustainable.

An important number of sister National Societies from around the globe have come to Haiti to lend a hand with relief and recovery efforts. Some of them arrived as part of larger teams from their home countries, others came unilaterally. A comprehensive list of these National Societies will be made available in future Operations Updates.

Meanwhile, the efforts of the Turkish, Mexican and Colombian Red Cross Societies during the search and rescue operation are noteworthy. The Colombian Red Cross is still present in country and planning a food distribution with the HNRCS. The German Red Cross is also planning food and shelter (plastic sheeting and tool) distribution with the HNRCS. The Costa Rican Red Cross, as part of the Costa Rican government contingent sent to Haiti, has renewed search and assessment activities in the communities assigned to them. The Costa Rican Red Cross started a fund-raising campaign in Costa Rica through which it has been able to collect the equivalent of approximately USD 730,000 and close to 11 tonnes of relief items, which will all be sent to Haiti.

The ICRC is working closely with the HNRCS and the International Federation to support the development of a strong and well functioning Movement Coordination mechanism for the Haiti earthquake response. During this reporting period, the ICRC's initiatives have focused around recovery and management of dead bodies,

economic security and Restoring Family Links (RFL), as well as ongoing activities around first aid and water and sanitation. The ICRC has also delivered several hundreds of body bags to Haitian authorities for the handling of human remains. Two ICRC forensic experts have arrived in Port-au-Prince to advise the Haitian authorities on the collection of information on the dead and on the dignified handling of bodies.

The Restoring Family Links post established at HNRCS headquarters continues to operate and help people receive information about their relatives, as well as send 'I am alive' messages.

Out of the more than 23,000 registrations on the ICRC RFL website, 1,573 'I am alive' messages have been posted. Around 250 profiles have been deleted from the website following the successful restoration of family links.

An ICRC-chartered aircraft carrying 36 tonnes of water and sanitation equipment as well as medical items left Geneva on 19 January bound for the Dominican Republic. From there, the cargo will be taken by road to Port-au-Prince. A second plane carrying relief items from the Federation: 2,500 family kits, blankets, kitchen sets and plastic sheeting for temporary shelter, left Panama and arrived in the Dominican Republic on 20 January.

Progress towards objectives

The operation is guided by the strategic aim to save lives, protect livelihoods, and strengthen recovery from disasters. The International Federation Appeal focuses on three key principles: quality services to targeted beneficiaries; an integrated approach linking all programme areas in the services provided to beneficiaries and a livelihoods approach that forms the basis of the recovery phase of the operation.

During the relief phase, the operation is focusing on the timely provision of preventive and curative health care, water and sanitation to reduce the spread of water-borne disease, essential relief items and emergency shelter. In the recovery phase of the operation, the focus will shift to the rehabilitation and reconstruction of homes and community infrastructure (such as schools, health centres and markets) and the restoration and strengthening of livelihoods. Throughout all phases of the operation, the capacity of the HNRCS will be strengthened to deliver integrated multi-sectoral disaster response targeting the most vulnerable communities.

The relief and recovery processes will be supported and guided by a commitment to holistic assessment and analysis including the continuous participation of the disaster affected communities in the definition of needs and appropriate solutions.

Shelter, water and non-food items have been identified as critical needs. Most families have lost their homes and basic household items, such as kitchen utensils, blankets, hygiene items. Access to water is limited. It is essential to provide people affected by the earthquake with basic non-food relief items. . It was agreed by all humanitarian actors to integrate the provision of shelter and non-food relief items along with food distributions. Discussions with the Food Cluster by the NFI/Shelter Cluster are underway to determine best option.

Relief distributions (basic non-food relief items)

Objective 1 (Relief phase): People affected by the earthquake will have benefited from the distribution of basic non-food relief items.	
Expected results	Activities planned
<p>Affected families receive kitchen sets (1 per family) and blankets (2 per family).</p> <p>People affected by the earthquake see their basic needs met by receiving essential non-food relief items.</p>	<ul style="list-style-type: none"> • Relief ERU deployment to support relief activities in collective shelters. • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Procurement and transport of relief supplies and materials. Distribute supplies and control supply movements from point of dispatch to end user (possibly to include unconditional cash grants). • Monitor and evaluate the relief activities and provide reporting on relief distributions. • Develop an exit strategy.

