USAID: Resource Guide

Ongoing

Generated November 20, 2026 · 28 open facilities · closed facilities are not listed · call before you go: details change quickly

Chile

Relief Web – 2010 Chile Earthquake Updates/Situation Reports

Info/Hotline · Open

Web www.reliefweb.int/rw/dbc.nsf/doc108?OpenForm&emid=EQ-2010-000034-CHL&rc=2
Serves Chile
Service Temporary

Chile - Earthquake Fact Sheet #5, Fiscal Year (FY) 2010

Source: United States Agency for International Development (USAID)

Date: 05 Mar 2010

Full_Report (pdf* format – 67.2 Kbytes)

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)

Note: The last fact sheet was dated March 4, 2010.

KEY DEVELOPMENTS

– According to international media, on March 4, the Government of Chile (GoC) National Office of Emergencies and Information (ONEMI) revised the number of confirmed deaths to 279 people, indicating that the original death toll included individuals still listed as missing. The estimated number of individuals reported dead or missing is currently 805 people, 75 percent of which pertain to most-affected Maule Region.

– On March 5, six additional USAID/OFDA disaster response experts arrived in Chile, bringing the total number of USAID/OFDA assessment team members to 12. Team members continue to conduct assessments in earthquake- and tsunami-affected areas, working with U.S. Embassy personnel and GoC officials to identify and respond to priority humanitarian needs.

– On March 5, the USAID/OFDA assessment team visited several towns in most-affected Maule Region, including Curañripe, Pelluhue, and Chanco—municipalities located in the tsunami-affected area. After meetings with local officials, the assessment team reported that many of the critical humanitarian needs in urban areas have been met by the GoC response. In addition, the GoC and utility companies continue working to restore water supply and electricity to parts of Maule Region.

– On March 5, U.N. Secretary-General Ban Ki-Moon arrived in Chile to meet with GoC President Michelle Bachelet and President-elect Sebastian Piñera. The Secretary-General also planned to visit earthquake-affected areas, including a scheduled visit to Concepción city in BíoBío Region.

– On March 5, at 0847 hours local time, a magnitude 6.6 aftershock occurred offshore, 30 km northwest of Concepción city. However, the National Oceanic and Atmospheric Administration (NOAA) Pacific Tsunami Warning Center (PWTC) did not issued a tsunami warning as a result of the aftershock.

Chile: Earthquake Situation Report #4

Source: United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

Date: 05 Mar 2010

This report is based on information received from official sources in Chile and was issued by the OCHA Regional Office for Latin America and the Caribbean, covering the period 4 to 5 March. The next report will be issued on or around 8 March.

HIGHLIGHTS/KEY PRIORITIES

– The Government reviewed the death toll and lowered numbers to 528.

– Strong aftershocks continue, but no further damages were reported.

– Access to food, drinking water and electricity remain priority needs.

– A 3-day inter-agency assessment mission to the affected areas is planned to start on 6 March.

Ban pledges $10 million for post-quake assistance during Chile visit

Source: United Nations News Service

Date: 05 Mar 2010

Secretary-General Ban Ki-moon today pledged to release up to $10 million in United Nations funds to support relief and recovery efforts in Chile, as he began a two-day visit to see the earthquake damage and assess how the world body can help.

"I am very moved to see such strong courage and resilience of the Chilean people," Mr. Ban said upon his arrival in the capital, Santiago, where he was greeted by Foreign Minister Mariano Fernández and the Executive Secretary of the UN Economic Commission for Latin America and the Caribbean (ECLAC), Alicia Bárcena.

The 8.8–magnitude quake that struck the coast of Chile last Saturday killed several hundred people and affected around 2 million.

"Chile has been extraordinarily generous in assisting Haiti in its time of need. Now is the moment for the United Nations and the international community to stand with Chile and its people," stated Mr. Ban, who had offered immediate support and aid to country through the UN Office for the Coordination of Humanitarian Affairs (OCHA) in the wake of the disaster.

The Secretary–General met with Chilean President Michelle Bachelet to discuss the country's immediate and long–term needs, and they also held a joint meeting with government ministers and the heads of UN agencies in Santiago.

"The UN Country Team represented at this meeting is working with the international community to provide the emergency relief goods indicated by the Government of Chile, including generators, satellite radios and mobile hospitals," said Mr. Ban.

"We are ready to help provide any assistance that the Chilean Government requests, immediate and long–term," he added, while commending what he described as Ms. Bachelet's "extraordinary leadership," as well as her Government's coordination with President–elect Sebastián Piñera.

The President voiced her gratitude for the UN's technical and financial support for the recovery efforts, as well as Mr. Ban's visit to the area to personally see the damages caused by the quake.

The Secretary–General also announced the creation of a joint working group between UN agencies and the Chilean Government to define the priority areas in which to allocate the funds that will be released from the Central Emergency Response Fund (CERF), particularly in health, emergency shelters, education and water and sanitation.

ECLAC and the UN Development Programme (UNDP), along with OCHA, will coordinate the working group with the Chilean authorities.

In addition to meeting with top officials, Mr. Ban will later today visit "A Roof for Chile" Foundation for a ceremony with hundreds of young volunteers who will go to the damaged areas. The Catholic Church–based non–governmental organization builds temporary housing for slum dwellers and seeks to provide them with education, social services and micro–credit, as well as guide them in acquiring permanent housing.

Tonight he will join Ms. Bachelet in the launching of a 24–hour telethon to be broadcast on national television to help raise $30 million for earthquake victims.

On Saturday, the Secretary–General will travel to Concepción, the second largest city in Chile, over 300 miles south of Santiago, and the adjacent port of Talcahuano, two of the most devastated areas close to the epicentre of the quake. He will also meet with the heads of the 22 UN agencies operating in Chile.

Meanwhile, Chilean officials have assured the public that drugs and medicines will be available free of charge. According to the World Health Organization (WHO), the Government has said there is no evidence of outbreaks of communicable diseases, although disease surveillance has been stepped up given unsanitary conditions in some areas which remain without safe drinking water and where garbage is accumulating.

WHO is working with the Government to coordinate international health aid arriving from other countries, as well as to coordinate technical aspects related to mobile field hospitals and to support communication needs.

Press Conference by Permanent Mission to United Nations on Situation in Chile
Source: United Nations Department of Public Information (DPI)
Date: 05 Mar 2010

http://www.reliefweb.int/rw/rwb.nsf/db900SID/EGUA–839TZP?OpenDocument&rc=2&emid=EQ–2010–000034–CHL

Services offered: Information Resource * (ANY/ALL Types); Information Resource, Map
Campaigns: 2010 Chile Earthquake; ReliefWeb; USAID
Updated Mar 6, 2010 · https://reliefdb.org/shelters/5576

DC

USA.gov (2011 Japan Earthquake, Tsunami, Nuclear – INFO)

Info/Hotline · Open

U.S. General Services Administration, Office of Citizen Services and Innovative Technologies,; 1275 First Street, Washington, DC 20417

Phone 1 (800) FED INFO … that's 1 (800) 333–4636
Web www.usa.gov/Japan2011.shtml
Service Temporary

Japan 2011 Earthquake/Tsunami – U.S. Government Information

You'll find a variety of resources from across the government, including:

•Updates on air quality and food safety in the United States.
•Information about Potassium Iodide (KI).
•Monitoring of food, mail, and cargo from Japan.
•Information about evacuations for Americans in Japan.
•Advisories on travel to Japan.
•Information about donations and relief efforts.
•Disaster preparedness resources.

•Subscribe to E–mail Updates
Sign up for free e–mail alerts to learn when we update USA.gov with new government information and services. This service is also available in Spanish.

•Facebook
http://www.facebook.com/USAgov

•Twitter
http://twitter.com/USAgov

•YouTube
http://www.youtube.com/USGovernment

Services offered: Documentation, Disaster Preparedness Guidance, Individual/Family; Information Resource * (ANY/ALL Types); Information Resource, Disaster Prep, Residents; Information Resource, Map; Information Resource, Maps, Environmental Impact Tracking; Information Resource, Online Networking, Facebook Page/Group; Information Resource, Online Networking, Twitter Page/Twitter Feeds; Information Resource, Online Networking, YouTube
Campaigns: 2011 Japan Earthquake/Tsunami/Nuclear Disasters; USAID
Updated Mar 24, 2011 · https://reliefdb.org/shelters/7822

Haiti

Radio Commerce (IDP Camp – Haiti Participative)

Shelter · Open

18.584708 –72.307682; 2eme Varreux; SARTHE 43, Cite Soleil

Phone SSID 117_02_304
Service Temporary

WASH CLUSTER REPORT: 11/8–11/20/10
Prioritized IDP sites for cholera related activities

CMA / PARTNER: Haiti Participative
HOUSEHOLDS: 1207
PRIORITY SITE: Included because of suspicious cases of Acute Watery Diarrhea
CHOLERA SUSPICIOUS CASES: Yes
WASH COVERAGE: Data not available
EXCRETA VISIBLE: No
DRAINAGE: Yes

Name Supplier –
World Vision

Camp Management Agency
* Haiti Participative

Organization working inShelter
Organization providing NFIs
* USAID

Organization Providing Water
* MSF/ DINEPA

Organization Installing Toilet Facilities
Organization Installing Bathing Areas
* World Vision

Organization providing HealthServices
* Medecins du Monde/ MSF

NONE OR UNKNOWN –
Organization Desludging Toilets Facilities
Organization working in Hygiene
Organization Managing Waste
Organization working in Child Protection

Organization providing Education Services
Organization providing Food

Services offered: Shelter, IDP Camp (Internally Displaced Persons Camp); Shelter, Management, IDP (Internally Displaced Persons) Camp Management
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; Haiti Participative; MSF (Médecins Sans Frontières) – Doctors Without Borders; USAID; World Vision
Updated Dec 23, 2010 · https://reliefdb.org/shelters/6914

Saint Louis (1) (IDP Camp – DPC/IOM)

Shelter

18.554158–72.302005; 1ere Saint Martin; Delmas 33, Delmas

Phone SSID 112_01_166
Service Temporary

from email –
December 28, 2010
SpRC is working in cholera activities (PH, disinfection, rehidratation community points (starting on 8th Nov))

Pablo Giménez Antón

Coordinador de Leogane / Coordo nnateur Leogane
Leogane – Haiti
Ì Cruz Roja Española

Camp Management Agency
* DPC/IOM

Organization working inShelter
Organization Providing Water
Organization Installing Toilet Facilities
Organization Desludging Toilets Facilities
Organization Installing Bathing Areas
Organization working in Hygiene
Organization providing HealthServices
Organization providing NFIs
* MSF

Organization Managing Waste
* SMCRS

Organization providing Food
* USAID

NONE OR UNKNOWN –
Organization working in Child Protection
Organization providing Education Services

Services offered: Shelter, IDP Camp (Internally Displaced Persons Camp); Shelter, Management, IDP (Internally Displaced Persons) Camp Management
Campaigns: 2010 Haiti Earthquake; American Red Cross; MSF (Médecins Sans Frontières) – Doctors Without Borders; United Nations – IOM (Internal Office of Migration); USAID
Updated Jan 28, 2011 · https://reliefdb.org/shelters/7423

Hôpital Albert Schweitzer "Cholera Treatment Unit – CTU"

Medical Facility · Open

Medical Services

GPS Coord. Confirmed from site contact Dawn Johnson; +19° 4' 29.20; –72° 29' 29.20; In US:; The Grant Foundation; 6740 Reynolds Street; Pittsburgh, PA 15206, Deschapelles

Phone 00 P: 53201 H: 5325001
Web www.hashaiti.org
Service Permanent

7/2/11 : Email from Kim
We now have 280 patients! We now have six tents but still need at least two more as we are going to go to the dispensary in the mountains and set up a tent and ORS center in Bastien where many of the patients are coming from. Gloves are also a constant need.

6/27/11: Stats
Since June 1, 2011 we have seen 1,141 patients. 55 new patients yesterday and 50 today. Many are from the mountains of Bastien.

6/26/11: HEAS post from Laura Parenteau per Kim McLennah
Despite some support from PAHO, DRI and UNICEF, Hop. Albert Schweitzer still has urgent need for the following:

2 large tents
COTS – 50
gloves– we are using 2000 week between cholera center and hospital....

Please contact Kim McClennan at kimclennan@me.com if you can help and I would appreciate your keeping me in the loop.
Laura

6/19/11: Email from Kim McLennah
The PAHO cholera area supervisor showed up yesterday and have agreed to supply us with the remaining items we need.

6/18/11: Email from Kim McLennan
After meeting with Paul Pendershot and some of the medical staff this morning the consensus for our most urgent needs are:

COTS – 50 – 100 needed so cleaning and disinfection can be done properly
TENTS– 2 Large size (12' x 16' or larger)
BUCKETS – 50 each
Dextrose with .3% NaCl for children Any quantity
Styrafoam cups Any quantity
with lids

To minimize confusion, I am sending this only to you, Patrick at IOM, and Jean Jacques Simon at UNICEF. Please use me as the primary contact for now and I'm happy to answer any additional questions. Regarding the need for staff, what appears to be needed is a template to work from that manages the intake and geographical information needed for each patient. If PAHO or another agency has such a template if would be very useful to get good statistics and will help explain why the patients are being sent here to HAS instead of the CTC in St. Marc and Verrette. Thanks very much!

6/18/11: Email from Kim McLennan, PT
Thank you for your prompt response. I will meet with Paul Pendershot, our emergency director this am and get back to you quickly with numbers: but for now we have consistently been short of 40–50 cots/buckets for last three days. We have received 2 large tents, so our current need is for cots/buckets.

6/17/11: Post on HEAS
I wanted to put this out to the network to see if anyone could help respond to needs at the Albert Schweitzer Hospital in Deschapelles, Artibonite Valley. The contact person is Kim McLellan, kimclennan@mac.com 3890–1848, and they are looking for cots, buckets, and one or two large tents to immediately respond to the large number of cases (40–50 per day right now). Please respond directly to Kim if you are able to help. Thanks.

Nick Preneta, MPH
SOIL, Deputy Director
509–3–484–7495
www.oursoil.org

1/8/11 Email from Ian Rawson
Our high impact. Mountain zone is a mountain ridge between Barbe and Terre Nette where approximately 10,000 people live in very harsh conditions. The area is in accessible by road. We have received more that 150 patients from this region. Our current interventions are distribution of ORS and clorox powders to all households. Our future interventions will include spring capping. Latrine building, and repair of household cisterns.
Using USGS topo maps 1:50,000, the community of Barbe is found on map 5673–ii (St Marc) square Long 57, Lat 03. Terre Nette is on map 5672–I, (Montrouis) in square Long 61, Lat 00.
HAS operates a dispensary at Bastien, Map 5673–II, St Marc in square Long 62, Lat 07. A road reaches Champion (Long 56. Lat 03) and it is a hard 1.5 hour walk up to Barbe. The road head to Terre Nette is at Reoposte, approximately Long 62, Lat 00.
More information available on request.
Ian Rawson
Managing Director
Hopital Albert Schweitzer

1/4/11 From Assessment Questionaire
Road access and space for a helicopter LZ
Hospital open 24/7/365
Staff: Has received cholera training. Total staff is betw. 4 community dispensaries in Deschapelles, Liancourt, Basiten and Tienne (sections 1,2,4,5 of Verrettes Commune), and other integrated community services. Cholera ward is 3FT docs and 20 nurses spread over 3 shifts plus housekeeping and 1 doc on call overnight.
Top Medical Needs: ORS for distribution, cleaning supplies and prevention materials for distribution
Community receiving some education on Cholera prevention but need to increase coverage, especially in remote mountain communities
Began seeing cholera pts. on Oct 17, 2010 (HAS helped identify the disease)

Total no. of pts since beginning: 1650
Number of pts. Last Week: 86
Overall no. of pts. is gradually decreasing although adms. vary widely betw. days.
Bed Capacity for entire hospital: 120
Bed Capacity for Cholera Pts.: 50 adults and 30 children– can expand to 100
Facility does provide mobile medical clinics.
Water Source: Deep wells piped to the hosp. campus, chlorinated at our water plant, 50,000 gallon holding tank.
Can pick up supplies at our office in PaP at 10 Rue Clercine, Cazeau, PaP
Population in service area: 345,000 in hosp. district, approx. 130,000 in the areas served by the 4 dispensaries

See Cholera updates on their blog at: http://hashaiti.blogspot.com/

10/30/10 LTel: Per Therese Strutner, this hospital is in very urgent need of IV Bags to treat Cholera.

