

Haiti

REVISED



Phuon Tran/IRIN

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2010

HUMANITARIAN
APPEAL



Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

ACF	GOAL	MACCA	TEARFUND
ACTED	GTZ	Malteser	Terre des Hommes
ADRA	Handicap International	Medair	UNAIDS
Afghanaid	HELP	Mercy Corps	UNDP
AVSI	HelpAge International	MERLIN	UNDSS
CARE	Humedica	NPA	UNESCO
CARITAS	IMC	NRC	UNFPA
CONCERN	INTERSOS	OCHA	UN-HABITAT
COOPI	IOM	OHCHR	UNHCR
CRS	IRC	OXFAM	UNICEF
CWS	IRIN	Première Urgence	WFP
DRC	Islamic Relief Worldwide	Save the Children	WHO
FAO	LWF	Solidarités	World Vision International

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details, continually updated, can be viewed, downloaded and printed from www.reliefweb.int/fts



1. EXECUTIVE SUMMARY

The strongest earthquake in Haiti in more than 200 years, measuring 7.0 on the Richter scale, rocked the impoverished Caribbean nation on 12 January 2010 in the late afternoon. The earthquake struck Ouest Province around an epicentre 17km south-west of Haiti's capital, Port-au-Prince, which suffered extensive damage. The nearby cities of Carrefour and Jacmel and other areas to the west and south of Port-au-Prince were also affected, with the town of Léogâne reported to be 80% destroyed. The exact number of people killed will probably never be known, and surveys and verification are ongoing, but the most recent Government estimates place the figure at some 217,300 dead, and some 300,600 wounded. Over 97,000 houses were destroyed, and over 188,000 damaged to some degree. Three million people have been affected, of whom the Government estimates 1.9 million have lost their homes and over 511,000 have left the affected cities. All organisations and institutions – Governmental, national and international – which would normally have responded to the needs were all heavily affected through loss of personnel and equipment.

A massive international relief effort was rapidly put in place in spite of extraordinary logistical challenges, particularly the earthquake's destruction of entry points into Port-au-Prince. Damage to Port-au-Prince's seaport forced aid agencies to try to supply a city of three million using the sole runway at the capital's airport, plus some overland transport from the Dominican Republic. The seaport was completely unusable for the first ten days of the aid operation and is still not functioning at normal capacity. A Flash Appeal, requesting US\$562 million¹ (later adjusted to \$577 million) in emergency humanitarian assistance, was launched on January 15. As of February 16, it was 100% funded, although funds are not evenly allocated and some sectors such as agriculture remain severely under-funded.

The need for a continued international humanitarian response is currently assessed as extremely high in terms of both scale and urgency. Some three million people require humanitarian assistance of some kind, most of whom are estimated to require urgent, life-saving or life-sustaining response, while some mainly require livelihood support without being at increased risk to life, health or safety. Two million require food assistance. Host families and communities are bearing much of the burden of supporting displaced people, and need a range of assistance. Although some economic activity has resumed, the livelihoods of the majority of the affected population seem to have been severely affected by the earthquake. Much is expected from the Post-Disaster Needs Assessment (PDNA) in terms of identifying longer-term needs.

The emergency phase of humanitarian relief operations will endure for many months to come, and challenges to the international humanitarian response remain significant, mainly operational constraints which include logistics, communication and coordination among the very large number of

Haiti Revised Humanitarian Appeal Key parameters

Duration	12 months (January-December 2010)
Key milestones in 2010	Planting seasons: March, June Rainy season: April-June and August-November Harvests: June, October Hurricane season: June-November
Key issues of concern	<ul style="list-style-type: none">• Shelter & sanitation before April rainy season to mitigate morbidity from water-borne diseases• Rubble removal• Camp management• Cash for work• Restoring livelihoods / economic activities, particularly agricultural input support• Earthquake-related disabilities• Protection concerns, particularly sexual violence in temporary settlements
Total funding requested	Funding requested per beneficiary
\$1.4 billion	\$481

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2010 page.

humanitarian organizations (around 1,000) now on the ground. Protection and assistance needs of internally displaced people (IDPs) in the border area and victims arriving in the Dominican Republic are also a concern. Contingency planning is underway to prepare for the upcoming rainy and hurricane seasons from April to November, and their related hydro-meteorological hazards such as flooding, mudslides, and storm surges, as well as further aftershocks, taking into consideration displaced populations and logistical impediments. Over 90% of the recent disasters in Haiti have been linked to hydro-meteorological and climate-related hazards such as tropical cyclones, flash floods and landslides, all of which have been further exacerbated by massive deforestation. The effect of the rainy season, once it begins in earnest, and flooding on already damaged buildings and infrastructure is causing serious concern.

While significant improvements have been made in the ability to reach those in need with food, water, healthcare and shelter, humanitarian needs in Haiti remain immense. Until the situation stabilizes and plans for recovery and reconstruction are clearer, plus bearing in mind the urgent need to prepare for the rains and likely flooding, the current level of humanitarian response – relief and early recovery – must increase and be expanded to more people and to yet-unreached parts of the country. **The overarching humanitarian objective is to provide an environment for safe and healthy living for all affected people until reconstruction restores normality.** The strategy to achieve this will involve a mixture of accommodation and support in medium-term camps and settlements, support to those dispersed to host communities and to their hosts, and support *in situ* in damaged towns for those who can stay. To this end, the Humanitarian Country Team (HCT) in Haiti has revised the Flash Appeal into a full humanitarian appeal with a planning and budgeting horizon of 12 months.

The Revised Humanitarian Appeal is a strategic and detailed plan aiming to assist the three million people directly affected by the earthquake and to support host families in the departments that have received the half million people that fled the capital. It also includes planning and preparedness ahead of the impending rainy season, including for disaster risk reduction, and significant early recovery priorities including further expansion of cash-for-work programmes. The overall objectives identified for the Appeal are to:

1. Provide the full needed range of humanitarian support for at least 1,200,000 earthquake-affected people who need shelter and other time-critical life-saving actions, especially in water/sanitation/hygiene, health care, basic household items, food aid, nutritional support, and protection, emphasising the key linkages among these sectors;
2. Re-establish existing or establish temporary new physical and social infrastructure and services for three million earthquake-affected people in Haiti and the Dominican Republic, including health, food security, economic livelihoods support, education, community spaces and community groups;
3. Continue the strengthening of Government capacity for coordination at all levels and the rapid scale-up of common services, including logistics, telecommunications, security, and coordination in the face of current severe conditions, plus expected worse conditions in the near future;
4. Put in place preparedness, disaster risk reduction, and contingency planning (each mainstreamed throughout clusters) in anticipation of worsening conditions resulting from the imminent rainy and hurricane season and their associated risks of flooding, mudslides and storm surges.

The priority needs in the Appeal at the moment are:

- Shelter provision to IDPs through identification of safe sites, distribution of shelter materials, and appropriate water and sanitation before the rainy season.
- Increasing cash-for-work to support livelihoods especially through rubble removal which facilitates aid operations, return and reconstruction.
- Food aid, nutritional and agricultural support, with an increasing emphasis on food-for-work specifically targeting rural and host communities to which IDPs have moved.
- Health, in particular primary health care and monitoring.

- Protection activities for IDPs, women, children and other vulnerable people who are at heightened risk of various forms of exploitation, neglect or abuse.
- Education activities, emphasizing psycho-social support and limiting disruption to learning by rapidly opening temporary schools.
- Logistics and emergency telecommunications to support efficient and timely aid delivery.

Revised financial requirements for one year have been assessed at \$1.4 billion, including the original six-month Flash Appeal amount. The Revised Humanitarian Appeal has expanded to include the activities of 76 aid organizations. With the initial Flash Appeal having received 100% funding (counting committed as well as paid funding), plus existing funding for some of the projects newly presented in this revision, unmet requirements for this emergency in 2010 are **\$768 million**.

Current figures on affected population – three million overall, of whom:

Killed	217,366
Wounded	300,572
Missing	383
In spontaneous settlements	1,237,032 (including 1,215,790 in/around Port-au-Prince)
Displaced outside Port-au-Prince	511,405

Source: Civil Protection Directorate (*Direction de la Protection Civile* [DPC]) bulletin no. 13, 15 February 2010



Basic humanitarian and development indicators for Haiti (pre-earthquake)

	Population	9,761,929 people (Source: Institut Haïtien de Statistique et d'Informatique (IHSI) 2008)
Economic status	Gross national income per capita	\$660 (Source: World Bank: Key Development Data & Statistics 2008)
	Percentage of population living on less than \$1.25 per day	54.9% for the years between 2000–2007 ² (Source: UNDP Human Development Report [HDR] 2009)
	Ratio of female to male earned income	0.37 (Source: UNDP HDR 2009)
Health	Adult mortality (2007)	323/1,000: Male 233 /1,000: Female (source: World Health Statistics 2009)
	Maternal mortality	670/100,000 live births (UNICEF: Childinfo statistical tables)
	Under-five mortality (2007)	79/1,000: Male 73 /1,000: Female (source: World Health Statistics 2009)
	Life expectancy at birth (2007)	53: Male 55: Female (source: World Health Statistics 2009)
	Number of health workforce (MD+nurse+midwife) per 10,000 population	4/10,000 in 2000 (source: World Health Statistics 2009)
	Measles immunization coverage among one-year-olds	58% in 2007 (source: World Health Statistics 2009)
Nutrition	Prevalence of under-nourishment in total population	58% (FAO Statistics: Prevalence of under nourishment 2004-2006)
	Prevalence of underweight in children under five years	18.9% (The International Food Policy Research Institute [IFPRI] Global Hunger Index 2001-2006)
Food security	Food security indicator	5.4 million people undernourished (FAO SOFI 2009) 1.8 million people food-insecure (FEWS NET October 2009)
WASH	Proportion of population with access to improved drinking water coverage	Urban – 70%, Rural – 51%, Overall – 58% (Joint Monitoring Project 2008, UNICEF/WHO based on 2008 figures)
	Proportion of population with access to improved sanitation coverage	Urban - 29%, Rural – 12%, Overall - 19% (Joint Monitoring Project 2008, UNICEF/WHO based on 2006 figures)
Other vulnerability indices	European Commission Humanitarian Aid Office (ECHO) Vulnerability and Crisis Index score	V: 2, C: 1.81 (out of scale 0-3, 3 being most severe) (Source: ECHO Global Needs Analysis [GNA] 2008-2009)
	UNDP Human Development Index score	0.532: 149th of 182 countries (Medium Human Development)
	UNDP Gender Empowerment Measure (GEM)	149 th out of 182 countries

² Data refer to the most recent year available during the period specified.

Table I: Summary of requirements, commitments/contributions and pledges (grouped by appealing organization)

Haiti Flash Appeal (Revised) (January - December 2010)

as of 17 February 2010

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

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Appealing Organization	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
ACDI	-	3,280,000	-	0%	3,280,000	-
ACF	700,000	17,062,000	11,894,185	70%	5,167,815	-
ACTED	-	20,005,943	8,485,151	42%	11,520,792	-
ADRA-Haiti	-	478,100	-	0%	478,100	478,000
Aide et Action	-	1,109,385	-	0%	1,109,385	-
ARC	-	300,000	-	0%	300,000	-
AVSF	-	1,720,464	-	0%	1,720,464	-
AVSI	-	2,724,836	-	0%	2,724,836	-
Bioforce	-	414,433	-	0%	414,433	-
CARE International	-	12,575,000	6,501,225	52%	6,073,775	-
CECOSIDA	-	255,000	-	0%	255,000	-
CEHPAPE	-	750,000	-	0%	750,000	-
CISP	-	183,130	-	0%	183,130	-
COOPI	-	1,380,000	-	0%	1,380,000	-
CW	-	4,731,309	-	0%	4,731,309	-
Deep Springs International	400,000	472,592	-	0%	472,592	-
ERF (OCHA)	-	-	59,387,837	0%	(59,387,837)	-
FAO	23,000,000	45,199,880	1,750,000	4%	43,449,880	-
FHED-INC	-	1,800,000	-	0%	1,800,000	-
Finnchurchaid	-	3,000,000	937,951	31%	2,062,049	-
Floresta	-	896,161	-	0%	896,161	-
FRATERNITE NOTRE DAME	-	1,087,500	-	0%	1,087,500	-
Heartland Alliance	-	915,867	-	0%	915,867	-
HHI	-	4,998,180	-	0%	4,998,180	-
HI	5,850,000	10,782,000	1,227,758	11%	9,554,242	-
Hopital Albert Schweitzer	-	3,390,000	-	0%	3,390,000	-
Hopital Sainte Croix	-	575,000	-	0%	575,000	-
HWA	-	2,534,389	-	0%	2,534,389	-
ILO	2,380,000	4,580,000	-	0%	4,580,000	-
IMC	2,200,000	6,195,279	3,800,607	61%	2,394,672	-
INTERSOS	-	600,600	-	0%	600,600	-
IOM	29,175,000	123,278,171	39,623,913	32%	83,654,258	-
IRC	250,000	2,351,000	250,000	11%	2,101,000	-
IRD	-	4,096,927	425,000	10%	3,671,927	-
IRD/MEBSH	-	973,000	-	0%	973,000	-
JRS	-	814,947	-	0%	814,947	-
MARCH	-	480,080	-	0%	480,080	-
MDM Greece	400,000	900,000	577,201	64%	322,799	-
Mercy Corps	-	1,192,688	125,000	10%	1,067,688	100,000
MERLIN	500,000	9,208,000	5,583,222	61%	3,624,778	-

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Table I: Summary of requirements, commitments/contributions and pledges (grouped by appealing organization)

Haiti Flash Appeal (Revised) (January - December 2010)

as of 17 February 2010

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Compiled by OCHA on the basis of information provided by donors and appealing organizations

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Appealing Organization	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
NCA	-	3,290,000	2,079,723	63%	1,210,277	-
OCHA	6,677,579	17,658,678	11,173,202	63%	6,485,476	890,336
OHCHR	530,000	1,800,000	1,832,612	100%	(32,612)	-
OI	-	1,553,885	-	0%	1,553,885	-
OXFAM GB	3,000,000	5,440,950	5,440,950	100%	-	-
OXFAM Quebec	-	50,025	-	0%	50,025	-
PIH	-	10,000,000	10,000,000	100%	-	-
Plan	1,000,000	7,610,000	523,031	7%	7,086,969	4,416,575
Project K.I.D.	-	3,579,425	-	0%	3,579,425	-
RedR UK	-	414,433	-	0%	414,433	-
RI	-	8,660,820	1,500,000	17%	7,160,820	-
Samaritan's Purse	-	500,000	272,250	54%	227,750	-
SC	9,825,000	51,124,992	28,084,423	55%	23,040,569	-
Solidarités	-	2,500,000	-	0%	2,500,000	-
Terre Des Hommes	800,000	1,600,000	1,039,608	65%	560,392	-
UCODEP	-	252,000	-	0%	252,000	-
UN Agencies and NGOs (details not yet provided)	-	-	-	0%	-	8,000,000
UNAIDS	600,000	717,581	24,331	3%	693,250	-
UNDOCO	-	950,000	-	0%	950,000	-
UNDP	35,600,000	103,898,043	19,895,767	19%	84,002,276	500,000
UNDSS	3,810,000	3,610,000	240,848	7%	3,369,152	-
UNEP	1,000,000	8,350,000	-	0%	8,350,000	-
UNESCO	1,900,000	4,050,000	520,000	13%	3,530,000	-
UNFPA	4,550,000	16,748,595	6,273,638	37%	10,474,957	-
UN-HABITAT	13,430,000	23,137,904	30,000	0%	23,107,904	-
UNHCR	-	1,770,406	-	0%	1,770,406	-
UNICEF	119,975,000	172,757,000	167,201,813	97%	5,555,187	837,144
UNIFEM	800,000	1,700,000	199,020	12%	1,500,980	-
UNISDR	-	1,000,000	-	0%	1,000,000	-
UNOOSA	-	133,750	-	0%	133,750	-
UNOPS	-	31,703,889	-	0%	31,703,889	-
UNOSAT	58,850	191,530	-	0%	191,530	-
WCH	-	2,908,500	-	0%	2,908,500	-
WFP	279,849,225	586,858,812	250,837,023	43%	336,021,789	981,444
WHO	10,000,000	54,188,050	17,840,973	33%	36,347,077	-
WMO	-	890,000	-	0%	890,000	-
World YWCA	-	200,000	-	0%	200,000	-
WVI	3,800,000	12,456,791	8,153,849	65%	4,302,942	-
GRAND TOTAL	562,060,654	1,441,547,920	673,732,111	47%	767,815,809	16,203,499

