


www.ifrc.org  
Saving lives,  
changing minds.

# Emergency Plan of Action

## Chile: Earthquake

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal</b>	<b>Operation No. MDRCL009</b> <b>Glide No. EQ- 2014-000044-CHL</b>
<b>Date of submission:</b> 14 April 2014	<b>Date of disaster:</b> 01 April 2014
<b>Operation manager (responsible for this EPoA):</b> Felipe Del Cid	<b>Contact person:</b> Jorge Orellana, Executive Director
<b>Operation start date:</b> 1 April 2014	<b>Expected implementation timeframe:</b> 12 months
<b>General operation budget:</b> 1,446,937 Swiss francs	
<b>Number of people affected:</b> 513,837 people	<b>Number of beneficiaries:</b> 20,000
<b>Presence of the National Society recipient:</b> Chilean Red Cross (CRC). The Chilean Red Cross has mobilized 116 volunteers in the affected area, activated 22 staff members at the national headquarters, and has 4 branches (Arica, Pozo Almonte, Alto Hospicio and Iquique) in the affected area.	
<b>Members of the Red Cross Red Crescent Societies actively involved in the operation:</b> The country representative and the IFRC Disaster Management Regional Coordinator for South America are in the country, as well as members of the American Red Cross and the Japanese Red Cross, which have a national office in Chile.	
<b>Other partner organizations actively involved in the operation:</b> Chilean Humanitarian Aid Network (RACH for its Spanish acronym)	

## A. Situation analysis

### Description of the disaster

Following several weeks of ongoing tremors, on 1 April 2014, at 20:46 hours, an earthquake with a magnitude of 8.2 on the Richter scale occurred 89 kilometres south-west of Cuya (northern part of Chile). A few minutes after the earthquake, the National Emergency Office of the Ministry of the Interior and Public Security (ONEMI) requested a preventive evacuation along the coastal border of the affected regions. At 20:55 hours the Hydrographic and Oceanographic Service of the Navy (SHOA for its Spanish name) declared a tsunami alert, which was extended throughout the entire coastal area of the country.

This situation prompted the evacuation of 972,457 people nationwide. The evacuation for each region was as follows:

- Arica and Parinacota region: 85,000 people
- Tarapacá region: Iquique 80,000 people
- Antofagasta: 117,000 people
- Atacama: Caldera 12,000 people
- Coquimbo: 69,323 people
- Valparaíso: 400,000 people
- O'Higgins: 2,000 people
- Maule: 9,200 people
- Biobío: 155,000 people
- La Araucanía: 8,600 people
- Los Ríos region: 3,760 people
- Los Lagos region: 22,377 people
- Aysén region: 2,197 people
- Magallanes region: 6,000 people



Chilean Red Cross volunteers preparing kits to be distributed to target families. Source: Chilean Red Cross

The president of the Republic, Michelle Bachelet, declared a State of Constitutional Exception of Catastrophe for Arica, Parinacota and Tarapacá, during the early morning of 2 April. With this, the maximum authority in the catastrophe areas is Arturo Merino Núñez, the air force general. On 2 April at 06:31 the SHOA informed that the

tsunami alarm was cancelled for the entire national territory. Given the situation, ONEMI declared a national red alert for “High Intensity Earthquake and Tsunami Alarm”.

On 2 April at 14.00 hours, the University of Chile Centre of National Seismology signalled that to date they have registered 96 replicas, 8 of which having been perceived by the population.

During the night of 2 April, at 23:43 local time, an earthquake with a magnitude of 7.6 on the Richter scale occurred at 45 kilometres south-west of Iquique (Northern Chile), categorized as a replica of the event on 1 April. Minutes after the earthquake, ONEMI established a second preventative evacuation along the coastal border of the Arica and Parinacota, Tarapacá and Antofagasta regions. Subsequently at 00:11 hours, the SHOA declared a tsunami alert, which was extended along the entire coastal border. The president of the Republic, who was in the city of Arica at the time, was transported to a secure area and then to the ONEMI office in Arica.

At 02:00 hours SHOA cancelled the tsunami alert for the entire national territory, at which point the public could return to their homes. For this event 270,997 people were evacuated.

The number of people affected by the 1 April earthquake and its subsequent replica on 2 April is estimated to be 513,837<sup>1</sup>

The number of deaths due to the earthquake and tsunami is reported to be six from the region of Tarapacá; four of these were due to cardio-respiratory arrest, one was due to structural collapse, and one was due to a simple accident associated with the evacuation process (ONEMI). In Arica, Putre and Camarones in the Arica and Parinacota region, 147 houses were seriously damaged. In Tarapacá region, 9,400 houses were damaged and about 1,000 will be demolished.

As all efforts were focused on ensuring that evacuations took place in an organized way, little information has been gathered with regard to damages as result of the earthquakes. The following are some preliminary results as of 4 April 2014:

#### Arica and Tarapacá region

- Shelter: An evaluation conducted by the municipal staff registered one dwelling with damage in the city of Arica. At present, there are five shelters operating in the city of Arica with 25 people, and three shelters operating in the city of Camarones that report an occupation of 30 people due to damages to housing located in the interior of the city. The municipal staff continues to evaluate the damage and assess needs. Electricity is maintained at 95 per cent in the region.
- Water and sanitation: the potable water service is currently at 40 per cent in the area. This shortage is fundamentally due to the problems generated in the potable water network as a result of the earthquake.
- Transportation: Route 5 North is passable with caution and with detours due to the deterioration of the riverbed at the Cuya Bridge. The roads to Codpa are passable with restrictions. The region's ports are operating even though the Maritime Management indicates that there are smaller vessels with significant damages.



Damages to houses made of adobe in the Huara community. Source: Chilean Red Cross

#### Tarapacá region

- Shelter: There are 2,000 homes in Alto Hospicio with various degrees of damage, whose assessment is being conducted by the municipality staff. In the same manner, after the latest aftershocks, there have been reports of serious structural damages to condominiums in Las Parinas, Tarapacá and Mirador 1. The city of Huara suffered damages to a large part of the city's housing and small, rural localities in the region's interior still need to be assessed. There are 8 operating shelters in the region with a total of 1,313 people (1,263 in Iquique and 50 in Huara's interior). Electricity is currently functioning at 63.7 per cent, whereas in Alto Hospicio it is only 38 per cent.