HEALTH CLUSTER DETAILS 3/8/10:

TYPE OF ACTIVITY: Prosthetic fabrication and fitting (indefinite project duration) / Inpatient rehabilitation for people in acute care hospital (indefinite project duration) / Rehabilitation provided in community (indefinite project duration) /
Basic provision of assistive devices / Provision of more advanced assistive devices (i.e. wheelchairs) (project duration: at least one year)
SECTOR: Rehabilitation
HUMAN RESOURCES: 40 nurses, 20 doctors
LOCATIONS: Deschapelles, with intended wider reach / UCS PRVL
PARTNERSHIP: USAID
PROJECTED EXIT: Long Term

2010 Haiti Earthquake

from
http://hashaiti.blogspot.com/

Sunday, January 31, 2010
During the past several days, we have helped more earthquake patients to leave the hospital; others remain, recovering from surgery, and benefiting from rehabilitation services. Almost all have been bed–ridden for almost 3 weeks, and for some of them, learning to walk again is precarious challenge.

It has also become possible to travel to Port–au–Prince to establish personal relationships with the international aid agencies which have established offices in tents on the grounds of the airport. HAS is now represented in the Health Cluster, with daily briefings to the more than 130 participating health–related organizations, and a rich opportunity for networking. In addition, through the good offices of Dr. AJ Neusy, who has been at HAS this week, we have established links with senior officials at the United Nations and several European aid organizations. Also visiting HAS now is Gozde Akci, a Turkish veteran of many UNDP postings in troubled areas, and now a consultant to UNDP in economic development. She has arranged for a meeting with UNDP staff next week, to discuss long–term economic development strategies in Haiti.

for more info read
http://hashaiti.blogspot.com/

News posted on:
http://www.hashaiti.org/
http://hashaiti.blogspot.com/

Support –

http://www.directrelief.org/EmergencyResponse/2010/EarthquakeHaiti.aspx
January 22, 2010 – 4:30 pm

Hôpital Albert Schweitzer (HAS), a 130–bed surgical hospital in Deschapelles, reports that it has been receiving a stream of patients from Port–au–Prince. HAS offers specialty surgeries including orthopedics, outpatient services, pre–natal care, and more. It is receiving more than $167,000 (wholesale) of medical material aid to support its care for people injured in the earthquake.

Services offered: Information Resource * (ANY/ALL Types); Information Resource, Online Networking, Blog; Medical, Equipment, Assistive Devices * (ANY/ALL Types); Medical, Equipment, Assistive Device, Wheelchairs, Misc. ; Medical, Equipment, Prosthetics, Fabrication & Fitting; Medical, Facility, Capacity, Hospital Beds; Medical, Facility, Cholera, Rehydration Center (CTU or UTC); Medical, Facility, Hospital, Acute Care Hospital; Medical, Services, Emergency Medical Services; Medical, Services, Medical Care * (ANY/ALL Types); Medical, Services, Orthopedics; Medical, Services, Prenatal Care; Medical, Services, Rehabilitation (Trauma/Amputee Patients); Medical, Services, Surgery; Medical, Services, Visiting Specialty Teams, Orthopedic; Medical, Services, Visiting Specialty Teams, Plastic Surgery; Medical, Volunteer, First Response, Volunteer Services * (ANY/ALL Types); Medical, Volunteer, General, Medical Volunteer Services
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; MSPP (Haiti – Department of Public Health &

Population; USAID
Updated May 16, 2012 · https://reliefdb.org/shelters/5182

Eben Ezer Hospital

Medical Facility · Open

Eben–Ezer Mission, Inc.; 1200 Ridgefield Blvd., Ste 290; Asheville, NC 28806; Savane de l'Espoir No. 1; Gonaives, HT4110; Haiti, Gonaives

Phone	P: 51105 HealthC_ID #: H: 5110413
Contact	Eben Ezer Hospital
Web	ebenezermission.com
Checks payable to	Eben–Ezer Mission, Inc.
Service	Temporary

Posted on HEAS 11/10/10
Also had another report from Clinic Ebenezer who said they were overrun with (cholera) patients and on their last box of saline. Staff have been overwhelmed and they are looking for nurses.

Eben–Ezer Hospital opened its doors to the people of Haïti in 1983. Since then, it has become the hub of a network of about 500 hospitals and health centers throughout the nine Departments (or states) of Haïti.

The group distributes medicine and medical supplies in four ways:

During the last six years, an educational/training program was funded and launched by the United States Agency for International Development (U.S. A.I.D.) under a program known as ED 2004. This program enabled Eben–Ezer to provide health care training in 89 schools in only three of the nine Departments (Artibonite, North, and Northeast). Still, 540 teachers were able to train 24,000 students. Under Eben–Ezer's guidance, the program has developed into a multi–faceted project that has become a vital part of the communities in and near the three Departments where it was launched.
Eben–Ezer has structured a multi–level training project in which women from all nine Departments will be trained to combat sexually transmitted diseases (STDs), by educating the populace on prevention and the importance of early treatment. This project begins with 50 women (ten from Artibonite and five from each of the other eight Departments). Each of these women trains eight other women. Then, 400 women each trains ten others in a series of ten sessions over an 18–month period. In all, 44,000 women will be trained under this project, working under only one coordinator and three trainers. The women are parents of students in Eben–Ezer and other schools and from the churches across Haïti that are affiliated with the Eben–Ezer network.
Eben–Ezer has structured a second training project in which Haïtian young people are organized in a nationwide effort to prevent the spread of STDs through education. Thirty youths attend a ten–day training seminar to become teachers. After a series of three seminars is completed, 90 young men and women will have been trained to be teachers of this program. Each of the 90 teaches 50 students per month in a series of nine monthly training sessions, for a total of 40,500 individuals educated on the prevention, early detection, and treatments of STDs.
Eben–Ezer Hospital is a member of the Association of Hospitals and Health Centers, formed through an initiative of the Gonaïves Regional Office of the Ministry of Public Health. Beginning in 20 communities in upper Artibonite and growing to serve up to 200,000 persons, this outreach program educates young people and adults on the prevention, early detection, and treatment of STDs.
In all, this four–component network is able to educate and distribute medicine and medical supplies to more than 300,000 persons.

The tragedy is that no medication of any kind has been provided for the treatment of HIV or AIDS. Medicines and medical supplies include only small quantities of antibiotics, first aid supplies and headache and fever medications. The provision of medicine and medical supplies is inadequate and inconsistent.

Eben–Ezer Hospital badly needs assistance from individuals and organizations that have access to the medicine and medical supplies that could be so easily distributed to those among the 300,000 persons who need them.

Fix hospital
• Fix roof
• Fence around hospital
• Painting (green and white)
• Fix surgery room for surgeon Dr Morpeau
• Call room for Doctor

Staff
• Gynaecology Dr
• Mid wife (“fanm saj”)
• Security
• Cleaning 1–12 hours per day

Material
• For Laboratory : Chemistry system
• For Administration : Computer, printer, scanner
• More beds - 20
• 4 toilets - fix - have

• Better seats
• Fans in all rooms
• TV in waiting room
• 2 Air conditioning ? more to buy
• Fix X–Ray machine + developer
• Ambulance
• Truck -emergicare
• Pediatric blood pressure cuff
• XL size blood pressure cuff

Supplies on going
• Medicines for all
• Food for each patient & in–patient
• Treats for children
• Give water to drink to all patients - water cooler w/ good potable water
• Garden treats

Funding to support Salaries 10% raise

School health program:
• 12 nurses for student health care (one nurse for 8 schools)
• Each school has an average of 150 students
• We need to allocate a monthly allowance for supplies and basic medicines

Services offered: Medical, Facility, Capacity, Hospital Beds; Medical, Facility, Hospital, Acute Care Hospital; Medical, Services, Laboratory / Lab Services; Medical, Services, Optometry; Medical, Services, Pharmacy; Training * (ANY/ALL Types of Instruction)
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; Cap Haitien Health Network (CHHN); USAID
Updated Dec 26, 2010 · https://reliefdb.org/shelters/5658

Konbit Pou Ayiti/KONPAY (Working Together for Haiti) (DISTRIBUTIONS & more)

Info/Hotline · Open

Communications Center/Blog
HAITI, Jacmel
Web www.konpay.org/splash
Service Temporary

9/26/10

Fields of grass, soup kitchens at risk in Haiti
http://www.huffingtonpost.com/huff–wires/20100926/cb–haiti–fields–of–grass/?
...
Miles' group, KONPAY, provides environmental and food support to the quake–ravaged southeast through tree planting, seed distribution and other programs. The group quickly spent the modest donations it received for immediate earthquake relief, and is now struggling to fund its $200,000–a–year budget, she said.
...

Haiti Post–Earthquake Activities in Jacmel
Wed, 02/17/2010 – 12:02 — melindayiti
Community Assessments: The post–earthquake work in Jacmel has followed the same basic process as in Port–au–Prince. Joe Duplan, Guypson Catalis and Agronomist Cheler Pierre have formed a core animation team and have met with community leaders to perform assessments of community needs in a dozen tent communities and temporary settlements. Volunteers Jeff Rogers and Michael Adams have also helped.

The areas covered by the KONPAY team include:
• Rue St. Anne, Jacmel
• Oban, between Cyvadier and Raymond les Bains
• Anba Zoranje
• Zoranje
• Cap Lamandou
• Magloire Ambroise
• Cap Rouge

melindayiti's blog Read more.

Volunteer in Jacmel, Haiti!
Wed, 02/17/2010 – 10:32 — melindayiti
Haiti KONPAY has identified some ways that we could use volunteers on the ground, and cofounder Joe Duplan has procured

some large army tents to set up a base for volunteers in Cyvadier. Here are some of the ways we could use volunteers, ideally with Creole language skills and who can fund themselves or find funding:
• Structural engineers
• Manual laborers
• Community Organizers
• An individual with accounting skills who can help with the day–to–day management of distributions and expenditures
• A skilled communicator who can help to record and report on the activities and situation on the ground, to assist KONPAY US staff and the Haiti Response Coalition to get the word out

2/17/10 FOOD DISTRIBUTION & more
http://www.konpay.org/node/491

Services offered: Advocacy, * (ANY/ALL Types); Demographic Served: Survivors, Violence; Demographic Served: Sustainable Communities; Demographic Served: Victims of Sexual Exploitation; Demographic Served: Vulnerable & Marginalized Populations; Demographic Served: Women; Distribution * (ANY/ALL Types); Documentation, Disaster Recovery Process; Food Distribution, Emergency/Disaster Food Distribution; Information Resource, Online Networking, Blog; Information Resource, Online Networking, Twitter Page/Twitter Feeds; Services, Disaster, Post Disaster Needs Assessment; Shelter, Supplies * (ANY/ALL Types); Volunteer Work Orders/Projects (provided by this facility)
Campaigns: 2010 Haiti Earthquake; United Nations – U.N.; United Nations – WFP (World Food Program); USAID
Updated Dec 12, 2010 · https://reliefdb.org/shelters/5155

Medair (Transitional Shelters/Rebuilding)

Info/Hotline · Open

HQ: Medair, Chemin du Croset 9, CH–1024 Ecublens, Switzerland; U.S.: PO Box 4476, Wheaton, IL 60189–4476; HAITI, Jacmel
Phone US 1–866–599–1795
Web www.medair.org
Service Temporary

Activities by Sectors
Shelter & Infrastructure

Medair is supporting people in the urban and rural parts of Haiti's South East Department which have been hit hard by the earthquake, providing people with shelter before and during the rainy/hurricane season.

Emergency Relief
Medair is working to construct emergency/transitional shelters and rehabilitate existing homes to accommodate approximately 4,500 families (27,000 people) so that they are resettled into secure accommodation as soon as possible and their vulnerability to future disaster is reduced. Medair is helping families to return to the site of their destroyed or seriously damaged homes to live in new transitional shelters.

The Medair programme is providing safer shelters for 27,000 people in total and also includes cash–for–work (CFW) opportunities for local labourers. This comprehensive year–long programme has been made possible by private donors and by the generous support of the American people through the United States Agency for International Development (USAID).

A main objective is to enable families to move out of the insecure and unsanitary camps and back to their former home sites. Once the rubble is cleared from the previously destroyed homesite, with permission from the landowner, Medair can construct a transitional shelter on the site. Camps are mainly in urban areas. In rural locations, the programme enables families to leave their outdoor sleeping sites or the overcrowded homes of host families and to move into safe places of their own.

By July 2010, Medair had conducted more than 3,400 thorough assessments of damaged homes and registered the families as beneficiaries of the programme; 671 families were already in safer shelter. Families were identified based on need and vulnerability. The pilot project also included clearing rubble from people's former home sites to enable them to move back as soon as possible We conducted pilot shelter projects, testing different shelter designs to find an ideal range of options. Construction of transitional shelters in both urban and rural areas has been on–going with mobile work teams.

Medair is now constructing two types of transitional shelters for 2,060 households. One is a heavy–duty steel–framed transitional shelter structure, covered with heavy canvas. The frames can be used on a masonry foundation to create a more permanent home in the future.

The other type of transitional shelter is timber–framed and built from a kit of construction materials. The timber, treated to resist termites, is imported so as not to add to the local deforestation problem. Other materials are purchased locally. Medair selects either of the two different shelter solutions, depending on the best fit for the size, shape, and location of the property.

In addition to transitional shelters, Medair's programme is also helping repair 2,440 damaged homes, and training people to make the repairs themselves. Annual maintenance of the new shelters will prolong the lives of the structures, using simple techniques that the beneficiaries can learn easily.

To stimulate the local economy, Medair is offering temporary employment to local labourers, masons, and carpenters to assist with the construction of the shelters. The paid labourers usually work alongside a volunteer workforce consisting of the homeowner's family and friends.

Haiti > Country Background and Current Challenges
On 12 January 2010, an earthquake measuring 7.0 on the Richter scale struck the island of Haiti. Aftershocks followed, causing further injury. The quake caused massive destruction to homes and other buildings, in a country already struggling with chronic poverty and the effects of devastating hurricanes in 2008.

An estimated three million people have been affected by the earthquake, primarily with the loss of shelter, but also with problems that include a lack of access to water, food, and basic healthcare.

Damage to the international airport, the port, and many roads within and outside the capital city hampered the distribution of emergency relief.

Current challenges revolve around hurricane season. With hundreds of thousands of people still living in camps, the risks associated with forceful winds and flooding are of great concern for the safety of camp residents living in cramped conditions.

About 80 percent of Haiti's population live in poverty; most Haitians live on USD 2 or less per day. Widespread deforestation–less than 1.5 percent of Haiti's original tree cover remains intact–has made the country especially vulnerable to erosion and flooding from hurricanes and tropical storms, which typically occur between June to October.

Services offered: Construction, Emergency Home Repair Services; Construction, Rebuilding, Volunteer Services; Construction, Shelter, Transitional Shelter Construction, Volunteer Services; First Responder, International; Jobs, Cash For Work Program; Shelter, Transitional Temporary Shelter (For Disaster Survivors); Training * (ANY/ALL Types of Instruction) ; Training Classes, Construction, Building Skills
Campaigns: 2010 Haiti Earthquake; USAID
Updated Jan 11, 2011 · https://reliefdb.org/shelters/7448

CNP – Children's Nutrition Program of Haiti (FIELD HOSPITAL/MEDICAL TEAMS/MEDICAL SUPPLIES)

Medical Facility · Open

CNP of Haiti; P. O. Box 3720; 1918 Union Avenue; Chattanooga,TN 37404; Haiti Address; Hopital Sainte Croix; Programme Nutrition; c/o Ashley Aakesson; Port–Au–Prince, Haiti; West Indies, Leogane

Phone US – (423) 495–1122
Web cnphaiti.org/index.html
Service Temporary

Source from:
http://cnphaiti.org/news.htm

Earthquake Response

Having Haitian and American staff on the ground allowed the CNP to quickly respond to the devastation caused by the earthquake. Within days emergency medical personnel and supplies were landing in Leogane. Our Emergency Response Team is working in Leogane full–time, coordinating medical teams, providing clean water, food and other resources, and operating a field hospital with several other organizations. A big focus for us has been rapidly scaling up our existing Nutrition and Safe Water Programs to meet the increased needs of the communities in Leogane.

Ashley Aakesson, CNP Executive Director, has been working with World Wide Villages to set up and manage a supply chain for Leogane including coordinating 2–4 charter flights a day ensuring the delivery of medical teams, medical supplies, safewater supplies and food. Albert Point Du Jour, CNP Deputy Program manager, has been working on logistics at Hopital Ste. Croix, the Nursing School and the Filariasis House.