The list of projects and the figures for their funding requirements in this document are a snapshot as of 17 February 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: Summary of requirements, commitments/contributions and pledges (grouped by cluster)

Haiti Flash Appeal (Revised) (January - December 2010)

as of 17 February 2010

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Cluster	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	23,000,000	70,640,554	4,965,682	7%	65,674,872	-
CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	1,300,000	73,044,540	5,987,750	8%	67,056,790	-
CLUSTER NOT SPECIFIED	-	-	190,724,080	0%	(190,724,080)	8,788,600
COORDINATION AND SUPPORT SERVICES	10,487,579	33,639,471	12,143,820	36%	21,495,651	890,336
EARLY RECOVERY	49,218,850	157,564,378	27,309,577	17%	130,254,801	2,796,618
EDUCATION	11,100,000	76,042,842	30,646,459	40%	45,396,383	1,148,309
EMERGENCY SHELTER AND NON-FOOD ITEMS	29,250,000	118,523,653	25,561,618	22%	92,962,035	-
EMERGENCY TELECOMMUNICATIONS	782,460	7,475,513	1,452,490	19%	6,023,023	-
FOOD AID	246,039,060	480,418,546	136,231,164	28%	344,187,382	-
HEALTH	33,900,000	134,067,349	75,307,109	56%	58,760,240	-
LOGISTICS	33,527,705	104,923,179	45,587,619	43%	59,335,560	481,444
NUTRITION	48,400,000	43,453,946	29,974,348	69%	13,479,598	500,000
PROTECTION	16,230,000	61,115,324	24,115,057	39%	37,000,267	1,549,648
WATER, SANITATION AND HYGIENE	58,825,000	80,638,625	63,725,338	79%	16,913,287	48,544
Grand Total	562,060,654	1,441,547,920	673,732,111	47%	767,815,809	16,203,499

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 17 February 2010. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

2. CONTEXT, RESPONSE TO DATE AND HUMANITARIAN CHALLENGES

2.1 Context

The strongest earthquake in Haiti in more than 200 years, measuring 7.0 on the Richter scale, rocked the impoverished Caribbean nation on 12 January at 4.53 p.m. (local time). The earthquake struck Ouest Province (population 2.2 million), with the epicentre 17km south-west of Haiti's capital, Port-au-Prince. The nearby cities of Carrefour and Jacmel, as well as other areas to the west and south of Port-au-Prince, were also affected, with the town of Léogâne reported to be 80% destroyed.

According to the Haitian Civil Protection Unit, 20 communes of the Ouest department, especially the communes of Cabaret, Cite Soleil, Croix-de Bouquets, Tabarre, Carrefour, Grand-Goave, Gressier, Léogâne, Petit-Goave, Delmas, Petion-Ville, and the capital city Port-au-Prince, were the hardest hit. Ten communes of the South-east department also suffered extensive damage, with the worst damage occurring in Jacmel. There was minor damage and impact in the departments of Nippes and Grande-Anse.

Obtaining accurate figures on the numbers of people killed and wounded is still difficult, for a number of reasons. Whilst these figures cannot yet be said to be definitive, according to the Government, the earthquake has led to the deaths of at least **217,300** people (2% of the population of Haiti), with **300,572** reported as having suffered injuries of various kinds, including at least 1,000 people who had at least one limb amputated. The affected population is estimated at three million (30% of the population of Haiti), of whom over 1,200,000 are in need of shelter support. As a measure of how the earthquake directly struck those who would normally offer emergency response, 102 UN staff died in the earthquake. The table below gives the latest figures on affected populations and housing damage.

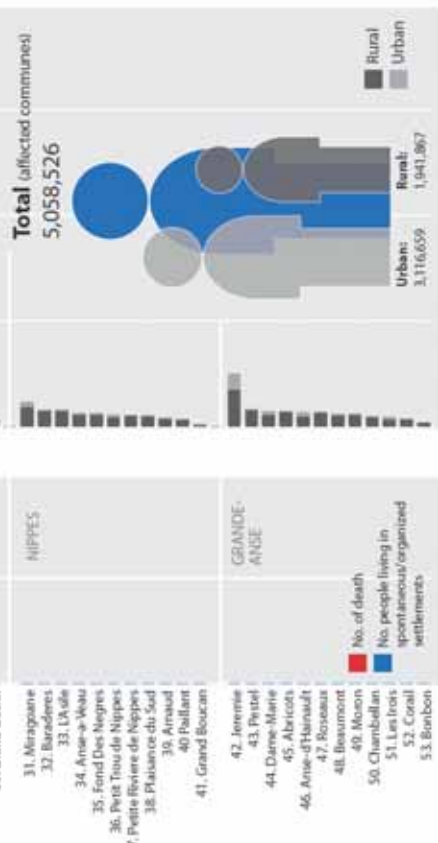
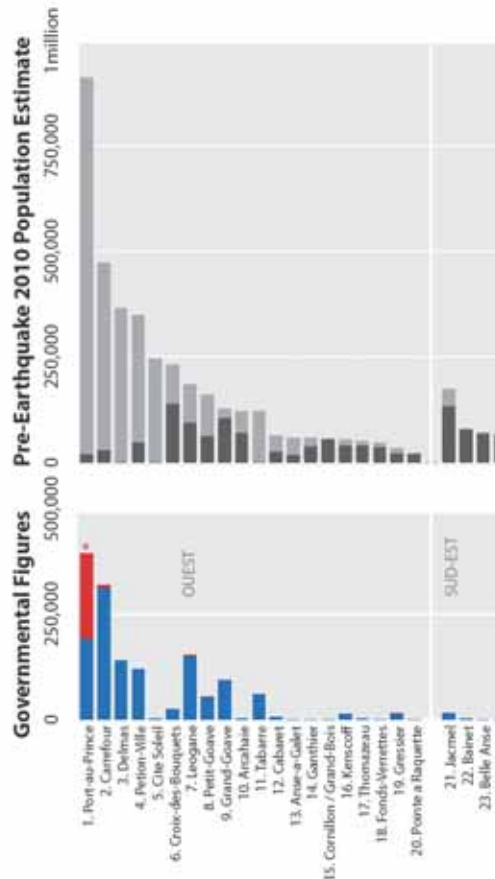
Damage statistics and population movements

Department	Deaths	Missing	Wounded	Families	People in need of shelter	Displaced outside PAP to*	Houses	
							Destroyed	Damaged
Artibonite						162,509		
Centre						90,997		
Grande-Anse	9	0	19	989	0	98,871	106	883
Nippes	12		39	4,279		33,350	257	4022
Nord						13,531		
Nord-Est						8,500		
Nord-Ouest	0	0	0	0	0	45,862	0	0
Ouest	216,904	369	299,803	242,310	1,215,790	32,253	89,310	153,000
Sud						25,532		
Sud-Est	441	14	711	39,334	21,242		7,621	30,478
TOTAL	217,366	383	300,572	286,912	1,237,032	511,405	97,294	188,383

Source: DPC, 15 February 2010

*Note: in the absence of more precise disaggregated data, relief agencies are estimating a 50/50 split in the affected population between men and women.

The initial relief efforts in Haiti were challenged in an unprecedented way as much capital infrastructure was damaged or destroyed in the earthquake. Every significant entry point into Haiti that was expected to function in a relief effort was damaged, and huge obstacles needed to be overcome to initiate an emergency response. Extensive augmentation of the logistics infrastructure was required to begin operations. The level of casualties sustained by the civil service and damage to public buildings has affected national capacity to lead and coordinate the response, although in the month after the earthquake, national and local authorities have been increasingly active and are key partners to the relief effort.



The earthquake has significantly increased the number of food-insecure people in Haiti. Prior to the earthquake, some 1.8 million people (nearly 20% of the population) were estimated to be food-insecure. In 2008 civil unrest, high food prices, three hurricanes and one tropical storm depleted household incomes, displaced thousands and ravaged infrastructure. The earthquake has severely exacerbated already high levels of vulnerability. The outflow of people from the worst-hit areas (Port-au-Prince, Carrefour, Léogâne, Delmas and Jacmel), combined with the severe damage to national infrastructure, is beginning to have a measurable effect on lives and livelihoods across large areas of the country.

2.2 Humanitarian Challenges and Achievements

While substantial quantities of relief items have started reaching Haiti by air, road and sea, bottlenecks and the limited capacity of the logistics supply chain were a major challenge. The basic operational fact was the seaport being out of operation because of earthquake damage. This meant that Port-au-Prince, a city of three million, had to be fed, watered, and otherwise supplied almost entirely via a single-runway airport (plus some overland transport from the Dominican Republic, which emerged as a key lifeline). Such an operation had scarcely ever been attempted in the history of disaster relief, and novel

challenges emerged. Along with relief supplies for earthquake victims, large-scale operational assets and supplies had to be flown in, especially as many of the aid agencies' pre-existing assets in Haiti were themselves damaged beyond use. There was not enough tarmac space at the airport to park all the offloading planes; incoming planes had to be held back until an offloaded plane took off and freed a parking slot. Fuel ran short. In response, the humanitarian system and cooperating militaries established a system of triaging incoming flights to ensure that the most urgent cargo landed first.



Phuong Tran - Port Jeremie



Phuong Tran - Port Jeremie, one of Haiti's several ports from where thousands of Haitians are waiting to board boats to travel to different parts of Haiti

Logistical hubs were established in the seaport and airport of Santo Domingo (capital of neighbouring Dominican Republic) plus logistical support along the road from Santo Domingo to Port-au-Prince. The US military in particular focused on repairing the Port-au-Prince seaport, and was able to restore limited operation within a few weeks. This, combined with the dispatch of a floating dock plus ships capable of offloading without docks, has relieved the pressure on the airport and started to allow the entry of materials up to the scale needed.

Despite these challenges, the humanitarian response was able to rapidly scale up, including medical assistance, food, water, sanitation, shelter, protection, immediate cash-for-work (CfW) activities focusing on removal of debris, and national capacity support, coupled with logistics augmentation to facilitate the delivery and distribution of the relief aid.



Ousmane Watt – OCHA 10 February 2010



Ousmane Watt – OCHA 10 February 2010

In addition to the gradually-restored logistical entry points, this effort was able to use what little Government capacity survived the earthquake, and the resources of the Haitian people themselves, who in many cases formed the first line of humanitarian response and who were responsible for saving unknown numbers of their compatriots from ruined buildings. The cumulative result of these activities has been the saving of thousands of lives, including a record of 211 people saved from the rubble by national and international search and rescue teams.



Phuong Tran - Judith Saint Vil: "I cannot get any food here in Port-au-Prince. I will feel more at ease in Jeremie"

The initial response was largely concentrated in Port-au-Prince, Jacmel and Léogâne, which was where the highest numbers of people directly affected by the earthquake were. Efforts are now underway to expand coverage to other areas, in particular rural areas in departments such as Artibonite, Centre, Nord Ouest, and Grande Anse where substantial numbers of IDPs have arrived. According to Government figures, the numbers of displaced people in those four departments may be as high as 77% of the estimated total number of people who were displaced from Port-au-Prince and other earthquake-affected areas.

As of mid-February, 75% of affected people still require shelter. Although food coverage has reached the two million target, assistance needs to be continued to re-supply populations whose rations have run out. There is further a need to diversify the food basket to include daily staple foods such as cooking oil and beans and to reach areas that have so far not benefited from the distributions.

Water is being provided to at least 911,200 people out of a target population of 1,100,000, representing coverage of 82%, but sanitation remains a major concern since 75% of the affected population have not received hygiene kits and latrines are 95% short of the needs. A large number of bilateral and multilateral health partners have responded quickly to the immediate medical needs of wounded populations but major challenges remain to ensure availability of post-operative and trauma care as well as epidemiological surveillance and targeted vaccination campaigns to avoid epidemics.

The Logistics Support System / Humanitarian Supply Management System (LSS/SUMA³) operating out of the PROMESS (*Programme de Médicaments Essentiels* / Essential Drugs Programme) warehouse, coordinated the acquisition and distribution of donations and other supplies received through the Port-au-Prince airport. LSS/SUMA has also been set up in Jimani (Dominican Republic), along the border with Haiti, to coordinate the arrival of humanitarian supplies transiting by land. The health cluster plans to use this information to determine supply gaps and distribution priorities.

With the amount of needs and partners, essential drugs and material and medical equipment screening, storage and delivery are challenges. As an example, just in the third week of January, 483,091 kg of pharmaceutical supplies and 4,990 kg of non-pharmaceutical health supplies, such as rubber gloves and masks, arrived at Port-au-Prince airport.

In terms of lessons, the clear value of good coordination of international relief efforts has once again been underlined. The lessons learned from previous disasters and applied through the process of humanitarian reform are paying off, not least through the operation of the cluster system where

³ LSS/SUMA was developed as a joint effort of Latin American and Caribbean countries, with the technical cooperation of the Pan American Health Organization (PAHO), and the Regional Office for the Americas of the World Health Organization (WHO). Its principal objective is to improve the management of humanitarian assistance by strengthening national capacities for the effective management of relief supplies, essentially helping national authorities to make order of the chaos often caused by uncoordinated humanitarian assistance, so that these supplies arrive in a timely and effective manner to aid the affected population.

different UN agencies, NGOs, the Red Cross movement and the Government of Haiti have now organized efforts sectorally. With well over 900 aid agencies working in Haiti as well as the United Nations Stabilization Mission in Haiti (MINUSTAH) and other international deployed forces, it is only together that effectiveness will be maximized by coordinating actions and working in partnership. Other coordination mechanisms that proved themselves included: the launch of the Flash Appeal within 72 hours after the earthquake, itself a major accomplishment; the rapid disbursement of funding from the Central Emergency Response Fund (CERF); and the civil-military coordination framework which includes the Government, MINUSTAH, other international deployed forces and humanitarian actors.

One lesson learned is the need for a UN coordination structure for engineering and infrastructure in this relatively unfamiliar urban environment. A large number of organizations are participating in activities such as building assessments, demolition, debris management, road clearance, salvage, emergency repairs, and electrical grid restart. The absence of a coordinating cell has led to very slow mobilization of assistance, confusion and duplication. A solution is proposed in this revised appeal with the creation of a coordination cell.

There has also been a process of dialogue between international actors, the Haitian Government and the Haitian people affected by the disaster, which has produced a consensus that the right solution to the shelter and other immediate needs is to keep people where they are for the time being and not to create massive camps. Permanent shelter is at least a year off; in the interim, the consensus on the ground – with the agreement of the Government – is that tents form only one part of the immediate response.

In the first days after the crisis, the priority was on life-saving assistance – search and rescue, food, water, health care. Nearly a month into the response, equipment and systems to allocate shared resources amongst the various humanitarian agencies and NGOs and to both coordinate and prioritize needs have improved, with shelter and sanitation identified among the most urgent priorities along with rubble removal.

The role of the military in the humanitarian effort

In the immediate aftermath of the earthquake, the United States of America (USA), Canada and an array of other international military forces deployed to Haiti, in support of the humanitarian relief effort and the Government of Haiti, and committed to working in coordination with MINUSTAH. MINUSTAH currently has approximately 7,000 troops and 2,000 police in theatre, with additional reinforcements starting to arrive as of mid-February. The US have some 18,000 troops (part ashore, part on ships), and the Canadians 2,000.

Civil-military coordination has been prioritized accordingly, given the need to liaise effectively with MINUSTAH as well as other international deployed forces lending their support to humanitarian operations. Their assistance and commitment to coordination have been vital. Several civil-military arrangements with the USA, Canada and others have been put in place at different levels at headquarters and on the ground. Particularly important has been the creation of the Joint Operations Tasking Centre (JOTC) in

Port-au-Prince, a clearing house for military support to humanitarian operations. The JOTC consists of MINUSTAH, the US and Canadian military (amongst others), the Office for the Coordination of Humanitarian Affairs (OCHA) and UN-civil-military coordination staff. Humanitarian organizations in need of military escorts submit requests to JOTC, which the JOTC prioritizes based on inputs from



Phuong Tran - rescue helicopter med-evacking patients from Léogâne, Jan 2010

cluster leads. The operating principle of the JOTC is that MINUSTAH is the primary provider of security support, with additional support provided by other deployed international forces as required. To date the JOTC has been operating smoothly and effectively.