<sup>1</sup> According to the catastrophe decree, the entire population in the affected regions is considered to be directly affected by the emergency.

- Water and sanitation: 20 per cent of the population in Iquique and the same percentage in Alto Hospicio are without potable water. The situation is similar in the localities of Camiña, La Tirana, and Pica, which are provided with water via jerry cans. The regional government has defined 19 points for water delivery and the Armed Forces have installed an additional 12 points.
- Land transportation: the region shows no problems in terms of fuel. Route 5 North is open. However, route A-16, which connects Alto Hospicio with Iquique has been affected, and has only limited access for emergency vehicles. Route A-1 between Iquique and Antofagasta is functioning up to the airport, with a detour at Playa Blanca due to fallen debris; it can be used with caution. Route Colchane 15-CH can also be used with caution. The Iquique bus terminal, Rodoviario is inaccessible due to flooding.
- Maritime transportation: The marine terminals corresponding to the Port of Patache (Collahuasi I and II, Pastillos I and II), are closed until further inspection. Some marine terminals in the Port of Iquique (offshore oil terminals of Copec and Petrobras) are also closed until further inspection is made on site. According to the Maritime Authority in Caleta Riquelme and Esmeralda sector, there are 80 smaller vessels with minor damage.
- Health: The Iquique Regional Hospital is operating at 80 per cent capacity. The Pozo Almonte health post (local basic health service center) has structural damage and is operating only for emergencies in the patio enclosure. The Videla health office in Iquique is not operating due to flooding. On 4 April, the Chilean Government declared a sanitation alert for the regions of Arica and Parinacota and Tarapacá. The national army installed a field hospital in Iquique to provide care to evacuated families. An additional hospital is mobilized to Alto Hospicio as a preventive measure in case of aftershocks and possible further damages in hospitals.



Distribution of water by the Alto Hospicio Municipality. Source: Chilean Red Cross

**Context of the region:** this region has had a rapid economic growth in the last few years due to the mining industry, which has in part prompted the migration of low-income families from neighboring countries. Other elements of the economy are related to the fishing industry, commerce and some tourism. Outside of the cities, in the desert, there are several indigenous communities that live in very different conditions from the rest of the country.

### Summary of the current response

The Chilean Red Cross' response system was activated immediately after the first earthquake struck on 1 April. The Chilean Red Cross Emergency Technical Committee was convened at 21.10 hours in the Emergency Operating Centre (EOC) of the National Society's national headquarters. The IFRC's country representative joined the EOC soon after to support the monitoring of the emergency. At that moment contact was established with the Chilean Red Cross' regional committees and branches, and the monitoring of the emergency started.

All the regional committees and branches along the coastal area were activated, coordinating the actions of volunteers supporting evacuation, providing First Aid and psychosocial support. Soon after, volunteers in the north helped in the management of shelters. In this case, the Antofagasta chapter managed a collective centre for almost 200 elderly. On this first night at least 67 volunteers and 22 staff members were mobilized.



EOC of Chilean Red Cross supported by the IFRC minutes after the earthquake. Source: Chilean Red Cross

After the aftershock on 2 April, 120 volunteers from 9 branches were mobilized to support the evacuation, providing psychosocial support and First Aid. Volunteers then provided these same services at the meeting points and shelters in their cities. The Iquique branch opened its doors to the community, sheltering 60 people during the night.

Since the emergency, the National Society's headquarters and its chapters in the affected area have conducted evaluations of the current conditions of the communities and the evolution of the emergency. Additionally, psychosocial support and First Aid continue to be provided where needed.

On 3 April, a team of two technicians from the National Society and the Pan-American Disaster response unit (PADRU) Disaster Management Coordinator for South America were deployed to Iquique, in order to conduct assessments in the affected area. Volunteers from the Iquique chapter also participated in this process.

Two National Intervention Team (NIT) volunteers, one with a focus on psychosocial support and one general, arrived in Iquique on 4 April, as did a community care vehicle and driver. These resources arrived in support of local actions.

The Chilean Red Cross mobilized 5,000 jerry cans from its warehouse in Iquique, as well as an LMS-type water treatment plant, 200 hygiene kits, 200 water buckets, 1 health care unit and a water and sanitation NIT to continue hygiene promotion and safe water distribution activities.

A truck was rented for water distribution in Iquique, Alto Hospicio and Pozo al Monte. So far, around 120,000 litres of water have been distributed, including 7,000 litres in 3 dialysis centres upon Iquique EOC's request. The distribution is being done in coordination with municipalities and the government. Along with the water distribution, the Chilean Red Cross volunteers are providing hygiene recommendations to families in Iquique, Alto Hospicio and Pozo al Monte using available material developed in previous projects.

The National Society has launched a fundraising campaign to support families affected by the earthquake. As part of the campaign, several national and international media are interviewing the Chilean Red Cross. As key messages, the National Society recommends cash support to help more effectively and provide families with direct aid according to most urgent and adequate humanitarian needs. To access information on the campaign please go to: <http://www.cruzroja.cl/noticias/cruz-roja-chilena-hace-llamado-a-recolectar-fondos-para-mitigar-situacion-de-afectados-623>. A Mundo FOX interview can be accessed at: <http://www.cruzroja.cl/noticias/cruz-roja-destaca-en-prensa-internacional-624>.



Distribution of water by volunteers in Iquique.  
Source: Chilean Red Cross



Water and sanitation material arriving in Iquique.  
Source: Chilean Red Cross



Health unit mobilized from Santiago to Iquique for family assistance Source: Chilean Red Cross

# Ayuda al Norte!

## Terremoto de 8.2° Richter

Cta. Corriente Banco Estado n° 29 22 22

Cruz Roja Chilena Rut 70.512.100 -1

finanzas@cruzroja.cl

SOMOS  SUMATE  
CRUZ ROJA  
CHILENA

## Overview of Host National Society

The National Society has 157 branches and 10 regional committees between Arica, Parinacota and Magallanes, with a total of 528 volunteers. The National Society has a total of 247 individuals trained as National Intervention Team (NIT) members, 8 of which are trained in Damage and Needs Assessment (DANA).

