

This report was issued by OCHA New York. The next report will be issued on or around 27 January 2010.

I. HIGHLIGHTS/KEY PRIORITIES

- 200,000 family sized tents are requested to support the one million people displaced by the earthquake. Only a fraction of the required tents are in country or in the pipeline, according to IOM.
- Tens of millions of ready-to-eat meals are required to meet the needs of 2 million people for 15 days.
- Haiti's Ministry of Health is revising its emergency response strategy and will gradually shift focus from emergency surgical cases to primary health care. Thousands of amputees will require physical therapy.
- Some 500 Haitian patients are being treated in nine hospitals in the Dominican Republic. The influx of patients requiring emergency care in these hospitals is declining.
- The distribution of assistance continues in Port-au-Prince and other affected areas such as Jacmel, Carrefour, Leogane and Petit Goave. Tents, food, health (post-operative care and epidemiological surveillance), sanitation and hygiene are the priorities for assistance.
- The Flash Appeal is 48 percent funded. A donor conference for Haiti will take place at the end of March in New York.

II. Situation Overview

At the Ministerial Conference on Haiti in Montreal, held on 25 January, the President of Haiti said that the priority needs are tents and food. He said that some 200,000 family tents are urgently needed for temporary shelter and that they should be transported to airports in Port-au-Prince, Barahona or San Isidoro. The need for tents is especially urgent due to the upcoming rainy season, which begins in April. He further asked for 36 million rations of ready-to-eat food to meet the needs of 1.5 million people for 15 days. Rice, beans and oil could be supplied as alternatives to cover some of these needs.

The Government is reporting that the movement of populations towards rural areas to the north and west of Port-au-Prince has slowed and has assessed the overall figure at 235,916 people, an increase of less than 1,000 over the past day. The largest influx, some 62,500 people, remains in Artibonite department.

In response to these population movements, joint assessment teams (UNDAC/EU/CDC and US military) have been visiting cities in six departments, including North, North West, Centre, Artibonite, Grand Anse and Nippes. To date, the findings indicate that although people are traveling to these areas in large numbers, the majority are being accommodated by relatives or returning to family homes. Large-scale shelter support is unlikely to be needed. Instead, local officials in some departments have indicated a need for medical support, food, non-food aid and security. Medical teams are reported to be present in good numbers in Center department but more support is needed in the other departments. The assessment teams were also told of an increase in crime in some areas and the risk from escaped convicts.

International Urban Search and Rescue teams (USAR) are continuing their drawdown. A small number of USAR teams remain active to respond to requests for search activities from the population, and to assist the Government with expertise and heavy-lifting equipment for debris removal.

Normal activity has returned to some parts of Port-au-Prince and market-level commerce is increasing, including the resumption of banking services, the opening of supermarkets and availability of fuel at most gas stations. The Government has contracted various companies to distribute water throughout the capital. The Government is also focused on resuming the country's public administration (specifically through the resumption of the payroll and pension system).

The Office of the Resident Coordinator in the Dominican Republic reports that the situation in Jimani remains stable. The Dominican Government, along with the UN and humanitarian actors, is improving coordination to ensure the quick transit of relief goods and personnel to Haiti. The port and airport at Barahona are fully operational. WFP has negotiated exemption from taxes at the airport on all incoming humanitarian goods for the next six months.

The Ministry of Health of the Dominican Republic estimates that as of 22 January, 495 Haitian patients are in nine hospitals in the Dominican Republic. The majority (247 people) are in the Buen Samaritano Hospital in Jimaní. The influx of patients requiring emergency care in these hospitals is declining. IOM is assisting with the voluntary return of affected people to Haiti. A joint rapid assessment is being organized with cluster members in the Dominican Republic; the focus will be on the following border towns: Jimani, Dajabon, Pedernales, Monte Cristi and Comendador. Preliminary results will be tentatively ready by the end of the week.