Effective civil-military coordination has been particularly important to maximize limited logistics capacity to support relief efforts. The coordination mechanisms ensure that requests from the humanitarian community are channelled in a coordinated and prioritized manner to allow for the most efficient use of military resources, including air, land and sea transport. Liaison services include:

- The establishment of direct lines of communication and tasking procedures for US military assets through the United States Agency for International Development (USAID) / Office of Foreign Disaster Assistance (OFDA) and also with Canadian forces;
- The creation of a coordination platform to facilitate the arrival of incoming humanitarian flights and incoming ships at the Port-au-Prince port;
- The setting-up of ground logistics at Port-au-Prince airport including cargo movement, clearing and uplift.

Now that we are entering the second phase of the humanitarian relief operation, it is essential for the humanitarian community to have a clear plan and a strategy for the way ahead, in order to effectively respond to the diverse needs and vulnerabilities, build on the capacities of the affected population, coordinate effectively with key relief actors including the Haitian Government, and inform the military about its requirements for support. Joint planning is a key to this process, and the humanitarian and donor community, together with OCHA as coordinating body, is engaging actively with MINUSTAH and other international deployed forces in order to advise them on the type of support needed for the months ahead. The Revised Humanitarian Appeal will be a fundamental tool to offer the military a strategic humanitarian plan to plug into and support.

2.3 Overview of main elements of response to date, key challenges and gaps

Shelter & Non-Food Items (NFIs)								
Main elements of response to date								
<ul style="list-style-type: none"> • The national shelter need for those affected by the earthquake is estimated to be around 1.2 – 1.3 million people. For planning purposes, this has been broken down into 15% with host families (180 to 195,000), 10% non-displaced on damaged homesteads (120 to 130,000), 65% in self-settled transitional settlements in urban locations close to their original homes (780 to 845,000) and 10% in planned settlements outside of the capital on new sites (120 to 130,000). • The Shelter Cluster reports that as of 15 February 88,417 tarpaulins have been distributed along with 17,314 family-size tents. This has reached about 24% of the estimated 1.2 million in need of shelter support. As a minimum, the shelter is recommending a target of one tent or two tarps per family of five. • The table below shows an overview of non-food item (NFI) figures as of 15 February, according to the Shelter and NFI Cluster. The cluster membership is now at 70 members, but far from all have regularly reported on their activities. 								
NFIs	Need	Distribu- ted	HHS Cov- ered	In Stock	Projected Coverage	Remain- ing Need	In Pipeline	Total Coverage
Blanket	480,000	110,056	23%	200,303	65%	169,641	344,200	136%
Bucket/Jerry Can	480,000	124,227	26%	109,373	49%	246,400	266,578	104%
Cot	480,000	1,450	0%	-	0%	478,550	-	0%
Hygiene Kit	240,000	87,501	36%	18,459	44%	134,040	43,763	62%
Kitchen Set	240,000	17,277	7%	40,426	24%	182,297	44,738	43%
Mat	480,000	16,104	3%	73,900	19%	389,996	121,440	44%
Mosquito nets	480,000	28,388	6%	121,159	31%	330,453	108,640	54%
Rope	240,000	28,511	12%	24,120	22%	187,369	100,504	64%
Tool Kit	48,000	5,850	12%	8,513	30%	33,637	9,500	50%

HH=Household, Ind=Individual

Source: Shelter/NFI Cluster, Haiti Earthquake Emergency Response, Distribution Update , 15 February 2010

Challenges and gaps in response

- The Government has decided on a policy of keeping 90% of the city's population close to their homes.
- Provision of shelter material other than plastic sheeting is not feasible in most spontaneous camps due to the density of the sites and lack of relocation space in the vicinity.
- The Shelter Cluster has committed capacity for universal coverage with plastic sheeting by 1 April and in parallel to build up to 120,000 transitional shelters (620,000 people). While the distribution of plastic sheeting needs to be accelerated to cover populations during the rains which could start as early as end of February, the capacity for transitional, more hurricane-resistant shelter represents only 60% of needs. In order to fill the gap for the remaining 40% of need in transitional shelter a mass procurement strategy was proposed which may need support from external actors to be put in place. Resolving bottlenecks regarding insufficient port handling capacity for large amounts of shelter materials warehousing and trucking and secure distribution points, will be critical if this solution can be presented as a viable option. Engineering assistance is urgently needed to clear drainage and new shelter sites.

Camp Coordination Camp Management (CCCM)

Main elements of response to date

- The CCCM Cluster focuses its efforts on displaced people who have spontaneously self-settled in urban sites. As of 16 February, 334 such sites, occupied by 500,260 IDPs (97,659 families) have been mapped, the overwhelming majority of which are in Port-au-Prince, but there are more.
- 18 of these sites have been identified with a population of more than 5,000 IDPs each (see response plan for more details)
- Nine of these spontaneous settlements, which are being managed by cluster partners, have been identified / approved by the government to become transitional settlements (see CCCM response plan).
- In order to proceed with reducing the population of the most hazardous sites before the rainy season, three interlinked factors are critical: i) Rubble removal in the places of origin of people in sites; ii) Assessment of existing houses (for return); iii) Identification of new sites in cooperation with the Government.

Challenges and gaps in response

- The identification of agencies willing to take on camp management responsibility is still being mapped out. In addition, some agencies currently supervising camp management have indicated their intention to phase out. **More implementing organizations are therefore needed.** The cluster is liaising with the DPC on the issue of registration of displaced people. The most urgent need still pertains to the identification of safe sites to decongest overcrowded and unsafe sites (e.g. Petionville Golf Club) which risk flooding and spread of epidemics due to the lack of sanitation as soon as the rains start.
- Within the CCCM Cluster, the current strategy emphasizes distribution of transitional shelter material kits, rather than tents, at spontaneous sites in urban areas, because tents do not last in tropical sun and heat and require too much space in densely populated sites. The strategy now recommends distribution of shelter material kits that include plastic sheeting and fixing materials at newly organized and planned settlements, materials that can be easily transported to a new site or used in permanent shelter.

Water, Sanitation and Hygiene (WASH)

Main elements of response to date

- As of 16 February, the WASH Cluster reports that 850,000 people are being provided with safe drinking water (on the basis of five litres/person/day) through water tankering / treatment in 300 sites across Port-au-Prince, Léogâne, and Jacmel by WASH Cluster partners. Water coverage is actually greater than this figure, however, since many other mechanisms to access water are now available through water supply network in Port-au-Prince and Petit Goave and private sellers, etc. With a target of 1.1 million people with five litres/person/day, the estimated gap in the worst-case scenario is now 188,800 people in need of the minimum coverage. However, increasing the volume of water is also an issue.
- According to UNICEF (Cluster lead), more than 1,500 latrines have been constructed as of 16 February. UNICEF has delivered 2,600 latrine slabs to cluster partners and there is a plan for continuous arrival of latrine slabs to enable a constant distribution to partners through this acceleration period. Some 1,000 portable toilet installations will begin on 18 February..
- As of 15 February, 87,500 hygiene kits have been distributed by WASH and Shelter Cluster partners to around 500,000 people.

Challenges and gaps in response

- Coverage is not sufficient, currently standing at 5% of the estimated population in need of WASH services.
- The WASH Cluster reports a major lack of capacity to undertake large-scale sanitation operations in time for the rainy season. Several constraints were noted including lack of operational NGOs with sufficient capacity to build sanitation facilities, an acute lack of trucks to extract excreta and service latrines. The lack of available dumping sites for discharges is a major constraint and a group of experts is working with the *Direction Nationale de l'Eau potable et de l'Assainissement* (National Directorate for Potable Water and Sewage - DINEPA) to identify appropriate sites and to increase de-sludging capacity through capacities in the Dominican Republic. Portable toilets alone are not sufficient and need to be combined with digging of traditional trench latrines where possible. The cluster estimates that 25,000 latrines are urgently needed. A procurement and distribution plan for 4,500 portable and/or "emptiable" latrines (which enable maintenance) in Port-au-Prince along with necessary dislodging/vacuum trucks, is in place and will be implemented over the coming weeks.

Health

Main elements of response to date

- During the first two weeks after the earthquake, 47 hospitals, two floating boats with helicopter transportation capacities and at least 11 mobile clinics were operated by 55 agencies in the earthquake-affected zone to meet the urgent needs in surgical interventions.
- According to Government records, 40,885 patients were treated and 3,201 surgeries performed.
- While needs for surgeries have subsided, the current focus of the Health Cluster has shifted towards post-operative care and trauma injuries and care for disabled people.
- The scaling-up of mobile clinics to serve populations in various settlement sites is a further priority as agreed to with the Government.

Challenges and gaps in response

- Major gaps include follow-up care of surgical patients (post operative care, rehabilitation) and provision of mental health services besides re-launching of basic health care services in affected areas and for displaced populations, including the management of communicable and chronic diseases and reproductive health services.
- The provision of drugs, medical supplies and equipment to NGOs and other partners working in new temporary health facilities remains a logistical challenge.

Food Aid

Main elements of response to date

- As of 16 February, the World Food Programme (WFP) and its partners have reached a total of 3.5 million people with varying levels of food since the start of the response.

Challenges and gaps in response

- The main concerns to date have been dictated by the extent of the requirements - with the consequent volume of aid arriving in country - the congestion at the airport, the fact that the port is not operational, and the difficulties in dispatching due to the traffic in town. Moreover, all partners involved in food distribution need to ensure escort and security at the distribution sites with consequent slowing of the distribution operations.
- Food Aid Cluster partners conducted assessments in areas hosting IDPs and are working to scale up assistance in these areas. The hosting areas lack water, shelter, food, medicine and medical staff.
- Prices of many commodities are higher than before the earthquake. Monitoring of food prices in Port-au-Prince has indicated that the price of imported rice is 25% higher and wheat flour over 65% higher than before the earthquake. Even those people in regions previously considered food-secure reportedly face difficulties.
- In addition, assessments have identified needs in the five border districts with the Dominican Republic.
- Inter-agency efforts, including support from the Protection Cluster, to ensure women's access to food distributions have generally been successful.
- There is a need to address women's safety after departure from food distribution sites, as well as the physical effort required by women to transport distributed food (bags of rice).
- Finding sustainable and affordable means to cook food rations is a mounting challenge, particularly in urban areas, with a clear need to replace charcoal and fuel wood with alternatives such as propane.

Nutrition

Main elements of response to date

- Some 88 community outpatient care centres or mobile units for the treatment of severe acute malnutrition (SAM) are open or have re-opened throughout Haiti, while six mobile teams have reported they also offer the programme. An additional 81 static sites and six mobile facilities are planned in the affected area and IDP-receiving towns and villages. The Cluster has disseminated the locations of the health structures for referral of SAM cases (with or without complications) to the outpatient and inpatient sites within and outside of Port-au-Prince.
- Some 398 children under five have been enrolled in targeted supplementary feeding programmes, and 131 children afflicted with SAM have been admitted to the outpatient care centres (as per nine reports out of 40 cluster partners).
- 18 Infant and Young Child Feeding programmes are operating, many offering baby-friendly areas, counselling and feeding corners for mothers and infants. Some 41 more programmes are planned throughout the affected area. To date 7,828 caregivers have been given nutritional counselling through community mobilization and education, and 1,165 mothers and infants have participated in baby-friendly feeding tents within the camps in Port-au-Prince.

Challenges and gaps in response

- Using recent Centers for Disease Control (CDC) demographic ratios against the affected population in Haiti, including IDPs, a projected global acute malnutrition (GAM) caseload of 27,200 children under five could be used for interim planning purposes, of which 4,850 cases will be severe. There is insufficient information on elderly and disabled beneficiaries, which makes it difficult to estimate their needs.
- Preliminary analysis along these lines indicates that the Nutrition Cluster partners must double service delivery to meet current needs. With current affected population figures the levels of planned nutrition response organized to date, and the level of funding received, the partners can respond to approximately 60% of the acute malnutrition treatment need.

Protection

Main elements of response to date

- The Protection Cluster brought together civil society organizations and international organizations in order to ensure mutual understanding and a coordinated approach in responding to the protection concerns after the earthquake. The cluster is also working with other clusters, including food, shelter and CCCM, to ensure appropriate mainstreaming of protection throughout the humanitarian response.
- Two provincial protection clusters have been reinforced in Jacmel and in Gonaïves.
- The Protection Cluster has worked closely with other clusters in the context of food distribution, shelter and camp management seeking to ensure that individuals and groups with special protection needs, such as children, women, the disabled and the elderly are given due consideration.
- The Area of Responsibility (AOR, essentially a sub-Cluster) on prevention and response to gender-based violence (GBV) has started trainings for mobile teams to be deployed in the sites to provide support and counselling to survivor of GBV. In addition, the GBV AOR working group is working with the National Police and women's organizations to reactivate the *Concertation nationale contre les violences faites aux femmes*.
- 21 child protection organizations participating in the Child Protection AOR are currently reaching some 150,000 children in 24 communes. Currently, there are some 700 spaces available for these children, and the Government of Haiti will shortly assess and vet additional orphanages and interim care institutions with UNICEF support, and identify additional spaces. Unaccompanied children face extreme risks and vulnerability to violence, abuse and exploitation and require urgent attention. As of 12 February, UNICEF reports that 536 Child Protection Kits have been delivered to 228 sites reaching an estimated 12,867 children. Unaccompanied children face extreme risks and vulnerability to violence, abuse and exploitation and require urgent attention.
- As the number of separated or unaccompanied children is significant, a phased approach to registration and provision of care arrangements is required, with children under five and the extremely vulnerable (such as disabled children) being prioritized. The overwhelmingly large numbers of urgent action child protection risks reported is greater than the current capacity to respond.

Challenges and gaps in response

- Additional main concerns identified so far include the need for large-scale psycho-social support; the

disparity of assistance provided to displaced people in visible sites and those in less accessible ones; security in and around the displaced settlements; and access to assistance for people with special protection needs, in particular older people and people with disabilities.

Agriculture

Main elements of response to date

- The Agriculture Cluster's first rapid assessments found that commercial suppliers of seeds, fertilizers and animal feed in the earthquake area have suffered damages or have stopped selling their products. This is causing a shortage of needed inputs before the beginning of the spring (March) planting season.
- The Food and Agriculture Organization of the United Nations (FAO) undertook an aerial assessment of the Grand Goave and Léogâne areas, confirming significant destruction of farm houses (from 20% to 60%). In addition to losing their houses, it is assumed that farmers have also lost the tools, seeds and food reserves that were stored inside them. The European Union Civil Protection team in coordination with OCHA is undertaking field visits in the Grand Goave and Léogâne rural areas to complement the aerial assessment.
- The *Coordination Nationale de la Sécurité Alimentaire* (National Coordination of Food Security [CNSA]) is monitoring the evolution of prices for the main food items through the food security network in the ten departments.
- Catholic Relief Services (CRS) is conducting a rapid seed system assessment in the South Department over the next two weeks to ascertain whether seed is available and could be distributed through a seed fair and voucher system, or whether there is in fact a need for traditional seed aid.
- Through its assessment group, the cluster is gathering data on the urban population that is migrating to rural areas, including areas of origin or areas that may provide other coping mechanisms. The initial data collected by Floresta indicates an average increase of 42% in the size of households in survey areas (Grand Goave / Léogâne 33%; Bainet 55%; and Fond Verettes-border 90%).

Challenges and gaps in response

- There is a gap of necessary resources in order to repair crucial agricultural infrastructures that will ensure a successful spring harvest from the March planting. FAO together with the *Ministère de l'Agriculture des Ressources Naturelles et du Développement Rural* (MARNDP) and the Agriculture Cluster actors is pleading for urgent assistance to increase the absorption capacity of the rural areas by increasing the incomes and opportunities generated. Projects such as cash for work for repairing main infrastructures are planned. Failure to reactivate agriculture in affected or spill-over areas will compound the negative effects on the ongoing humanitarian crisis.