Cathy Dorvil, former CNP Executive Director, and Nathan Michaels, CNP volunteer, worked for two weeks immediately after the quake setting up a safe water system for distribution to the displacement camps, distribution food in Leogane and assisting medical personnel. Cathy Dorvil reported that between January 19 – January 26, 950 patients were treated at the emergency clinic. Conditions treated have ranged widely including wounds, fractures, pneumonia, a variety of infections, malnutrition and pregnancy. Services provided include medications, wound care, amputations, tendon repair, and treatment of fractures, among others.

Kara Telesmanick, the CNP Program Manager whose home was destroyed in the quake, is back in Leogane and helping to plan the long term response to the quake and recovery.

SEE WEBSITE NEWS for older news!

FACEBOOK –
http://www.facebook.com/pages/Childrens–Nutrition–Program–of–Haiti/136965804926

Services offered: CHOLERA Epidemic Supplies * (ANY/ALL Types); Donations, Disaster Fund; Information Resource, Online Networking, Facebook Page/Group; Medical, Education, Cholera Awareness / Prevention; Medical, Facility, Hospital, Field Hospital; Medical, Supplies * (ANY/ALL Types) ; Medical, Volunteer, General, Medical Volunteer Services; Sanitation, Supplies, Water Purification Tablets; Sanitation, Supplies, Water Treatment/Purification/Filtration Supplies/Equipment * (ANY/ALL Types); Services, Educational Services (See also Category for School)
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; Episcopal Diocese; USAID
Updated Jan 29, 2011 · https://reliefdb.org/shelters/5394

World Water Relief Haiti – 2010 Haiti Response – (SUPPLIES: WATER PURIFICATION EQUIPMENT/LTR)

Info/Hotline · Open

Community Development
HAITI, Mirebalais

Web www.worldwaterrelief–haiti.org
Service Temporary

Month 2 - From crisis response to sustainability

Due to the almost non–existent access to internet and intermittent phone service, it has been hard to stay as current with the blogging as I would like, but however late, here is our most recent update:

Over the past month World Water Relief has slowly transitioned its focus from immediate emergency relief back to what we do best, long–term sustainable solutions. Our response over the first two months of the disaster was to help the water situation in Port–au–Prince by any means possible. Whether that meant coordinating water truck deliveries, installing filtration units, searching for clean water tanks - whatever it was, we did our best to help out. After installing 23 solar–powered, portable filtration units in hospitals, schools and NGO's throughout Haiti, we decided as an organization to focus our efforts there for the long–term rebuilding and stabilization efforts that would follow.

Over the course of 2010, this country will need the help and attention of the entire world to alleviate the problems it is facing. As a nation already struggling under the grips of extreme poverty and corruption before January 15, Haiti is now left with 220,000 dead, 1,000,000 homeless and 300,000 injured. The national government, education system and economy are literally under rubble. It is hard to imagine any country so small could recover from such a disaster and prevail. Yet if there is such a country, it is Haiti. The Haitian people are stronger than iron; their faith and perseverance have inspired the world. And although this will not be a quick recovery, the people are trying to believe, trying to hold on.

For WWR to become a part of this process and continue to bring clean water to Haiti, it was important to work with the nation's people from the ground up. With the flood of humanitarian aid, development projects and international involvement, it was extremely challenging for a small organization like WWR to work itself into the fold. Our idea then was to set up our own operations in Haiti and begin working on the ground, creating partnerships, getting involved in rebuilding efforts and spreading the word about our clean water mission.

The first step was to move down to Haiti. Is this what was originally written in my job description? Absolutely not. But WWR has learned that a strong in–country presence is the most important part of being effective in international development. So after a brief stint back in the states, I hopped on a plane back to Haiti and made my way to Jean Jean's hometown, Mirebalais, in the central plateau. I had worked here before on a project back in the summer of 2009, so I felt at home - as at home as the only American in town can feel. Jean Jean and I found a few open beds at his neighbor's house and paid them for three months' stay. I thought this would do, and after eating their home–cooked food the first night, I decided it would more than do.

The next step was to look for a place to work. Typing on a computer in a full house of 10 people (four kids) and focusing on your task is not the easiest thing to do. So we spoke with the mayor of Mirebalais about our organization; he was familiar with our work in the area and was willing to help. After explaining our mission and our goals, at once he told us, "Pa gen pwoblem," meaning "no problem" in Creole. He immediately gave us an air–conditioned space in his own building for free. We now had our first in–country WWR office in Mirebalais, Haiti. It was a very hearty welcoming and showed us how important this clean water mission was for the region.

Our goal for the next three months would be to look for project opportunities, create in–country partnerships and devise a long–term clean water program for the region. After visiting this area post–earthquake and deploying seven filtration units with both USAID and Partners in Health, we decided to start with these two organizations. Due to the extreme lack of access to water in Haiti, our filtration systems are often not applicable to many communities. After talking with those at Partners in Health about our goals, they said in the 35 communities where they work, only five have access to water. Their response to the water crisis was focused on source creation for the areas - bringing wells, boreholes, spring capping, etc. to nearly 500,000 people living in the Mirebalais region.

We saw this as a great chance to help, both with manpower and funding, to bring a variety of clean water solutions to Haiti. On top of providing filtration systems to hospitals, clinics and schools, we would also help create water access in the region, the most glaring immediate problem. With around 20,000–30,000 people moving from Port–au–Prince to Mirebalais over the past two months, it has created a serious strain on resources and living space in the area. Water will become even more of a scarce and expensive entity as this year progresses.

With our friends at USAID, we met and agreed on two more filtration system installations in the city of Mirebalais. With such congested living and low access to clean water, the few sources in town that are drawing ground water need to be filtered for the people. In May WWR will be working with local USAID representatives to begin two new filtration projects in the city of Mirebalais.

Now that we are more settled, it should be much easier to provide updates on our progress. We will be posting a bi–monthly report on our projects and work as this year goes on. Thank you all for your support, and remember that this situation is fixable. It is possible for Haiti to get back on its feet, and with the world's care and attention, it will.

This entry was posted on Tuesday, March 23rd, 2010 at 5:22 pm

World Water Relief, which sets up clean–water projects in rural communities, is preparing to send about a dozen people and 50 water–purification units to Haiti to help the hospitals, program manager Ben Seidl said.

Services offered: Demographic Served: Survivors, Natural Disaster Impacted Communities; Demographic Served: Sustainable Communities; Information Resource * (ANY/ALL Types); Information Resource, Online Networking, Blog; Long Term Recovery, International; Sanitation, Supplies, Water Treatment/Purification/Filtration Supplies/Equipment * (ANY/ALL Types); Water, Potable Water
Campaigns: 2010 Haiti Earthquake; Partners in Health (PIH); USAID
Updated Mar 7, 2011 · https://reliefdb.org/shelters/5098

Centre de Sante St. Vincent de Paul – "CTC – CHOLERA TREATMENT CENTER" (Supported by: Serve Haiti)

Medical Facility · Open

USA Address:; 999 Peachtree St. NE; Ste 2300; Atlanta, GA; Route de Grand–Bois/Comillon, Pointe (At the end of the road in Grand Bois); GPS COORD Confirmed by Dr. Charmaine Lewis : 18 39 14.26N –71 52 14.22W, Near Pointe & St. Pierre

Phone	00 P: H: 1349002
Web	www.servehaiti.org
Checks payable to	Serve Haiti
Service	Permanent

11/26/12: Three new cases of Cholera reported on HEAS. lpar

5/10/11 Email from Charmaine Lewis
We got another 35 patients today! This is actually worse than the original outbreak for us.

Significant increase in cholera cases
Monday, May 9, 2011 6:42 PM
From: "Charmaine Lewis"
To: haiti–epidemic–advisory–system@googlegroups.com

The Centre de Sante St. Vincent de Paul Health Center in Pointe (commune/region of Grand–Bois/Cornillon in the Departement de L'Ouest) saw 43 cases of cholera and had 2 deaths today. This is a significant increase from the past days and weeks, when we had between 4 and 15 cases at most. This has completely overcome the capacity of our cholera tent at our site, and we are trying to determine if we have the assets needed to open other CTUs in the region.

Our in–country Medical Director suspects that this increase is due to a substantial amount of rainfall in parts of the region, and a complete lack of clean water sources in another part of the region.

Thanks –
Charmaine Lewis

––
Charmaine A. Lewis, MD, MPH
US Medical Director, ServeHAITI
serveHAITI.org

1/29/11 HEAS Post from MS Belgium
MSF Belgium was yesterday in Cornillon and St Vincent de Paul.

Tomorrow we will start to support the hospital in St Vincent de Paul with more material and we will prepare 2 small CTU's in the 2 areas were the cases from last week are coming from (Palmas and Marturrein).

Cornillon: the cases are mainly from an area named Bouchon, on the road to Cornillon. The number of cases is decreasing now as the pick seems to occur last week.
In Cornillon there is not CTU.
Ilaria Porta
Emergency Medical Coordinator
MSF OCB Haiti

1/25/11 Email from Dr. Lewis
I think our staff is exhausted. Our medical director in Haiti is really really wonderful –– truly one of the best clinicians I've ever worked with, in the US included, and he was chosen to do a mini–masters program for 6 months in PAP on sanitation and water security. This was all before the cholera outbreak. So our second MD is manning the clnic 4 days a week, and he goes back Fri–Sun. It's worked out so far because there is so much to do in PAP as well to get supplies, lobby, etc, but his voice of authority is much more potent than hers (God bless her for being a female Haitian MD... not an easy job). Our nursing staff is quite good as well, but the nurses aides,

who would normally do a lot of the routine cholera care, have not been as easy to deal with. The stigma of cholera is severe there, and retaining aides has been a problem. We try to find locals to do the jobs because we want to employ local people AND if we do not then we also have to house/feed/etc. And frankly, it's hard to find city dwellers to come out to work for us. We do have a great social worker, and we've been doing our best broadcasting messages over our community radio station, but...

Not to mention that moving the overflow cholera patients in and out of the building means massive decontamination all the time....

Basically, I wish I could tell them that it will only be a couple/few more weeks and then this will "blow over" and they'll go back to what is "normal" for them... 1000 clinic patients/month, 30 deliveries, and 30 hospital stays for stuff other than cholera. But they see the numbers going up, and they know the truth. Dr. Leo will finish his program in the next few weeks, which will help.

1/24/11 Email from Dr. Lewis
Number of cholera pts climbing to around 30pts.

Number of pts. last week : 68 cases from 17–23 Jan
Number of fatalities last week: 2
percentage on IV fluids vs ORS last week 100% get IVFs to start. They are transitioned to ORS when/if they are not vomiting, and then IVFs are stopped when they appear hydrated. (Honestly, it's a protocol that could use improvement. We are working on it.)

1/8/11 Email from Dr Lewis to Dr. Jim Wilson

I have attached a version of the MSPP report with a few columns added, including the most important one for our ground staff –– Lits occupes

Our tent only has capacity for 10, so the key there is that if we go over 10 lits occupes, we have to move the cholera back into our facility which shuts down operations otherwise.

We are used to seeing 60 – 100 clinic patients per day, delivering 30 babies a month, and hospitalizing 20 – 30 non–cholera cases per month.

Fortunately, we have not had very many deaths. We have received more reports from the community that there have been some but we have not been able to easily confirm (we asked them to report names, localities, and if they had been to our health center, bring us their patient card so that we could document their death in our system). The MSPP has asked us to report community deaths if we can confirm. So most of those "0" in the chart attached are probably not accurate. It's hard keeping track of 60,000 people in rural Haiti.

I am waiting to hear back regarding our RL burn rate.... but we did get some from promess

As far as what we received from PROMESS:
3000 cap CIPRO
600 tabs DOXY
1400 tabs OMEPRAZOLE
1000 MED GLOVES
50 DISP GOWNS
72 L OF RL – I need to confirm whether this is 72 or 720... ambiguous on worksheet from Promess... and makes a big difference.
57 L OF D5NS
300 18G CATH
200 22G CATH
400 20G CATH
6 GAL ISOPRO ALCOHOL
24 BOTTLES OF 250ML POVIDINE
10 BOXES OF GAUZE (used for autoclave)

Thanks so much for all you are doing –– this is the most productive collaboration I've ever witnessed in Haiti –

Charmaine

Google Earth map of this site:

http://maps.google.com/maps/ms?ie=UTF8&hl=en&msa=0&ll=18.654139,–71.870697&spn=0.002963,0.006518&t=h&z=18&msid=217883840396378520603.00049957968b775fae1b1>

1/5/11: Email from Dr. Lewis
I can't think of another NGO to contact for our region. We tend to be the people the residents come to for support in various projects (we have other people in the org that do microfinance/Econ – we supported a Fonkize branch several yrs ago;, water–we've drilled 4 wells and have 2 more planned; education – we do yearly teacher training courses and helped intall a computer cluster and bought the computers for the one secondary school which is nearer Cornillon the village; road improvements, etc.). We train the MD residents, auxiliary nurses, RNs in social service. We run a volunteer dental program and have started a peds dental program in the schools. I could go on and on.

In the field of health though, I think that Save the Children was also funded by PEPFAR(–NPI?) a few yrs ago.

1/3/11: Email from Dr. Lewis
All of the cholera patients come to us in the region, unless they walk to Thomazeau (the western subregion, called Premiere Plaine Celeste) or take a mule to LasCahobas (the northernmost subregion, or Genipailler). But we get folks from everywhere in our region, and the largest portion of our population lives in the mountains surrounding us... including Haitians working over the border sometimes.

I will fill out the form online so that you guys can understand our capacity.

We are not officially recognized by the MSPP, ourselves, despite the fact that they place residents in our care for training for years, were funded by PEPFAR–NPI for HIV work for 4 years, and sent us our CTU tent and some meager supplies. So we are going through the non–MSPP sanctioned methods of getting supplies through PROMESS –– and haven't succeeded yet.

DATED 1–3–11:

Facility NAME: CENTRE DE SANTE – ST. VINCENT DE PAUL

Facility Type if applies (CTC, CTU, CTP post): CTU

On the ground contact (Name, Email & Phone#):

HAITIAN MEDICAL DIRECTOR – LEOPOLD BOURGOUIN, MD (Creole, French, English, Spanish) fleo20fleo20 @ gmail.com 3480 2403

LOGISTICS/DRIVER – Mr Anice Philibert – (Creole only)
tel 3499 4985

Supporting Organization(s) (eg. MSPP, MSF, MTI? etc.): ServeHAITI (www.servehaiti.org). The MSPP via UNICEF provided us with one 10–patient tent, 6 cots, and several buckets initially)

Principal Contact in US - if applies (Name, Email & Phone #):

U.S. MEDICAL DIRECTOR – CHARMAINE LEWIS, MD MPH charmainealewis @gmail.com 910.274.1222

Facility Location: 18 39 14.26N –71 52 14.22W
Department: OUEST
Commune: GRAND–BOIS (ALSO CALLED CORNILLON)
Village/Town: NONE, but located near Pointe and St. Pierre

Street Address and/or directions/GPS coordinates: 18 39 14.26N –71 52 14.22W

Describe accessibility to your site (e.g. Passable roads? Helicopter Landing Pad or spot? Airstrip for small planes? Please provide conditions for air landings and GPS coordinates):

We are located at the end of the only road traveling through the region, which is sometimes impassable in extremely wet weather (due to mud and flooding) or extremely dry weather (rock slides) or sometimes in between (vehicles that break down on the road are usually impassable). The access to this road is via Croix des Bouquets, then Thomazeau. As soon as you cross over the river bed at the eastern most side of Thomazeau, it is Grand Bois. It is approximately a 6 hour drive from the PAP airport/Toussaint Louverture to our site.

We have enough flat land adjacent to our Health Center to land a helicopter, and in fact have done this in the past (in 2007, I believe, with Air Calvary and last year post–earthquake when we couldn't access our site from the road). There is no land available in our region, to our knowledge, that is flat and long enough to land a small plane, and no airstrip.