Progress: Representatives from the International Federation in the field continue to attend Non-Food Items Cluster coordination meetings, sharing assessments and planned distribution information.

A **Relief/Shelter Plan of Action** to assist an initial 60,000 families (300,000 people) is being implemented under this Appeal, prioritizing the distribution of a non food items package. The Family Kit contains the following items:

	Item	Per family	Families	Total for mobilization
1	Family hygiene kit	1 per month	60,000	60,000
2	Kitchen set	1	60,000	60,000
3	Tarpaulins	2-4	60,000	120,000
4	Rope	1	60,000	60,000
5	Blanket (light)	5	60,000	300,000
6	Mosquito nets	2	60,000	120,000
7	Jerry cans	2	60,000	120,000
8	Buckets	2	60,000	60,000
9	Aqua tabs	1 (family pack) 1 tab per/litre 8 Ltr/pp/pd X 30 days	60,000	60,000
Shelter items to be distributed by Relief ERU				
10	Tents	1	10,000	10,000
11	Shelter kits	1	10,000	2,000

Jerry cans and aqua tabs will be provided in conjunction with health education and hygiene education activities. HNCRS volunteers will explain and demonstrate to beneficiaries the use of the aqua tabs.

In line with this Plan, International Federation relief distributions started on 19 January reaching 350 families, and an additional 110 on 20 January. These distributions have taken place at the Daihatsu #1 camp in the Delmas area, which is located along the main artery that leads to the airport in Port-au-Prince.

District	Site	Date	No Families
Delmas	Daihatsu #1	19 January	350
Paco	Croix des Pres	20 January	110

It is planned that ERUs will manage crowd control and HNRCS volunteers will carry out the actual distribution with locally formed committees, to ensure ownership of the process by beneficiaries and increase security.

In addition, the American Red Cross and French/Benelux Red Cross Relief ERUs together with FACT Relief and FACT shelter coordinators have developed a plan which includes looking into the feasibility of cash transfer programming for the most vulnerable families as well as the distribution of baby kits. The HNRCS has experience in cash transfer programming and is in agreement with implementing this type of intervention. The contents of baby kits and additional items for pregnant women and mothers with young children are yet to be defined. An HNCRS standard kit will be defined and requisitions will be submitted to logistics for mobilization.

There are several Red Cross and Red Crescent Societies that are bringing in food kits, including the Colombian Red Cross and the Turkish Red Crescent. The HNRCS has agreed that the Relief ERU will facilitate the distribution of these items.

Relief programming is being done with the HNRCS, and it is planned that distributions sites will also have one of the Finnish Red Cross Mobile health clinics at hand for the population to provide integrated services to the population at the distribution sites.

Location of beneficiaries: Affected people are congregating in parks, in the streets, are staying with host-families, and have built make-shift tents close to their destroyed homes. The Relief ERU and the Relief FACT team have identified points of distribution in the capital as follows:

Delmas	Daihatsu #1
Paco	Croix des Pres
Delmas	Daihatsu #2
Delmas	Camp Simon
Delmas	Haitian Tractor
Delmas	Camp Pele

Selection Criteria: Priority will be given to families whose homes are uninhabitable. Within this group of families, priority will be given to female-headed households, the disabled, elderly and otherwise disadvantaged persons.

Challenges: Distributions have now begun. Security remains a concern and, as a result, the Relief ERU has secured the support of MINUSTAH staff for all distributions.

Water, sanitation, and hygiene promotion	
Objective 1 (Relief phase): The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation and hygiene promotion.	
Expected results	Activities planned
Affected families and health centres gain access to safe drinking water, adequate sanitation and hygiene promotion.	<ul style="list-style-type: none"> • Coordination of Movement water and sanitation activities. • Provision of water through the ERU Water and Sanitation deployment providing safe water to up to 30,000 people. • Conduct rapid emergency needs and capacity assessments and deploy further ERUs (including sanitation) if needed. • Distribute water and sanitation relief supplies (household water treatment, jerry cans, buckets, etc) and provide training on use of items. • Mobilize HNRCS volunteers to carry out hygiene promotion activities during distribution. • Monitor activities and provide reporting.

Situation: The need for water supply in camps and hospitals is still imperative, as well as for hygiene promotion and sanitation initiatives.