The United States Geological Service (USGS) has issued an assessment of aftershock hazards in Haiti¹. They report that the aftershock sequence of a magnitude-7 earthquake will continue for months if not years in the affected area. The frequency of events will diminish with time, but damaging earthquakes will remain possible in the coming months. The USGS estimates a 90 percent probability of one or more earthquakes of magnitude 5 or greater. They advise taking these findings into account during the rebuilding effort.

The overall security situation in Port-au-Prince remains stable but there have been isolated instances of looting and a recent incident where MINUSTAH troops fired warning shots and used tear gas. More and more police officers are reporting for duty, increasing capacity to an estimated 60-70 percent of pre-earthquake levels in Port-au-Prince.

III. Humanitarian Needs and Response

The 12 clusters² designated in the Flash Appeal are holding regular meetings to coordinate their joint efforts. In addition, six clusters³ are being mobilized in the Dominican Republic.

Logistics

The new Joint Operations and Tasking Centre will be in charge of the designation of appropriate personnel to provide security for humanitarian deliveries. Security will be provided by MINUSTAH, UNPOL, or potentially US Military in areas where MINUSTAH does not operate. Humanitarian partners are advised to communicate their security requests for areas outside of Port-au-Prince directly to the respective regional MINUSTAH units.

The Chief Air Transport Officer of UNHAS is currently in Miami to agree with the Military Prioritization Cell established at SOUTHCOM on slot prioritization procedures for humanitarian flights coming into Port-au-Prince. The deadline for the communication of cargo prioritization requests for the US Military is 24-48 hours in advance.

The three WFP-contracted Mi8 helicopters to be managed by UNHAS arrived on 24 January in the Dominican Republic. They will be reassembled and are expected to be operational in Haiti shortly. Organizations that have contracted their own unmarked helicopters for assessments or other operations should communicate the details to the Logistics Cluster.

The Logistics Cluster will be securing another twenty to thirty trucks from Santo Domingo for land transport within Haiti. Organizations sending trucks from Santo Domingo are advised to have convoys spend the night at the border point and arrive in Port-au-Prince in the morning when the traffic is less severe. There is also a curfew at the warehouse and no operations can take place after 18:00.

¹ For the full report: http://www.usgs.gov/newsroom/article.asp?ID=2385

² The 12 clusters are: Camp Coordination and Camp Management (IOM); Education (UNICEF); Emergency Shelter and Non-Food Items (IOM); Food (WFP); Logistics (WFP); Nutrition (UNICEF); Protection (OHCHR with UNICEF for Child Protection and UNFPA for GBV); WASH (UNICEF); Agriculture (FAO); Early Recovery (UNDP); Emergency

Telecommunications (WFP); Health (WHO/PAHO).

³ Six clusters have been established in the Dominican Republic: Logistics/Telecommunications (WFP), Health (WHO), Emergency Shelter (IOM), WASH (UNICEF), Nutrition (UNICEF) and Protection (OHCHR).

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The Logistics Cluster is looking to augment interagency storage capacity. Mobile storage units have arrived and will be set up near the humanitarian operations center at the MINUSTAH LogBase. The cluster asks all partners to communicate pipeline information in order to facilitate adequate reception and dispatching of relief items.

Shelter/Non-Food Items (NFIs)

IOM received 1,000 family tents on 24 January – the first significant amount of tents received so far. The allocation of these tents is under discussion with the Government. According to IOM, it now has 2,000 family tents in country. It has 10,000 tents in the pipeline; 2,130 from UNHCR were expected to arrive in 25 January and the rest within one week.

IOM distributed non-food items to approximately 6,700 households on 24 January, mainly in Delmas, Fontanamara and Saint-Martin. Cluster partners continue to distribute items such as plastic sheeting, sleeping mats, kitchen kits, beds, hygiene kits, water bladders, jerrycans and water bottles to affected areas in Port-au-Prince. To avoid overlap by partners at distribution sites, the cluster is establishing a joint distribution plan between food and NFI clusters.