Days per week clinc/hosp. is open? 6 days/week for routine visits, 7/365 for emergencies, hospitalizations, and obstetrical care

Medical Staffing (How many Doctors, Nurses, Non Medical Staff on hand)?:

1. One Medical Director (Dr. Bourgouin)
2. Usually 1 – 2 residents doing social service training
3. 2 RNs
4. 2 auxiliary nurses
5. 1 social worker
6. 1 pharmacy technician
7. 10 community health workers

Top Three Medical Supply needs (List by PRIORITY please):

1. Second tent for CTU including cots and buckets for cholera care
2. non–sterile gloves
3. chlorine bleach

Other supply needs:

1. open tent to cover disinfection areas
2. IVFs (LR, NS)
3. IV catheters – 18g, 20g, 22g
4. ORS
5. Aquatabs
6. gauze for sterilization/autoclave of instruments
7. masks
8. soap/hygeine kits
9. liter bottles to prepare ORS
10. sheets, blankets (we are located in the mountains, and it is quite cold at night in winter)
11. plastic chairs
12. antibiotics including Cipro, Doxy, and Azithro suspension

Has your staff received any training for Cholera?: the MSPP gave a lecture re: preparing bleach solutions to the staff when the tent was dropped off

Is your community receiving education on Cholera prevention? Yes, via the community radio station that is located on the second floor of our Health Center

Date began treating Cholera patients?: OCT 28, 2010

Total number of patients since that date: 152

Total number of fatalities since that date: 7

Number of Cholera patients in the last week?: 58

Number of fatalities in the last week? 1

Last week, has number of Cholera patients stabilized, increased, decreased or is fluctuating?: INCREASED

Bed Capacity for the entire hospital? (non–cholera treatment areas) 3 PEDS, 3 OB, 7 ADULT MED, 2 ISOLATION

Bed Capacity for Cholera patients?: CTU tent with 10 beds

How far are Cholera patients having to travel to receive treatment at your facility?: AS MANY AS 6 HOURS

If you are not a CTC, how will patients get access to the nearest CTC? How far away is it? NEAREST IS PROBABLY THOMAZEAU OR LASCAHOBAS. THEY CAN ACCESS THOMAZEAU VIA THE ROAD IF A TAP–TAP IS AVAILABLE (they do not travel up to our site however) OR VIA MULE/WALKING TO LASCAHOBAS (there is no road)

Percentage of Cholera patients that require inpatient treatment/IV Fluids?: 100%

Closest CTC to your facility (Please provide location and how long does it take to get there): THOMAZEAU IS 5 HOURS AWAY BY CAR, LASCAHOBAS IS MAYBE 6 OR MORE VIA MULE

Does your Facility provide Mobile Medical Clinics to the community?: NO

If you have not seen any cholera patients, do you have:

1. Educational Materials:
2. ORS or ingredients to make your own:
3. IV Ringers and supplies

What is your water source?: WELL, CISTERN

Is your water purified? YES

If so, through a holding tank or through buckets? BUCKETS

Can you pick up supplies? Where?: YES, PAP

What is the population of the area your facility serves: 60,000 + (post earthquake we saw a surge in new patients, and have 20,000 charts at our facility at this time)

Additional Comments about your situation: We are the only medical care open 7/365 in our region, and we are the only cholera treatment available. The MSPP has a Centre de Sante in the village of Cornillon that is rarely open and is not treating cholera. Instead, the MSPP has deferred to us for all care. We are not officially recognized by the MSPP. We were a recipient of a PEPFAR–NPI grant from Nov 2006 to Nov 2010 for HIV prevention.

This site is designated as a "CTC" per the PAHO list dated 12/22/10

CTC Definition:

Center for the treatment of Cholera (CTC): a center set up for the treatment of cholera with a staff recruited for this 40 to 300 beds which receives the sick suspects of cholera. In the case ideal, there are tents for rehydration iv and tents or rooms for the phase of re-convalescensce. Capable of processing of complications such as pulmonary edema. Open 24 on 24/ 7 on 7. Receives the sick who come spontaneously and cases referred to it.

CONTACTS:

Dr. Leopold Bourgouin Haitian Med Dir 3480-2403 fleo20fleo20@gmail.com
Dr. Charmain Lewis (Serve Haiti) charmainealewis@gmail.com

The location on the PAHO/MSPP list dated 12/22/10 is inaccurate. The correct location is updated on this facility record. The GPS coordinates are noted but NOT verified.

1/3/11 HEAS POST from Dr. Charmaine Lewis
(Lpar note: New coordinates have now been confirmed)
Our biggest need is another tent -- we have one with a capacity of 12 but have outgrown it since Christmas Eve. Seems cholera has made it to the most vulnerable spots in Grand-Bois, and we now have cholera patients inside our hospital wards (capacity of 15). This is problematic because we don't have enough separate space for hospitalization of our non-cholera patients. We thankfully have a separate mother-baby ward so we can still deliver babies with some worries about cross contamination.

We have had 92 cases in the past month, although 12 more admissions yesterday (not included). We have had 4 deaths. This is approximately double from the prior month. We are hearing that there are many more community deaths down the mountain (between Thomazeau and Cornillon the village) -- which is too far for us to reach as far as cholera is concerned. We've requested that the MSPP set up a CTU at least at their Centre de Sante de Cornillon, more centrally located, but have not heard. They do not staff this CdS routinely, deferring to us for probably 95%+ of the region's medical care. We have our community health workers out and about trying to help as much as possible. But it's 60,000 people, 2 doctors, and 10 CHWs. It's not enough. We're lucky we haven't seen more cases. Perhaps our remoteness has been a blessing in some ways.

Below is the list that our Haitian medical director compiled for PROMESS. It's quite inclusive. We haven't heard yet what they can get for us, if anything. I think we'll have more information from them tomororw.

Otherwise, as I know it, the biggest ongoing needs for the CTU are disposable gowns, gloves, bleach, IVFs, soap, aquatabs.

MATERIELS
60 gallons de Chlorox / Bleach
10 caisses de gants non sterile
200 Paires de gants sterile
1000 blouses disposable
30 caisses de RL
10 caisses de Normal saline
10 caisses de Dextrose Normal saline
5 caisses de dextrose saline 0.45%
5 caisses de dextrose saline 0.33 %
300 intracath 18 G
400 intracath 20 G
200 intracath 22 G
6 gallons alcool
6 gallons Povidone iodine// Betadine
6 gallons d'eau Oxygenee
6 rouleaux de gaze (nous disposons de sterilisateur / d'autoclave
10 rouleaux de coton
1000 masques
12 Mops
6 balais
10 gallons Pinol ou Cresol ou Mistollin
10 gallons Liquide pour vaisselles
1200 Kits d'hygiene pour distribution dans les zones les plus touchees
1200 buckets ou filters pour traiter de l'eau pour distribution dans les familles qui n'ont pas beneficie de notre programme Gift of Water dans laquelle nous avions touche 1600 familles beneficiaires au cours des 3 dernieres annees.
20000 aquatabs
2000 savon de toilettes
6 caisses de savon pour lessives
EQUIPEMENTS

20 bottes en caoutchouc pointure 8 a 11
2 tentes de 10 places chaque
une(1) tente ouverte
20 a 24 cadres (lits)
24 Brancards
2 chateaux d'eau de 200 gallons chaque
4 Grosses poubelles a couvercle
4 douzaines de couvertures Chaudes (laines) il fait tres froid ici 13 a 18 degre celsius en soiree.
4 douzaines de Couverturse legeres (draps)
2 latrines disposable
3 brouettes
2 Press–mop
8 tables en Plastic
24 chaises en plastics

HEAS UPDATE 11/14/10:
We are in the process of sendin in relief from the US, getting some ORS from USAID, and trying to source some aquatabs in PAP. The MSPP has dropped off 2 additional cots for a total of 6. We are not inundated – we are in pretty good shape at this time.
Thanks–
Charmaine Lewis

HEAS UPDATE 11/14/10:

Re: Has this need been met? : Request For Materiel Assistance: Centre de Sante St. Vincent de Paul
Sunday, November 14, 2010 9:51 AM
From: "Charmaine Lewis"
To: "haiti–epidemic–advisory–system@googlegroups.com" <haiti–epidemic–advisory–system@googlegroups.com>

We are in the process of sendin in relief from the US, getting some ORS from USAID, and trying to source some aquatabs in PAP. The MSPP has dropped off 2 additional cots for a total of 6. We are not inundated – we are in pretty good shape at this time.

Thanks–
Charmaine Lewis

On Nov 14, 2010, at 12:16 PM, Amy King wrote:

Has this need been met?

HEAS UPDATE 11–11–10:

Update from Centre de Sante St. Vincent de Paul

We have had at least 11 more cases at our facility. A major risk factor for our cases was attendance at a voudou ceremony in St. Pierre, and we are considering all of these patients as point sources for our local outbreak.

We have also received reports of multiple fatalities in the field – at least one was a school–aged child who died within hours. They did not present to our facility for care.

The MSPP has dropped off a UNICEF tent, 16 buckets, 1 box of gloves and masks, 1000 sachets of ORS, a scant amount of IVFs, and 20 body bags to prepare for more cases. Our inpatient facility (capacity is really only 10–12 pts) is full at this time with cholera pts. The MSPP does have a health center in the village of Cornillon, but is not staffing it in favor of our services. The MSPP did not distribute cots or blankets for patients to be treated in the tents (the average temperature at night there at this time of year is about 45–55 degrees farenheit.)

I have looked at all of the maps available and do not see any of Grand–Bois/Cornillon mapped (we are often forgotten!) The coordinates for our facility, in case you would like to stick us on a map, are 18.6747805 –71.9528918.

The local residents are using aquatabs that we have provided and filtering water through our local water purification system called Gift of Water. Unfortunately, this system is a home–based system and not available to all families, which has meant that families with systems are filtering all of their neighbors water, thus exhausting their own system. We have sent something like 30,000 tabs, but they are already asking for more.

Due to our remote location and a very challenging road, made worse by the recent hurricane, it will take some time to gather needed supplies. It would be best not to wait until we have tens or hundreds of cholera patients in a tiny tent. We would really appreciate it if anyone has an in–country source (that is actually distributing supplies) for:

* aquatabs
* ORS sachets
* cots
* blankets

Thanks again for your hard work –
Charmaine Lewis

--
Charmaine A. Lewis, MD, MPH
US Medical Director, ServeHAITI
serveHAITI.org

11/7/10 HEAS Post:

St. Vincent de Paul Health Center in Grand-Bois (the northeasternmost region in the Departement de L'Ouest) has had 5 cases of cholera (unconfirmed pending stool evaluation at the LNSP) and one death. All cases occurred in patients living just south of the Central Plateau.

Thank you.

Charmaine A. Lewis MD MPH
US Medical Director
ServeHAITI

HEAS UPDATE 11-6-10:

"We have had 5 unconfirmed cases of cholera in Grand-Bois/Cornillon (northeasternmost region of le Departement de L'Ouest) at the Centre de Sante-St. Vincent de Paul, with one mortality since the outbreak. All 5 cases came from the subregion of Grand-Bois just south of the Central Plateau, near LasCahobas.

Our facility has access to inpatient services, IV fluids, and antibiotics, but does not have the laboratory capacity for cholera diagnostics. We have community health workers on the ground searching for new cases in the suspect villages and have been making public health announcements on our community radio since the outbreak".

Supported by ServeHaiti
Internal Medicine, Cardiology, Infectious Disease
Pharmacy Available
Can receive non-trauma urgent care
Accessible by road
No surgical capability
Has EKG and ultrasound

a dedicated OB/Gyn suite, an isolation ward, a laboratory, a children's ward, dorm rooms for visiting groups, office space, and a large community meeting room.

Update from ServeHAITI February 15,2010

Through the generosity of a private donor, our third delegation since the earthquake, traveled to Port-au-Prince on a private plane. Carrying over 700 pounds of medical supplies, they arrived Tuesday, February 9 and headed immediately to our clinic in Grand Bois.

This group included Dr. Charmaine Lewis, US Medical Director (North Carolina), volunteer coordinator Liz McDermott and electrician Dave Schumacher (Iowa), pharmacist Roger Berens, (Michigan) and Peter Anderson, Treasurer (Atlanta). Their work goals included finishing the new Labor & Delivery room at the clinic, checking on the wells in neighboring Latwazon and the clinic and, as always, attending to the many patients who arrive at the clinic on a daily basis.

Because most of the people travel a great distance to reach the clinic, there is often little to be done for them once they arrive. But for each tragedy that occurs, there are also miracles. This trips' miracle was the safe delivery of a boy whose mother tragically died on the way to the clinic. Named "Jesus" by the staff, he will need to be taken to a hospital for further care.

Dr. Leo and his staff at the clinic, continue to be most grateful for all that ServeHAITI is able to do for them. We could not do this work if not for the prayers and support from all of our friends, donors and volunteers.

Health Center
The Health Center was finished in February 2009, with the completion of the much-needed second story addition. The clinic now consists of living quarters for the medical director, a dedicated OB/Gyn suite, an isolation ward, a laboratory, a children's ward, dorm rooms for visiting groups, office space, and a large community meeting room.

Medical
ServeHAITI's Medical team sets forth a vision of healthy people in healthy communities in Grand-Bois, Haiti via a strong dedication to the improvement of community development, education, prevention, and care of individual health issues. This vision is achieved through the application of evidence-based measures and guided by the demands of the target population.

Deworming Program
Baseline data gathered in 2005 indicates 40% of school aged children in the Grand-Bois region are infected with worms. Members of the medical team and the Health Center have begun a collaborative effort with a non-profit organization that has experience with deworming children in Haiti. In spring of 2008, we began dispensing deworming medication to children. The cost of medicine to deworm a child for one year is only $.02. Make a donation

Nutrition Program
Based on data collected from a nutrition survey conducted in 2007, recommendations and implementation of nutritional supplementation, such as iodine, have been made. A family garden pilot project is underway to battle childhood malnutrition. Dr. Leopold has planted a well established garden directly in front of the health center.

Pharmacy
The Medical Team of ServeHAITI is responsible for selecting medications for a formulary and providing these essential medications to the Health Center. Approximately 60–70% of the medications for the health center are donated at a greatly reduced price. The remainder are donated.

Birth Assistants
ServeHAITI's goal is to reinstate a more developed mother–fetal program which would include 3 prenatal visits, obstetric ultrasound, delivery, and postpartum check for mother and baby.

Primary and Acute Care
The St. Vincent de Paul Health Center is the hub of primary and acute care for the region of Grand–Bois. Serving more than 800 patients per month, the Health Center offers primary care services for chronic diseases such as hypertension, diabetes and malnutrition. Acute care services include an inpatient ward for the care of illnesses such as pneumonia, heart failure, diarrheal diseases and injuries. Oxygen treatment/nebulization are also available. An electrocardiogram machine (EKG) was delivered to the Health Center in March 2008; and, with contributions from Sacred Heart Church in Atlanta, an ultrasound machine was purchased and put to use for the first time in August 2009.

Point of use Water Filtration System
Grand–Bois has no indoor plumbing, no municipal water supply, no wells, and no electricity to pump water. Families collect water in buckets from streams, lakes, springs or cisterns. This water is often contaminated and water born disease is common. ServeHAITI is currently sponsoring a point–of–use water filtration program under the direction of Gift of Water. Gift of Water provides bucket–based water filtration systems and trains technicians who monitor water quality and proper operation of the units.

Over 1000 families are currently participating in the program. To date, over $26,000 has been utilized to provide over 1,400 units to households in the region. We are researching the possibility of using a one bucket system due to the fact that Gift of Water will be disbanding at the end of 2009.

Microfinance – Fonkoze
Fonloze is Haiti's Alternative Bank for the Organized Poor. They are the largest micro–finance institution offering a full range of financial services to the rural–based poor in Haiti.

Fonkoze is committed to the economic and social improvement of the people and communities of Haiti and to the reduction of poverty in the country.

Established in 1994, Fonkoze currently has over 100,000 depositors, over 40,000 active borrowers (99% of whom are women), and 33 branch offices spread throughout every region of Haiti. The services offered by Fonkoze include:

* Solidarity group and individual loans that are used to start or expand a small business;
* Savings products geared towards meeting the needs of the poor;
* Currency exchange services that allow Haitians to change US dollars into Haitian gourdes at a preferential rate;
* Money transfer services that allow Haitians living overseas the opportunity to transfer funds to Haiti at a very low cost; and
* Literacy, business skills, and good health practices training.

As of December 31, 2007, Fonkoze had over $9.5 million in savings deposits, over $9 million in loans outstanding. Loans overdue more than 30 days were 6.9%.

ServeHAITI raised and provided $55,000 as infrastructure funding necessary to establish and construct the bank branch location, its staffing and financial support, nearest to the Health Center in Latwazon.

Education
ServeHAITI's Education Committee strives to improve access to quality education for the community of Grand–Bois. We work in solidarity with the educators and community leaders to ensure all efforts are culturally appropriate, responsive to the needs of the educators and community, relevant to economic development, and guided by evidence–based measures.

Although Haitians place a high value on education, few can afford to send their children to school. While public education is free in Haiti, the cost is still quite high for Haitian families who must pay for uniforms, textbooks, and supplies. Primary school enrollment is dropping due to economic factors. Sixty percent of rural households suffer from chronic food insecurity, and food must come before education. Thus, education remains a key obstacle to economic and social advancement in Haiti.