Early Recovery

Main elements of response to date

- Approximately 66,672 people have been employed under the UNDP cash-for-work programme, indirectly benefiting 333,360 people (on the basis of 5 persons per family). The programme is working to put 100,000 workers on street-clearing work as quickly as possible, ideally doubling that as conditions and funds allow.
- The programme gives priority to: (i) women-headed households; (ii) heads of households; (iii) those with destroyed housing; (iv) households with a deceased family member.
- Environmental and linked human health protection support activities have commenced, with early work focused on waste management and expanding to cover shelter, household energy, sanitation and food/cash for work programmes.
- The Steering Committee for the United Nations Development Programme (UNDP) CfW programme (Ministry of Planning, DINEPA and UNDP) has approved 12 out of 14 CfW projects submitted by national and international NGOs (INGOs).

Challenges and gaps in response

- Preparation of PDNA with government and partners.
- WFP has planned food-for-work (FFW) activities for 350,000 people to be put in place once the initial emergency phase with general food distribution is over. Exact modalities and coordination with the Early Recovery Cluster are pending.
- The Early Recovery Cluster and UNICEF are also exploring the possibility of expanding CfW activities to cover education, protection, health, and water and sanitation.
- The absence of a coordinating structure for engineering and infrastructure is causing a number of constraints to the relief programme. Work is ongoing but often poorly prioritized, and many engineering resources

remain underused or misdirected.

Education

Main elements of response to date

- Schools (private and public) were supposed to have opened in non-affected areas on 1 February but according to most reports did not due to real or perceived fears regarding structural integrity of buildings and other concerns. This implies that some 2.9 million children are not attending classes, with commensurate effects on their schooling.
- According to an initial audit by the Ministry of Education (MoE), some 2,500 to 4,600 schools were affected by the earthquake to varying degrees, including total destruction. These figures are pending further information from a planned assessment of three affected areas (including Port-au-Prince, other cities in West department and cities in South department) and seven non-affected departments with displaced populations.

Challenges and gaps in response

- The MoE is aiming to ensure re-opening of schools before the end of March in all areas – using temporary classrooms as an option for destroyed and damaged schools. There is the fear that if schools do not open by 31 March, the school year will be too short for full completion. As schools begin to open however, it will be difficult to monitor enrolment rates due to the lack of an effective monitoring and reporting mechanism for the sector. This is complicated by the fact that only about 20% of primary schools pre-crisis were public, and private facilities did not consistently engage with the formal sector. The MoE therefore has been unable to confirm gross and net enrolment rates for several years. Recovery and development partners are intent on enhancing the capacity of the MoE to expand education services and improve overall sector performance.
- The Cluster is finalizing a supply plan for the coming two months which will include the distribution of tents, teaching and learning materials, and basic school equipment. It will also include a package for children returning and accessing school for the first time.
- UNICEF initial estimate is to reach 500,000 children with school-based supplies and equipment, and a total of 720,000 children with individual kits.

Logistics and Emergency Telecommunications

Main elements of response to date

- Logistics Cluster Coordination: establishment of two cells on 14 January in Port-au-Prince and Santo Domingo, regular coordination meetings gathering some 150 organizations.
- Staging areas and transit hubs: two main staging areas in Santo Domingo and Port-au-Prince airports. Transit hubs with warehouses established and used by some 20 organizations so far (Santo Domingo airport (5,500 m²), Caucedo terminal at Santo Domingo seaport, Barahona & Port-au-Prince (6,700 m²), Jacmel, Petit Goave, Jimani / Malpasse).
- Surface transport: 85 trucks and 30 vehicles transported so far 6,737 m³ of relief items and 1,400m² from Santo Domingo to Haiti. In Haiti, 45 trucks managed by Handicap International (HI) / Atlas Logistique as well as 50 contracted trucks transported 3,199 m³ (531 MTs) of relief items for 43 humanitarian organizations
- Shipping: two vessels with own derricks for containers and/or roll-on-roll-off capabilities are operational for deliveries to inaccessible coastal areas. Floating docks are being established at the Port-au-Prince port and are expected to raise capacity to a possible 1,500 containers a day.
- Air operations: two passenger aircraft transport essential staff in and out of Port-au-Prince twice a day (2,200 passengers for 180 different organizations transported to date). Since 30 January, WFP is managing three heavy-lift helicopters and three fixed-wing aircraft out of Santo Domingo for cargo deliveries into Haiti. An Antonov-12 is available for regional charters on a cost-recovery basis.
- Customs and border crossing: facilitation and coordination with the authorities at Jimaní / Malpasse border crossing point and negotiation of a six-month exemption of customs taxes for all relief cargo in transit for Haiti arriving in Dominican Republic.
- A civil-military liaison structure has been put in place by the Logistics Cluster to liaise with MINUSTAH and international military entities in Port-au-Prince to coordinate the use of logistics assets (establishment of direct lines of communication, tasking procedures for US and Canadian Military assets, creation of a coordination platform between WFP, the US Air Force and MINUSTAH to facilitate the arrival of incoming humanitarian flights).
- Emergency Telecommunications Cluster (ETC) coordination: establishment of local ETC working groups in Port-au-Prince and Santo Domingo and regular meetings have been held since 13 January, with broad

participation of UN and NGOs.

- A reliable very high frequency (VHF) and high frequency (HF) radio network that operates independently from the public infrastructure has been established and provides broad security communications coverage in across the country. The network currently has radio rooms in Port-au-Prince, Jacmel, Gonaives and Cap Haitien that are operational 24/7 and is being used by more than 1,000 UN and NGO workers.
- The ETC response team was deployed within 24 hours of the earthquake, and in cooperation with MINUSTAH has provided and continuously improved connectivity for voice, data, and Internet to the entire humanitarian community. This includes Internet cafés and the installation of major Very Small Aperture Terminal (VSAT) and wireless communications systems that provide comprehensive information technology (IT) services across the Logs Base Camp and living quarters and offices in Camp Charlie. The ETC Cluster has also installed a VSAT and wireless network in Jacmel which provides inter-agency communications services, plus similar installations in Gonaives and Cap Haitien.

Challenges and gaps in response

- As constraints stemming from congestion at entry points, access to remote areas around Port-au-Prince, and security concerns around safe transport and distribution of relief items are gradually addressed, the main concern for the moment is the prioritization of incoming goods by cluster leads to ensure that the right material is delivered on time.



Phuong Tran_Jacmel distribution

3. NEEDS ANALYSIS

3.1 Pre-existing situation and underlying risk and vulnerability

Already before the 12 January earthquake, Haiti had the unenviable status of being the least developed country in the western hemisphere, characterized by widespread poverty and unemployment, lack of access to acceptable and affordable food or to basic social services, a number of human rights challenges and ongoing environmental degradation. Maternal mortality was at 670 per 100,000 live births, with under-five mortality registered at 83 and 77 per 1,000 for male and female children respectively, indicators symptomatic of a poorly functioning health system.

Over 60% of the total population of Haiti lives in rural areas. 70% of the population live on less than \$2 per day and 56% on less than \$1 per day. The ratio of female to male earned income is 0.37 (UNDP HDR 2009). More than 65% of people are engaged primarily in agriculture, although the sector accounts for less than 25% of gross domestic product. The sector is characterized by low productivity, resulting from a combination of poor technology and poor agricultural practices, limited access to high quality seeds, very low levels of irrigated agriculture, high levels of environmental degradation and poor soil quality resulting primarily from heavy deforestation and poor watershed management, and extreme vulnerability to natural disasters, most commonly hurricanes.

Haiti is heavily food-deficit: over 50% of food consumed in the country is imported and a further 5% is derived from food aid and assistance. Moreover, it is estimated that over 40% of the population are chronically malnourished and hungry. Nationally, it is estimated that over 50% of household expenditure is directed at food items, with higher percentages for poorer households in rural areas. Before the earthquake, 1.8 million people were receiving food assistance.

The country is regularly struck by natural disasters, particularly flooding (riverine flooding, flash floods or coastal flooding associated with tropical storms and hurricanes), mudslides and storm surges, and hurricanes. All of these damage already weak critical infrastructure and ruin livelihoods and food stocks. Despite there being a 'National Plan of Risk and Disaster Management' (developed in 2004), there was little investment in disaster risk reduction, preparedness for the impacts of these events, or capacity to absorb the inevitable shocks. Humanitarian need is thus in many ways a generalized and chronic phenomenon in the country, pockets of which the earthquake has rendered more acute.

The economic context was therefore one of widespread severe poverty, linked in turn to an environmental context of badly depleted resources, most importantly topsoil, making most rural livelihoods unproductive and precarious. The vulnerability that prevailed in Haiti's population before the earthquake make it certain that community capacities and coping strategies will not suffice to avert continued mortality, morbidity and living without dignity among earthquake-affected people (including those who host displaced residents of damaged areas).

The human rights situation in Haiti was precarious, with a range of issues posing a threat to individual rights and national stability.⁴ GBV, particularly against women and girls, was a major problem: 27% of women have been reported to be victims of some type of physical violence in Haiti. Children were particularly vulnerable to exploitation and abuse relating to criminal gangs, trafficking for sexual and other economic exploitation, and domestic service. Social safety nets were reportedly largely non-existent and most basic services were run by private actors. Governance was weak at many levels, and the Government's capacity was moreover directly impaired by the earthquake damage. Critically, identification systems were poor: many people had no formal identification document, and birth and death registries were incomplete, making the task of pinpointing a more precise casualty figure very difficult.

⁴ See for instance the Report of the Secretary General on the United Nations Stabilization Mission in Haiti, 1 September 2009, S/2009/439.

Despite high levels of disaster risk in Haiti and reference to earthquake risk in the 2004 Poverty Reduction Strategy, no contingency planning foresaw an earthquake of this magnitude that would all but destroy the capital city, and simultaneously incapacitate the Government and the UN mission in country to the extent that it did, as well as constricting flows of assistance for three million people to what could be handled by Port-au-Prince's single runway and an arduous road trip from the Dominican Republic. As many people have said, all the contingency planning that was done never envisaged the Government, the UN, the Haitian Red Cross and the Red Cross and Red Crescent Movement, and NGOs being themselves the victims of the disasters they had planned to handle.

3.2 Socio-economic profile and location of earthquake-affected people

The emergency has evolved in a variety of ways, only some of which could have been predicted. The displacement of people out of Port-au-Prince, whilst certainly decongesting the devastated capital, has contributed to increasing vulnerability in an already desperately poor country requiring the attention and resources of an over-stretched Government and aid community. According to the government, some 511,405 people have moved themselves from Port-au-Prince to outlying areas, some 162,500 of whom are now staying in Artibonite department, and with the departments of South, Grand Anse, Nippes and Central Plateau witnessing a 15 to 20% increase in the number of recent arrivals.

Prior to the earthquake, there were two general types of settlement and building: formal neighbourhoods, such as Petionville, and informal settlements mostly inhabited by migrants and newcomers to the city and which were overcrowded and insalubrious. Ironically, many of the neighbourhoods which suffered the most in the earthquake were not Port-au-Prince's poorest. This was doubtless due to the fact that the accommodation in most of these poorer areas was of light design – corrugated roofs, plastic sheeting, and wood – whilst construction in the business, governmental, and more affluent neighbourhoods was of concrete and brick, very little of which was built to resist earthquakes, and much of which collapsed. Where the poorer and slum areas did fare very badly was along the ravines and hillsides.

The earthquake cut across all social and economic divisions, and there is currently no reliable disaggregation of the number of casualties. Current estimates use a 50/50 split between men and women. Socio-economic activities in the damaged areas covered a full spectrum. In rural areas, the activity is predominantly subsistence farming, with farmers growing a small surplus for sale. These communities, already very poor and vulnerable to the annual cycle of flooding, now have to deal with an influx of people from the damaged cities.

In the Haitian communities along the border with the Dominican Republic, in an already very vulnerable area, the arrival of displaced people has increased the population by around 15%. Assessments by MINUSTAH indicate that up to 90% of the displaced people who have arrived in this area, are currently living with host families – whether relatives or other families. This influx towards rural areas has led to an increase in the local prices of basic commodities, such as rice, oil and sugar and has added pressure to already over-stretched infrastructure and services in this area, including primary health care and hospitals. It has also required mounting an increasingly large and complex support operation run from the Dominican Republic (see below).

3.3 Current situation

In a crisis of this size, with problems and needs apparently everywhere at every time, it can be difficult to attempt to establish some form of priority in the response, and to draw boundaries to humanitarian action, especially in the Haitian context. However, some boundaries are emerging, which relate closely to a series of imminent critical thresholds that require a mix of short- and medium-term planning in several key clusters (see Section 4.2.1). The immediate post-earthquake emergency has generally stabilized, in the sense that aid flows are beginning in most areas to scale up to needs, though millions of people will depend on such aid for months to come, particularly the displaced.

However that stability will be threatened soon by the arrival of the rainy and hurricane seasons: there is now a clear window before the start of the rains in which to make progress on responding to the urgent humanitarian needs of the affected population, and in implementing time-critical early recovery activities such as agricultural assistance to rural and host communities, many of which are now faced with the difficulties of caring for hundred of thousands of displaced people.

In the time remaining before the start of the rains in April, and the hurricane season in June, a further series of steps is needed, with increasing emphasis on time-critical early recovery as part of the response to the earthquake, along with disaster risk reduction and preparedness activities to mitigate the expected impact of the rains, landslides and flooding. Effort needs to be made to complete as much clean-up of the city as possible, to restore some Government capacity allowing it to manage more of the response, to take key preparedness activities such as the establishment of more durable shelter solutions and early warning systems in contingency planning, and to manage the transition from emergency assistance to recovery and reconstruction (or, in many senses, the simultaneous implementation of both).

With regards to the current emergency phase, there is a clear delimitation of priority needs for humanitarian assistance at this stage of the response, which are:




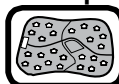


- **Shelter and camp management:** with only a short window remaining before the beginning of the rainy season
- **WASH:** in particular sanitation and drinking water, and **health**, in particular primary health care;
- **Food security, food aid, nutritional and agricultural support:** with an increasing emphasis on a movement to food-for-work, cash as a complement of food aid, and to supporting rural and host communities to which IDPs have moved
- **Nutrition security:** with emphasis on protecting infant and young child feeding and intervening to prevent deterioration of children's nutritional status and to treat malnourished children
- **Solid waste management combined with emergency support to livelihoods:** through CfW and rubble removal, allowing for return and some reconstruction
- **Protection:** with IDPs, women, children and other vulnerable people with special protection needs at heightened risk of various forms of exploitation, neglect and abuse
- **Education activities:** emphasizing psycho-social support and limiting disruption to learning by rapidly opening temporary schools
- **Logistics and emergency telecommunications:** remain overarching priorities to support the ability of the humanitarian community to deliver relief aid in an efficient and timely manner to the affected populations.

In the context of Haiti, there are strong interlinkages among these clusters, to the extent that a lack of coordination or funding in one will impair the others. A very clear example comes from the need for rubble removal: without the removal of debris it becomes much harder to assess structures and neighbourhoods for potential return, meaning displaced people remain in overcrowded camps, requiring increased shelter, WASH and health support.

Probably the most pressing need at this time is to shelter and house over one million people before the start of the rains around April. The national shelter need for those affected by the earthquake is estimated to be between 900,000 to 1,100,000 people.⁵ For planning purposes, this has been broken down into 15% with host families (135 – 165,000 people), 10% non-displaced on damaged homesteads (90 – 110,000 people), 65% in self-settled transitional settlements in urban locations close to their original homes (585 – 715,000 people) and 10% in planned settlements outside of the capital on new sites (90 – 110,000 people). To respond to the shelter needs, a two-phase plan has

⁵ This figure is based on the latest government figures for total population displaced outside of the capital, plus an extrapolated estimate for the total population living in self-settled transitional sites using an assessment of 300 sites from a total of 600 (containing 940,000 people) undertaken by the Shelter Cluster, an initial rapid count in two locations in Port-au-Prince of families who are non-displaced, and a nominal figure for those with host families which is based on an estimation that 50% of those who left the city found accommodation. The figure for planned camps is based on the government's statement to the Shelter Cluster on 23 January 2010 that they do not plan to relocate more than 10% of those affected in urban areas to new sites out of town (110,000 people). The range reflects a 10-20% error factor. These figures are under constant review as more information comes in, but represents the consensus view of all the clusters. *Guiding Principles for the Emergency and Transitional Shelter and Settlement Strategy in Support of the Government of Haiti* (v5 28 January 2010).

been developed by the Shelter Cluster in coordination with the Government, diagrammed below.