Public water trucking distribution started again in Port-au-Prince on 19 January for the first time since the earthquake, under the coordination of the WatSan Cluster. More than 80 trucks are delivering water around the city. While a good coordination system has been put in place, it will take time to decide the exact route of each truck. National authorities are asking all partners to focus on making the water system work, as boreholes and springs exist as part of the network, but the current accessibility and quality of that water is not adequate.

Water system assessments are ongoing by the Ministry of Public Works (through the Centrale Autonome Métropolitaine d'Eau Potable- CAMEP and Direction Nationale de l'Eau Potable et de l'Assainissement-DINEPA), private companies and some NGOs to restart the water system as soon as possible.

Progress: Distribution of around 354,350 litres of water took place in previous days by the Red Cross and Red Crescent Movement to people in camps as well as to the General Hospital. In addition, the Spanish Red Cross has installed two bladders in Delmas 33 and Carrefour Aviation. Another bladder was installed by the ICRC in Delmas 33.

As of 20 January, 17 camps have been assessed and identified for water distribution intervention. A general WatSan coordination meeting was held with the attendance of the International Federation, the Dominican, Haitian, French and Spanish Red Cross Societies with the aim to coordinate actions in the areas assigned to the Movement.

The Spanish Red Cross ERU (M15) finished its assessment in Leogane where the Movement has been tasked with WatSan actions. Work with communities has started and the community is preparing the area for deployment.

In the coming days, the plan is to continue distribution in areas of the city assigned to the Movement, implement the deployment of an ERU to Leogane, start set up activities for possible water production, complete ongoing assessments and undergo assessments in several hospitals.

Challenges: There have been some challenges in the identification of the camps, because of unclear information received.

Communication between teams remains a challenge, as the mobile network is not yet working properly and the radio channel is congested.

Emergency health

Objective 1 (Relief phase): The immediate health risks of the emergency on the affected population are reduced through the provision of preventive, community-level and curative basic health services.

Expected results	Activities planned
A rapid deployment hospital, a referral hospital and Basic Health Care ERUs serve the primary health care needs of the affected population.	<ul style="list-style-type: none"> • Assess the health risks of the affected population in terms of access and availability of health services, prevention, health needs and risk of communicable diseases and epidemics. • Identify and target groups at higher health risk including children, mothers, pregnant women, the elderly and people living with HIV/TB. • Deployment of the rapid hospital ERU and a referral hospital to its area of operations to provide medical and surgical health care. • Deployment of the community outreach module as part of the hospital to provide health promotion and epidemic surveillance, prevention and control measures. • Deployment of the psychosocial support module as part of the hospital to provide PSP services to affected population. • Deployment of the basic health care ERUs to their areas of operations and provision of service. • Provision of reproductive health kits to ERUs to cover needs including medical, surgical, clean delivery, and gender violence. • Continuously assess and fulfil the needs for further curative, preventive, and community health services throughout the emergency phase including further deployment of health ERUs, materials or personnel.
Prevention of epidemics is ensured.	<ul style="list-style-type: none"> • Continuously monitor the risk of epidemics including diarrhoea, cholera, measles, vector-borne diseases and others through active surveillance in health facilities and in the community. • Conduct epidemic prevention and response as assessments and needs indicate. • HNRCS volunteers raise awareness in their communities to epidemics and communicable diseases and provide preventive, control, and health information, education and support. • Train volunteers and staff as needed on the use of the Federation epidemic control and community health tools (Epidemic Control for Volunteers, CBHFA).
All activities in the area of health are well coordinated.	<ul style="list-style-type: none"> • Coordinate health activities with the Ministry of Health and the health cluster • Coordinate activities, specifically prevention and community outreach with Water and Sanitation activities.

Progress: At this point in the emergency, the main health concern is that many open wounds and fractures are yet to be treated, posing a risk of infection and even death. The World Health Organization reports that communicable diseases in Haiti and along the border are stable.

A joint Canadian and Norwegian Red Cross rapid deployment hospital is now operational in Port-au-Prince's University Hospital and is providing care to 70-100 patients per day. The unit is integrated in the University Hospital's facility, but is operating autonomously. This medical unit is currently providing outpatient services, support for surgery in the University Hospital, and has been carrying out surgeries in its facilities since 19 January. Psychosocial Support and community health activities are set to start as soon as possible.