Furthermore, due to a weak state provision of education services, public education is less common, with private and parochial schools accounting for about 90% of primary schools. Tuition for these private school students comes largely from donations and/or sponsoring a student. It is estimated that less than 25% of children finish the 5th grade. Secondary education (grades 7–14) is not available in most rural areas of Haiti.

ServeHAITI recognizes that improving education will involve multiple initiatives conducted over many years. We are working with the Grand–Bois community to improve education at the preschool, primary, secondary, and vocational levels. Efforts to date include teacher training and making small enhancements to the primary school building.

Incinerator and Outdoor Kitchen
With the expansion of the medical facility complete, ServeHAITI's attention turned to addressing the remaining facilities' needs.

1. An incinerator to handle the disposal of trash and medical waste.
2. An outdoor kitchen and dining area for the staff will be built adjacent to the Health Center.

The incinerator will be located on the eastern border of the property away from the main building. Plans call for fire brick construction with a tall chimney.

The kitchen, poured over a concrete floor, will be constructed of block and corrugated metal as designed by ServeHAITI volunteer Bob Balke, the clinic's architect. As planned, the kitchen will provide the staff with ventilated cooking and food preparation areas, electricity and running water. Construction will be performed by ServeHAITI volunteers while also providing work for local Haitian workers.

Both the incinerator and kitchen should be operational by the end of 2009.

Infrastructure – Electricity
Using the expertise of our volunteer engineers, we designed and installed cost–optimized power systems at the Health Center, church and school. These incorporate diesel generators, battery storage, inverters and solar power. We couple this with a strong energy–conservation consciousness as we try to learn how to live simply with a low carbon footprint from the Haitians. Next year we plan to expand our renewable energy supply with more solar panels and possibly a wind turbine.

Satellite Communication System
There is no telephone or cell phone service in the region, but in 2007 ServeHAITI broke through this communication isolation by installing a high–speed internet system that connects through an earth satellite. Now, the Health Center's medical staff has access to the world's internet, enabling them to instantly solicit advice from and send referrals to other medical professionals throughout Haiti and around the world. In coming years, we plan to expand accessibility by connecting the school in St. Pierre and establishing a public internet cafe near the Health Center.

Reforestation & Landscaping
Deforestation of the Haitian mountains is a widely recognized problem. Likewise, local farmers need more agricultural diversity. In an effort to bridge this gap, Dr. Leopold, the Health Center's resident Medical Director, has cultivated a large, diverse garden in front of the Health Center with plans to expand it onto land adjacent to the Health Center. Landscaping designs are in progress to create a green oasis on the Health Center grounds. Another goal is to work with local farmers to further their knowledge in tools and techniques from a trained agronomist. Volunteers and sponsors are needed to pursue these projects.

Road Repair
Community meetings identify the poor roads as the biggest obstacle to improving the well being of the region. While direct road construction is likely beyond our resources or expertise, we are consulting with road engineers and local political leaders to investigate options. This is another opportunity for knowledgeable volunteers and contributors.

Main record at:
https://reliefdb.org/shelters/7427

Services offered: CHOLERA Epidemic Supplies * (ANY/ALL Types); Community Garden Program; Demographic Served: Sustainable Communities; Medical, Equipment, EKG (12 Lead) w/Printer & Electrodes; Medical, Equipment, Ultrasound Machine; Medical, Facility, Capacity, Hospital Beds; Medical, Facility, Cholera, Rehydration Center (CTU or UTC); Medical, Facility, Hospital, Acute Care Hospital; Medical, Facility, Urgent Care (Non Trauma); Medical, Services, Cardiology; Medical, Services, Cholera, Isolation Unit; Medical, Services, Deworming; Medical, Services, Gynecology; Medical, Services, Infectious Disease; Medical, Services, Internal Medicine; Medical, Services, Laboratory / Lab Services; Medical, Services, Malnutrition; Medical, Services, Nutrition; Medical, Services, Obstetrics; Medical, Services, Pediatrics; Medical, Services, Pharmacy; Medical, Services, Prenatal Care; Medical, Services, Primary Care
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; Border Clinic (Haiti); MSPP (Haiti – Department of Public Health & Population; United Nations – UNICEF (United Nations International Childrens Emergency Fund); USAID
Updated Nov 26, 2012 · https://reliefdb.org/shelters/5647

Haiti Outreach

Info/Hotline · Open

Non–Profit, Disaster Relief/Development
U.S. ADDR: 15119 Minnetonka Blvd.,; Minnetonka, MN 55345; HAITI ADDR: on National Route 3, Pignon

Phone U.S.: 1–612–929–1122
Web www.haitioutreach.org
Service Temporary

FACEBOOK: http://www.facebook.com/group.php?gid=65013260585

YOUTUBE: http://www.youtube.com/user/fink0136

http://www.haitioutreach.org/resource–center/

Many people are contacting us, offering to take a trip to Haiti to help with earthquake relief and reconstruction. We are grateful that so many people are willing to do this. However, at this time, our organization does not have a base in the Port–au–Prince

area and would be unable to house and feed people, and do not have activities available to be done in a safe and organized way. Also, commercial airlines have not yet resumed flying to Haiti, making it very difficult to get there right now.

We are keeping a list of the people who have offered to help in this way and if and when our situation changes and we are able to bring groups to Haiti to help directly with earthquake relief, we will let them know and publish that information here. At this time we are also unaware of other organizations who are taking groups to Haiti and able to put them to good use.

Emergency Relief and Reconstruction for Haiti
http://www.haitioutreach.org/events/

Haiti Outreach Update Thursday, January 21

Haiti Outreach Board member Jim Kirzeder landed in the Dominican Republic on Sunday, January 17th . and traveled to Haiti Outreach's headquarters in Pignon. Jim indicates that things are far worse than he imagined and so many rural towns have been severely damaged as well. No help has come to any of them. People are very, very desperate. He and Country Director Neil Van Dine were making a trip to Port–au–Prince on Monday, taking along a trauma surgeon that came in on the same flight with Jim. They are attending a big water meeting in Port and then have been asked to go to the Missionary Aviation Fellowship (MAF) terminal to assess the damage and to see if Haiti Outreach can be of any help there. They helped get water and electric going in the general hospital in Port au Prince. Then went off to Gonaives to look at the irrigation wells we have been asked to fix by IOM

Neil Van Dine reports that Haiti Outreach is using our Guest House to provide housing to people transiting through Pignon at no cost. Folks are trapped without any money or ways to get at their funds. Relief teams will also be able to be housed there.

Some additional information from our Country Director Neil:

"I am in Santiago, just dropped off a guy and waiting for three more to come in tonight been waking up at 3am to get stuff done. Yesterday mornings quake was 6.1. Brought down more houses that were already damaged and killed more people who thought it was all over and went back to sleeping in thier houses again.

It's pretty rugged. No time to answer emails, and I've gotten 1000 in the last week. Trip from Santiago to Port takes 8 hours. I've done it 3x in the last week; but it's the only place to get supplies and people in/out.

The whole airport area in Port is packed full of supplies. Some now getting out to people so desperation is less. The smell of rotting bodies is everywhere… those buried in rubble. Even after leaving Port it takes days to get the smell gone. No way of knowing how many dead. It was huge, had a friend of mine who was one of about 6 people who survived the collapse of the big supermarket.

A lot is being sensationalized, but things are pretty rough. Essentially the whole city is going to need to be torn down. Probably +80% of the buildings are unusable. It's going to take years and years to rebuild.

In one sense it is a tremendous opportunity, but it's going to take a lot of leadership to push things through. That will be the deciding factor; whether the leaders will step up and institute some controls or whether they will squander it. History says they will squander it. We have to hope, pray and work to disprove history.

I spoke with our Congressman from Pignon yesterday to get him thinking along these lines; about how to start rebuilding, rather than begging for aid. Tried to give him some ideas on what they can do. For example eliminate all customs duties on building materials for 2 years. I could tell he hadn't thought that way, but that he could see the value. We'll see. I'll keep talking with him and hopefully he will be talking to others."

Our continued thanks for your thoughts and financial support of the people in Haiti.

Dale Snyder
Executive Director

SEE MORE AT:

http://www.haitioutreach.org/events/

Services offered: Demographic Served: Sustainable Communities; Information Resource, Online Networking, Facebook Page/ Group; Information Resource, Online Networking, Twitter Page/Twitter Feeds; Information Resource, Online Networking, YouTube; Sanitation, Services * (ANY/ALL Types); Sanitation, Services, Well Drilling; Sanitation, Supplies, Water Treatment/ Purification/Filtration Supplies/Equipment * (ANY/ALL Types)

Campaigns: 2010 Haiti Earthquake; USAID
Updated Oct 17, 2010 · https://reliefdb.org/shelters/5186

Adventist Hospital of Haiti (Partner: ADRA) – (DISTRIBUTION: FOOD/WATER –AT A CAMP SHELTER)

Supply POD · Open

Nailing Address: P.O. Box 2355 Street Address: Route de Diquini; Haiti; Haiti Adventist University and the Adventist Hospital of Haiti, Port–au–Prince

Web www.adra.org
Service Temporary

See record for Adventist Development & Relief Agency (ADRA)for updates.
https://reliefdb.org/shelters/4961

from reliefweb

ADRA Feeds Thousands in Haiti
Source: Adventist Development and Relief Agency International (ADRA)

Date: 21 Jan 2010

Wahroonga, New South Wales — The Adventist Development and Relief Agency (ADRA) distributed nearly 13,000 rations of high–energy nutritional biscuits donated by the United Nations World Food Programme (WFP) in several sites in Port–au–Prince, Haiti, on January 18. Each ration can feed a person for five days.

"Thousands of people remain in makeshift camps where the food and sanitation situation is precarious," said Richard Jaqua, a staff member who is helping to coordinate the logistics for ADRA's emergency response. He reported that the distribution of food is crucial as supplies in the capital's stores and marketplaces have become limited and extremely expensive.

ADRA also continues to provide urgent water supplies and medical care to approximately 25,000 internally displaced people who have sought refuge at the grounds of the Haiti Adventist University and the Adventist Hospital of Haiti.

ADRA, in partnership with Global Medic, has already established several clean water access points at the site, with plans to install 20 more. ADRA also expects to distribute more water supplies provided by the United States Agency for International Development (USAID), with thousands already receiving water purification tablets. To improve sanitation at the site, ADRA is constructing 60 latrines.

In addition, ADRA will distribute a shipment of 450kgs of medical supplies received from International Aid and medical supplies worth $15,000 donated by Heart to Heart International. ADRA has already distributed approximately 30 boxes of medical supplies at the hospital and continues to provide medical assistance to the injured.

To implement these initial response activities, ADRA is also partnering with Food for the Poor, which is assisting in the distribution of medical and food supplies; Johanniter International, a non–profit association that is providing medical supplies for hospital staff; GARSA, a Colombian rescue and relief group in partnership with ADRA Colombia; International Relief and Development (IRD); and donors in Puerto Rico.

The worldwide ADRA network urgently needs US$1 million to help communities rebuild in the long–term. ADRA Australia has opened a Haiti Earthquake Appeal and is calling for support for the response efforts in the region. Donations can be made to ADRA Australia by calling 1800 242 372 or visiting www.adra.org.au. Donations to ADRA Australia's Haiti Earthquake Appeal will be used to support the disaster, recovery and reconstruction efforts in the area. If the appeal raises more funds than are needed, donations will be allocated to ADRA Australia's ongoing emergency management activities.

International ADRA network partners currently supporting the response efforts include ADRA International, ADRA Australia, ADRA New Zealand, ADRA Czech Republic, ADRA United Kingdom, ADRA China, ADRA Denmark, ADRA Switzerland, ADRA Norway, ADRA Canada, ADRA Ireland, ADRA Portugal, ADRA Sweden, ADRA Netherlands, ADRA Austria, and ADRA Japan.

ADRA Australia is a non–government organisation (NGO) engaging in sustainable development projects and emergency management activities for people in need in Australia, the Pacific, Asia and Africa. It is a member of the Australian Council of Social Services (ACOSS) and has full accreditation with the Australian Agency for International Development (AusAID). It is a member of the Australian Council for International Development (ACFID) and is a signatory to ACFID's Code of Conduct. ADRA Australia is part of the international ADRA network, which has a presence in 125 countries. ADRA is the worldwide humanitarian arm of the Seventh–day Adventist Church. For more information about ADRA Australia, or to sign up for email updates, visit www.adra.org.au.

Services offered: Demographic Served: Survivors, Natural Disaster Impacted Communities; Distribution * (ANY/ALL Types); Distribution, Supplies, International Distribution of Supplies; Food Distribution, Emergency/Disaster Food Distribution; Medical, Facility, Hospital, Acute Care Hospital; Medical, Supplies * (ANY/ALL Types) ; Shelter * (ANY/ALL Types); Shelter, Emergency Shelter; Toilets, Portable Toilets; Water, * Bottles (ANY/ALL Types of Bottled Water)
Campaigns: 2010 Haiti Earthquake; ADRA – International (Adventist Development & Relief Agency); Food For The Poor; GlobalMedic; Heart to Heart International; United Nations – U.N.; United Nations – WFP (World Food Program); USAID
Updated Nov 1, 2010 · https://reliefdb.org/shelters/5114

CHF International – 2010 Haiti Earthquake (SHELTER SUPPLIES/DEBRIS REMOVAL/SHELTER CONSTRUCTION)

Info/Hotline · Open

USA MAIL ADDR: 8601 Georgia Avenue, Suite 800, Silver Spring, MD 20910 USA, Port–au–Prince, Petit–Goave and others

Phone 301.587.4700
Web www.chfinternational.org
Serves Port Au Prince (PaP) (namely Delmas, Petion–Ville, Cite Soleil, Port Au Prince and Carrefour). Grand Goave, Jacmel, Petit Goave, Leogane, Petit Guinee, Cap Haitien, Martissant St. Marc and Gonaives as well as a host of other Haitian Communities
Service Temporary

FROM RELIEF WEB:

Protecting Gonaives, Haiti from Future Flooding

Source: CHF International
Date: 01 Nov 2010

When the hurricanes and tropical storms hit Haiti in 2004 and 2008, one of the most affected cities was Gonaives (170 kilometers north of Port–au–Prince). With funding from USAID, CHF International has been implementing projects to help protect the city from future catastrophes. The program focuses on improving drainage and flood control within the city of Gonaives as well as in the surrounding areas. Projects include constructing drains and canals, stone terracing and reforestation to prevent soil erosion, and expanding catchment systems. The program also provides short–term employment for local residents who participate in the construction efforts.

FROM RELIEF WEB:

Innovative CHF Program Recycles Haitian Earthquake Rubble for use in Recovery Effort
Source: CHF International
Date: 28 Oct 2010

October 28, 2010—CHF has launched an innovative new program in Haiti that is turning buildings destroyed by the January 12 earthquake into valuable sand and gravel that is being used in the recovery effort.

CHF's program, called CRUSH (Creating Rubble Recycling Solutions for Haiti), was launched in Petit–Goave on October 18 and is intended to eventually expand to several sections of the earthquake–affected area.

The CRUSH program is currently using 10 portable rock crushers supported by a total of 284 workers to process rubble at 9 sites in Petit–Goave. The portable crushers were built by Red Rhino Crushers in the United Kingdom, representatives of which came to Haiti in mid–October to train CHF local staff in how to use and maintain the machines.

CRUSH is unique in that it is the only large–scale program in Haiti that is actively converting rubble into material that can be used on–site to improve communities affected by the earthquake. Among other uses, CHF has been using sand and gravel to construct cement platforms for its shelter program. Additionally, CHF is accumulating gravel for use in critical road projects identified in concert with the local government, and will soon be delivering gravel to serve as floors of schools still operating out of tents.

The CRUSH program is also unique in that it dramatically reduces the transportation costs and bureaucratic obstacles associated with other rubble removal programs in Haiti. Suitable, approved rubble dump sites in virtually all parts of Haiti are either of insufficient size or are so far away from affected areas that they are cost prohibitive both in terms of time required to access them as well as money required to fuel the trucks. Processing the rubble on–site is much cheaper overall and will allow CHF to operate much more efficiently than other rubble removal programs in Haiti.

In less than two weeks, CHF's crushers have already processed nearly 1,000 cubic meters of rubble to produce an equivalent amount of sand and gravel.

