

This report was issued by OCHA New York. The next report will be issued on or around 17 January 2010.

I. HIGHLIGHTS/KEY PRIORITIES

- Fuel for humanitarian operations will only last 2 to 3 more days before operations will be forced to cease. A fuel distribution mechanism is required urgently.
- 27 Urban Search and Rescue teams are deployed across priority locations with approximately 1,500 rescue workers and 115 dogs. There have been 58 live rescues so far by these teams.
- A joint UNDAC/EU/WFP assessment found 80-90 percent of the buildings destroyed in Leogane and 40-50 percent in Carrefour and Gressier.
- Priorities for assistance continue to be search and rescue, medical services, shelter, food and water.
- IOM estimates that 200,000 families (up to one million people) are in need of immediate shelter and non-food assistance.
- Major health concerns include untreated trauma wounds and infection of wounds.

II. Situation Overview

Tens of thousands of people affected by the earthquake are now living on the streets and in makeshift camps in open public spaces throughout Port-au-Prince. Assessments are ongoing of all existing sites to identify exact location, number of population per camp, shelter conditions and safety and security issues. Many IDPs are leaving Port-au-Prince seeking shelter in other parts of the country. Support and coordination may soon be needed in other cities.

The Ministry of Interior estimates that one million people have been severely affected by the earthquake and that 250,000 are in urgent need of assistance. Authorities believe that 50,000 people have died, but so far 13,000 bodies have been accounted for. The worst affected areas in Port-au-Prince are the towns of Petits Gouaves and Des Nippes, with nearly 1,000 registered deaths and more than 50,000 homeless.

A joint UNDAC/EU/WFP rapid assessment was undertaken in Carrefour, Gressier and Leogane on 15 January. Road access between Port-au-Prince and Leogane was reported to be good with minor blockages. Leogane (population approximately 134,000) is worst affected with 80-90% of the buildings damaged. According to the local police, approximately 5-10,000 people have been killed and most bodies are still inside the collapsed structures. No local government or infrastructure remains in place.

In the city of Gressier (population approximately 25,000), 40-50% of the buildings are destroyed, including the police station. Bodies are still trapped in the rubble and search and rescue teams have been deployed. In the city of Carrefour (population approximately 334,000), 40-50% of the buildings are destroyed in the worst affected areas. A light USAR team is operating in the area. There is access to food and limited access to water but no access to medical care.

On Friday, ICRC specialists assessed the capacity of the city's main medical facilities, the water and sanitation infrastructure of Port-au-Prince's Cité Soleil neighbourhood, and the assistance needs of those living in makeshift camps. They estimate that around 50,000 people are staying in the Place du Champ de Mars. Unlike the collapsed concrete structures in other parts of the city, the tin-roofed buildings and shacks in Cité Soleil, one of the area's poorest neighbourhoods, are still standing, although schools, dispensaries and larger stores are destroyed.

Most public and private hospitals left standing continue to be stretched to the limit, with not enough doctors or nurses to handle the hundreds of wounded waiting at their gates. Hospitals have also been badly affected by water shortages. Local authorities say many pumping stations are not working and water pipes are likely to have been damaged. As assessment by WHO/PAHO found at least eight hospitals and/or health centres

have collapsed or sustained serious damage (details below under Health). A field hospital for Haitian treatment will be operational by 17 January; a Jordanian hospital will be operational by 18 January, and a Colombian field hospital will be established at the PNH academy. Field hospitals that are already operations report an overflow of patients and reluctant by them to leave the facilities due to a lack of any alternative.

The limited capacity of the airport combined with heavy and unplanned air traffic remains a challenge, resulting in many flights being detoured and delayed. Landing delays are primarily due to the fact that the airport parking space is limited to 18 aircraft at a time for unloading. Offloading planes has taken a long time, adding to the congestion. The US and Canadian Army recently contributed equipment which should facilitate and accelerate the process. However lack of transport and fuel remain a problem making it difficult to move goods to other locations. With no storage facility, the airport is now packed with goods and teams.

Safety and security remains an important concern. Security measures need to be considered for distribution of supplies. MINUSTAH is assuming the responsibility to provide protection for distribution.