The Finnish and German Red Cross Societies have two mobile BCH units in the field with capacity to each provide preventive and curative health to some 30,000 people. The base for the mobile units has been set up in the Red Cross base camp and outreach activities have started to the numerous temporary settlements in the Port-au-Prince area and around the Haitian National Red Cross Society's destroyed facility in Bicentenaire. The Spanish Red Cross will establish a bladder in the premises to ensure water supply for the clinic's operations.



A Canadian Red Cross Health delegate holds six-month-old Sebastian Joseph at Hospital General in Haiti. Sebastian's mother was killed in the earthquake. Source: Talia Frenkel/American Red Cross.

Challenges: The 6.1 earthquake of 20 January created new strain on operating hospitals, as patients and medical personnel evacuated buildings and were refusing to go back inside. This led to overcrowding of the premises and generated sanitation problems as all toilets are inside the buildings.

Shelter and community infrastructure

Objective 1 (Relief phase): Ensure that some 30,000 affected families have healthy and safe emergency shelter to help preserve their physical and mental well-being, human dignity and prevent the further deterioration of their humanitarian situation.

Expected results	Activities planned
30,000 affected families have adequate emergency shelter which assists them in returning to their daily lives.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments with the support of HNRCS volunteers. • Develop community and beneficiary targeting strategy in coordination with local authorities and other humanitarian actors. • Procure and distribute suitable shelter relief options (tents, shelter kits complemented with other construction materials and tools). • Procure and distribute other household NFIs in coordination with relief. • Provide basic guidance on the use of shelter relief items to complement the distribution. • Develop a shelter strategy and plan of action to deliver on both transitional shelter solutions and shelter early recovery options. • Identify and prioritize vulnerable groups for the next phase. • Monitor and evaluate the shelter activities and report on distributions.

Progress: Distribution of shelter kits, along with tarpaulins and rope remains the top priority. Tent distribution has been determined to be a second priority, as it has been deemed more culturally appropriate to address the shelter needs of the population with a longer-term solution. Seventy six shelter kit units have arrived from the Spanish Red Cross. In addition 6,915 tarpaulins (4 x 6 m) have arrived in Port-au-Prince from the Netherlands and Spanish Red Cross Societies. Up to 5,050 more units from the British, Spanish and Swiss Red Cross Societies are scheduled to arrive shortly. Up to 44,053 more tarpaulins have already been requested and reflected in the Mobilization Table. Up to 6,000 Shelter tool kits will arrive in Port-au-Prince between 22 and 25 January.

Shelter Cluster meetings are being attended by the FACT Shelter delegate. Within the Cluster, five working groups have been created: Site Planning, Camp Management, Strategic Planning, Assessment and Non-Food-Items. A decision has been reached to formulate the global shelter strategy around three areas:

- Provision of support to host families to accommodate friends and relatives. This support will be in the form of food, cash, in-kind donations, materials, as needed.
- Working with the population for collecting whatever rubble and debris is still functional, and incorporating this material into the shelter kits. This will be done through a cash for work programme, and safety assessments will be carried out before entering a site.
- Planning and management of large camps (11 possible sites have been identified so far), as well as provision of support to “self-settlement” camps.

The International Federation will be focusing on a large scale shelter programme. An initial Shelter Response Strategy – which seeks to provide clear guidance and an overall framework for the activities - is being developed and endorsed by the shelter delegates in the field, with additional technical assistance from PADRU and the secretariat headquarters. The International Federation recommends an approach that takes into consideration alternative options to the settlement of camps that enable people to remain on - or adjacent to - the site of their original homes and livelihoods whenever possible, offering a range of shelter relief options for different caseloads.

Thus far, two ERU shelter delegates from the French Red Cross arrived on 18 January to support the Benelux Relief ERU and one ERU shelter delegate from German Red Cross arrived on 19 January to support the American Red Cross Relief ERU. These two ERU have merged to create distribution teams and assessment teams. The two recently arrived shelter delegates are participating in both teams. In addition, a third Finnish and French Red Cross Relief and Shelter ERU is being deployed, with an aim to increase assessment and shelter response capacity. The Shelter Delegate based in PADRU will arrive in Port-au-Prince in the following days to reinforce the team, in light of the needs.

Activities planned for coming days are:

- Continuing assessments in Delmas, Simon and Croix des Prés (Port au Prince).
- Coordination with other stakeholders
- Mobilization of volunteers
- Local and international procurement to complement the shelter kits
- Increasing the capacity of the sector in the field.