The Chilean Red Cross national headquarters is located in Santiago, where the national departments and governance structure are located. The Chilean Red Cross has an executive director, a Disaster Risk Management Department, a Health Department, a Youth Department, a Social Well-being Department, a Resource Mobilization Department, a Human Resources Department and a Finance Department.

### *Capacities in the north of Chile*

There are two regional committees and 18 branches between the Coquimbo, Arica and Parinacota regions:

Region	Committee	Chapter	N°Volunteers
Arica and Parinacota	No committee	Arica	42
Tarapacá	No committee	Iquique	49
	No committee	Pozo Almonte	23
	No committee	Alto Hospicio	21
Antofagasta	Antofagasta	Tocopilla	22
		El Loa	35
		Antofagasta	47
		Tal Tal	24
		Mejillones	10
Atacama	Atacama – Coquimbo	Caldera	26
		Copiapó	25
		Vallenar	22
Coquimbo	Atacama – Coquimbo	La Serena	53
		Coquimbo	48
		Ovalle	14
		Salamanca	11
		Illapel	15
		Los Vilos	19

The entire branch network in the north of Chile is currently operating, and has 506 volunteers, 60 per cent of which are active at the moment. The Atacama-Coquimbo regional committee has the highest number of volunteers (233).

In terms of its human capital, the National Society has made great efforts over the past few years to install capacities in the northern area. The training activities during the 2010 earthquake operation as well as through the DIPECHO VII project delivered NIT courses in different areas of specialization with volunteer participants from this part of the country. The volunteers in these area received training in: Introduction to Livelihoods Projects, Cash Transfer Programmes, Telecommunications, Restoring Family Links, and Disaster Risk Reduction. There are a total 51 trained volunteers in NIT and 1 in DANA.

Region	NIT	Number of trained individuals
Arica and Parinacota	General	3
	Psychosocial support	3
	Water and sanitation	3
Tarapacá	General	1
	Psychosocial support	5
	Emergency health (Epidemics)	4
	General health	1
	Water and sanitation	2
	EDAN	1
Antofagasta	General	10
	Logistics	2
	Psychosocial support	3
	Emergency health (Epidemics)	3
	Water and sanitation	4
Atacama	Emergency health (Epidemics)	1
	General	1
Coquimbo	Logistics	2
	Psychosocial support	1
	Emergency health (Epidemics)	1
	Water and sanitation	1

### *Headquarters level*

The Chilean Red Cross provides support to its regional committee and the branch network. This structure is composed of the National Society's operation departments (health, disaster risk management, youth and social well-being) and services.

The Chilean Red Cross' central structure currently possesses the following resources to provide immediate support to the emergency in the north:

- A crisis centre for emergency and disaster management—a room equipped specially for emergency monitoring, communication with affected areas, and technical support
- National Distribution Centre: This centre has stockpiles of first response family emergency kits which include cooking kits, hygiene kits, blankets, tarps and buckets, all of which can be deployed.
- Water treatment plant: The national distribution centre contains this plant, available for deployment.
- Basic Health Care Unit (BHCU): Installed and with an adequate team of professionals, the unit can support up to 300 medical visits daily.

- Emergency and Disaster Response Plan: The National Society has a National Emergency and Disaster Response Plan which establishes the general procedures for action during the first hours after an emergency. Local contingency plans for the National Society are currently in development.

## Overview of Red Cross Red Crescent Movement in the country

Since the 2010 earthquake, which prompted a large-scale humanitarian response, the IFRC as well as the American Red Cross and the Japanese Red Cross have kept an important presence in the country in support of their recovery and reconstruction programme. In 2012, the Secretariat decided to establish a representation office to continue the support of long-term capacity building and humanitarian diplomacy.

For the current emergency, the IFRC has been accompanying the National Society in the coordination within its emergency operations centre as well as supporting meetings with other humanitarian actors in Chile such as the Japanese Agency for Cooperation, the European Union, the Office of U.S. Foreign Disaster Assistance (OFDA), ONEMI, CARITAS, Chilean Agency for Cooperation, National Humanitarian Network, Order of Malta, and Ministry for Emergency Response. PADRU's disaster management delegate travelled to Iquique to support damage and needs assessment and develop a plan of action.

Several National Societies have contacted the Chilean Red Cross to offer support in case of need. The IFRC informs all partners about the situation through progress reports issued in coordination with the IFRC representative in Chile. The National Society requested the IFRC to coordinate all international assistance through the mechanism of the International Emergency Appeal.

## Needs analysis, beneficiary selection, risks assessment and scenario planning

### Health

The Ministry of Health, in coordination with the army, set up a field hospital in Iquique (Puesto de Atención de Medicina de Emergencia - PAME) where 35 births and 2 emergency surgeries were assisted. The Ministry of Health studied the situation of the health care network, and preventive vaccination was planned against influenza and hepatitis A for children under 15 years. The regional hospital in Iquique 30 per cent structural damage. The Secretariat of Care Networks is carrying out repairing work to reactivate two pavilions (maternity and surgery); they are expected to be ready in one week.

The Ministry of Health, with the support of the air force and the Government of Tarapacá, will install a modular health centre in Alto Hospicio, while a project for re-establishing the Centre for Family Care (Centro de Atención Familiar - CESFAM) is activated. An updated report of the Ministry of Health can be found at the following page: <http://web.minsal.cl/node/983>

During the first 48 hours of the emergency, several people with pre-existing medical conditions such as hypertension, diabetes and asthma were affected due to the lack of access to their medicines because the city pharmacies were closed for two days to prevent looting. Seventy-two hours after the emergency and after the rapid assessment carried out by the Red Cross, trading in the Tarapacá region was restored, allowing access to medicines, hygiene items and food. Some people still have limited access to hygiene products and food due to an increase in prices.