III. Humanitarian Needs and Response

Search and Rescue

Twenty-seven Urban Search and Rescue (USAR) teams are deployed across priority locations with approximately 1,500 rescue workers and 115 canine dogs. There have been 58 live rescues so far by these teams. The favourable climate and building structures have enhanced the survival chance of trapped victims, which indicates that the search and rescue phase can continue longer. Approximately 60% of the worst affected areas of Port-au-Prince and surrounding communities have been covered.

The major constraints for the USAR operation are security, transport, communications and fuel. Transport resources are still very limited and are further hampered by the fact that the fuel stocks in country are running low. Operations after dark are conducted on a voluntary basis since security staff is limited.

There are currently no ambulances available to transport casualties to hospitals and improvised transports are being used.

Logistics

UNHAS has announced that a slot system for Port-au-Prince airport has been created. The US Government has established temporary air traffic flow management procedures for flights into the airport. All fixed-wing aircraft flying to PAP airport are required to be on an active IFR flightplan and prior to departure obtain arrival slot times from the **Flight Operations Coordination Center (+1-850-283-5477)**. All operators are advised that fuel and other ground support services may be unavailable.

Many supplies, personnel and equipment are transiting through neighbouring Dominican Republic either by road or air. UN officials confirm that convoys are now being sent from Jimani, at the border, to Port-au-Prince, coordinated and escorted by Dominican Civil Defense and MINUSTAH. Coordination is being strengthened with the Dominican Republic/Santo Domingo airport to ensure that passengers and supplies are expedited as quickly as possible to Haiti. Other airports are also being considered, such as Baraona, close to the Haiti border, and WFP confirms that UNHAS will soon establish a passenger shuttle service between Santo Domingo airport and Port-au-Prince.

Port-au-Prince seaport is still non-operational due to earthquake damage. A detailed assessment of the port facility is being carried out by the WFP Port Captain. Some in-bound shipments are being diverted to Cap Haitien port, for onward transit by truck. Saint Marc and Gonaives ports are now reportedly open but capacity needs to be clarified.

Civil Military coordination for logistics will be crucial to unblock the logistics flow, and a dedicated WFP civil-military logistics coordination officer is now operational in Port-au-Prince. Coordination priorities include tasking of assets, assigning flight/convoy slots and clarifying procedures.

Two base camps are also expected to arrive in-country in the next few days, one will serve some 800 people (Canada), the other 200 (Scandinavian partners). Both may provide accommodation and office quarters, as well as washing and cooking facilities. However, they will each take several days to become fully operational, and shower facilities are therefore not expected to be available until Friday, 22 January.

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Food

The Food Aid Cluster continues to work on the presumption that two thirds of those affected are in need of food assistance, and are thus working towards meeting the needs of two million people. Four sites for food distribution have been identified so far; identification of further secured sites is ongoing.

WFP implemented distributions of high energy biscuits today to 50,000 people in the following areas: Cite Soleil, Carrefour, Leogane, Place Boyer, Champ de Mars and Jacmel. The WFP Port-au-Prince metropolitan area schools feeding programme is now being used serve 50,000 affected people with hot meals.

In addition, WFP and the Government of the Dominican Republic are setting up a coordination post at the Jimani border to ensure that food assistance transiting by road is fully coordinated. Hot meals and high energy biscuit are also being provided in Jacmel.

MINUSTAH distributed some 11,000 food rations provided by the Dominican Republic on 15 January, as well as an additional 10,000 packages of water, canned food and medicines to affected communities. The National Disaster Management Agency is also mobilizing two containers of food, which are now en route to Port-au-Prince by road.

Health

WHO/PAHO estimates that the number of dead ranges between 40,000 and 50,000 people. A mass burial of 3,000 bodies was reported yesterday.

At least eight hospitals and/or health centres have collapsed or sustained serious damage. This includes: the UN clinic at the Christopher Hotel (collapsed); Martissant emergency room/centre [managed by MSF] (damaged and unstable, all patients evacuated); Solidarité maternity hospital [MSF-managed] (severely damaged); Trinité trauma centre [MSF-managed] (severely damaged); HUEH University Hospital (damaged); new hospital on Delmas (damaged); Eliazard Germain hospital in Petionville (damaged); Petits freres et soeurs (damaged).