The site planning working group has started work on two temporary settlement sites at Parc Saint Clair and Parc Colofer. Cluster partners are also starting improvements on existing temporary sites. NGOs will be established as shelter focal points at the commune level in order to avoid duplication of resources, better identification of needs, gaps and prioritization of interventions.

The main challenge for the shelter cluster remains in increasing capacity to follow up and monitor shelter sites. In particular, data collection remains a challenge due to the extent of sites, fluctuating data quality, difficulties in communication and dynamic migration patterns.

Food

As of 24 January, WFP and its partners have distributed 2.6 million rations to 393,417 people. Some 235,000 people were in the Port-au-Prince area and 157,000 people were in other earthquake affected areas. WFP reports that it distributed food to 91,000 people on 24 January. Several other institution are distributing food in Port-au-Prince, Leogane, Jacmel, Bainet, Jeremie and Gonaives but an overall coverage of the needs by the food cluster needs to be established.

Health

The Ministry of Health's Emergency Committee announced that their strategy will shift from focusing on emergency surgical cases to primary health care and the prevention and promotion of hygiene. In line with this strategy, Health Cluster mobile clinics will continue operations and gradually switch to the prevention and promotion of hygiene.

There is still a strong need to focus on post-operative care. Another priority concern is determining the medical needs of displaced populations in rural areas outside of Port-au-Prince. The Health Cluster estimates that some 20,000 people are in need of medical assistance in Jeremie and Grand Anse. At the community level, NGOs report that there is an increased concern about medication for chronic conditions. A large number of patients require second operations to follow up on amputations.

In the coming weeks, some field hospitals will shut down. The International Red Cross/ Red Crescent noted their willingness to "take-over" any facility donated or otherwise left behind, providing administrative oversight and placing the Haitian Red Cross in a position to assume control in the long term.

According to the Ministry of Health, a vaccination program will start soon in collaboration with UNICEF and PAHO/WHO to vaccinate people against diphtheria and tetanus, DTT and measles. Haiti has not had a case of measles since 2001 and being an island, the risk of outbreaks is medium-low with importation being the most likely cause, according to UNICEF.

WASH

The WASH Cluster planned to distribute water at 115 distribution points to cover more than 235,000 people (mostly in Port-au-Prince) on 25 January. The Wash cluster is now reaching 50 percent of its current target population planning figure. The cluster plans to increase water distribution to reach 500,000 people at 200 sites daily with water, sanitation and hygiene facilities and services. It is also seeking to expand its support to

communities outside of Port-au-Prince. Some 500 new latrines have been constructed across all affected areas.

The Wash Cluster evaluated the displacement sites in Canape Vert, Champs de Mars and Carrefour and recommended to increase water distribution in Carrefour. The cluster's water quality working group has recommended advanced analysis of existing water sources, the launching of an awareness campaign on chlorine as a water disinfectant, and the daily monitoring of water quality at production and distribution sites.

The cluster's key constraints to increasing distribution remain water production, storage capacity in distribution places and traffic jams. Sanitation will be an increasing concern with the arrival of the rainy season.

Nutrition

The Nutrition Cluster is assessing some 200 temporary settlement sites in Port-au-Prince to better understand nutrition needs, including specific food needs for vulnerable populations and supplementary rations. The priority for assistance is to children under 2, including those who are in settlements and orphanages. Medical and nutrition supplies continue to be distributed to orphanages. Some 9,000 rations of food were distributed in 24 sites in Jacmel on 25 January (through WFP in cooperation with UNICEF). An additional 1,200 children in 16 sites in Jacmel received wet feeding rations.

The cluster has circulated a preliminary strategy and is currently mapping nutritional actors and their programmes in Haiti.