The rapid assessment carried out by Chilean Red Cross with the support of the IFRC prioritised the need to provide psychosocial support, including psychological First Aid and clinical care. During the evaluation, it was observed that a large number of people do not want to spend the nights at their homes. This is due to the fear of another earthquake and the widespread rumour that a major earthquake is coming to the area. Families prefer to sleep in tents and cars in Iquique, Arica and other fishing communities along the northern coast. Within the affected groups are immigrants from Colombia, Bolivia and Peru. During interviews, several of them expressed a desire to return to their country. There are also some specific cases of children who are afraid to go back home and who exhibit signs of stress which are difficult for parents to identify and respond to.

Chilean Red Cross volunteers have been working hard in the emergency and many of them have not been able to rest; some of their houses have also been affected. Activities to address containment and stress will be required.

Both earthquakes and tsunamis generated high stress in the population; the stress increased for those individuals who saw their homes damaged and who are currently in shelters or sleeping outside of their homes. To date there are 1,541 people in shelters and a higher number of people that leave their homes at night to sleep.

As mentioned before, the Iquique Regional Hospital suffered damages that primarily affected the surgical wards and the Intensive Care Unit. Along with this, referrals are being made from the medical facility to avoid exceeding the capacity during the emergency.

All the health centres in the zone have power backup in case of emergency, with a capacity to sustain 60 per cent of the hospital electric infrastructure.

### **Water, sanitation and health promotion**

Soon after the first earthquake, the restoration of water and electric services had reached 90 per cent, including Alto Hospicio. However, they were affected again during the aftershock. Official figures now state a 30 per cent restoration of the water service in Iquique and Alto Hospicio and 73 per cent power restoration in the Tarapacá region. Arica region has seen the restoration of 70 per cent of its power and 90 per cent of its potable water service.

The rapid assessment conducted by Chilean Red Cross and the IFRC reports some districts in Tarapacá with no water. Also, some dialysis centres require water service to maintain hygienic conditions. The Red Cross is already responding to this situation, upon Iquique EOC's request, while in other areas trucks from the army and the municipality are distributing water to the affected population. Access to water is limited as a result of damage to the drinking water transmission system in Tarapacá. Purification plants are still working, and no damages to the storage tanks have been reported, but there is a lack of water storage containers. Many people are carrying water in inadequate and contaminated containers, therefore the immediate distribution of these items together with hygiene promotion messages is essential.

According to information from the company responsible for water service, it is expected that the distribution system will be restored in about one week.

In order to guarantee efficacy and efficiency of the work, priority zones and groups will be defined according to the results of the initial evaluation currently being conducted and the subsequent detailed assessment. However, priority will be given to the groups with lower income, immigrants and people whose homes have suffered structural damage. In addition to the immigrant population, special attention will be provided to other vulnerable groups such as people with chronic illnesses, pregnant women, older adults and children.

### **Shelter**

According to the Ministry of Housing and Urban Development, the towns of Arica, Putre and Camarones in the region of Arica and Parinacota there are 147 houses with severe damage. Meanwhile, in the Tarapacá region 9,400 houses were damaged, and about 1,000 of them should be demolished. The ministry will provide affected families with allowances for temporary rental. The Ministry of Housing requested municipalities to begin demolition of houses to reduce reconstruction time.

The Chilean government, through the Housing Ministry, is planning to initiate a reconstruction plan in the affected area in order to assist families with their housing repairs as well as to support definitive solutions for families whose homes have been destroyed. There is also the possibility that the government will provide economic support in the form of rental payments for displaced families. The Chilean Red Cross will be coordinating their cash-for-shelter programme with the regional Ministry of Housing office in Tarapacá as well as with local authorities where the programme will be implemented. This will allow the Chilean Red Cross to avoid duplication of benefits, potentially complementing government programs that do not provide a full solution and reaching marginalized groups, such as immigrants, who are unable to benefit from such programmes.

The Minister of Housing gave information about the manner in which emergency housing will be provided and in particular on the situation of affected families in Huará. The ministry will use large grounds where transitional housing will be installed, avoiding isolating people from their support networks while permanent housing is being built.

For homes that suffered minor damage, the families can start repairing properties using the allowance of the Programme for Protection of Family Heritage (Programa de Protección del Patrimonio Familiar -PPPF) of the Ministry of Housing. People who can build temporary housing on their property may opt for this subsidy.

As part of affected families are at least 40 Chilean Red Cross volunteers who will be included as target population. Moreover, the branches of Iquique, Arica, Pozo al Monte and Alto Hospicio have structural damages and will be repaired and strengthened for future earthquakes.

### **Livelihoods**

Some artisan fishermen and divers' boats were damaged as a result of strong waves caused by the earthquake. There are no quantification of damages yet but boats and engines of at least 100 fishermen were affected. The

Ministry of Fisheries and Tourism visited some affected areas and pledged support for the recovery of their livelihoods; however, the modality was not mentioned.

## Migration

According to the National Census of Population and Housing 2012, Chile ranked fourth, after Argentina, Spain and Brazil, as a preferred destination for migrating Bolivians. Peruvian citizens are the majority group in Chile, followed by Bolivian, Colombian, Ecuadorian and Argentine citizens.

Tarapacá and Antofagasta, in northern Chile, are preferred locations by the inhabitants of the western regions of the country to migrate because of the proximity to their places of origin. According to testimonials of Oruro provincial authorities and some owners of transport companies, Bolivian nationals arrive in the country due to high salaries and despite high costs of living.

Most migrants work in construction, agriculture, mining sectors and stevedoring services in the ports in northern Chile. Salaries according to the sources consulted range between 50 US dollars and 100 US dollars a day. Payment can reach up to 200 US dollars a day for skilled services such as mechanics. Job offers in different areas abound the whole year because there is much demand for labor in the country.

Many people in this region also go to Antofagasta and Calama because in those places there are several job opportunities in the mining sector.

The National Statistics Institute estimates that from the total immigrant population 64.8 per cent is settled in the metropolitan region, followed by 5.9 per cent in Antofagasta and 5.8 per cent in Tarapacá. However, in terms of population weight, Tarapacá ranks first with a 6.6 per cent, followed by Arica and Parinacota ( 6.1 per cent) and Antofagasta (3.7 per cent ). Proportionally, Iquique is the city with the highest number of migrants in the country.