At least five hospitals are functioning: Hospital St. Esprit, Hospital Pere Damien, Clinique Hospital Le Messie, Le Nouveau Ventre Medico Hospitalier and the Argentine military hospital.

Major health concerns include untreated trauma wounds and infection of wounds. Health threats increase due to threats of infectious diseases, diarrhea, lack of safe drinking water and sanitation. Damage to health facilities means that routine treatment will be disrupted for people with pre-existing conditions such as HIV/AIDS, diabetes and cancer.

An ICRC cargo plane carrying 40 tonnes of medical supplies was diverted to Santo Domingo in the Dominican Republic on Friday evening, 15 January. The seven truckloads of materials will travel overland and are expected to arrive in Port-au-Prince by Sunday. In the coming days, at least 14 Emergency Response Units are expected to be on the ground and operational. These will include two full-service "base camps," designed to provide all necessary logistical and technical support for the initial relief operation.

PAHO/WHO Regional Response team arrived in Haiti yesterday and integrated in the PAHO/WHO country team. Other members remained in the Jimani Field Office (Dominican Republic). Daily Health Cluster meetings are underway.

WASH

According to the WASH cluster, the tankering of water began today with 250,000 liters of water being distributed to 52 water distribution points in 17 zones with the assistance of the private sector. Cluster partners have been given primary responsibility for each zone.

The response priority is the provision of water to hospitals and to areas where there are concentrations of affected people. Sanitation in the areas of concentration is the second priority. The Port-au-Prince water supply system is now partially operational and a detailed assessment of the damage has begun.

The WASH Cluster Coordinator (sspw@unicef.org) and assistant Cluster coordinator are in Port-au-Prince. The third WASH Cluster meeting was held in DENEPA at 15:00 today with more than 30 agencies attending.

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Shelter

The Shelter Cluster led by IOM reports that the distribution of jerry cans, water purification tablets and food rations took place yesterday at two distribution points and will continue today at a further four sites (exact locations not received). Distribution will increase over the coming days to target 60,000 people. A tracking matrix for NFIs is in the process of being established.

It is estimated that 200,000 families (up to one million people) are in need of immediate shelter and non-food assistance, but these figures are yet preliminary. Priority needs include jerry cans, water purification tablets, blankets, kitchen and hygiene kits, plastic sheeting and tents.

Initial rapid assessments are ongoing among all camp coordination and camp management cluster partners (around 50) in close coordination with WFP. The cluster is undertaking efforts with humanitarian partners and the Government to identify locations where the camps will be set up.

The Government has informed IOM that they are planning to set up reception centres to accommodate IDPs. Large family tents are therefore requested. The reception centres will require water and sanitation, cantines, and security. An effort is being made to establish mobile hospitals near identified reception centres.

Logistics remain the main operational constraint but also lack of staff for distribution. More support is needed to assess all settlements and camps and there is a continuing significant requirement for NFI distributions to affected populations. Organizations are encouraged to use a standard assessment form when conducting assessments as well as forward information and assessments results to **dbak2004@yahoo.fr**. Issues regarding shelter are requested to be sent to **shelterhaiti2010@gmail.com** with a clear message in the subject line.

Emergency Telecommunications

Emergency Telecoms (ET) cluster is currently supporting humanitarian operations, including the OSOCC/OCHA office at the MINUSTAH base and the sub-OSOCC at the airport.

The ET cluster is working on telephone and data services. Equipment provided by Ericsson has arrived in Port-au-Prince. Ericsson will also repair the GSM network. Tomorrow assessment and repair work will begin on the repeater sites for secure telecoms. The NDMA reports that the two main cell phone service providers Voila and Digicel have restored their services, but face serious limitations due to fuel shortages. Services could well be cut again in the next 1-2 days if they do not source new fuel supplies.

Nutrition

The Global Nutrition Cluster met today to share the latest information they have on staffing, assessment and planned response. Shortage of nutrition staff on the ground is a key constraint and those agencies that have staff report that they are themselves affected by the earthquake. Many agencies are either at the initial assessment phase or are about to undertake assessment. An in-country Nutrition Cluster has not been activated but is likely to soon.