Petit–Goave Mayor Marc Roland Justal was complimentary of CHF's program. "I love the new rubble recycling program that CHF is implementing here," said Justal as he toured one of CHF's recycling sites. The mayor continued, "Instead of just throwing rubble into the ocean or rivers, we can dispose of it on site and for useful purposes." The mayor promised to collaborate with CHF to identify the best possible uses for the processed rubble, in particular key dirt roads that would be reinforced by adding a layer of gravel.

The CRUSH program is paid for by USAID and will continue through February 2011.

FROM RELIEF WEB:

CHF Continues Reforestation and Erosion Control Efforts in the Rural Mountains of Haiti

Source: CHF International

Date: 16 Oct 2010

October 16, 2010—CHF is completing the third week of a three–month soil conservation and reforestation project in Marre Danjour, a rural mountain community high above downtown Petit–Goave.

Only 5 kilometers south of downtown Petit–Goave, the farming community of 5,000 is also the site of a crucial watershed – it hangs directly over the Riviere La Digue, the largest river in the area, and one that constantly threatens the city center during the

rainy season. While the riverbed marking the lower boundary of the project site lies 300 meters (1,000 feet) above sea level, the upper reaches of the watershed climb up to more than 1,000 meters (3,300 feet). The area is the origin point of much flooding in the area, so CHF is installing terracing and vegetation that will mitigate against topsoil erosion as well as slow the velocity of water runoff.

CHF's work at Marre Danjour covers 50 hectares of land and will, when complete, account for 10 kilometers of stone terracing. Additionally, CHF will use the terraces to plant 2,000 fruit saplings, 2,000 hardwood saplings, 1,000 bamboo shoots, and 75,000 seedlings of various erosion–mitigating grasses and tubers.

CHF currently employs 132 residents of Marre Danjour to work on the project, each of whom receives at least US$5 per day for their effort. In addition to stabilizing the topsoil and preventing catastrophic downstream flooding, workers will take home a combined US$42,000 in salaries alone, a major stimulus for the economy of this rural community.

Since launching work in Petit–Goave in 2007, CHF has completed soil conservation and reforestation projects that have protected 250 hectares of land, all of it in rural mountains and foothills.

CHF's project at Marre Danjour is paid for by a generous private donation from the Brickman Group, a U.S.–based landscaping specialist. Established in 1939, Brickman is a leader in the commercial landscape industry with over 160 branches serving 29 states in the US. For further information, please visit their web site at www.brickmangroup.com.

per email from CHF:

WHERE WE ARE WORKING RIGHT NOW: We are working Port Au Prince (PaP) (namely Delmas, Petion–Ville, Cite Soleil, Port Au Prince and Carrefour). We are also working in Grand Goave, Jacmel, Petit Goave, Leogane, Petit Guinee, Cap Haitien, Martissant St. Marc and Gonaives as well as a host of other communities across Haiti. For a map of our operations, please visit the website at www.chfinternational.org *

CASH FOR WORK PROGRAM
http://www.chfinternational.org/node/34048

CHF–Haiti Blog Update – Feb. 17, 2010: CHF Cash for Work Teams in Petit Goave Receive First Payroll

From the website: January 29, 2010 - CHF International (CHF) began its second phase of cleanup in Haiti yesterday by partnering with Haitian communities to clear essential routes through Port au Prince.

Nine “High Impact Labor Teams”, each consisting of 12 people including a supervisor, fanned out across the municipality of Delmas to clean up key routes through the area. CHF provided teams with hats, gloves, t–shirts, wheelbarrows, boots, pickaxes, shovels, sledgehammers and hacksaws to remove rubble from roads and sites of destroyed buildings. This complements CHF’s ongoing work with CHF–trained Haitian Caterpillar operators who have been clearing large amounts of debris from roads and Ministry buildings since the beginning of this week.

Working with the local mayors, who recruit community members, each team member works from 7:00am–1:30pm daily and is paid 200 Gourdes per day for their work - more than twice the average daily income in Haiti per day and equivalent to $5.00 US dollars. The objective of the work is not only essential clean up, but also to get people back to work in a constructive way, ensure they have income to provide for their family, and begin to revitalize the Haitian economy.

“We are hoping to employ up to 3,500 people within the next few months throughout Port–au–Prince for the clean–up,” says Alberto Wilde, CHF’s Country Director in Haiti. “Cash for work programs will be essential for kick–starting the Haitian economy after the earthquake and for helping families, many of whom have lost everything.”

FACEBOOK –
http://www.facebook.com/pages/CHF–International/23853558594

Services offered: Cleanup, Debris Removal, Volunteer Services; Construction, Rebuilding, Volunteer Services; Donations, Disaster Fund; Heavy Equipment, * (ANY/ALL Types); Information Resource * (ANY/ALL Types); Information Resource, Online Networking, Blog; Information Resource, Online Networking, Facebook Page/Group; Jobs, Cash For Work Program; Services, Disaster Mitigation; Shelter, Supplies * (ANY/ALL Types); Tools * (ANY/ALL Types)
Campaigns: 2010 Haiti Earthquake; 2010 Haiti, Hurricane Tomas; American Red Cross / Int'l Federation of RC / ICRC / IFRC; Habitat For Humanity; MSF (Médecins Sans Frontières) – Doctors Without Borders; Save The Children; USAID
Updated Nov 5, 2010 · https://reliefdb.org/shelters/5309

OJAM (IDP Camp – CMO)

Shelter · Open

18.57248–72.28787; 3eme Bellevue; Clercine 2, Rue Esperance, Tabarre

Phone SSID 118_03_341
Service Temporary

SOURCE: WASH CLUSTER – GAP ANALYIS
Prioritized IDP sites for cholera related activities
11/8–11/20/10

NAME OF CMA/PARTNER: CMO regularly visited IDP site
HOUSEHOLDS: 125
CHOLERA SUSPICIOUS CASES: No
WASH SERVICES: Data Not Available
EXCRETA VISIBLE: No
DRAINAGE: No

Organization working inShelter
Organization providing NFIs
* USAID

Organization providing Food
* French Red Cross

NONE OR UNKNOWN –
Camp Management Agency
Organization Providing Water
Organization Installing Toilet Facilities
Organization Desludging Toilets Facilities
Organization Installing Bathing Areas
Organization working in Hygiene
Organization Managing Waste
Organization working in Child Protection
Organization providing HealthServices
Organization providing Education Services

Services offered: Shelter, IDP Camp (Internally Displaced Persons Camp)
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; CMO (Civil Military Overview); USAID
Updated Dec 29, 2010 · https://reliefdb.org/shelters/7175

ACDI/VOCA – 2010 Haiti Earthquake

Info/Hotline · Open

Non–Profit, Disaster Relief/Development
Web www.acdivoca.org/site/ID/Haiti–HOPE
Service Temporary

2010 Earthquake

On the Ground, Speedy Assistance to Earthquake Victims –
http://www.acdivoca.org/site/ID/Haiti–Success–Story–On–the–Ground–Speedy–Assistance–to–Earthquake–Victims

FROM THE SITE:

Haiti - Haitian Opportunities Post–Earthquake (HOPE)
Supporting Recovery Efforts Through Increased Food Security

The devastating earthquake that hit Haiti on January 12, 2010, was centered about 10 miles west of Port–au–Prince; roughly half of the Southeast Department of Haiti is in the same impact radius as the capital. Already a food–insecure area, communities in the Southeast Department now face damage to infrastructure and property and farmers have less money to purchase essentials such as food, fuel, seeds and other agricultural inputs. Over 500,000 people have fled the Port–au–Prince area to live with relatives in rural areas, including the Southeast Department.

This influx of internally displaced persons (IDPs) has increased pressure on already–limited local food supplies, housing, water and sanitation facilities, and medical services. In the Southeast Department, health facilities were damaged, thousands of homes and businesses were destroyed, and many communities lost access to clean drinking water as the earthquake shifted the local aquifer. Even in areas that did not suffer direct damage, people are struggling with high prices and fuel shortages.

In April of 2010, the Office of Foreign Disaster Assistance (OFDA) awarded ACDI/VOCA funding to work with earthquake–affected populations in Haiti to help them improve their food security, health and livelihoods. ACDI/VOCA's program, Haitian Opportunities Post–Earthquake (HOPE), addresses the short– and medium–term needs of ACDI/VOCA's area of operation in the Southeast Department. ACDI/VOCA designed the program and prioritized interventions based on the findings of rapid needs assessments and discussions with key government officials, donors and other local stakeholders. ACDI/VOCA has also drawn on its two years of operational experience implementing agricultural production, health, nutrition, water and sanitation interventions in the Southeast Department and the feedback of our national technical staff and local partner, Bureau de Nutrition et Developpment (BND).

ACDI/VOCA's will implement activities in four main sectors:

Agriculture and Food Security

The project will expand the USAID Title II–funded Seed Multiplication Program, provide tools and other inputs to affected farmers and IDPs, and sensitize targeted household members with existing USAID Title II–funded training materials on the nutritional value of fruit and vegetable consumption.

Economic Recovery and Market Systems

The project will use cash–for–work (CFW) to promote and restore livelihoods, strengthen community agricultural systems and increase the level of disaster preparedness.

Health

The project will identify training needs in health facilities in the Southeast Department and provide appropriate refresher trainings on treatment, diagnosis and screening to health workers and Ministry of Health staff in affected areas.

Water, Sanitation and Hygiene (WASH)

ACDI/VOCA and its partners will address the diminished access to clean water and proper sanitation facilities due to the effects of the earthquake in the Southeast Department. This includes the Côtes–de–Fer camp of displaced persons, as well as areas that sustained more damage from the earthquake and communities with high numbers of IDPs. ACDI/VOCA and its partners will provide latrines and conduct hygiene promotion activities in Côtes–de–Fer and will repair fresh water springs damaged by the earthquake in Côtes–de–Fer, Bainet and La Vallée. In addition, ACDI/VOCA will distribute jerry cans and cups to people accessing the repaired springs and will educate them on proper storage of drinking water to decrease the rate of diarrhea caused by contaminated water.

Sustainability

ACDI/VOCA will work closely with the Ministry of Agriculture and established farming associations to contribute to the overall agricultural strategy for the Southeast Department and ensure that ACDI/VOCA's emergency response and livelihood recovery activities continue to support this strategy. Seed multiplication sites will continue to supply the department with improved seeds long after the project has ended. ACDI/VOCA will promote diversification of crops and establishment of home gardens, while ensuring that beneficiaries understand the nutritional basis of the crops and gardens and use them for their own food security needs now and in the future.

Temporary employment projects will be phased out slowly to allow beneficiaries to find new sources of income once the program has ended. The completed CFW projects will be designed to improve agricultural production through better soil management and irrigation, rehabilitation of secondary roads, and disaster preparedness against hurricane damage, all of which will have a lasting impact on the recipient communities.

For more information contact Zachary Arney at zarney @ acdivoca.org

Services offered: Demographic Served: Sustainable Communities; Jerrycans (Fuel/Water Container); Jobs, Cash For Work Program; Medical, Education, Hygiene Health, Awareness; Sanitation, Services * (ANY/ALL Types); Sanitation, Services, Latrine Installation, Volunteer Services; Sanitation, Services, Water Systems Repair; Services, Disaster Preparedness; Services, Employment, Internship Program; Training, Medical, Education *(ANY/ALL Types)
Campaigns: 2010 Haiti Earthquake; United Nations – OCHA (Office for the Coordination of Humanitarian Affairs); USAID
Updated Oct 28, 2010 · https://reliefdb.org/shelters/6563

AME Sada Clinics (African Methodist Episcopal Service and Development Agency)

Medical Facility · Open

U.S. ADDR:; 1134 11th Street, N.W; Washington, DC 20001; HAITI
Phone 202–371–8722
Web www.ame–sada.org
Service Temporary

Possible corresponding record at:
https://reliefdb.org/shelters/6622

AME–SADA has established a network of rural and urban out patient clinics in the regions of Arcahaie and Cabaret as well as in Port au Prince. These outpatient clinics are the sites where AME–SADA's clinical personnel, health agents and traditional birth attendants are based administratively. The services provided by the clinics include an expanded program of immunization of children under 5 years of age against diseases; pre and post natal health care for women of reproductive age, family planning services and counseling; nutritional recuperation for severely malnourished children including micro–nutrient supplements; HIV/AIDS and STD education, prevention, counseling and testing. In addition to three Medical Doctors who oversee all clinics, each clinic has a staff of at least two nurses and a nurse's aide, access to a laboratory technician, a pharmacist, 20–40 health agents and traditional birth attendants.

Many of the health issues faced by the Haitian population can be ameliorated through changes in behavior. AME–SADA recognizes that an essential element to changing behavior is to apply a variety of techniques to make the general population aware of health risks. Special focus has, therefore, been given to children, young adults and women in the communities served. In 2004, AME–SADA organized numerous village workshops to address the prevention of sexually transmitted diseases, the importance of breast feeding, and the promotion of family planning. AME–SADA has commenced preventive care activities in the

area of HIV/AIDS with youth retreats and follow–up sessions with youth clubs. In addition to promoting HIV/AIDS awareness, our clinics test individuals and provide counseling for those who are infected and affected by the deadly disease.

AME–SADA is a member of the Safe Drinking Water Alliance which promotes point of use water treatment as a means to reduce the incidence of diarrhea–related mortality and morbidity in different parts of the world. As part of the program in Haiti, a community mobilization component is being implemented to encourage community dialogue and collective action around safe water and water treatment. AME–SADA is leading the implementation of this component. A major activity of this component includes community and household monitoring of water treatment behaviors and practices.

Since February, 2004, Haiti has experienced periods of extreme unrest and instability. Although all of AME–SADA's facilities have continued to operate during this time, there has been a significant diminution in the level and intensity of activities because of this uncertain political environment. Despite this situation, in the last four years of this project, AME–SADA has met or exceeded all of its project goals and objectives and has been among the top 3 performers among the 25 USAID health subcontractors in Haiti.

Services offered: Counseling, Nutritional Counseling; Demographic Served: Children; Demographic Served: HIV/AIDS Patients; Demographic Served: Women; Donations, Disaster Fund; Medical, Diagnostic, Test, HIV; Medical, Diagnostic, Test, Pregnancy ; Medical, Education, HIV/AIDS Awareness; Medical, Education, Mother and Child Health Awareness; Medical, Education, Prenatal Care; Medical, Education, Reproductive Health, Awareness; Medical, Facility, Birthing Center; Medical, Facility, Clinic, Free Clinic; Medical, Services, Family Planning; Medical, Services, Family Planning, Diagnostic, Pregnancy Tests; Medical, Services, Laboratory / Lab Services; Medical, Services, Malnutrition; Medical, Services, Obstetrics; Medical, Services, Pharmacy; Medical, Services, Prenatal Care; Medical, Services, Preventive; Training, Medical, Education, HIV/AIDS, Coping With HIV/AIDS
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; USAID
Updated Jan 24, 2011 · https://reliefdb.org/shelters/6602

Cluster, Shelter Cluster – 2010 Haiti Earthquake

Info/Hotline · Open

cabin 48, MINUSTAH Logs Base; HAITI
Web www.shelterhaiti.org
Service Temporary

Cluster meetings take place every Tuesday and Friday at 8.30 am in OSOCC Tent, MINUSTAH Logbase

Shelter & NFI Cluster Contacts: www.shelterhaiti.org
Location: cabin 48, MINUSTAH Logs Base

PORT–AU–PRINCE

Coordinators: Gregg McDonald shelterhaiti2010 @gmail.com +509 3485 0312
Gerhard Tauscher: shelterhaiti2010coord4@gmail.com +509 3900 6892
Attah Benson: shelterhaiti2010coord5@gmail.com +509 3900 7219
Ari Mantyvaara (logs): shelterhaiti2010coord6 @gmail.com +509 3900 6807
Technical Coordinator: Jeroen Quanjer shelterhaiti2010.tech1 @gmail.com
+509 4385 0302
Information Managers: Wan Sophonpanich shelterhaiti2010.im@gmail.com
+509 3803 1963
Emese Csete: shelterhaiti2010.im2 @gmail.com
+509 3492 1555
Minu Limbu: shelterhaiti2010.im4 @gmail.com +509 3492 5483
Media & Communication: Marc South shelterhaiti2010comms@gmail.com
+509 3492 6252

LEOGANE:

Coordinator: Gustavo Domato shelterhaiti2010coord1 @gmail.com
+509 3492 4960
Information Manager: Nabila Hameed shelterhaiti2010.im3 @gmail.com
+509 3900 6571

JACMEL:

Coordinator: Sarah Davies shelterhaiti2010coord2 @gmail.com
+509 3492 6063
Information Manager Amelia Rule shelterhaiti2010.im5@gmail.com
+509 3900 6812

https://sites.google.com/site/shelterhaiti2010/home

Services offered: Information Resource, Map
Campaigns: 2010 Haiti Earthquake; American Red Cross / Int'l Federation of RC / ICRC / IFRC; Concern International;

Samaritan's Purse; United Nations – UNHCR (United Nations High Commissioner for Refugees); USAID
Updated Nov 7, 2010 · https://reliefdb.org/shelters/5666

Ecoworks International

Info/Hotline · Open

Non–Profit Community Development
U.S. ADDR: 333 Aragon Avenue, Suite 506,; Coral Gables, FL 33134; HAITI
Web www.ecoworksinternational.org
Serves Ganthier, Haiti
Service Temporary

Current Project: Breaking the Cycle of Poverty, Ganthier, Haiti

Project's Focus

EcoWorks International (EWI) has initiated the Breaking the Cycle of Poverty, Ganthier, Haiti Project in response to the dire needs that are prevalent in Haiti and in conformity with the priorities established by the Haitian government. The Project's aim is to establish a comprehensive program that will turn around this destitute area and transform it into a viable and sustainable community. Ganthier, a 'commune' (a town made up of small villages) of 80,000 inhabitants is located east of Port of Prince between Croix–des–Bouquets and the Dominican Republic.