Source : National Institute of Human Rights, *Report of Observation of the Migrant Population in Iquique and Colchane*, <http://www.dpp.cl/resources/upload/90269e8ee0ef95a09c345a9c8bfaa617.pdf>



Interviews with migrant population during rapid assessment supported by the IFRC. Source: Chilean Red Cross

## B. Operational strategy and plan

### Overall objective

Chilean Red Cross will contribute to the improvement of immediate needs of 20,000 people affected by the 1 April 2014 earthquake in the regions of Arica and Parinacota and Tarapacá, placing emphasis in psychological First Aid, Water and Sanitation, shelter cash transfer programing, hygiene promotion, Livelihood and advocacy and risk reduction.

### Proposed strategy

The current plan of action is based on the initial rapid assessments that have been facing a lack of accessibility and highly dispersed population. The appeal is expected to be revised in a maximum period of three months as new information becomes available and as the initial implementation has started. This is necessary in order to adequately address all the needs in an integrated manner. The main changes in the quality of life of the people are related to the strong emotional response to the disaster and a slow and partial restoration of basic services. As a result the current plan of action, the National Society focuses on immediate action in:

- Psychological First Aid: It is considered that a key way to contribute to the improvement of the quality of life of the affected population is to extend psychological First Aid to areas where people are staying in shelters, as well as in homes with structural damage where residents continue to stay due to fear of being ransacked.
- Water, sanitation and hygiene promotion: at this stage it is necessary for the population to have adequate hygiene practices, to face the conditions that the emergency has generated. Therefore, work needs to be done to guide the affected population in regards to the adequate use of water, the disposal of excreta and of

the solid household waste. This process should be accompanied by First Aid points which ensure an integrated intervention in the communities.

- Immigrant population: the initial evaluations have identified a large group of undocumented immigrants that, due to fear, do not approach public services or organizations providing aid. This group requires urgent medical attention, psychological First Aid and collaboration in humanitarian actions.

The evaluations (initial and final) will be implemented with technical support from the IFRC and using the National Society's specialized human capital, giving preference to volunteers and personnel belonging to the affected zone or nearby zones, with the goal of strengthening decentralization and promoting capacities in the branches, promoting independence from the national headquarters.

Accountability is a key aspect for the Chilean Red Cross. For this reason, communication channels with beneficiaries have been generated, in order to guarantee communication from the beneficiaries to the National Society and the other way around. A feedback mechanism will be established for beneficiaries.

A final evaluation will be conducted and will include the perception of the beneficiaries and of the local authorities regarding the efficiency and efficacy of the activities, which need to be executed in accordance with the standards and policies of the IFRC, Chilean Red Cross and the minimal standards of the Sphere Project.

## **Operational support services**

### **Human resources**

The operations will be coordinated by the National Disaster Intervention Programme of the National Disaster Risk Management Department. The National Intervention Coordinator is responsible for coordinating actions with the support of the Emergency Committee from the national headquarters, and of the technical team consisting of members of the operating departments and support services.

Local volunteers belonging to the four chapters of the most affected zone will implement actions in the field with minimal help from the headquarters, because the necessary capacities for the operation are already in place locally.

The volunteers of the branches of Iquique, Arica, Alto Hospicio, Antofagasta and Pozo al Monte will be part of the operation and will be involved directly in all project activities. It is estimated that at least 100 volunteers will support the operation. To improve their skills, volunteers will be trained in disaster management, psychosocial support, risk reduction, Vulnerability and Capacity Assessment (VCA), Logistics, NIT and damage assessment.

The proposed operation will require an operational and administrative structure in order to perform the activities proposed in the action plan. Generally speaking, the appeal will need the following personnel:

- National appeal coordinator;
- Administrative and finance assistant;
- Coordinator for the cash transfer programme for shelter;
- Field coordinator;
- Technical officers for disaster risk reduction and psychological support;
- Driver

In addition, the Chilean Red Cross will provide support and advice through its national headquarters and national directorates to the team appointed for the operation and to the branches. The project will include the following staff with proportional involvement into the operation:

- National disaster risk management director;
- National disaster risk reduction and climate change adaptation coordinator;
- National health director;
- National coordinator for health in emergencies.

Chilean Red Cross has extensive experience in implementing cash transfer programmes and has a national coordinator who will monitor field activities. His costs will be covered by the appeal, to ensure sustainability and quality of the cash transfer programme for shelter.

The IFRC will provide support through the Country Representation Office and PADRU, involving in the operation the Disaster Management Regional Coordinator and other specialized staff to provide technical support. The project will include the following staff with proportional involvement into the operation:

- Health-in-emergencies officer
- Logistics consultant
- Finance officer
- Disaster Law consultant
- Health RRU unit for one month, including one team leader, one logistician/administrator and three health officers
- General RIT member for three months (to monitor the emergency appeal)

Based on needs, an additional support in finance and in psychological support will be considered in a way which will be defined as the disaster response is progressing.

### **Logistics and supply chain**

The Chilean Red Cross has started distribution of pre-positioned relief items, such as jerry cans. These stocks will be replenished based on the best-value-for-money concept taking into consideration IFRC standards and procurement procedures either on local, regional or international markets.

The National Society will use its main distribution centre in the city of Santiago to consolidate procured relief items and donations. The regional entry point for the affected zone is the Iquique branch, which will be a transit and dispatch point for all goods to be distributed, mainly due to the fact, that items in need for distribution in the affected area correspond mainly to primary care needs.

Transportation of items between Santiago and the affected area is being coordinated with the national authorities, therefore, taking advantage of GOC access to their transportation resources including aircrafts. Local transport suppliers will be used to transport goods to distribution points.

The Zone Logistics Unit (ZLU) of the Global Logistics Services will support the Chilean Red Cross through the National Society Logistics Capacity Enhancement project and through IFRC's stock prepositioning to strengthen the National Society logistics response systems. ZLU will also provide technical validation of procurement process according to the established rules and regulations.

### **Information technologies (IT)**

In terms of the installed infrastructure, the Chilean Red Cross has installed in the northern zone a communications network connected to the national headquarters, via high-frequency equipment, in the Arica, Iquique, Antofagasta and La Serena branches, in addition to providing mobile radio equipment to the branches.