Protection

The Child Protection sub-cluster is continuing rapid assessments of temporary settlements, orphanages and hospitals. Sub-cluster partners reported that children are being released from hospitals (due to lack of beds) without any responsible or authorized caregivers. Health workers are being advised to monitor and send separated/unaccompanied children to child friendly spaces.

Save the Children reports that 11 child friendly spaces are functioning in Port-au-Prince and Jacmel, providing activities for over 3,500 children over the past 6 days.

IV. Coordination

OCHA has established an initial field presence in Jacmel and Leogane to support coordination and information management functions. OCHA will support the government, consult with existing structures (MINUSTAH civilian sections) and provide support to clusters.

As the OCHA team scales up in Port-au-Prince, Jacmel and Leogane, UNDAC will begin to drawn down. It is anticipated that the UNDAC team will leave by the end of the week.

The Communications with Disaster Affected Communities group has broadcast four editions of its daily Creole radio show, Novelles Utiles (News You Can Use). The ten minute programme has been developed by a team of Haitian journalists and is broadcast by 20 stations across the affected area, including MINUSTAH FM. Content so far has included how to contact remaining search and rescue teams, locations of fresh water distributions, basic first aid information and updates on official camp development. All content is developed and signed off through the clusters. The group is also working with the US military on equitable distribution of around 50,000 wind-up radios.

The IASC Gender Standby Capacity Project deployed Victoria Rames (<u>rames@un.org</u>) to Haiti to provide support to cluster coordinators in integrating gender considerations into assessments and plans and to initiate coordination on gender based violence in the protection cluster in collaboration with UNFPA and UNICEF.

InterAction is reportedly deploying its Director of Disaster Response to Port-au-Prince this week to ensure better coordination between NGOs, the UN and the military by establishing an NGO Coordination Unit.

V. Funding

According to the Financial Tracking Service (FTS), the Flash Appeal is currently 48 percent funded. Of the \$575 million requested, \$273 million has been received and \$111 million had been pledged. Japan and Saudi Arabia have recently pledged \$70 million and \$50 million, respectively (not yet reflected on FTS). Donors are urged to convert all pledges into cash. FTS documents all contributions and pledges made inside and outside of the Flash Appeal. To date, the combined total is more than \$740 million in funding with an additional \$1.1 billion in uncommitted pledges.

The Emergency Relief Response Fund for Haiti has \$23 million available for funding projects. Global Cluster Leads, in consultation with their field-based clusters, are urgently requested to submit their projects for the first allocation of funds by close of business on 26 January to Ms. Caroline Peguet (peguet@un.org) with a copy to ochafcs@un.org.

A donor conference for Haiti is tentatively scheduled to take place at the end of March in New York.

All companies that wish to donate funds are urged to use the new UN/business partnership gateway, at <u>http://business.un.org</u>. This function matches offers of support with UN needs.

All humanitarian partners, including donors and recipient agencies, are encouraged to inform FTS of cash and in-kind contributions by sending an email to: <u>fts@reliefweb.int</u>.

VI. Contacts

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Websites and document links:

Haiti coordination website: http://haiti.oneresponse.info

For more information, please visit: <u>www.reliefweb.int</u>

For information on OCHA: http://ochaonline.un.org/haiti

Guide to humanitarian giving for the Haiti Earthquake: http://ochaonline.un.org/donatetohaiti

For information on ICRC's family tracing service, go to: <u>http://www.familylinks.icrc.org/familylinks</u>.

For the logistics cluster: <u>http://www.logcluster.org/ops/hti10a</u>

For the shelter cluster: <u>http://groups.google.com/group/shelterhaiti2010</u>

ICRC Q&A on the risk of dead bodies to public health: <u>http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/health-bodies-140110</u>

UNHAS flights from SD to PAP: <u>http://www.logcluster.org/ops/hti10a/flash-news-17-january-2010-unhas</u> Gender ABCs for Haiti: <u>http://oneresponse.info/crosscutting/gender/</u>

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