IV. Coordination

The UNDAC team continues to coordinate the On-sight Operations and Coordination Center (OSOCC) that has been established at the MINUSTAH logbase. The European Civil Protection Mechanism has dispatched a coordination and assessment team of seven people which is working in the OSOCC together with the UNDAC team.

Sixteen European countries (Austria, Belgium, France, Luxemburg, Italy, Sweden, Spain, Germany, Netherlands, UK, Iceland, Portugal, Poland, Slovakia, Finland and Denmark) are providing assistance to Haiti through the EU Civil Protection Mechanism in the fields of search and rescue, health, shelter and water. The European Commission deployed for the first time two EU modules (water purification and advanced medical post) from the Rapid Response Capability pilot project and is also co-financing the transportation of several teams and assets to Haiti.

The President of Haiti has increased the number of thematic working groups and begun to designate official group leaders. They are coordinating with cluster counterparts. An information cell has also been set up at the

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Judicial Police HQ to collect, compile and analyze information on the emergency response, and staff there are coordinating closely with the OCHA/UNDAC information cell.

At the daily humanitarian forum meeting at the logbase, the need for establishing a common strategy for distribution was stressed in order to reach as many people as possible and to ensure transparency and accountability. Clusters are asked to provide a list of what is/will be distributed, by whom and to what location to the UNDAC team in order to strengthen coordination of the response.

One UNDAC member arrived in Santo Domingo on 15 January to support coordination of relief transiting through Dominican Republic; OCHA is working on sending more UNDAC members to this location. A Reception and Departure Centre has been established in Santo Domingo to facilitate incoming assistance. Coordinates are N18° 25' 46" and W 69° 40' 36".

The international relief activities of the Red Cross and Red Crescent, including those of the ICRC, are being coordinated by the International Federation of Red Cross and Red Crescent Societies (IFRC).

V. Funding

The Flash Appeal for Haiti was successfully launched yesterday in NY and was very well attended by the Member States. Seventy-four Member States took the floor and praised the speed at which the UN has responded in terms of getting staff on the ground, launching the Flash Appeal and disbursing cash from the CERF. Apart from significant pledges in in-kind contributions in the form of medical and search and rescue teams, as well as emergency aid supplies, around \$30 million was also pledged for the Flash Appeal. Based on FTS figures, this brings to \$49,778,757 the total pledges made to Flash Appeal to date.

There were some minor corrections to the project funding requests making the revised total request \$575 million (previously \$562 million). The corrections were in the Emergency Shelter and NFI cluster (from \$37,250,000 to \$38,250,000) and the Education Cluster (\$11,100,000 to \$23,050,000).

In addition to its support to the Flash Appeal and the CERF, OCHA is managing an in-country Emergency Relief Response Fund (ERRF) for Haiti to fund UN and NGO projects. The fund has existed for nearly two years and was an essential tool to kick-start critical activities in response to the 2008 hurricanes in Haiti.

All companies that wish to donate funds are urged to use the new UN/business partnership gateway, at <http://business.un.org>. 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: fts@reliefweb.int.

VI. Contact

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For **questions on commercial offers or in-kind offers** from companies, as well as in-kind offers from member states, please contact: Adriana Carvalho-Friedheim, OCHA Geneva, + 41 22 917 3514, carvalho-friedheim@un.org

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UNDAC in Haiti: undac.haitieq@gmail.com

OCHA's Operation Center can be joined at the following phone numbers: (509) 22 44 20 50 + Extension: Information – OCHA: ext. 6289 / UNDAC team – ext: 3748 / PAM (food aid or logistic cluster) ext. 5145 / Shelter & NFI Team : 6357

UNDAC in Dominican Republic: undac.rd@gmail.com

Websites

For more information, please visit www.reliefweb.int

For information on OCHA: <http://ochonline.un.org/haiti>

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

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

For a direct link to the Haiti Flash Appeal:

[http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/Flash_2010_Haiti/\\$FILE/Flash_2010_Haiti_SCREEN.pdf?OpenElement](http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/Flash_2010_Haiti/$FILE/Flash_2010_Haiti_SCREEN.pdf?OpenElement)

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