Challenges:

Consideration is being given by authorities to the relocation of people from over 500 makeshift camps (between 400,000 and 600,000 people) into one or several large emergency settlements. This could soon become a real option, and would have major implications for the shelter strategies of humanitarian relief organizations

The proposed course of action will be decided on over the next few days and the Federation’s strategy will be adjusted accordingly.

Livelihoods	
Objective 1 (Relief phase): Disaster affected individuals and households are assisted through livelihood substitution activities.	
Expected results	Activities planned
Vulnerable individuals and households are actively involved in relief planning and delivery and benefit from livelihood substitution activities.	<ul style="list-style-type: none"> • Assessment and participatory planning. • Selection of target communities and beneficiaries. • Delivery of livelihood substitution activities such as cash-for-work for debris clearing. • Delivery of livelihoods / income substitution activities such as unconditional cash grants. • Support for community-led livelihood restoration activities through the provision of productive assets, tools, waste removal, etc. • Monitoring and reporting. • Replication of successful pilot initiative and quick impact projects.

	<ul style="list-style-type: none"> Lesson learnt exercises and transition to recovery planning.
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Progress: Consideration is being given to engaging the population to recover shelter materials from the debris to use as part of the emergency shelter frame, using a cash for work or methodology.

Challenges: At this point in the operation, focus is on delivering immediate relief assistance to the affected population. Livelihoods initiatives will start to be implemented in due course, in line with an integrated programming approach.

Strengthening of HNRCS capacities

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

Progress: The volunteers of the Haitian National Red Cross Society have been at the heart of the relief operation undertaken by the Movement thus far. In following Operations Updates, more information will be provided on volunteer management.

Operational support

IT/Telecom

Objective 1 (Relief phase): A well functioning and reliable communications system has been established to ensure effective communication and security for all Movement partners for the immediate response to the disaster.	
Expected results	Activities planned
<p>The shared ICRC / HNRCS VHF network is covering the operational areas.</p> <p>Radio contact is possible from branches to communicate operational updates.</p> <p>Data communication and office facilities are available for the operation.</p>	<ul style="list-style-type: none"> Deployment of ERU IT/Telecoms. Rehabilitation of VHF repeaters. Installation of one VHF repeater for coverage of Sud and Sud-Est. Rehabilitation of VHF base stations. Installation of VHF radios in vehicle. Installation of data connectivity facilities and provision of IT support. Monitor activities and provide reporting.

Progress: The temporary office is still using the IT telecom 3kVA 22V generator brought in by the Spanish Red Cross IT Telecom ERU. Base Camp ERUs will be coming in to Port-au-Prince shortly and improvements to the power situation will be made.

Internet: A 512/512kbps dedicated bandwidth VSAT has been provided and installed by an American Red Cross volunteer and Trackstar (as a private donation). Other units have been being installed at the BHC in the University Hospital and at the airport. More are available for additional locations. VOIP phones are also provided, which will be set up as office numbers for the outside to reach the operation.

Mobile network coverage is improving, and congestion is less, but the service is still not completely reliable. Two hundred mobile phones will be provided by Ericsson Response.

Radio network: The ICRC channel covering Port au Prince is still very congested. A channel plan has been defined and is currently in effect, but will be further promoted when the radios that have been requested from PADRU arrive. Radios have been programmed for the ERUs, but there is an urgent need for more handsets. A base station has been installed in the camp, and English/French speaking operators have been requested. Another base station has been set up for logistics in the camp.

A Danish-American Red Cross IT-Telecom ERU has arrived. Spanish IT/telecom ERU installed ICRC radio channels in some ERU vehicles with VHF radios. These are to be used for the security control outside the base camp. For internal communication teams are using hand held radios when outside the camp.

Challenges: At this point, the main constraints have been the congestion of radio networks, the non-reliability of the mobile network for external communications and the lack of equipment. These challenges should be overcome shortly.

Logistics	
Objective 1 (Relief phase): To effectively manage the supply chain from arrival of relief items and ERUs, including clearance, storage and forwarding to distribution. <i>To link to the Federation's logistics mobilization table: <https://www-secure.ifrc.org/DMISII/Pages/03_response/0307_logistics_mobTab.aspx></i>	
Expected results	Activities planned
All programs receive professional logistics support and goods are received for distribution as planned.	<ul style="list-style-type: none"> • Deployment of a logistics ERU. • Assess logistics infrastructure. • Set up efficient logistics unit and identify best supply chain to support the operation. • Carry out reception of air and sea relief goods and arrange transportation to distributions points. • Liaise and coordinate with other key actors to ensure best uses of all information. • Monitor activities and provide reporting.