Summary of the planned response for displaced populations				Summary of the response for non-displaced populations	
Rural self-settlement	Urban self-settlement	Host families	Planned and self-settled camps	Owners	Tenants
					
Phase 1 Shelter within three months, before the hurricane season					
Tarpaulins with rope Tents Household support items and cook sets	Phase 1 transitional shelter – tarpaulins, rope when available Household support items and cook sets Tents for prioritized groups Public information			Priority given to displaced Unsafe structures demolished Public information	
Phase 2 Full transitional shelter within 12 months					
Phase 2 transitional shelter: roof of corrugated metal sheeting, frame of timber or steel Support provided through carpenters, public information campaigns, and technical advice over seismic and hurricane resistance Cash, vouchers and additional materials distribution will also be considered				Self-help Phased materials distribution Technical advice	Relocation assistance Rent assistance
Durable housing in less vulnerable locations, built back safer					

Source: Shelter/NFI Cluster, Haiti Earthquake Emergency Response, Distribution Update, 6 February 2010

A list of all spontaneous settlements has been compiled by the **CCCM Cluster**, which so far contains 334 sites, occupied by 500,260 people (97,659 families). The overwhelming majority of these sites are in Port-au-Prince. 18 of these sites have a population of more than 5,000 people each and are therefore being prioritized for interventions. With hundreds of thousands of people living in these self-settled areas, plus a variety of settings from private gardens to pavements, alone or in groups, situations of generalized poor sanitation are developing, or risk doing so. Adequate sanitation and water facilities are critical in staving off the spread of communicable diseases, and maintaining the overall health of the population, but at the moment it is clear that the capacity to meet minimum international standards is not there, and no quick and easy solution presents itself.

By Sphere standards there should be one latrine per 20 affected people; though the WASH Cluster has agreed on a target of 1 latrine/50 people. Even this target is currently far from being met. **WASH Cluster** partners and the Government are limited in terms of where latrines can and cannot be placed, as land rights and land use issues have to be dealt with, and the high water table prevents digging of pit latrines in many locations. Some municipalities will not allow the digging of latrines, particularly in central areas, so alternatives, such as latrines outside the camps so as to ease congestion, will have to be found, and found quickly. Sanitation and vector control is now becoming a major concern in many of the spontaneous settlements, which lack proper site planning.

The health risks are linked to those posed by the WASH situation, but also to the disruption of health services, loss of life of health personal and to precarious living conditions of hundreds of thousand of people living in crowded temporary shelters. The rainy season shortly coming is also likely to have impact on health situation of those displaced who will remain accommodated precariously during months. According to the **Health Cluster**, there are 91 identified functioning hospitals; 59 are in the Port-au-Prince metropolitan area (four public hospitals, 34 NGO or privately-run hospitals and 21 field

hospitals). Fifty-six of the 59 facilities in Port-au-Prince have surgical capacity. A database of hospitals is being created and will include information on essential drugs provided by PROMESS, the number of beds, medical specialities, the type and quantity of medical human resources, and the number of consultations. According to the Government, the most urgent immediate medical needs imposed by the earthquake (trauma injuries and ensuing care) have now passed.

The priorities now are to provide sustained basic health services and psycho-social support to the inhabitants of the self-settled sites, within which diarrhoea is now a rising concern, together with providing primary medical care to the whole affected population (including conducting epidemiological tracking of morbidity and mortality rates in the earthquake-affected areas), and specialised care to those requiring it, including post-operative care and rehabilitation services. For example it is estimated that of the three million total affected population, 63,000 are pregnant women, of whom 15% (9,450 women) will require care for life-threatening pregnancy complications, and in particular access to emergency obstetric care. Additionally, rehabilitative services for several thousand amputees, both paediatric and adult, will be needed. Many of these will need at least one corrective surgery to optimize patients for fitting of appropriate prostheses. Child amputees will need multiple refitting during the growth years.

The members of the **Food Aid Cluster** have been coordinating and mobilizing to meet the immediate needs of the most vulnerable people, and beginning to formulate strategies on how best to address food assistance responses in the periods that follow the current emergency food distribution surge. In addition, the Rapid Emergency Food Security Assessment (EFSA) is being conducted by the CNSA, *Action Contre la Faim* (ACF), FEWS-Net, Oxfam, FAO and WFP. In eight days, the EFSA teams will cover 119 areas, villages and camps in the earthquake-affected areas to map out the needs of the population. Results are expected the last week of February.

The earthquake has significantly disrupted **nutrition** services and practices, dramatically increasing food insecurity and, consequently, placing very large numbers of infants, young children, pregnant and lactating women and other population groups (elderly, disabled and injured) at increased risk of mortality and malnutrition, particularly acute malnutrition and micronutrient deficiencies. Prior to this current crisis, chronic malnutrition in children under-five (stunting) was estimated at 32%, GAM prevalence was 4.5% of which 0.8% of under-fives were severely acutely malnourished and 60% of children (6 to 59 months) suffered from anaemia. In addition, the prevalence of low birth weight was estimated at 25%, a strong indication of poor maternal nutritional status; 46% of women (15 to 49 years) suffered from anaemia. Whilst breast feeding was widely practiced, the rate of exclusive breast feeding was estimated at 46%.

The need for nutrition coordination is highly evident to ensure all implementing agencies, in tandem with the Government, are assessing and meeting nutrition priority needs to avert further loss of life and ensure the nutritional requirements of vulnerable groups are being met. There is urgent need to scale up therapeutic management of severely malnourished children, supplementary feeding for moderately acutely malnourished children, infant and young child feeding promotion and support, and nutrition support for pregnant and lactating mothers.

Assessment by the **Agriculture Cluster** has identified a range of direct and indirect damage to the agriculture sector. Housing, irrigation systems, and tools were lost or damaged, but by far the greatest impact of the earthquake on the agriculture sector resulted from indirect effects. The greatest of these indirect effects is displacement, which is placing significant stress on the livelihoods of host communities and families, leading to extreme coping strategies including the consumption of food reserves, eating seeds, use of household cash savings and assets stripping. This, in turn, is putting strains on the ability of households to purchase inputs for the next cropping season, creating the potential for a vicious circle of reduced food production, reduced cash income and increased food insecurity. The second of the indirect effects, and the one with potentially the longest-term impact, is the collapse of agricultural input and output markets.

Field work by Agricultural Cluster partners indicates declines in farm gate prices, ranging from 10 to 30% in the three weeks after the earthquake, and a significant decline in demand (ranging from 20 to 40%). The assessments pointed to a range of factors driving the decline in demand. First and foremost, the number of people in Port-au-Prince and their purchasing power has been significantly reduced since the earthquake. Secondly, the earthquake has led to a liquidity crisis. Thirdly, given the availability of food aid assistance in urban areas, people are looking to invest in asset recovery and are reducing food purchases. Damage to small feeder roads, reduced availability of transport and increased transportation costs, and damage to market intermediaries' equipment have further limited access to markets. Without immediate targeted and time-critical support, there is a significant risk of substantial reduction in food production and consequent risks for food security. The Agriculture Cluster has identified a series of needs and related possible response options, namely immediate support to food production for 120,000 rural and 100,000 urban families, income generation and diversification, and strengthened agricultural and food security coordination.

The Government has estimated that approximately 1.7 million people have been displaced by this crisis. Displacement heightens vulnerabilities and raises risks of further abuse – people have not only lost their homes and possessions, but also their livelihoods, and the family and social networks from which they would normally receive some support. Pre-existing **protection** concerns have been exacerbated by the new crisis. Additional priority protection issues, including security around the settlements and access to assistance for vulnerable groups, in particular older people and people with disabilities, have been identified. The self-settled sites make little or no allowance for the needs of particular vulnerable groups, such as women, children, older people, and those suffering from chronic illnesses such as HIV/AIDS or disabilities. The earthquake has left many children orphans, meaning that they plus groups such as women-headed households are more susceptible to discrimination and exploitation. In the aftermath of the earthquake, many networks of women's organizations and service providers, including the *Concertation Nationale contre les Violences Faites aux Femmes* (the national body responsible for addressing issues related to GBV), have found themselves grappling with the loss of colleagues, and buildings or structures from which to work. This impact on the Government and on other Haitian institutions has severely hampered the national capacity to address GBV and other protection issues in Haiti.

The total number of children and youth under the age of 18 directly and indirectly affected by the earthquake is estimated to be 1.26 million, including an estimated 450,000 children who have been displaced. Within that total number, approximately 700,000 are primary-school-age children between 6 to 12 years old. The number of schools destroyed, damaged or otherwise affected by the disaster is thought to be between 3,500 and 4,600. Large numbers of teachers and other education personnel have been killed and injured in the earthquake and suffered severe losses. Although the school term was supposed to have started on 1 February in the unaffected areas, it has proven difficult if not impossible to resume schooling anywhere. For example, schools along the border area are reported not to have opened because of doubts about their structural integrity.

Despite the activation of a fully functioning cluster structure for the coordination of organizations involved in the relief response, as with other large-scale emergencies, uncoordinated donations of all types of aid continue to arrive in the Dominican Republic and Haiti. In order for humanitarian aid to be of the most benefit to affected populations, donations should be well planned with national authorities and the humanitarian community coordinating the relief effort and fully compliant with national requirements for the importation of goods. Relief cargo that lacks documentation and adequate planning for onward delivery may impair the relief effort by taking up scarce resources such as aircraft landing slots or storage space, and can place an additional logistics burden on organizations working on the ground. Within the context of the Haiti earthquake response, the **Logistics Cluster**, in coordination with all clusters in country has drafted guidance outlining practical measures that can be taken to avoid the build-up of donations that lack an identified recipient entity, planned onward delivery, and identification of content.⁶

⁶ Click this link to view a Logistics Cluster guidance note meant to ensure that humanitarian aid is of the most benefit to affected

Operations coordinated through the Dominican Republic

Due to the unprecedented destruction of basic infrastructure and disruption of public services as well as the impact on the capacities of international actors present in Haiti, the Dominican Republic has become the main entry point for the relief operations. A staging area was established within days of the earthquake with an alternate supply corridor with augmented logistics capacity to receive humanitarian aid in the Dominican Republic and transport it to Haiti by air, road and sea. WFP, in its role as Logistics Cluster lead, is providing coordinated logistics services to support the ability of the humanitarian community to deliver assistance to the affected populations. This includes the set-up of seven transit hubs, multiple storage facilities, a hundred dedicated trucks, two coastal vessels, a fleet of seven aircraft for cargo and passengers, customs facilitation and cargo handling / consolidation / tracking. All these services are currently available at no cost to all humanitarian actors.

In view of the arrival of wounded and other affected people from Port-au-Prince into border provinces and the logistics challenges to provide assistance and protection in remote areas, there is an understanding that relief operations in the immediate border area (within a stretch of 20km into Haitian territory) will be supported by actors based in the Dominican Republic. The coordination arrangements of humanitarian actors in the Dominican Republic have been structured to mirror the clusters operating in Haiti. Prioritization of activities will be undertaken in close cooperation with the humanitarian partners in Haiti. Following the influx of affected people who are seeking assistance and protection, there is a need to improve or establish basic services in provinces on each side of the border and some urban areas of the Dominican Republic receiving these people. In order to mitigate spill-over effects to vulnerable populations in the Dominican Republic, monitoring and relevant assistance need to be done.

Given the topography and the high level of deforestation, the Haiti border area is particularly vulnerable to floods and other meteorological, hydrological and climate-related hazards. The humanitarian community is seriously concerned about the danger represented by the upcoming rainy and hurricane season due to start in a few months. Therefore, contingency planning needs to be done in order to ensure that additional humanitarian needs can be averted or responded to. It is advisable to strengthen the national preparedness and response structures in the Dominican Republic in order to ensure effective humanitarian response at both national and international level in case of further calamities.

Despite their limited resources, the local communities living on the Dominican side of the border, and particularly the health services, have provided some assistance to the recently arrived Haitian population, especially with medical care. The arrival of many wounded patients and their families, has seriously stretched the resources and capacities in these locations. It is therefore critical that they continue to be supported by the international community.

3.4 Looking forward

Nearly all people affected by the earthquake will need the kinds of aid outlined above, and detailed in the following response plans. A significant portion of the affected population will require the full range of multi-sectoral assistance to avert threats to their life, health, safety and dignity. That said, the affected population is not a homogenous group, and as such sectoral responses will need to take into consideration the different needs, vulnerabilities and capacities of diverse groups of people, including the most vulnerable (i.e. single-headed impoverished households, people with injuries/disabilities, people living with HIV/AIDS, separated children and youth, etc) when assessing needs and planning and implementing response. Furthermore, Haitians affected by the crisis, who have until now shown quite remarkable levels of resilience, will devise unforeseen coping strategies to address the challenges that lay ahead. Aid efforts should not be blind to these, and should tap into and build on

populations, and that the intentions of the international community to assist those in need are fully realized: <http://www.logcluster.org/ops/hti10a/briefing-unsolicited-donations>.

these capacities, in the interest of delivering more targeted, effective and sustainable humanitarian and recovery.

The displacement of people across the countryside risks exacerbating their already vulnerable situation, and that of their host communities. Assessments suggest that poor families with little resilience have been displaced away from earthquake-affected urban and rural areas, often abandoning crops, and are now being hosted by poor, vulnerable and food-insecure households – many of whom are already at risk from the potential impacts of the hurricane season – in rural areas. Food security, water and sanitation, and other livelihood support programmes will need to be put in place quickly to ensure, amongst other things, a sufficient food supply in the coming weeks and months. The situation of Haitian communities along the border with the Dominican Republic is even more disastrous as the communities already were the poorest in Haiti before the earthquake.

At the same time as host communities have to accommodate large numbers of displaced people, these predominately rural communities are facing a decline in the demand for their produce and goods. The additional risk is that if these communities are not supported, and there is excessive focus on the needs in and around the earthquake-affected areas, displaced people will return in search of assistance, thereby putting renewed pressure on damaged infrastructure and scarce resources. This highlights even more the importance of early recovery beginning now, during this period of emergency intervention, injecting cash into the economy of the most vulnerable families as an effective and indispensable component of a response to a crisis, influencing and kick-starting street cleaning, removal of rubble and other solid waste management, and providing direct support to national institutions to lead and coordinate the recovery process. Early recovery interventions thus have the capacity to help stabilize the situation, prevent further deterioration of local capacity, and foreshorten the need for humanitarian assistance.

The current thinking on eventual reconstruction of damaged neighbourhoods is that, because they were originally so overcrowded, it is neither possible nor advisable to rebuild them in the same way. This calls for an integrated approach of reconstruction, but also of migration of people away from Port-au-Prince to other areas or cities with absorption capacity. This would require incentives such as employment, transport, schooling and health facilities to draw people away from Port-au-Prince. It is necessary to ensure more appropriate planning to support the basic services necessary for communities, access to livelihoods, and other infrastructure required to re-build their lives. Key in building back a better community is to provide the affected populations with choice, including options to re-settle outside of Port-au-Prince. Facilitating these choices would require provision of basic services, transportation, livelihood opportunities to urban and rural areas outside the capital.

The challenge of **environment** within the relief programme is twofold. First of all, the environmental baseline before the earthquake was extremely poor: Haiti is the most environmentally damaged country in the Northern Hemisphere. Deforestation is near complete, soil erosion and depletion is intense and urban environmental issues (crowding, waste, sanitation, pollution) were problematic. As a result, Haiti was in continued food and energy deficit and was highly vulnerable to flooding of damaged river catchments. The problem had become international with the Dominican Republic being forced to defend its borderland forests and parklands from illegal Haitian timber cutters and charcoal makers and was also tightly linked to the noted urban congestion problem – many of the recently arrived and poorest city dwellers were farmers searching for alternative livelihoods.

Secondly, international experience (Southeast Asia, Darfur) shows that a multi-billion dollar relief programme such as is starting up in Haiti will have significant environmental consequences unless this is foreseen and mitigated. These consequences then affect Haiti for the long term, further adding to the burden of recovery. A rapid environmental assessment conducted in Haiti the first week after 12 January foresaw the following issues: an explosion in the volume of debris; healthcare-generated other and municipal waste; intense environmental health issues in camps; a jump in legal and illegal deforestation to supply charcoal and construction; potential water shortages due to degraded catchments; and missed opportunities in energy and waste reduction through the importation and use

of unsuitable and obsolete materials.

It is a feature of environmental issues that they cut across sectoral and cluster boundaries, so the solutions must be cross-cutting as well. The clear need and the challenge is to assess and map out the these multiple complex issues and then apply integrated solutions. This will require more than technical tuning – it will require centralised coordination and real investments in environmental protection to be integrated into many different clusters and sectors.