Though the Project will serve the entire population, its first emphasis will be to help single women who are sole providers for their families. They are the mainstay of rural communities. Often, they are responsible for raising their own children and those of their relatives who died due to an egregious lack of access to healthcare. Each such family unit may comprise 4–6 children that are raised by one woman, and often on less than one dollar a day.
Project's Goal and Components

The project's goal is to break the cycle of poverty. To achieve this EWI has adopted a holistic approach based on the following three pillars:
A Regional Economic Growth Engine

* An income producing 20,000 laying hen Egg Farm (priority)
* A Cooperative to train, support and mentor independent egg farmers
* An Entrepreneurship program for adults and youth to create new income generating businesses and create jobs in different sectors so as to diversify the economy. Also, to channel youth toward positive endeavors.
* A Revolving Fund for farmers and entrepreneurs
* Public information programs to increase egg consumption, particularly among the very poor to stem malnutrition

A Community Building Program

* Access to education for children from disadvantaged backgrounds
* A Montessori–based education program to enable children to thrive in becoming self–directed, self–reliant, independent thinkers who will respect themselves, other human beings and the environment, and who will be the change agents transforming the rural communities they come from.
* An education program to bring children who have never been in school to their respective grade level
* Adult Literacy
* Vocational Training
* Access to healthcare, including vaccination
* Access to social services
* Infrastructure: funded in part by the EWI Community Development Fund will focus on building schools, clinics, wells, etc.
* Additional classes in parenting skills, nutrition, hygiene
* Partnerships with other NGOs and community–based organizations

Environmental Stewardship

* Protection of the Environment and Management of Natural Resources, especially in relation to immediate consequences of deforestation during hurricane season
* The Egg Farm will use green building principles and materials; solar energy; water management; transform chicken waste into fertilizer.
* Reforestation; urban and rural planning

The EWI Method

Part of the EWI holistic approach is to not only implement a comprehensive, multisectoral program, but to also create a built–in method to make the project self–sustainable and profitable for the community as a whole.

The not–for–profit egg production farm will be managed as if it were a for profit enterprise. It will produce income that will make it self–sufficient in the third year of its operations. In addition, it will generate a profit, 60% of which will be funneled into the EWI Community Development Fund (EWI–CDF) to co–fund local infrastructure such as schools, clinics and wells. To achieve this EWI–CDF will partner with the national and local government. The EWI–CDF will be managed by a board representing EWI, the

community, and the funders. It will practice transparency and post at Ganthier's city hall its programmatic and financial activities.
Beneficiaries

The EWI project will benefit the entire Ganthier population of 72,000. Establishing the egg farm is a priority, and so is focusing first on women who are heads of household, and their children.
Partners

EcoWorks International's partners are:

* The Government of Haiti through its Presidential Commission on the Development of Border Territories (FDF), Ministry of Finance
* The Community of Ganthier, the Mayor and his team
* The 20–30 local organizations that geographically represent groups of peasants, women and youth who live in the different villages of the 'commune' of Ganthier
* The Project's Funders

Project Location: Ganthier

FDF and EWI have selected Ganthier as the location of the EWI Project for several reasons.
There is a demonstrable need:

* Ganthier has no industry or business center
* The majority of the population lives on less than one dollar a day
* A large number of children are malnourished
* A significant number of children do not attend school
* Having been neglected for decades, the community's needs are acute in all areas: employment, education, healthcare, access to potable water, hurricane preparedness, etc.

Ganthier has potential advantages:

* Located between the capital and the Dominican Republic, Ganthier has one of the best main roads in the country that has been maintained because it is the main thoroughfare for imported goods. The quality of the road is essential for accessing the main egg markets in Haiti without incurring significant breakage.
* The proximity to the capital is also proximity to the main egg market
* It has a dry climate but enough water to develop site–appropriate farming
* It borders a lake which could be a tremendous asset for developing ecotourism
* The mayor is a non–politician (he teaches literature at a high school) who is devoted to his community
* There is a tremendous willpower of the local population to turnaround the community and transform it into a viable economic entity

Egg Market in Haiti

The egg market growth potential is huge. In the US egg consumption is 250/year/person; in the Dominican Republic 176/year/person; in Haiti 18/year/person. In addition, the Haitian government stopped the importation of eggs from the Dominican Republic following a bird flu alert in that country. This creates a severe egg shortage in Haiti.
Time–Frame

This is a five–year project, which will be completely self–sufficient in three years from the moment the egg farm is started. It is currently in Phase One that includes planning, fundraising, land acquisition, creating architectural and engineering blueprints, starting partnering with the local organizations and, together, developing and prioritizing programs.

Services offered: Demographic Served: Children; Demographic Served: Low Income Folks; Demographic Served: Sustainable Communities; Demographic Served: Vulnerable & Marginalized Populations; Demographic Served: Women; Sponsorship Program, Children (Education/Health Care/Food, etc.); Sponsorship Program, For Populations of Developing Countries; Training * (ANY/ALL Types of Instruction)
Campaigns: 2010 Haiti Earthquake; Ending Extreme Poverty; USAID; World Bank
Updated Oct 23, 2010 · https://reliefdb.org/shelters/6556

Helping Babies Breathe (American Academy of Pediatrics)

Info/Hotline · Open

Web www.helpingbabiesbreathe.org
Service Temporary

3/5/11 Email from Tom Lacy

Helping Babies Breathe (HBB) was developed by the American Academy of Pediatrics (AAP) and the WHO to teach newborn resuscitation in resource limited countries around the world. Utilizing the Cap Haitien Health Network and through sponsorship by Florida Hospital Health Systems we are having our first teaching session June 16 at the Hotel Christophe in Cap Haitien. The session will be teaching anyone who attends deliveries how to resuscitate a newborn infant who isn't breathing. We will give registration preferance to those who can return to their community and teach others the program.

There is NO COST for the program and all supplies needed and lunch will be provided. At this time we are planning on having this first program in English (but future sessions, currently planned for Fall 2011, will be in Kreyol/French according to need).

This program requires individualized instruction, so there will only be 10 spaces available for the session in June. If you are interested in learning more, please email me, call me at 407 739-0047 (in the US), or go to www.helpingbabiesbreathe.org to find out more information. If you are interested in attending or sending someone from your area, please email me with the following information :

NAME
your community/clinic/organization
EMAIL contact information
description of job/position
can you teach the program?
languages spoken: English/Kreyol/French/Spanish

Please pass this email along to anyone you feel might be interested in the program.

Services offered: Training, Medical, Education, Newborn Resuscitation
Campaigns: Cap Haitien Health Network (CHHN); United Nations – WHO (World Health Organization); USAID
Updated Mar 5, 2011 · https://reliefdb.org/shelters/7702

Maps, OneResponse (FIND WATER, MEDICAL, SHELTER, SUPPLIES)

Info/Hotline · Open

Information, SCROLL DOWN, click on link
Web oneresponse.info/Disasters/Haiti/publicdocuments/Haiti%20-%20Port-au-Prince%20Camps%20and%20Distribution%20Points%2019%20January%202010.jpg
Service Temporary

Check out this map for street locations for all types of help:

- medical field hospitals
- supply/water distribution
- shelter

Also, check out the other online maps listed in this database for HAITI. Go to QUICKSTART above and choose the link to HAITI.

It's not clear how much "Quality Control" there is on the data going into this or any of theother online sources for onsite disaster help. Perhaps print out the maps from each online source and check each one. If you find errors, please contact the source and tell them about it. The quality of the data depends on people on the ground checking things out...

Source: www.oneresponse.org

Services offered: Distribution * (ANY/ALL Types); Facilities: Shower Facilities * (ANY/ALL Types); Sanitation, Supplies, Water Treatment/Purification/Filtration Supplies/Equipment * (ANY/ALL Types); Shelter * (ANY/ALL Types)
Campaigns: 2010 Haiti Earthquake; United Nations – U.N.; USAID
Updated Jan 26, 2010 · https://reliefdb.org/shelters/5161

USAID (SHELTER/CAMP/EDUCATION CLUSTER) – 2010 Haiti Earthquake Response (SEE ALSO: US EMBASSY & Center for Disease Control)

Info/Hotline · Open

Government Agency
Web www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/countries/haiti/template/index.html
Serves Haiti
Service Temporary

FROM THE SITE:

Three Things You Should Know About the U.S. Government's Work in Haiti
March 30, 2010

TRANSPORTING & PROVIDING CLEAN WATER: To date, USAID has contributed 116,000 water containers to benefit approximately 291,500 earthquake-affected individuals. Daily water distributions from USAID and other partners reach 1.2 million people.

EVALUATING SAFETY, RETURNING HOME: The U.N. Office for Project Services (UNOPS) and the Government of Haiti Ministry of Public Works has assessed 12,000 houses in Port-au-Prince, identifying approximately 40 percent of assessed houses as suitable for habitation. The Government of Haiti and UNOPS, with the support of USAID are also training approximately 200 engineers to assess houses.

DISTRIBUTING SHELTER FASTER THAN EVER BEFORE: Relief agencies distributed shelter materials more rapidly following the Haiti earthquake than after other recent disasters, including the 2006 and 2009 Indonesia earthquakes and the 2008 Burma cyclone. The rate of shelter material distribution following the initial phase reached between 22 and 62 percent more people per week than distributions in the previous emergencies.

For more information, email: usaidpressofficers@usaid.gov.

http://www.usaid.gov/locations/latin_america_caribbean/country/haiti/eq/

WASHINGTON, D.C. – In response to the earthquake in Haiti, the U.S. Agency for International Development (USAID) is dispatching a Disaster Assistance Response Team (DART) and has activated its partners, the Fairfax County Urban Search and Rescue (USAR) Team and the Los Angeles County Search and Rescue Team. The USAR teams will be composed of up to 72 personnel, 6 search and rescue canines and up to 48 tons of rescue equipment.

The USAR team will be accompanied by USAID disaster experts who will assist with assessments of the situation.

"This is a tragic situation and we will work alongside the Haitian government to provide immediate assistance in the rescue effort," said USAID Administrator Rajiv Shah. "On behalf of the American people, I wish to convey our sympathy, thoughts and prayers to the people of Haiti who have been affected by this devastating earthquake."

USAID will continue to provide additional support as needed.

For more information about USAID's emergency humanitarian assistance programs, please visit: www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/.

Services offered: Demographic Served: Survivors, Natural Disaster Impacted Communities; Distribution * (ANY/ALL Types); First Responder, Carribean Region; Services, Disaster Relief; Services, Disaster Response; Services, Logistics Support; Water, Potable Water; Water, Supplies, Containers
Campaigns: 2010 /2011 Haiti Cholera Epidemic; 2010 Haiti Earthquake; Government, US Government Agency (This Site IS a Gov Agency); United Nations – U.N.; USAID
Updated Oct 26, 2010 · https://reliefdb.org/shelters/4901

Japan

AERObridge (Emergency Aviation Response) – (Japan Earthquake/Tsunami)

Info/Hotline · Open

U.S.: 1200 18th Street NW; Suite 400, Washington, DC WA 20036
Phone 951.491.9827
Web www.aerobridge.org
Service Temporary

The Humanitarian Alliance, a group of Japan and US based non–profit organizations and corporations, is working collaboratively to develop a supply chain that will allow three different avenues for individuals and corporations to contribute by donating dollars and requested supplies.

Avenues to direct resources will include the following:

1) Cash Donations for Direct Bulk Purchase In Japan Through an International Wholesale Chain (for $2,000 you can purchase a pallet of diapers) CLICK HERE TO VIEW WHOLESALE ORDER FORM

2) Product Donations to a Central Warehouse in Tokyo Which will Feed into the local Distribution Network.

3) Donations of select products (only those requested and able to clear customs) in the US that will be transported via air cargo/ocean vessel from Los Angeles to Tokyo to link with the Local Distribution Network.

By far, the fastest, most responsive method for donation to best service the people of Japan is number 1. Cash Donations for Direct Bulk Purchase In Japan. The system is in place and the Eagles Wings Foundation is helping to coordinate the donations so your contribution is tax deductible AND that ONLY the requested and most urgent items are purchased and available on the ground in Japan within 24 hours of your donation being made.

This method of Direct Bulk Purchases streamlines the process of giving in many respects. The products they receive are familiar and written in their own language, there are no customs or duty issues, the Japanese people have continued employment and the groups receive them within 24 hours after the purchase is made and is therefore responsive to the changing dynamic needs of the people of Japan.

In the next week, a few trial runs should be completed and we can put out more information on donation avenues 2 and 3 (listed above) including lists of supplies that can be collected in the US and shipped to the warehouse in LA for distribution. For right now, we want everyone to encourage their friends, family and corporations that want to give to Japan to give now through the link above.

Once you have made a donation you will receive an acknowledgement letter from AERObridge and for donations over $1500.00 you will receive an invoice of items purchased.

Thank you for supporting the people of Japan in this critical time!

CLICK HERE TO VIEW JAPANESE DISTRIBUTION NETWORKS:

http://www.aerobridge.org/docs/Japan%20Logistics%20Diagram2.JPG

FB Message 3/17/11:

Anyone have contacts in Haneda/Tokyo? We have 20K lb. shipment of baby formula, diapers, food and clothing ready to go out of LAX but need logistics help to move it north once we get to Tokyo. If you do, contact us asap at 602–790–2636 or astaats @ aerobridge.org

Services offered: Baby, Baby Formula (ANY/ALL Types); Diapers * (ANY/ALL Types/Sizes); Distribution, Clothing, For Disaster Survivors; Donations, Disaster Fund; Food * (ANY/ALL Types); Management, Supply Chain Management Advice
Campaigns: 2011 Japan Earthquake/Tsunami/Nuclear Disasters; 2021 Haiti Earthquake; AERObridge [Emergency Aviation Response]; USAID
Updated Apr 23, 2011 · https://reliefdb.org/shelters/7801

Pakistan

NRSP (National Rural Support Programme) – 2010 Pakistan Floods / Armed Conflict

Info/Hotline · Open

46 – Aga Khan Road, F–6/4, Islamabad
Phone MAIN HQ: 92–51–2822319, 2822324
Web nrsp.org.pk
Serves ALL FLood Impacted areas of Pakistan
Service Temporary

Per Flood Service Handbook PUNJAB
August–September 2010

Location: Layyah, Muzaffargarh, Rahim Yar Khan, Sadiqabad, Rajan Pur, Dera Ghazi Khan, Bahawalpur

Activities:

FOOD: Family food kit distribution flour, oil, biscuit, rice, sugar, masalay, tea.

SHELTER: Tarpaal distribution at Rahim Yar Khan, Dera Ghazi Khan, Rajan Pur.

HEALTH: Medicine distribution: anti–malaria, iron folic acid, cerelac, ORS.