The Federation logistics operation is currently being coordinated from the regional logistics unit in Panama (RLU). This unit has deployed a logistician with the FACT to Santo Domingo to do initial assessments and set up the transport system from the Dominican Republic to Haiti and one procurement coordinator to support the Haiti operation from the Dominican Republic. In addition, the Federation has deployed three staff: a Coordinator, a Senior Medical Procurement Officer and Logistics delegate to the RLU in Panama. Two logistics emergency response units, from the Swiss Red Cross and the British Red Cross have been deployed. The Swiss Red Cross team reinforced by one delegate and one coordinator is operational in Port-au Prince and the British Red Cross team has been reinforced by four Spanish Red Cross logisticians and is operational in Santo Domingo.

Santo Domingo acts as a staging point for air operations. ERUs and / or goods arriving are cleared and stored until they are despatched either by road or air. Warehousing and transport is being secured through the Dominican Red Cross. In Port-au-Prince a warehouse will be made available at the new base camp location. ICRC and German Red Cross stocks that were in the HNRCS warehouse in Diquini have been moved to the Base Camp, The logistics operating base in Haiti manages the logistics support to ERUs and the operation including the air cargo reception, customs clearance, warehousing, distribution, transport and fleet management.

Procurement is taking place and a pipeline system is being implemented; however, the large amount of requests results in a need for prioritization.

The mobilization table has now been modified to show the needs to cover 60,000 families; almost all items have been pledged. The importance is now to confirm the delivery schedule with National Societies to ensure that the goods are received in country to meet the distribution schedules.

In total since the onset of the operation, 32 International Federation/National Societies' flights have landed in Santo Domingo and Haiti and were received by the ERU teams. To date, five full charters with family kits and vehicles have been sent from Panama with a total of 320 tonnes of goods.

An alternative port in Port au Prince which sustained less damage than the main port, has been repaired and reopened on 21 January to receive relief aid. The first sea shipments are being planned by the International Federation for the coming week.

Communication is taking place with the American Red Cross and ICRC in Washington, DC to improve flight slots with American Military and obtain priority for the base camps.

Priority activities for coming days are warehousing, fuel, fleet and ensuring that there are sufficient logistics staff to support the operation.

Challenges: All equipment required is being brought into Haiti from outside. The country has one small operational airport and the harbour facilities are currently inoperative. In addition the nearest large airport, located at Santa Domingo in the Dominican Republic is already congested. These problems are exacerbated by the large number of external agencies moving in to provide assistance. The Port-au-Prince airport continues to be very congested and it is also challenging to secure landing slots for Port-au-Prince and Santo Domingo airports. Existing warehousing conditions are not ideal, with small office space and limited storage capacity. Security concerns relative to ground transportation continue to affect logistics, as well as the severe damage sustained by the majority of roads in the capital city.

Security

Objective 1 (Relief phase): A well functioning and effective operational security framework that will enable RC/RC personnel to operate safely and securely.	
Expected results	Activities planned
<ul style="list-style-type: none"> • Sound operational security management structures and procedures established and operating effectively ensuring a safer working environment. • Federation and HNRCS operations have good security awareness and are able to anticipate and react to changing situations and circumstances in a timely manner. • Improved planning capacity, more effective management and prevention of security incidents, and enhanced ability to be proactive through reports, analysis and lessons learned. • Effective working partnerships established with other agencies providing increased access to information and resources. 	<ul style="list-style-type: none"> • Deployment of Emergency Security Coordinator (first 6-8 weeks). • Recruitment of Security Coordinator for 12 months + • Implement IFRC Minimum Security Requirements (MSR), and the establishment of a sound security management process. • Participate in, and give advice to operational planning meetings, Critical Incident Management teams and Task Forces. • Monitor the security situation and provide updates and security briefings. • Manage security incidents and provide incident analysis • Provide security briefings and debriefings for RC/RC personnel in the operation. • Ensure a 24/7 security support and advice to operation. • Contract and manage security guard force company at offices, accommodations, warehouses and operational sites.