A final challenge is that the earthquake threat is not past: aftershocks are predicted to continue for many months and the very latest input from scientists indicates the risk of a further major (7.0 or stronger) earthquake focused on the Port-au-Prince region to be 4% within the next two years. The region west of Miragoâne is exposed to a similar level of risk. This severe background risk has an affect on virtually all aspects of relief and recovery: it leaves two million people vulnerable in unsuitable and unsafe buildings, threatens the safety of the relief community, changes the risk balance and strategy on shelter, and will radically affect recovery planning.

3.5 The PDNA and Early Recovery in the Revised Flash Appeal: articulation between humanitarian response and recovery frameworks

The early recovery focus of this revised Appeal is significant. The immediate humanitarian response planned in the initial Flash Appeal already included time-critical urban livelihoods support to affected communities through labour-intensive activities, street cleaning and small rubble removal, support to the restoration of delivery of basic services and support to national authorities. Throughout the cluster response plans, early recovery-focused interventions represented approximately 20% of the financial requirements.



Phuong Tran – Engineers still need to survey unsafe structures and demolish them

The scope of the early recovery focus is now being broadened

across the spectrum of humanitarian clusters' strategies. The early recovery inter-cluster focus, along with critical disaster risk reduction interventions, concentrates on what can make a difference for affected communities within the 12-month timeframe of this revised Flash Appeal. A set of clear priorities representing opportunities for immediate recovery ought to be carefully designed and implemented to avoid creating aid dependence and distorting or overshadowing economic markets and social patterns whilst at the same time being foundational enough to then be sustained within broader reconstruction planning.

1. Shelter: how to help affected families and people get a roof back or a safe enough shelter in the short term to get through the coming months and the rainy season? Activities coordinated by the CCCM and the Shelter / NFIs Clusters in particular aim at providing transitional shelter options with two objectives: firstly, to offer alternatives to over congested camps, and secondly to prepare evacuation sites.
2. Economic recovery and livelihoods support: how to obtain a level of economic support **that** allows affected households to obtain food and essential goods, or restart small business to rapidly restore some level of self-sufficiency? The Early Recovery Cluster's strategy in particular looks at creating immediate cash support (CfW interventions).

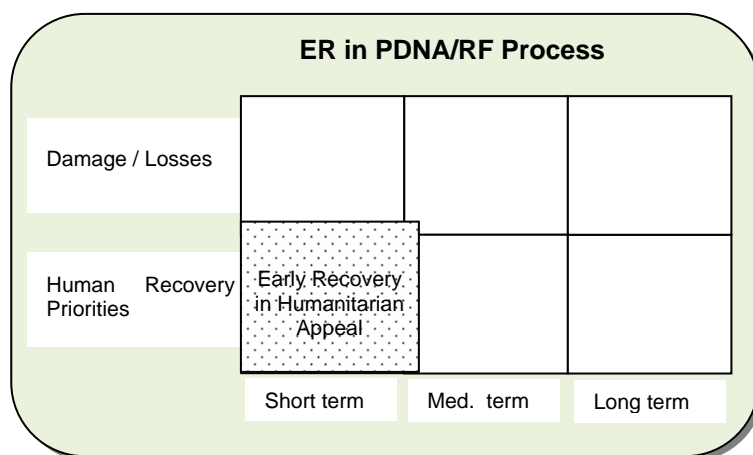
3. Basic services: how to support the rapid restoration of the delivery of and access to quality, gender-sensitive health, education and social services? The Education, Health, Nutrition, and Protection Clusters in particular are working on targeted assistance to either directly restore these services or help national and municipal authorities do so.
4. Host communities: how to support those communities hosting the displaced population from cities, including the worst-hit ones of Port-au-Prince, Gressier, Léogâne and Jacmel, with economic and social support to cope with the additional burden, for instance in rural areas and along the border with the Dominican Republic? The Agriculture, Early Recovery, and Education Clusters in particular are working to support those communities and local authorities throughout Haiti.
5. Small infrastructure, emergency rubble management and disaster preparedness: how to manage the rubble of collapsed buildings, further assess those buildings still standing, to continue cleaning debris from the streets, to clear the surface water drainage system not only in the long run, but also with an immediate imperative to mitigate the risks and prepare for the upcoming rainy / hurricane season and their associated risks of flooding, mudslides and storm surges and at the same time protect the human rights of the affected people? The Shelter, WASH, Early Recovery, and Protection Clusters are focusing on providing technical advice and direct interventions.
6. National capacity support: how to best support national authorities and Haitian communities to regain capacity and reinforce their leadership throughout the humanitarian and recovery response process? The vast majority of the cluster response strategies include a capacity support or building component, including the installation of management and ownership transfer systems from the international community capacity to the national one as quickly as possible.

Links between the Revised Humanitarian Appeal and the Recovery Framework

The humanitarian response to the earthquake in Haiti is the first step of a broader and longer-term recovery framework and reconstruction process, starting on the day the earthquake struck on 12 January. Early in the process, humanitarian priorities (relief and early recovery) based on rapid- and multi-sectoral assessments are articulated in the Appeal for the mobilization of resources towards life-saving and time-critical activities. The early recovery strategic interventions of the Appeal appearing in each cluster's response plan together represent the first iteration of a recovery framework, incorporating activities that pave the way for sustainable recovery and longer-term reconstruction (see graph below).

The next step in the recovery and reconstruction process involves the definition of a Recovery Framework through a comprehensive PDNA. The PDNA is a Government-led exercise that pulls together information on the impacts of a disaster from a broad range of sectors, cross-cutting themes and perspectives into one comprehensive report. It draws on and builds on the information collected through the same rapid assessments used for the Appeal,

combining it with complementary information on the value of the damages and losses as well as the crisis-related human development needs among affected populations.



The Government of Haiti has requested that an initial, consolidated PDNA report is completed in time for the proposed donor meeting in March or April 2010 (date to be confirmed). A more comprehensive assessment report will follow shortly after, allowing for strategic analysis in the lead-up to the Appeal's Mid-Year Review (MYR) to determine what should remain in the 12-month humanitarian appeal and what should be transferred under the umbrella of the PDNA / Recovery Framework. Needs identified by the PDNA beyond national capacity may be used as an evidence base for the mobilization of further international resources in support of recovery.

4. THE 2010 COMMON HUMANITARIAN ACTION PLAN

4.1 Scenarios

The purpose of identifying the most likely scenario is to ensure that the response plan looks beyond current snapshots and bases its strategy on the most likely trajectory, allowing for the situation's likely evolution plus potential disruptions.

Most likely scenario

Haiti will remain in need of sustained humanitarian assistance for the next 12 months, at a minimum. The normalization of Haitians' life will largely depend on the ability of those rendered homeless to obtain durable shelter before the rainy and hurricane season, and to restore destroyed opportunities, food production and income opportunities. International humanitarian assistance will be generous, but will not be enough to cover all assessed needs, and may suffer from uneven allocation of funding across organizations and clusters. The earthquake's effects can be classified into two broad categories: direct effects through the destruction of houses, death of relatives, and destruction of jobs and livelihoods, and indirect or spill-over effects, such as the burden of caring for displaced or injured relatives, or those now suffering from permanent disabilities (amputees). Whilst many Haitians will be able to find more durable shelter before the rainy season, the impact of the hurricane season and its associated risks of flooding, mudslides and storm surges remain uncertain but is likely to be severe.

Core elements	Effects on humanitarian needs and aid operations
<ul style="list-style-type: none"> • Slowness in repair, reconstruction, and provision of alternative shelter, prompting renewed displacement. 	<ul style="list-style-type: none"> • 1,000,000 people require emergency or alternative shelter solutions, approximately 65% of whom are in self-settled sites close to their homes. • Displaced and homeless populations exposed to further displacement and suffering. • Renewed population displacement as a result of natural disasters or conflict, including to the border areas with the Dominican Republic. • Continuing need to assist the Government of the Dominican Republic in receiving and assisting people crossing the international border. • Conflict over land and resources between displaced and host communities. • Durable solutions for the long-term displaced are challenging, requiring a participatory approach to determine the most appropriate solutions (local integration, settlement elsewhere in the country).
<ul style="list-style-type: none"> • Much infrastructure remains inoperable in earthquake-affected areas remains significant, and a hazard to the population's lives and livelihoods and to the resumption of basic services. • Worsening of condition of damaged buildings. • Slowness in rubble and debris removal. 	<ul style="list-style-type: none"> • Some social services, including local government, hospitals and schools, are only able to function in difficult and challenging circumstances. • Hospitals and schools require additional support to provide the needed services.
<ul style="list-style-type: none"> • Continuing difficulties in providing WASH services to affected population, particularly populations in self-settled sites. 	<ul style="list-style-type: none"> • Some resurgence of communicable diseases due to interruption of health services, water and sanitation. • Increase in mortality and morbidity, including effects on nutrition and livelihoods.
<ul style="list-style-type: none"> • Crop failure. • Loss of income. • Increased presence of displaced people in rural communities. • Little or no reconstruction of facilities providing basic social services. 	<ul style="list-style-type: none"> • A worsening in the overall health of the population from the impact of multiple shocks (food insecurity, malnutrition, price increases, loss of basic services). • An increase in maternal mortality and morbidity, due to reduced health services, unsafe home delivery, unplanned pregnancies. • Disruption to ongoing health prevention and education campaigns (measles, malaria, typhoid, HIV/AIDS, etc.). • Increase in malnutrition.

Core elements	Effects on humanitarian needs and aid operations
	<ul style="list-style-type: none"> • Lack of access to basic medicine. • Increase in people seeking medical attention across the border.
<ul style="list-style-type: none"> • Increase in food and fuel prices as a result of increased demand, including in the Dominican Republic. • Decreased access to food. • Shortage of basic commodities. • Worsening social conditions. • Political or other violence. 	<ul style="list-style-type: none"> • Increased human rights violations and protection concerns. • Increase in protection concerns, including sexual and domestic violence, human trafficking and exploitation. • Adoption of negative coping strategies to meet basic needs, particularly by the most vulnerable segments of the population, including the elderly, orphaned children, women-headed households, those suffering with HIV/AIDS. • The threat to women and children in particular of sexual violence, exploitation and trafficking, including across the border into the Dominican Republic, is likely to increase as the loss of homes, livelihoods and income begins to affect families. Accordingly, separated women and children will require particular care and attention from the relief effort.
<ul style="list-style-type: none"> • Reconstruction starts in earnest in second half of 2010, but the amount that can be implemented will not significantly diminish humanitarian needs in 2010. 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • Heavy rains and floods as of April, with one or more hurricanes as of June. • Aftershocks reducing in frequency but continuing until at least Dec 2010. • Small risk of a further major earthquake, this time striking either the Port-au-Prince or Miragoâne region. • Two major sets of landslides threaten the Port-au-Prince - Petionville trunk road and the Jacmel –Léogâne road. • lack of preparedness and early warning, weak disaster capacity. 	<ul style="list-style-type: none"> • Destruction of weak infrastructure, etc as a result of possible floods. Access to existing populations of concern rendered difficult/impossible because of flooding/damage to roads. • Pre-positioning of stocks essential. • New displacement occurs to zones outside of earthquake-affected areas, including to the border areas with the Dominican Republic. • Increase in food insecurity with loss of harvests and livestock. • Government requests further international assistance. • The Humanitarian Country Team (HCT) required to decide on the feasibility of extending assistance to new populations of concern. • Access to existing populations of concern rendered difficult / impossible because of flooding / damage to roads; pre-positioning of stocks is essential.
<ul style="list-style-type: none"> • MINUSTAH together with local police forces, is able to maintain law and order. • Isolated outbreaks of violence in earthquake-affected areas, some related to delivery of relief assistance (especially food and shelter). • Continuing slow pace of relief distribution. • Elections. 	<ul style="list-style-type: none"> • Large-scale disturbances. • Looting of relief stocks. • Increased protection violations. • MINUSTAH unable to assist humanitarian operations. • Restriction of humanitarian space. • Increased operational and security restraints. • Possible reduction in delivery of aid.
<ul style="list-style-type: none"> • Continued low capacity of the government to provide basic services, pay salaries and prepare for and respond to natural disasters. 	<ul style="list-style-type: none"> • Government capacity may be overwhelmed by disease outbreaks, social unrest, or natural disasters. • International support required in priority relief areas. • International military intervention required to maintain law and order. • Sustained relief efforts from and through the Dominican Republic is required.
<ul style="list-style-type: none"> • Assuming good early recovery funding, livelihoods are partially restored in mid-2010. 	<ul style="list-style-type: none"> • Some life-sustaining aid flows can be reduced.

Due to time pressure, and the apparent scale of the disaster, only the most-likely scenario is presented in detail. However, elements of the worst-case scenario are important to mention for their relevance to preparedness and disaster risk reduction.

Worst-Case Scenario
<p>Core Elements</p> <ul style="list-style-type: none"> • Haiti is struck by another earthquake before the end of the year. • The hurricane season is as bad, if not worse, than that of 2008, causing greater than expected damage and displacement from affected areas. • There is a major influx of people to the Dominican Republic seeking assistance. • Little or no progress is made on core elements of preparedness and early warning for natural disasters. • Range, scope and speed of recovery and reconstruction programmes move slower than expected and fail to meet high expectations.
<p>Humanitarian Implications</p> <ul style="list-style-type: none"> • Food production capacity within the whole country deteriorates, increasing malnutrition. • Insufficiency of shelter and access to basic services such as health care, leading to increased morbidity and mortality. • A deteriorating security situation restricts humanitarian space for aid workers, reducing the delivery of aid to the affected population.

4.2 Strategic objectives for humanitarian action in 2010

The overarching humanitarian objective is to provide an environment for safe and healthy living for all affected people until reconstruction restores normality. The strategy to achieve this will involve a mixture of accommodation and support in medium-term camps and settlements, support to those dispersed to host communities and to their hosts, and support *in situ* in damaged towns for those who can stay.

Based on the currently assessed needs and gaps in response in Haiti (and necessary actions in the Dominican Republic), and on the likely evolution of this crisis until June when this appeal will undergo a MYR, the HCT has determined the following strategic goals for humanitarian and early recovery action:

- Save and prevent the loss of lives;
- Assist displaced populations and host families and communities, especially in rural areas;
- Establish a broad partnership among the humanitarian community and engage with all stakeholders, including the Government and the civil society;
- Work with recovery- and reconstruction-related actors to prevent the depletion of household assets, restore livelihoods and lay the foundation.

Based on these priorities, the following overall objectives have been identified for the 2010 Revised Flash Appeal:

1. Provide the full needed range of humanitarian support for at least 1,200,000 earthquake-affected people who need shelter and other time-critical life-saving actions, especially in water/sanitation/hygiene, health care, NFI, food aid, nutritional support, and protection, emphasising the key linkages among these sectors;
2. Re-establish existing or establish new (temporary, though taking advantage of opportunities for sustainability) physical and social infrastructure and services for approximately three million earthquake-affected people in Haiti and the Dominican Republic, including health, food security, economic livelihoods support, education, community spaces and community groups;
3. Continue the strengthening of Government capacity for coordination at all levels and the rapid scale-up of common services, including logistics, telecommunications, security, and coordination in the face of current severe conditions, plus expected worse conditions in the near future;
4. Put in place preparedness, disaster risk reduction, and contingency planning (each mainstreamed throughout clusters) in anticipation of worsening conditions resulting from the imminent rainy and hurricane season and their associated risks of flooding, mudslides and storm surges.

At all times, humanitarian actors will ensure the equitable receipt of humanitarian assistance by all

demographic groups, such as women and children, older individuals, and people suffering from the physical and mental trauma of the earthquake.

The most vulnerable groups identified for assistance are:

- Over one million people displaced by the earthquake and requiring immediate shelter and WASH support;
- Two million people requiring food assistance;
- 1.47 million women and children for nutritional support, including 360,000 children under five;
- 1.5 million children and teachers for educational support;
- 69,000 people living with HIV/AIDS who have been rendered homeless or otherwise affected by the earthquake, and who risk serious disruption in their treatment, including 5,000 children and 35,000 women.