The programme for restoring family links has enabled a centre for its work with a satellite radio and computer with internet access.

There is a wide network of communications available at the headquarters, which is connected with the northern zone via a high-frequency network. Additionally, the national headquarters have two Broadband Global Area Network (BGAN) satellite kits and six satellite telephones.

During the emergency, a weak point was identified in the telecommunications network of the Iquique and Alto Hospicio area. The Iquique branch, which has high-frequency equipment, is in a flood prone zone, making it impossible to make contact with it during the evacuations; moreover, contact could not be maintained with the Alto Hospicio branch, because the Iquique branch serves as communication bridge. For this reason, in order to be able to maintain adequate communication with the Alto Hospicio branch in case of future aftershocks and preventive evacuations, it is necessary to complement the communications system in Alto Hospicio with the installation of a high-frequency radio system.

The project will contribute to improving communications between branches in the Tarapacá region and the National Society's headquarters in Santiago.

In addition, Salamanca Solutions<sup>2</sup> has offered to donate the installation of the Trilogy Emergency Response Application (TERA) to support the Chilean Red Cross' response to the earthquake. The IFRC focal point for beneficiary communications in the Americas, the Chilean Red Cross and Salamanca solutions have met and discussions to specify the details of the donation and implementation of TERA in Chile are under way.

---

<sup>2</sup> formerly Trilogy International Partners, developers of Trilogy Emergency Response Application (TERA), launched in Indonesia following the 2007 Earthquake and used after the Haiti Earthquake in 2010.

The Chilean Red Cross will in turn coordinate this action with Chile's Telecommunications Sub-Secretary (*Sub-Secretaria de Telecomunicaciones*), the organization in charge of regulating telecommunication services in Chile and bridging the digital gap. The coordination actions seek to demonstrate the value of TERA for early warning, emergency response and recovery efforts. Salamanca Solutions is fully prepared to support these meetings and have agreed to prepare a demonstration of TERA using a map of the northern region of the country.

It is expected that following this meeting, the Chilean Red Cross will then meet with ONEMI, the Sub-Secretaria de Telecomunicaciones and a key telecommunications carrier in the northern region of Chile to roll-out the system. As was the case in Haiti, messages sent using the system will be conferred and planned with ONEMI, allowing Chilean Red Cross to fulfil its auxiliary role by facilitating this tool to inform the population in vulnerable areas.

## Communications

The Chilean Red Cross has a National Communications Department which administers an institutional web page ([www.cruzroja.cl](http://www.cruzroja.cl)), a Facebook fan page (Cruz Roja Chilena) and a Twitter account (@cruzrojainforma). The Chilean Red Cross has 5,000 followers on Facebook and 570,000 on Twitter. Additionally, the Chilean Red Cross has developed a communications strategy that ensures a permanent follow up of the operations, as well as media management at the national and local levels. The current operation contemplates the development of press releases and beneficiary stories.

In order to spread information on the National Society's work during the emergency, videos will be produced for dissemination through a dedicated site.

## Planning, monitoring, evaluation and reporting (PMER)

With the end goal of guaranteeing a quality operation according to IFRC's and Chilean Red Cross' standards, we will utilize the following monitoring, evaluation and reporting mechanisms:

1. Initial evaluation that will issue a report within the first 10 days;
2. An update report 15 days after the start of the operation;
3. A final monitoring visit to the communities;
4. A final report of the project.

The Regional Disaster Management Delegate and the country representative will conduct at least two visits to the affected area, while the regional and zone IFRC offices will provide additional support as needed.

## Administration and Finance

The Chilean Red Cross will be responsible for the management of funds in country in accordance with IFRC standard procedures for operational advances. Transfers will be made in agreement with the requirements and the terms established in the Letter of Agreement that will be signed between the Chilean Red Cross and IFRC for the execution of the project.

For its part, the IFRC via the Finance Department will provide the necessary support to the operation for the review and validation of budget, bank transfers, as well as providing technical support to the National Society on the procedures regarding expense reporting and validation of invoices.

## C. DETAILED OPERATIONAL PLAN

### Quality programming/Areas common to all sectors

OBJECTIVES	INDICATORS
Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation.	Nº of assessments conducted ( <i>general and/or sectorial</i> )
Output 1.1: Initial needs assessment are updated following consultation with beneficiaries and monitored by an evaluation system.	Assessment reports which show beneficiaries are consulted (assessment reports, plan of action)  Assessment reports which provide data on affected population disaggregated by sex, age and vulnerabilities (assessment reports)

	Plan of action and sectorial plans for which a monitoring and evaluation plan has been developed
Output 1.2: Activities of the National Society are known at the local, national and regional level	Nº of stories beneficiaries conducted Nº of publications made by media about the actions of Chilean Red Cross
Activities Month	1 2 3 4 5 6 7 8 9 10 11 12
Conduct a rapid emergency assessment by branches	■
Develop a multi-sectorial action plan	■
Conduct a market-analysis	■ ■
Detailed assessment of affectation in communities	■ ■
Develop and disseminate two press releases	■ ■
Develop and disseminate two beneficiary stories	■ ■ ■ ■
Three monitoring visits by IFRC Secretariat	■ ■ ■

Outcome 2: Risk management and disaster response capacities of Red Cross branches in Tarapaca region are strengthened.		
Output 2.1: Volunteers increase knowledge in risk management and disaster response	Nº of volunteers trained in strategic planning Nº of people in the civil protection system participating in National Society's workshops	
Output 2.2: Communication at time of disasters has increased response capacities between branches of the region of Tarapaca, Arica and Antofagasta	Nº of branches of the Tarapaca region with contingency plans for earthquakes	
<b>Early recovery</b>	Month	
	1 2 3 4 5 6 7 8 9 10 11 12	
	Installing high-frequency radio system in Alto Hospicio and Pozo Almonte	■ ■ ■
	Implementation of portable radios (20) system and bases in Iquique, Alto Hospicio and Pozo Almonte	■ ■ ■
	Training 20 volunteers on telecommunications in Parinacota and Tarapacá and Arica	■ ■ ■ ■
	Train 25 local volunteers in community response plans	■ ■ ■ ■ ■
	Train 25 volunteers in Community-Based Response Teams	■ ■ ■ ■ ■
	One workshop on Sphere	■ ■ ■ ■ ■
	One workshop on Safer Access	■ ■ ■
	One workshop on Damage and Needs Assessment for Volunteers	■ ■ ■ ■ ■
	One Logistics NIT workshop for 25 people	■ ■ ■ ■ ■