WASH:
Hygiene kit (sanitary pad, tooth paste, dentonic, water purification tablets, soap)mineral water distribution

8/12/10 NSRP Situation Report (very detailed – includes aid provided/stats/contacts for offices–staff in all impacted regions, etc.):

http://nrsp.org.pk/Documents/NRSP%20Emergency%20Reponse%20to%20Floods%20–%2012.08.pdf

Assigned to post disaster assessment – EMMA Surveys

Services offered: Animals, Animal Care Services * (ANY/ALL Types); Clothing, All Sizes, NEW Only * (ANY/ALL Types); Directories, Directory of Contacts, Incident Command; Distribution * (ANY/ALL Types); Distribution, Supplies, Local Distribution of Supplies; Donations, Disaster Fund; Financial Assistance, Emergency Financial Assistance; First Responder, Middle East; Food * (ANY/ALL Types); Food Distribution, Emergency/Disaster Food Distribution; Information Resource, Situation Reports & Status Reports; * KITS, FOOD KITS; * KITS, HYGIENE KITS; * KITS, SHELTER KITS; Meals, Hot Meals; Medical, Services, Emergency Medical Services; Sanitation, Services, Latrine Installation, Volunteer Services; Sanitation, Supplies * (ANY/ALL Types); Services, Disaster, Post Disaster Needs Assessment; Shelter * (ANY/ALL Types); Shelter, Supplies * (ANY/ALL Types); Shelter, Supplies, Tents (For Disaster Survivors); Training Classes, Literacy Training; Warehouse, Warehouse Space; Water, Potable Water; Water, Supplies, Water Tank
Campaigns: 2010 Pakistan Floods; 2010 Pakistan – Humanitarian Support for Armed Conflict; Ending Extreme Poverty; Government, City/Town Agency; Government, Federal, In–Country; ShelterBox; United Nations – U.N.; United Nations – UNICEF (United Nations International Childrens Emergency Fund); United Nations – WFP (World Food Program); USAID
Updated Oct 1, 2010 · https://reliefdb.org/shelters/6162

Cluster, Logistics – 2010 Pakistan Floods / Armed Conflict

Info/Hotline · Open

United Nations/WFP
Web www.logcluster.org
Service Temporary

U.N. Cluster Lead Agencies are: WFP/OCHA

Pakistan Government Agency: National Disaster Management Authority and Provincial Disaster Management Authorities

From the PUBLIC site:

Logistics Cluster Contacts – Pakistan

E–Mail: pakistan.logs @logcluster.org

Islamabad – Logistics Cluster Coordinator

Simon Hacker
Tel.: +92 300 852 3041, Simon.hacker @wfp.org

Information Management Focal Point

Geoffrey Pinnock – Information Mgmt. Officer
Tel.: +92 346 856 3416, Geoffrey.pinnock @wfp.org

Sukkur Focal Point

Daryl Ainsworth, Logistics Cluster Officer
Tel.: +92 346 856 3412, Daryl.ainsworth @wfp.org

Peshawar Focal Point

Matteo Perrone, Logistics Cluster Officer
Tel.: +92 300 500 4959, Matteo.perrone @wfp.org

Multan Focal Point

Anna Young, Logistics Cluster Officer
Tel.: +92 346 856 3419, anna.young @wfp.org

From RELIEF WEB:

Pakistan: Situation Report, 11 August 2010
Source: Logistics Cluster
Date: 11 Aug 2010
Pakistan – Monsoon Flooding

Highlights

– The Logistics Cluster is in the process of establishing logistics hubs in Peshawar, KPK Province, Multan, Punjab Province and Sukkur Sindh Province. Cluster Officers are being deployed to each of these hubs to augment the response capacity.

– All Logistics Cluster participants will have access to temporary storage facilities; all interested organisations should submit a Temporary Storage Request form that is available on the Logistics Cluster website (http://www.logcluster.org/ops/pak09a/temporary–storage–request).

Situation Update

– Torrential monsoon rains have lashed Pakistan for two weeks, triggering catastrophic flooding that the UN states has affected 14 million people; of which almost 6 million are in need of assistance. Flood waters from the country's North West have now moved south and reached upper parts of the Sindh province, where latest estimates from the Provincial Disaster Management Authority place the number of affected people at 1.3 million, with 700,000 evacuated. In eight affected districts of the Punjab Province, the estimated figure of over 1.6 million people is likely to rise. In Baluchistan and Pakistan administered Kashmir (AJK) number of the affected currently stand at 300,000 and 120,000, respectively. The flood wave is now passing through Guddu and Sukkur barrages with the potential threat of the Sukkur Barrage overflowing, meaning Sindh will face as much devastation as that seen in KPK and Punjab Provinces.

Logistics Coordination

– KPK Province: The Logistics Cluster is liaising with the Government of Pakistan to coordinate requests from participants for air–lift operations for the distribution of relief supplies. The Cargo Request Form has been updated and is available on the Logistics Cluster website: (http://www.logcluster.org/ops/pak09a/cargo–movement–request).

– The Logistics Cluster has Mobile Storage Units (MSUs) on hand with 25 additional expected by the end of the week, the plan is to erect these in Peshawar. The MSUs will serve as a hub for temporary storage of humanitarian cargo.

– An LRT trained Logistics Cluster Officer will be deployed in Peshawar to augment the logistics and coordination needs for KPK by the end of the week.

– Punjab Province: The Logistics Cluster is establishing a logistics hub in Multan and has identified a Logistics Cluster Officer to be deployed to initiate coordination activities. In addition storage facilities have been identified to augment capacity.

– Sukkur, Sindh Province: The Logistics Cluster is on the ground establishing a logistics hub and has deployed a dedicated Logistics Cluster Officer for this hub.

– An Information Management Officer has been identified and will be based in Islamabad.

– For security reasons, limited maps are being published on the Logistics Cluster website. For information on maps please contact us at Global.LogisticsCluster @WFP.org.

Air Operation

– KPK: Heli–lift operations based in Ghazi continue to deliver humanitarian supplies to Kalam in Upper Swat, having been resumed after several days of suspension due to the poor weather conditions. Two additional heli–lift operations have begun: 1) a

Khwazakhela–based operation to support flood affected areas in Swat and 2) an Abbotobad–based operation to support flood affected areas in Kohistan.

Road Conditions

– Gilgit and Hunza remain inaccessible and access to Muzaffarabad is possible by road, but the Neelum and Jhelum valleys are inaccessible from Muzaffarabad. Punjab: Road from Mianwali to Multan has multiple bottlenecks where roads are damaged/ flooded. IOM has suggested taking the following route from Islamabad to Multan: Islamabad–Pindi Bhattian– Chiniot–Jhang–Shorkot–Multan.

Services offered: Directories, Cluster/EMA Contacts; Distribution * (ANY/ALL Types); Information Resource, Map; Information Resource, Online Networking, Facebook Page/Group; Information Resource, Online Networking, Twitter Page/Twitter Feeds; Information Resource, Road Closures/Conditions; Information Resource, Situation Reports & Status Reports; Services, Logistics Support; Storage, Storage Facility; Warehouse, Warehouse Space
Campaigns: 2010 Pakistan Floods; 2010 Pakistan – Humanitarian Support for Armed Conflict; ACTED; GOAL; International Medical Corps (IMC); Merlin (Medical Emergency Relief International); Save The Children; United Nations – FAO (Food and Agriculture Organization of the United Nations); United Nations – IOM (Internal Office of Migration); United Nations – OCHA (Office for the Coordination of Humanitarian Affairs); United Nations – U.N.; United Nations – UNHAS (United Nations Humanitarian Air Service); United Nations – UNICEF (United Nations International Childrens Emergency Fund); United Nations – WFP (World Food Program); United Nations – WHO (World Health Organization); USAID
Updated Sep 28, 2010 · https://reliefdb.org/shelters/6157

Operation Blessing – 2010 Pakistan Floods / Armed Conflict

Info/Hotline · Open

Faith–based Disaster Relief
HQ: P.O Box 2636 Virginia Beach, VA 23450, U.S.A.; PAKISTAN
Phone 1–800–730–2537
Web community.ob.org/site/PageServer
Service Temporary

From RELIEF WEB:

OPERATION BLESSING INTERNATIONAL RESPONDING TO DEADLY PAKISTAN FLOODING
Source: Operation Blessing International
Date: 04 Aug 2010

OBI Teams Up With Longtime Partner, German Charity Humedica To Provide Relief

VIRGINIA BEACH, VA (August 4, 2010) –– Operation Blessing International (OBI) has teamed up with its longtime disaster relief partner, the German charity Humedica, to provide flood relief in Pakistan. Due to the worst monsoon flooding in 80 years, some 2.5 million people have been affected and 1,500 are feared killed.

Kumar Periasamy, OBI's Director for International Operations and Programs will arrive in Pakistan in the coming days and will work with Humedica to provide medical relief and to distribute food, clean drinking water and emergency building supplies to thousands.

The OBI–Humedica team plans to set up a medical clinic in Peshawar, a city in northwest Pakistan, which is currently being used as a refugee center for the hardest hit area. The team will provide medication to combat a host of water–borne illness, since clean drinking water is scarce.

Operation Blessing International has provided humanitarian relief in Pakistan as recently as 2009 when it helped 60 families who were attacked by extremists. OBI also provided relief in 2007 when 400,000 people were displaced by flooding caused by torrential rains in southern Pakistan.

Services offered: Building Materials / Supplies * (ANY/ALL Types); Food * (ANY/ALL Types); Food Distribution, Emergency/ Disaster Food Distribution; Medical, Facility, Clinic, Outpatient Clinic; Medical, Services, Emergency Medical Services; Medical, Supplies * (ANY/ALL Types) ; Water, Potable Water
Campaigns: 2010 Pakistan Floods; 2010 Pakistan – Humanitarian Support for Armed Conflict; USAID
Updated Sep 28, 2010 · https://reliefdb.org/shelters/6161

USAID – 2010 Pakistan Floods

Info/Hotline · Open

Government Agency
HQ: 1300 Pennsylvania Avenue, NW; Washington, DC 20523; PAKISTAN
Phone 202–712–4320
Web www.usaid.gov
Service Temporary

USAID Sends Additional Aid to Pakistan Flood Victims
August 10, 2010

WASHINGTON, D.C. – The U.S. Agency for International Development (USAID) announced today an expansion of its ongoing humanitarian assistance for victims of flooding in Pakistan, which has included providing shelter materials, emergency food supplies and preventative medical care to curb potential disease outbreaks.

The additional $20 million brings the total financial assistance to date from the United States to $55 million. As the flood waters recede and the overall needs in Pakistan become better known, these contributions may continue to grow.

This new money will be used to expand existing programs and activities through flood–affected regions of the country, including in the south, where there has been a light humanitarian presence until now. The initial funding was used for flood assistance in parts of Khyber Pakhtunkhwa Province, where USAID is already working with a network of NGOs and UN agencies.

USAID continues to actively monitor the flood's path. As it moves south, the additional funding announced today will be used to expand grants to NGOs and UN Agencies to allow them to work further south, in Sindh and Baluchistan Provinces. This assistance will be provided through the international humanitarian community, as well as through an existing mechanism that provides funding to Pakistani humanitarian organizations, which have unique access to many of the flood–affected areas.

USAID's presence in Pakistan continues to grow in response to the flooding. A Disaster Assistance Response Team is on the ground and will be expanding to eleven disaster assistance experts by the end of the week.

The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for flood response efforts in Pakistan can be found at www.interaction.org. Information on organizations responding to the humanitarian situation in Pakistan may be available at www.reliefweb.int .

Cash donations allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, warehouse space, etc); can be transferred very quickly and without transportation costs; support the economy of the disaster–stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.

The United States stands ready to provide further assistance as additional needs are identified by the Government of Pakistan.

For more information about USAID and its programs around the world please visit www.usaid.gov .

USAID Pakistan Floods Fact Sheet #2
Key Developments

* To date, USAID/OFDA has awarded more than $10 million to programs in the sectors of health, shelter and settlements, and water, sanitation, and hygiene (WASH), as well as to an umbrella grant that allows USAID/OFDA to fund Pakistani NGOs for a range of activities throughout flood–affected areas.

* On August 10, USAID/OFDA pledged an additional $20 million in humanitarian assistance for flood–affected communities in Pakistan, bringing the total USAID/OFDA commitment to $30 million to date. USAID/OFDA will use the new funding to expand existing programs throughout flood–affected regions nationwide, including in the south where few humanitarian organizations were operating prior to the floods.

* A USAID/OFDA flight carrying 1,153 rolls of plastic sheeting and 17,000 blankets arrived in country on August 10 for distribution in flood–affected areas of southern Pakistan. The plastic sheeting is expected to provide emergency shelter assistance for approximately 11,530 families, or 66,000 individuals, and to complement ongoing emergency shelter programs in affected areas.

* On August 8, USAID/OFDA activated a Disaster Assistance Response Team (USAID/DART) in Pakistan to assess humanitarian conditions and coordinate U.S. Government (USG) relief efforts in collaboration with the Government of Pakistan (GoP), U.N. agencies, and non–governmental organizations (NGOs). In addition, on August 9, USAID/OFDA stood up a Washington, D.C.,–based Response Management Team to support the USAID/DART.

* On August 6, the GoP National Disaster Management Authority (NDMA) announced a two–track donor funding framework for international flood–response assistance. Donors may contribute to a U.N. response plan or to a GoP response fund that NDMA will establish. NDMA plans to disburse funds to the provincial disaster management authorities for emergency and recovery activities, with the Pakistan Red Crescent Society as the implementing agency. To ensure oversight and transparency, the NDMA also plans to establish a fund management committee, including representatives from development banks, the U.N., and donor governments, to monitor funds.

* According to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA), access to affected populations in northern Khyber Pakhtunkhwa (KPk) Province is the greatest challenge as of August 10. In contrast, access does not present an issue in Punjab and Sindh, but the number of affected individuals in those provinces—estimated to be more than 8.8 million people collectively—will likely generate significant humanitarian needs in coming weeks.

Services offered: Linens, Bedding, Blankets * (ANY/ALL Types); Shelter, Supplies * (ANY/ALL Types); Shelter, Supplies, Plastic Sheeting
Campaigns: 2010 Pakistan Floods; United Nations – U.N.; USAID
Updated Sep 28, 2010 · https://reliefdb.org/shelters/6146

Worldwide

US AID Center For International Disaster Information (CIDI) (Volunteer Registration, Corporate Donation Portal, Group Donation Portal)

Info/Hotline · Open

Phone US: 703-276-1914
Web www.CIDI.org
Service Temporary

For Corporate Donations of COMMODITIES

http://www.cidi.org/commodity-available-registration?view=commodityavailable

For Volunteer Registration and offers of PERSONAL SERVICE:

http://www.cidi.org/register-offers

Volunteer Guidance:

http://www.cidi.org/groups/11-churches-and-faith-based-organizations

For groups and organizations to help:

http://www.cidi.org/groups/11-churches-and-faith-based-organizations

Chile Earthquake
Humanitarian Emergency

http://www.cidi.org/incident/chile-10b/

If you have prior disaster relief experience, have fluency of the local language and have expertise in a technical field such as medicine, communications logistics or water/sanitation engineering, we encourage you to register with the Center for International Disaster Information (www.CIDI.org) volunteer database.

Services offered: Demographic Served: Environmental Disaster, Populations Affected by; Distribution * (ANY/ALL Types); Distribution, Bulk Distribution; Distribution, Supplies, International Distribution of Supplies; Documentation, Disaster Relief Issues/Problems; Documentation, Disaster Relief Process, Community Groups; Documentation, Disaster Relief Process, Individual/Family; Documentation, Disaster Relief Process, Supply Management; Documentation, Volunteer Instructions; Documentation, Volunteer Management Guidance; Donations, Coordination, Large Donation Coordination; Donations, Delivery Service, Large Item Donation Delivery Service; Donations, In-Kind Donation, Services; Donations, In-Kind Donations Services, Corporate (Large); First Responder, Worldwide; Food Distribution, Emergency/Disaster Food Distribution; Government, Homeland Security & Office of Emergency Preparedness; Information Resource * (ANY/ALL Types); Information Resource, Navigating the Disaster Recovery Process; Management, Supply Chain Management Advice; Management, Support, Disaster Response Coordination & Guidance; Needs Listings; Online Donations Offer Registry; Resource Databases for Supplies/Services ($ FEE-BASED, NOT FREE); Resource Databases for Supplies/Services (NO FEE); Services, Disaster Recovery ; Services, Disaster Relief; Services, Disaster Response; Tech, Data Solution Architects, Humanitarian; Volunteer Opportunities, In General * (ANY/ALL Types); Volunteer Opportunities, International; Volunteers, Groups of Volunteers (This facility accomodates Groups of Volunteers); Volunteers, Individual Volunteers (This facility accomodates Individuals Volunteers); Volunteers, Misc. * (ANY/ALL Types); Volunteers, Short Term Volunteer Opportunities; Volunteer, Volunteer Referral Services; Volunteer, Volunteer Registry, Online
Campaigns: 2010 Chile Earthquake; 2011 Japan Earthquake/Tsunami/Nuclear Disasters; InterAction; USAID; USAID-OFDA (Office of U.S. Foreign Disaster Assistance)
Updated Mar 17, 2011 · https://reliefdb.org/shelters/5573