The situation in Haiti following the earthquake remains fluid and to a certain extent, unpredictable. This stems from the recognition that the country will shortly have to go through its rainy and hurricane season, and that much of the earthquake-affected population is still liable to move in order to seek better shelter and support. Whilst the population is now largely calm, this may very well change should key elements of the response – durable shelter, water and sanitation, and food – not be forthcoming, or subject to breaks or delays in service. The medium- to longer-term future of Haiti remains clouded in uncertainty. The level of reconstruction and rehabilitation required is vast. Much is expected of the PDNA, and the expected subsequent reconstruction process, in order to better define the boundaries of humanitarian assistance.

4.2.1 PPRIORITY CLUSTERS' SHORT-TERM OBJECTIVES UNTIL MAY

(The HCT identified the top-priority clusters as Shelter and NFIs, CCCM, WASH, Health, Food Aid, Nutrition, and Early Recovery including Agriculture.)

Cluster	Short term objective (next two – three months)	Indicator	Target / Outcome
Shelter and NFIs	<ul style="list-style-type: none"> • 100,000 displaced and non-displaced families receive waterproof cover before 1 May. Cluster members will strive to provide support to the rest of the affected populations responding to ongoing needs analysis. 	<ul style="list-style-type: none"> • Number of families receiving waterproof cover before May. 	<ul style="list-style-type: none"> • Provide 100,000 families with waterproof cover, thereby ensuring minimum standards of cover before the rainy season.
CCCM	<ul style="list-style-type: none"> • Identification of agencies to run the 19 or more priority sites containing 5,000 or more IDPs. • Establish committees of the concerned communities to involve them in site management. • Proceed with reducing the population of the most hazardous sites before the rainy season, the success of which depends on three interlinked factors: (1) rubble removal in the places of origin of people in sites; (2) assessment of existing houses (for return); (3) Government cooperation for identification of sites. • Support and technical assistance provided to CCCM partners, such as camp managers and relevant Government of Haiti authorities as per needs. 	<ul style="list-style-type: none"> • Number of agencies identified. • Number of camp committees established. • Number of people moved out of sites identified as hazardous. 	<ul style="list-style-type: none"> • International protection and assistance standards for IDPs in camps and camp-like situations are maintained

Cluster	Short term objective (next two – three months)	Indicator	Target / Outcome
WASH	<ul style="list-style-type: none"> Provide 1,100,000 people in urgent need of WASH facilities with five litres/person/day for safe drinking water, one emergency latrine for 50 people, one emergency bathing facility for 100 people, and one basic hygiene kit for each family. 	<ul style="list-style-type: none"> Number of people provided with WASH facilities. 	<ul style="list-style-type: none"> 1,100,000 people are provided with urgent WASH support. Incidences of diarrhoea and waterborne diseases kept to a minimum.
Health	<ul style="list-style-type: none"> The action priority until May is primary health care and mobile clinics to reduce morbidity and mortality in homeless overcrowded populations with poor sanitation and in affected area. Ensure proper care of wounded and disabled. Ensure provision of basic health services including for chronic diseases and mental health. 	<ul style="list-style-type: none"> Weekly count of cases of communicable diseases. Weekly count of consultations. 	<ul style="list-style-type: none"> The overall measure to reduce the incidence of communicable diseases Outbreaks detected and responded to in a timely manner. Caseload of people in need of post-operative care and rehabilitation services estimated. Displaced and affected populations have access to essential primary health care services.
Food Aid	<ul style="list-style-type: none"> Scale down on large-scale food distributions, whilst scaling up targeted food distributions (specific vulnerable groups, such as school feeding), and food for work. 	<ul style="list-style-type: none"> Number of people benefiting from large-scale food distributions. Number of people benefiting from food for work and school feeding. 	<ul style="list-style-type: none"> Actual number of women, men, girls and boys receiving food and non food assistance by activity as percentage of planned beneficiaries.
Nutrition	<ul style="list-style-type: none"> Scaling up of critical nutrition response activities, including detection and treatment of severe acute malnutrition; prevention of malnutrition through promotion of breastfeeding and appropriate infant feeding practices, supplementary feeding programmes, Vitamin A supplements, etc. 	<ul style="list-style-type: none"> Number of children receiving therapeutic treatment. 	<ul style="list-style-type: none"> A minimum of 50% severely malnourished children receive community-based therapeutic treatment, of which 10% will benefit from treatment in health facilities. Full coverage of all severely malnourished children as soon as possible.
Agriculture	<ul style="list-style-type: none"> Seed and planting material distribution to those areas and households where this is known to be in short supply. Targeted agricultural input support to urban households to increase self-sufficiency in food production, stimulate urban markets and support incomes. 	<ul style="list-style-type: none"> Number of households receiving seeds and planting material. Number of targeted households receiving inputs and training. 	<ul style="list-style-type: none"> Production increases directly attributable to seed and planting material distribution. Quantity increases in selected vegetables in urban markets.

Cluster	Short term objective (next two – three months)	Indicator	Target / Outcome
Early Recovery	<ul style="list-style-type: none"> • Immediate creation of employment and livelihood opportunities. This will be achieved through: • Large-scale Cash-for-Work. • Emergency provision of safety net opportunities, with particular focus on women-headed households, the disabled and the elderly. • Emergency large-scale provision of self-help micro-grants. • Clear highly-populated affected areas of Port-au-Prince and Jacmel, Miragoâne, Léogâne, Petit Goave, Grand Goave and Cabaret of rubble and accumulated debris. • Disaster risk reduction and emergency preparedness. 	<ul style="list-style-type: none"> • Number of people benefiting from CfW initiatives. • Number of women-headed households and other vulnerable groups benefiting from emergency safety-net opportunities. • Tons of debris and rubble cleared. • Number of people receiving hydro-meteorological warnings. 	<ul style="list-style-type: none"> • Cleared sites for safe (re-)settlement of displaced people. • Repaired and functioning to surface water drainage. • Improved road access to and through affected areas. • Basic early warning system for risks associated with hydro-meteorological hazard is set up and disseminates warnings to the authorities and the population.
Protection	<ul style="list-style-type: none"> • Identify main protection concerns and vulnerable groups. • Ensure protection concerns and the most vulnerable are taken into account in strategies for the distribution of aid. • Identify partners to assist in the distribution of relevant and timely information to the general public on assistance being provided • Increase capacity of local actors to participate in relief and recovery. • Re-establish critical referral networks for GBV and Child Protection. 	<ul style="list-style-type: none"> • Number of people receiving information about assistance strategies. • Percentage of identified vulnerable cases in camps receiving assistance. • Number of national institutions or NGOs carrying out protection monitoring and delivering services. • Number of GBV and other human rights violations cases reported and monitored. 	<ul style="list-style-type: none"> • Vulnerable groups are identified and assistance targeted to them. • System established to inform population of options available and assistance provided. • Referral networks operational and accessible to population.
Education	<ul style="list-style-type: none"> • Opening of schools in non-affected areas and affected areas. • Temporary schooling for children and youth directly and indirectly affected by the earthquake. • Psycho-social support for teachers and from teachers to learners. • Support to education authorities. 	<ul style="list-style-type: none"> • Number and percentage of earthquake-damaged schools repaired, rebuilt or constructed. • Number of temporary safe learning spaces established. • Number of teachers trained in psycho-social methodologies. • Number of education authority facilities repaired. 	<ul style="list-style-type: none"> • All children and youth have immediate access to quality education and support.

4.3 Strategic monitoring plan

Members of the HCT and their partners will monitor progress and refine objectives and indicators for the identified goals regularly throughout 2010. The Humanitarian Coordinator (HC) and the HCT, supported by OCHA, will furthermore undertake a MYR of the revised appeal around June 2010. Changes will be incorporated in the MYR or through periodic reviews should the exigencies so demand. OCHA-Haiti will support the HCT and cluster leads with monitoring through the consistent collection and analyses of information.

Each cluster will further implement sector-specific monitoring mechanisms and if needed revise the

sector objectives in the priority areas identified. Continuous inter-cluster collaborative monitoring on thematic and operational issues will bolster the overall monitoring plan by agencies or specific clusters/sector working groups.

OCHA will distribute all relevant and available information, including financial data, to NGO partners, Government, donors, UN agencies and other humanitarian stakeholders. OCHA will also update regularly an aggregated 'Who does What Where' (3W) database on humanitarian activities in close coordination with cluster lead 3W focal points. In addition, the HCT seeks to strengthen the monitoring of funding levels, actual implementation of projects, and challenges encountered.

On the basis of progress achieved and further evolution of the humanitarian context, the HCT will adjust the revised appeal as necessary. (Projects and their funding requirements will be adjusted continually on line, and can be seen on www.reliefweb.int/fts.) Adherence to Sphere standards will be systematically monitored and will be a key ingredient of monitoring and evaluation.

A. Strategic Indicators and data collection system

Strategic priority		
Proposed indicators (disaggregated to the extent possible by gender)		Target/outcome
1	1. Provide the full needed range of humanitarian support for at least 1,200,000 earthquake-affected people who need shelter and other time-critical life-saving actions, especially in water/sanitation/hygiene, health care, NFI, food aid, nutritional support, and protection, emphasising the key linkages among these sectors	
	<ul style="list-style-type: none"> Crude mortality rate in affected areas below emergency levels. Under-five mortality rate in affected areas below emergency levels. Number of earthquake-affected populations provided with clean water and sanitation facilities against targeted caseload. Number of earthquake-affected populations receiving adequate health services against targeted caseload. Number of amputees fitted with appropriate prostheses against number of targeted caseload. Number of people receiving rehabilitative services against targeted caseload. Number of people receiving food rations/number of meals ready to eat distributed against targeted caseload. Malnutrition rates below emergency levels. Number of shelter and NFIs distributed against targeted caseload with a particular focus on ensuring protection for women and girls (bathroom lighting, dignity kits). Number of women and adolescent girls receiving health services or psycho-social support in relation to GBV. Number of sites that have established community leadership structures, including women and girls that can coordinate with humanitarian service providers. Number of children receiving assistance. Percentage of female population benefiting from humanitarian assistance. Number of women-friendly community spaces. Percentage of data provided by agencies and NGOs disaggregated by age and gender. Number of HIV-affected people receiving assistance. Number of people with disabilities provided with adequate humanitarian assistance. 	<ul style="list-style-type: none"> At least 1,200,000 earthquake-affected people in Haiti and in the Dominican Republic have access to safe drinking water and sanitation, shelter, primary healthcare, nutrition support and regular and adequate food.
2	Re-establish existing or establish new (temporary, though taking advantage of opportunities for sustainability) physical and social infrastructure and services for approximately three million earthquake-affected people in Haiti and the Dominican Republic, including health, food security, economic livelihoods support, education, community spaces and community groups	
	<ul style="list-style-type: none"> Number of urban and rural men and women receiving high-quality agricultural inputs. 	<ul style="list-style-type: none"> More than 500,000 people (40% women) from affected communities

Strategic priority		
Proposed indicators (disaggregated to the extent possible by gender)		Target/outcome
<ul style="list-style-type: none"> Number of classrooms repaired/rehabilitated/newly established/temporarily set up. Number of population benefiting from cash/food-for-work, by gender. Tonnage of rubble removed, sorted out and recycled in a sound environmental manner. Number of schools refurbished. Number of teachers and community workers trained on psycho-social issues. Number of pre-school and child-friendly spaces Number of children receiving assistance. Percentage of female population benefiting from humanitarian assistance. Number of women-friendly community spaces. Percentage of data provided by agencies and NGOs disaggregated by age and gender. Number of HIV-affected people receiving assistance. Number of people with disabilities provided with adequate humanitarian assistance. 		are provided with short-term employment opportunities, safety nets, or grants opportunities over a 12-month period, indirectly benefiting up to 2.5 million people.
3	Continue the strengthening of Government capacity for coordination at all levels, and the rapid scale-up of common services, including logistics, telecommunications, security, and coordination in the face of current severe conditions, plus expected worse conditions in the near future	
<ul style="list-style-type: none"> Volume of tonnage of cargo facilitated/moved, including from the Dominican Republic. Ratio of requests for logistic services accommodated. Percentage of requests to transport humanitarian cargo through common logistics services fulfilled. Number of logistics staging areas and hubs established to facilitate efficient logistics response to affected populations as per Concept of Operations. The number of UN agencies and other humanitarian organizations utilizing the air services. Emergency telecommunications services provided to the humanitarian community. 		<ul style="list-style-type: none"> Effective coordination mechanisms to avoid overlaps, competition and harm between projects are in place at different levels and with all relevant stakeholders.
4	Put in place preparedness, disaster risk reduction, and contingency planning (each mainstreamed throughout clusters) in anticipation of worsening conditions resulting from the imminent rainy and hurricane season and their associated risks of flooding, mudslides and storm surges.	
<ul style="list-style-type: none"> Contingency planning for the upcoming rainy and hurricane season is completed. Number of IDPs on sites vulnerable to flooding relocated. Number of IDPs sites prepared for rainy season. Quantity of relief goods pre-positioned. An interim geo-hazard and building hazard management plan is completed and implemented. 		<ul style="list-style-type: none"> Emergency response materials pre-positioned, contingency planning exercises conducted and early warning capacities for disasters caused by hydro-meteorological hazards developed. Concerted plans and mappings of interventions owned by public authorities are prepared and implemented leading to enhanced coordination and maximized use of resources. Effective early recovery coordination mechanisms to avoid overlaps, competition and harm between projects are in place at different levels and with all kinds of stakeholders.

4.4 Criteria for selection of projects

- The project must be consistent with the cluster strategy, and must contribute towards the achievement of one or several of the strategic objectives agreed upon by the HCT for the humanitarian operation in 2010.

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- The project must present a clear target in specified operational areas and should not duplicate activities implemented by other organizations.
 - The implementing agency must have a recognized capacity to implement the project.
 - The appealing organization must be part of existing coordination structures (cluster working group member).
 - The implementation of the project or part thereof must be feasible within the 12-month timeframe.
 - The project must be cost-effective in terms of the number of beneficiaries and the needs to which the project intends to respond.
 - Wherever possible, the project shall include national NGOs and other national partners.
 - Activities undertaken by actors from the Dominican Republic are closely coordinated between the clusters in Santo Domingo and those in Port-au-Prince in order to avoid gaps and overlaps.
 - The project must demonstrate that it is based on sound assessment of different vulnerabilities and capacities of the affected population, including the most vulnerable, and that it adopts as much as possible participatory elements, both in the design and implementation of the intervention.

(Note: in the revision process, many projects not counted in the original flash appeal but which have already received partial or full funding are now counted in this Revised Flash Appeal, together with their funding. The reason is so that the appeal becomes a full humanitarian framework that comprehensively maps the actions of nearly all key organizations, plus a valid barometer of funding requirements and funding to date.)

No formal prioritization scheme has been adopted at this time, for several reasons. The emergency is still too fluid, several thresholds too imminent, and the range of responses in the face of significant uncertainty too large to be able, at this time, to apply a formal prioritization. That said, there is clear acknowledgement that at this stage of the response the priorities for action must be in providing shelter and WASH services to displaced people and people living in self-settled sites, and in providing them with sufficient food. Considering as well the massive reconstruction and recovery needs, an implicit prioritization is nevertheless emerging of needs and associated projects and programming, along the following lines **at this time**:

- All activities concerning shelter and camp management aiming at accomplishing activities under Phase I (by the end of May);
- All activities concerning WASH-related activities aiming at accomplishing activities under the Cluster's short-term targets (by the end of May);
- All activities aimed at earthquake-related clean-up activities, particularly CfW, which assist affected Haitians in rebuilding their lives and livelihoods;
- All activities aimed at preparedness and contingency planning for the upcoming rainy and hurricane seasons, including projects that increase Government capacity;
- Activities, particularly shelter, NFIs and agriculture, supporting host communities in integrating displaced populations.

4.5 Cluster Response Plans

As per the general cluster approach, cross-cutting issues such as environment, HIV, gender and disaster risk reduction will be mainstreamed into the individual cluster strategies and work plans, with regular coordination across the clusters. Gender equality and other cross cutting issues will be addressed in sectoral responses, and needs assessments will include gender analysis and collection and analysis of sex and age disaggregated data as well as data on those with specific priority needs (including physical and mental disability). Assessment teams will be gender balanced, and responses will take into account different needs, potential barriers, and ensure equal access to services for women, girls, boys and men in planning and implementation of sector activities.