Output 4.1: The project of strengthening the logistical capacity has been implemented (funds are provided only up to 30% during the emergency phase)		N° of relief items pre-positioned in the National Society N° of agreements signed with the providers N° of National Society volunteers trained in emergency logistical administration N° of development or emergency projects that use logistical procedures % of acquisition processes adapted to emergency situations											
Output 4.2: The National Society's sustainability plan has been implemented (funds are provided only up to 30% during the emergency phase)		The logistical sustainability plan is under implementation or has been improved											
<b>Emergency response</b>	Activities	Month											
		1	2	3	4	5	6	7	8	9	10	11	12
	Analysis and evaluation of the logistical capacities, including processes, procedures and structure												
	Assessment of the volume and logistical structure												
	Establish the project and agree on objectives and indicators with the National Society												
	Support to carrying out NIT training and follow-up												
	Mapping the national logistical network and incorporating the prepositioning of relief items from the IFRC in the National Society												
	Establish a plan for logistical sustainability, implementation and monitoring												

## Water, sanitation and hygiene promotion

**Need analysis:** The two earthquakes affected public services. Although water distribution and power are slowly being restored, it is estimated that people will be without those services for some time. Not only do families need to collect water at the distribution points, but they also require information and recipients to safely handle and store the water. Additionally, information on the correct disposal of waste, including of the spoiled food due to lack of electricity, is needed in many neighborhoods. Items will be distributed based on specific needs, with migrant families and other vulnerable households in particular being supported with hygiene kits.

The water and sanitation activities will be implemented only during the emergency phase because the water supply systems will be restored in around one week's time. The activities proposed in the action plan will focus on the distribution of water; replacement of 5,000 water bladders already mobilized to the area of the emergency; activities of hygiene promotion; and the replacement of hygiene kits mobilized from the Chilean Red Cross national headquarters.

**Population to be assisted:** The National Society will be reaching 2,000 families that will be selected among those with low income or belonging to the migrant population and whose homes had structural damages. In addition, special attention will be paid to families with members with chronic diseases, pregnant women, elderly people and small children. The selection and registration of these families is currently ongoing.

OBJECTIVES	INDICATORS
Outcome 1: Immediate reduction in risk of waterborne and water	% of target population that has access to

related diseases in targeted communities		sufficient safe water											
Output 1.1: Daily access to safe water according to Sphere and government standards in terms of quantity and quality is provided to target population.		N° of people provided with safe water N° of litres safe water distributed N° of water distribution points											
Output 1.2: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		N° of people reached by hygiene promotion activities N° of volunteers involved in hygiene promotion activities N° of households provided with a set of essential hygiene items (jerry cans and hygiene kits)											
Activities		Month											
		1	2	3	4	5	6	7	8	9	10	11	12
<b>Emergency response</b>	Water truck distribution during one week in neighborhoods and hospitals in Iquique												
	Map the current migrant situation in coordination with other humanitarian actors												
	Distribution of 5,000 jerry cans in Iquique and Alto Hospicio												
	Distribution of 800 hygiene kits to migrants population and other vulnerable groups												
	Five hygiene promotion campaigns in public places (plazas, campsites, shelters, etc.) on the adequate use of water, and household excreta and solid waste disposal.												

## Health and care

**Needs analysis:** The earthquakes and tsunami alerts on 1 and 2 April had a strong emotional impact on the population in Arica, Parinacota and Tarapacá regions. As mentioned before, many families are sleeping outdoors or in cars for fear of new tremors. In addition, the damage to infrastructure and current living conditions are endangering the health of the population.

People are still afraid of aftershocks, showing high levels of stress. Violent behaviours are being expressed in response to minor situations. Lack of sleep due to the stress also lead to altercations between the different migrant populations.

The Red Cross branches of Arica, Iquique, Alto Hospicio, Pozo al Monte and Antofagasta provided First Aid during evacuations and continued providing care through their clinics and health centres. The project will include the replacement of First Aid supplies to the Red Cross branches.

**Population to be assisted:** The National Society will be reaching at least 6,000 people with First Aid and psychological support. The same criteria mentioned before will be used to select beneficiaries.

Psychosocial support activities of short and medium term involve volunteers, schools and districts in the affected areas. Volunteers of the Red Cross branches of the Tarapacá region will be trained in psychological First Aid by IFRC personnel. Trained volunteers will conduct counselling activities in selected communities and schools. For cases requiring specific care, the National Society will refer them to specialists identified in cities or will conduct household visits.

An IFRC emergency health officer who is also a psychologist is in the country training volunteers and developing a short- and medium-term intervention strategy for psychosocial support. A detailed assessment of the situation of immigrants will be ready in a week and activities to meet their needs in the medium term will be reviewed. However, her first assessment findings advise for the deployment for one month of a Health Regional Response Unit (RRU) with a strong psychological support component. This RRU coming from the Americas' National Societies would be working integrated into the Chilean Red Cross' specialized team in the field.