Situation: Although the security situation in Haiti remains tense, the overall security situation in Port-au-Prince remains stable, with limited, localized violence and looting occurring. According to reports, some looters have been shot on sight by police officers seeking to enforce the night-time curfew in Port-au-Prince, while angry crowds seeking vigilante justice in several instances have killed other looters.

In response to looting and deterioration in security at night the Haitian government has reportedly implemented a night-time curfew that begins daily at 18.00 hours. The curfew does not apply to military personnel, police officers and civilians with a police or military escort.

Escaped inmates from Port-au-Prince jails are now estimated to number around 4,000-5,000 and they are capitalizing on the dire situation. Reports indicate that heavily armed gangs are increasingly operating in the Cité Soleil slum since the mass breakout. So far the major security problems are reported in the parts of the city which were considered to be very high risk areas even before the earthquake.

Some 3,000 UN troops are patrolling the capital, though local police presence is close to non-existent in some areas that remain isolated due to closed roads. The UN General Assembly has approved a new deployment of 2,000 UN troops and 1,500 UN police to bolster security. In addition, the United States military expects to expand its contingent to 10,000 troops in Haiti and on ships offshore to support operations and maintain order in the city, and it was reported yesterday that Canada will send some 1,000 troops, which should arrive during the coming week.

Progress: The International Federation's Security Coordinator has arrived in Port-au-Prince, is assessing the base camp security set up, the general situation and has recruited a local security officer. For all FACT and ERU, and all others under the security umbrella of the International Federation, the curfew is 18.00 hours and all movement at night is forbidden.

Communications – Advocacy and Public Information

Worldwide interest in this emergency has remained very high. Both traditional and social media have been crucial for dissemination of information on the needs and for fundraising with the general public.

The International Federation communications team has been bolstered to attend to the communications needs: two additional communications staff have arrived in Haiti with the aim of contributing to the flow of material, as well as working with National Society communicators in Haiti to ensure effective coordination and collaboration.

At field level, production and delivery of materials has started to ensure the visibility of the Red Cross in the field. Federation volunteer shirts, vests, polo shirts and caps, stickers, distribution vouchers and census books, plus Red Cross flags and ID for personal identification in the field have also been made available.

During the course of the operation, as many as 150 interviews have been conducted with the media, both from the Secretariat Headquarters and the Zone Office in Panama.

The Federation's communications team has started the production of short videos with interviews with secretariat-based operational experts on the various areas of work in the field, which can serve both web, media, background and internal uses. The first one on emergency health priorities can be found at <http://www.ifrc.org/what/disasters/response/haiti/videos.asp>

The Google Advance Web Search returns approximately 20,000,000 hits for "Haiti Earthquake Red Cross" and Google News Advanced Search returns more than 16,000 distinct hits for "Haiti Earthquake Red Cross". Furthermore, Google Blog Search returns approximately 300,000 hits for "Haiti Earthquake Red Cross".

A cameraman/photographer is gathering footage and photos on the operation and the Federation's photos which are available on Flickr received more than 1 million views within the first 24 hours it was up. The link is: http://www.flickr.com/slideshow/index.gne?set_id=72157623207618658

Since the onset of the emergency, six press releases have been issued and nine stories have been published on the Federation's web site. In addition, a question and answer document, with additional reactive messaging and global facts and figures has been distributed to all PNSs.

The Federation's audiovisual data base (videos and photos) can be found at the following address: <http://av.ifrc.org/Standard/i-sendBasket.index2.jsp?basketID=G5TVBL93WKD19HSVYJ4DVF7UR2>

In addition, the following online resources are available:

- A special page on the earthquake response has been created on the Federation web site at <http://www.ifrc.org/haiti>
- The latest ICRC update can be seen through this link: <http://www.icrc.org/eng>
- The special page on the earthquake response can be seen on the Federation's website for Latin America at <http://www.cruzroja.org/emergencias/2010/haiti/index-ter.htm>
- Updates are also being placed on Twitter: <http://twitter.com/federation> and a photo gallery is also available in Flickr
- http://www.flickr.com/slideshow/index.gne?set_id=72157623207618658
- All internal information is being posted on FedNet: <https://fednet.ifrc.org/haiti>

How we work

All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

Global Agenda Goals:

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

Contact information

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