OBJECTIVES		INDICATORS											
Outcome 1: The immediate risks to the health of affected populations are reduced.		Nº of people who can access appropriate first aid and psychological support											
Output 1.1: Target population is provided with rapid First Aid		Nº of people reached by First Aid services Nº of First Aid kits delivered to the branches											
Output 1.2: Psychosocial support provided to the target population		Nº of people reached with psychosocial support Nº of volunteers reached with psychosocial support Nº of people volunteers trained in psychosocial support											
<b>Emergency response</b>	Activities	Month											
		1	2	3	4	5	6	7	8	9	10	11	12
	Provide First Aid to 1,000 people	■	■										
	Replenishment of First Aid kits to five branches in the south of Chile		■	■	■								
	Provide psychological support to 5,000 people including migrants and volunteers	■	■	■	■	■	■	■	■	■	■	■	■
	One regional training on psychological support to 20 volunteers	■											
	Deploy one team specialized in psychological support from the headquarters	■											
	Deploy a RRU specialized in psychological support	■											
Outcome 2: The medium-term risks to the health of affected populations are reduced.		Nº of people receiving professional assistance											
Output 2.1: Specialized care is provided to people in need of psychological care		Nº of cases referred to specialists Nº of professionals hired to assist families											
<b>Early recovery</b>	Activities	Month											
		1	2	3	4	5	6	7	8	9	10	11	12
	Identification of cases to be assisted			■	■	■							
	Hiring of professional services for psychological support					■	■	■	■	■	■		





## Early warning and emergency response preparedness

**Needs analysis:** In recent years, the Chilean Red Cross has developed capacity in disaster preparedness and risk reduction. Nevertheless, this development has been heavily concentrated in the south-central part of Chile, where the greatest damages due to the 27 February earthquake occurred. The current emergency has highlighted strong institutional response capacities of the National Society, but there are still some issues that need to be addressed. Furthermore, some areas do not have technical focal points in northern Chile for logistics, needs assessment and telecommunications, among others.

Also, needs related to the organizational structure have been identified: strengthening leadership, modernization, professionalization and teamwork, with particular attention to active and effective integration of young people in all these aspects.

The earthquake and tsunami showed that the communities in the regions of Arica, Parinacota and Tarapacá do not know how to evacuate in case of tsunami/earthquake as there is a lack of training in how to deal with these events and misleading information about these events in communities.

During the emergency, a weak point was identified in the telecommunications network of the Iquique and Alto Hospicio area. Alto Hospicio can currently be contacted through a radio “bridge” to the Iquique chapter, which is in a flood-prone zone. For this reason, in order to be able to maintain adequate communication with the Alto Hospicio chapter in case of future aftershocks and preventive evacuations, it is necessary to complement the communications system in Alto Hospicio with the installation of a dedicated high-frequency radio system.

**Population to be assisted:** The action plans involve branches and volunteers in northern Chile (Arica, Parinacota and Tarapacá), as well as volunteers from the branches of Antofagasta region, in order to ensure trained volunteers to support in further emergencies. In addition, members of the civil protection system will be incorporated. At the community level at least two communities in the region of Tarapaca will be included.

OBJECTIVES	INDICATORS
Outcome 1: Community resilience to disasters is enhanced	Total number of households that participated in the project activities  % of people in the project site who have better knowledge of disaster risk management
Output 1.1: Mapping of resources for vulnerabilities, capacities and risks related to multiple hazards is carried out	Nº of assessments and short- and medium-term plans for imminent risks and vulnerable groups made  Nº of people trained in vulnerability and capacity assessment
Output 1.2: Community disaster response teams are established.	Nº of people trained in community First Aid  % of target communities with a contingency plan including households and school measures  Nº of branches of the Tarapaca region with contingency plans for earthquakes  Nº of community disaster response teams that are operational, equipped and linked with local authorities and Chilean Red Cross branches  Nº of people trained in Earthquakes, Education, Community Organization and Preparedness for Risk Reduction by the Reference Centre for Community Resilience (CRREC)
Output 1.3: The TERA system is established and used by ONEMI and the Chilean Red Cross	Signed MoU/Agreement between the Chilean Red Cross, Salamanca Solutions, ONEMI and



# EMERGENCY APPEAL

4/14/2014

MDRCL009 Chile Earthquake

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	0			0
Shelter - Transitional	667,575			667,575
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	13,352			13,352
Clothing & Textiles	0			0
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	32,934			32,934
Medical & First Aid	19,894			19,894
Teaching Materials	49,401			49,401
Utensils & Tools	22,253			22,253
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	111,263			111,263
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>916,669</b>	<b>0</b>	<b>0</b>	<b>916,669</b>
Land & Buildings	0			0
Vehicles	0			0
Computer & Telecom Equipment	17,802			17,802
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>17,802</b>	<b>0</b>	<b>0</b>	<b>17,802</b>
Storage, Warehousing	0			0
Distribution & Monitoring	0			0
Transport & Vehicle Costs	44,149			44,149
Logistics Services	7,566			7,566
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>51,715</b>	<b>0</b>	<b>0</b>	<b>51,715</b>
International Staff	23,855			23,855
National Staff	5,488			5,488
National Society Staff	83,758			83,758
Volunteers	27,914			27,914
Other staff benefits	2,225			2,225
<b>Total PERSONNEL</b>	<b>143,240</b>	<b>0</b>	<b>0</b>	<b>143,240</b>
Consultants	24,300			24,300
Professional Fees	24,745			24,745
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>49,045</b>	<b>0</b>	<b>0</b>	<b>49,045</b>
Workshops & Training	55,720			55,720
<b>Total WORKSHOP &amp; TRAINING</b>	<b>55,720</b>	<b>0</b>	<b>0</b>	<b>55,720</b>
Travel	65,422			65,422
Information & Public Relations	19,360			19,360
Office Costs	23,677			23,677
Communications	12,773			12,773
Financial Charges	3,204			3,204
Other General Expenses	0			0
Shared Support Services	0			0
<b>Total GENERAL EXPENDITURES</b>	<b>124,436</b>	<b>0</b>	<b>0</b>	<b>124,436</b>
Partner National Societies				
Other Partners (NGOs, UN, Other)				
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme and Supplementary Services Recovery	88,311	0	0	88,311
<b>Total INDIRECT COSTS</b>	<b>88,311</b>	<b>0</b>	<b>0</b>	<b>88,311</b>
Pledge Earmarking & Reporting Fees				
<b>Total PLEDGE SPECIFIC COSTS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL BUDGET</b>	<b>1,446,937</b>	<b>0</b>	<b>0</b>	<b>1,446,937</b>
<b>Available Resources</b>				
Multilateral Contributions				0
Bilateral Contributions				0
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>1,446,937</b>	<b>0</b>	<b>0</b>	<b>1,446,937</b>