For environment-related projects, however, the scale of the needs and the potential fragmentation of investment is so great that a centralised process will be established to cost-effectively assist all clusters, share best practice and monitor performance. To assist all clusters a central Technical Assistance Facility which was already established by the UNEP in Haiti prior to January 12 will be expanded to provide a pool of expertise in areas such as waste, energy, forestry, hydrology and soil erosion. This resource will be centrally funded and so available free of charge in the first instance to the estimated 900+ humanitarian actors in Haiti. The environmental needs and performance of each cluster will be centrally monitored using a “scorecard” system, benchmarked against performance standards to be agreed with each cluster lead. This central resource in project terms will be located in the Early Recovery Cluster due to its foreseen crossover to the recovery process.

4.5.1 EMERGENCY SHELTER & NON-FOOD ITEMS

Cluster Lead Agency	International Federation of Red Cross and Red Crescent Societies (IFRC)
Cluster Partners	International Organization for Migration (IOM), IFRC (supporting the Haitian Red Cross), GOAL, UNICEF, <i>L'Association des hôpitaux privés d'Haïti</i> (Haiti Private Hospitals Association– AHPH)/Clinics, Concern Int'l, Inter Help, Ananda Marge Universal Relief Team (AMURT), Dash Clinic, DPC, Feed The Children, Islamic Relief, Killick, Med Centre, <i>Maison Enfants de Dieu</i> , ThirstNoMore, Turkish Red Crescent, Civil Protection Portugal, <i>Fraternité Notre Dame</i> , Adventist Development and Relief Agency (ADRA), Project Concern Intl, Cooperative for Assistance and Relief Everywhere (CARE), Agency for Technical Cooperation and Development (ACTED), HI, Save the Children (SC), World Concern International, The Salvation Army, CRS, IRS, CITIMED, INTERSOS, <i>Médecins Sans Frontières</i> (MSF) HOLLAND, Elim Relied Agency, Mercy Corps, ACF, International Relief and Development (IRD), International Rescue Committee (IRC), World Vision (WVI), Canaan Joint Aid Mission, <i>Eglise Adventiste Du Temple, Institution Maranatha</i> , MINUSTAH / <i>Police Nationale d'Haïti</i> (National Police of Haiti – PNH), Operation Blessing, Orphelinat Yahweh Children Shekina, <i>Paroisse St Mathieu, Solidarités</i>
Number of Projects	25
Cluster Objectives	The overall objective of this cluster is to achieve safe and dignified shelter for those families affected, both directly and indirectly, by the earthquake <ul style="list-style-type: none"> Phase 1: provide waterproof cover for those with unsafe / destroyed houses or hosting other families within three months. Phase 2: support transitional shelter with a lifetime of up to three years for those with unsafe homes. Phase 3: Support durable construction.
Beneficiaries	1,000,000 people over 12 months
Funds Requested	\$118,523,653 Note that additional to these funds, IFRC is appealing for funds for the coordination of the Shelter & NFI Cluster and its operations through the IFRC Emergency Appeal which can be found in Annex III
Contact Information	Shelterhaiti2010@gmail.com tel: 34 85 0312

Needs Analysis

Following the earthquake, people have sought shelter with host families, or in self-built temporary shelters. As space in cities is limited, many people have moved to spontaneous settlements in public spaces, or co-located with host families. According to government figures from 14 February 2010 over 511,000 people have left Port-au-Prince, putting significant pressures on host families in other, often

poorer, parts of the country. In addition, some 500,260 people remain displaced in spontaneous and planned settlements in Port-au-Prince.

Material supply to Haiti has been interrupted, whilst core shelter materials such as relief quality plastic sheeting, timber and corrugated iron sheeting all need to be imported. The quality of tents delivered has been highly variable, and relatively few will last the hurricane season. Of the damaged houses, many remain habitable but families are justifiably concerned at having to sleep inside them, with mixed public information messages confusing the situation. Fuel considerations are also significant, in particular for food preparation. In Haiti, this is a key issue that must be addressed, given the rampant environmental degradation as wood is cut down for charcoal.

Objectives

The overall objective of this cluster is to achieve safe and dignified shelter for those families affected, both directly and indirectly, by the earthquake. Two main phases have been identified:

- **Phase 1: Shelter within three months, before the hurricane season:** 100,000 displaced and non-displaced families receive waterproof cover before 1 May. Cluster members will strive to provide support to the rest of the affected populations responding to ongoing needs analysis;
- **Phase 2: Full transitional shelter within 12 months:** 100,000 targeted families, both displaced and non-displaced, are living in safe transitional shelters with an expected lifetime of up to three years before the rains of 2011. A further 100,000 hosting families in rural areas receive material shelter support within the same time frame. This activity should start with immediate effect.
- Shelter programming will become increasingly targeted, and consider health, protection and WASH, livelihoods and recovery. It will be aimed at supporting transition to durable solutions.
- Plans for durable shelter for the entire affected population are developed within 12 months.
- A system to deliver accurate public information on shelter-related issues is operational within two months.
- Risk mapping, and vulnerability and capacity analysis should be completed for all sites. All construction methods used should reduce vulnerability.
- Key groups, including the most vulnerable, are consulted in the analysis and design of shelter and NFI response and the findings are used to ensure the design of equitably accessible, targeted and culturally appropriate services; women, and adolescent girls and boys are included on reconstruction teams, committees, and those participating in related training opportunities include a diverse range of groups.
- The objective for coordination is to ensure that governmental and humanitarian stakeholders in the response participate in a single coordination structure. The capacities of the armed forces and the private sector are recognized by this coordination structure.
- Working with other clusters to advocate that plans for rubble clearance are developed, prioritizing drainage and demolition of unsafe structures, and recycling of materials as appropriate.

Indicators

Phase 1

- Percentage of families receiving NFI support within three months.
- Percentage of families receiving waterproof cover within three months.
- Percentage of families whose houses have been assessed for seismic, rain and hurricane risk.

Phase 2

- Percentage of families receiving support with hurricane-resistant shelter before 2011.
- Percentage of families receiving support for durable housing before 2011.
- Proportion of families included in plans before 2011 for durable housing.
- Targeting criteria have developed and implemented.
- Families have access to accurate public information on shelter-related hazards.

Sectoral monitoring plan

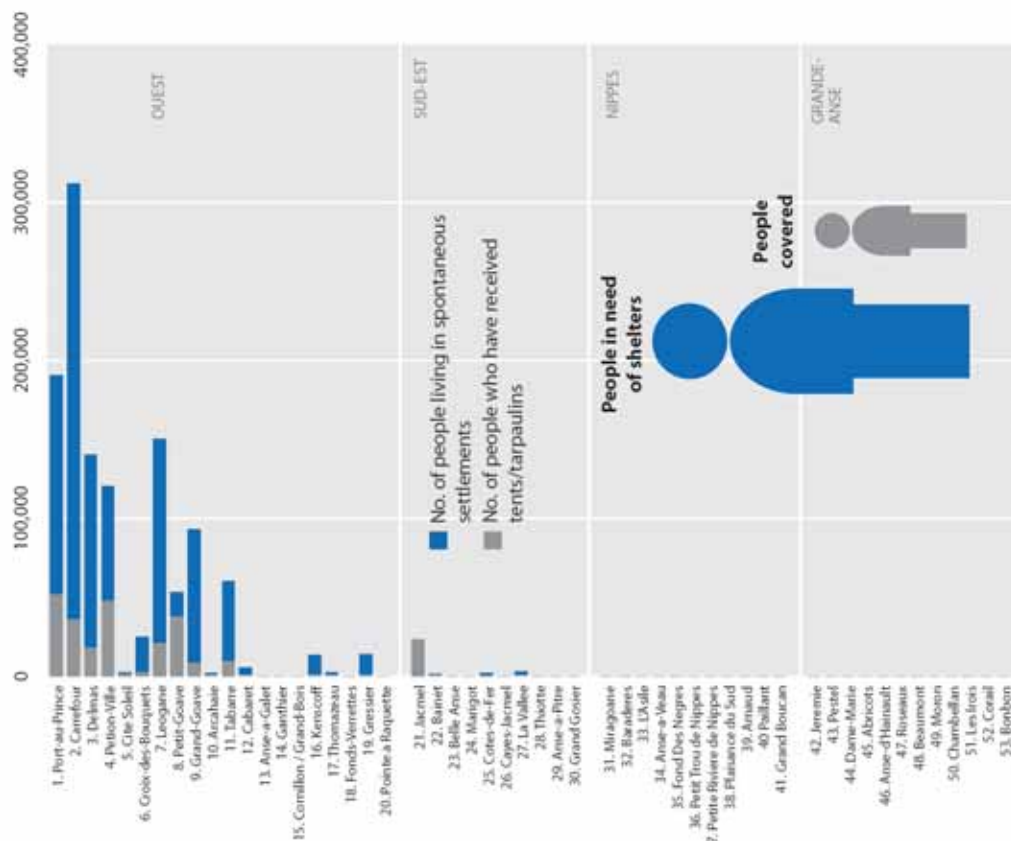
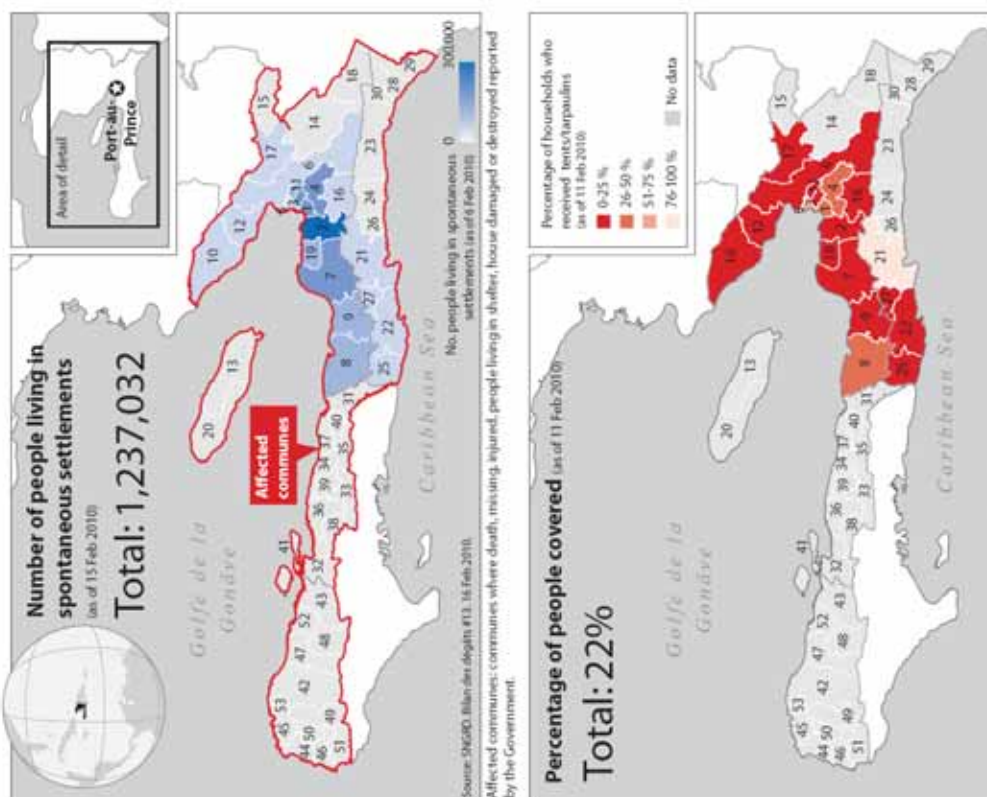
- Protection issues will be closely monitored through field reporting by partners and the protection cluster.
- Detailed distribution and pipeline data will be maintained and publicly updated on a regular basis by the cluster coordination team. Members of the cluster are expected to report their plans, activities and detailed distribution data.
- Technical assessments of existing, damaged housing will use emergency building code standards described by the Government of Haiti. These will ensure that families do not put themselves at risk by future events such as landslides, wind, tidal surge, floods, and aftershocks.
- Monitoring of public outreach materials to beneficiaries on building back safer.
- Population displacements will be monitored on a regular basis through triangulated government data and field reports. Prioritization of locations for intervention will adapt to changing population flows and needs.
- The impacts of adverse weather, and potential flood / wind / tidal surges / landslides, as well as significant aftershocks will be closely followed using techniques such as remote sensing, aerial photography and triangulated field reporting.
- The public health context (e.g. increased incidences of fire injuries, respiratory infections and diarrhoeal diseases) will be closely monitored through the cluster system and shelter impacts monitored.

Table of proposed coverage per site (some sites still being assigned)

SITE / AREA	ORGANIZATIONS
Port au Prince	IOM, ACTED (focus on Carrefour Feuilles and Portail Léogâne), ACF (NFI in Canape Vert, Croix Deprez, Centre Ville, Vallee Bourdon),
Jacmel	
Léogâne, Gressier	ACTED, ACF (NFI in Gressier)
Petit Goave, Grand Goave	Handicap (Petit Goave), ACTED (Grand Goave)
Les Mornes	Handicap
Carrefour	
Artibonite	
North	
South west	
Border areas with DR	IOM

HAITI - Shelter Distribution: Beneficiaries and Coverage (as of 11 February 2010)

16 February 2010



Sources: Système de Gestion des Risques et des Catastrophes (SIGRC). Bilan des dégâts #13. 15 Feb. 2010.
Shelter Cluster. Distribution and planned summary by location. 11 Feb. 2010.

Map Sources: OCHA, UNOS.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
<http://reliefweb.int/haiti> <http://ochaonline.un.org> <http://response.info/disasters/haiti/> Send comments to: ocha.haiti@gmail.com

4.5.2 CAMP COORDINATION AND CAMP MANAGEMENT

Cluster Lead Agency	International Organization for Migration (IOM)
Cluster Partner	ACTED, INTERSOS, United Nations Office for Project Services (UNOPS), Feed the Children
Number of Projects	12
Cluster Objectives	Objective 1: Provide support to the earthquake-affected displaced population and host communities by ensuring dignified and safe living conditions. Objective 2: Ensure IDPs in settlements receive effective and well-coordinated humanitarian services to meet their protection and assistance needs.
Beneficiaries	Over 1,000,000 people over 12 months
Funds Requested	\$73,044,540
Contact Information	Giovanni Cassani, CCCM Cluster Lead (gcassani@iom.int)

Needs Analysis

There are three broad categories of people in need of shelter:

- (i) Non-displaced living at or near the site of damaged or destroyed homes (approximately 100,000);
- (ii) People residing with host families in both urban and rural settings;
- (iii) Those that have spontaneously self-settled in urban sites (approximately 500,000 to 700,000).

The CCCM Cluster focuses on the third category and has so far identified 334 sites occupied by 500,260 individuals (97,659 families). Additionally, 18 sites identified with a population of more than 5,000 IDPs have been identified (see below). In the beginning, the cluster focused on assisting IDPs where they are. However, due to critical conditions in several sites and overcrowding (*Champ de Mars*, Petionville Golf Club), the HCT agreed on a new strategy that focuses on decongestion of sites through relocation. However, 45 hectares would be needed to relocate people from congested sites (according to Sphere standards) and there is an urgent need to identify more sites for planned settlements. So far, only nine sites have been identified by the Government (five in Port-au-Prince and three outside) to become transitional settlements, each with a reported capacity to house up to 10,000 people each. Compliance with Sphere standards is currently not realistic in the Haiti context, and should therefore not be an impediment to improve living conditions for the population in overcrowded sites.

There is need for a more consistent data flow regarding camps and camp-like situations, both for Port-au-Prince area and for other regions. A large number of spontaneous settlements require updated profiles regarding basic demographics, services' coverage, infrastructure and other specific needs. According to available data and observation in the field, the majority of the camps are congested preventing or limiting delivery of immediate basic services.

Sites need to be found that take the following into consideration: flood risk, congestion, clearance of rubble, and proximity to services. There is a clear need of more agencies undertaking camp management activities. Population per site is quite fluid and numbers can change within a short time. The forthcoming rainy season will likely increase the risks related to public health and shelters in camp-like situations. There is a great need to work on risk mapping of hazardous sites and emergency preparedness in case of heavy rains or hurricanes.

Strategy and proposed activities

Short-term objectives have been identified for the CCCM Cluster which are achievable by May (in line with Phase I of the Shelter Cluster) as follows:

- Identification of agencies to run the 18 or more priority sites containing more than 5,000 individuals each;
- Establish committees of the concerned communities to involve them in site management;
- Proceed with reducing the population of the most hazardous sites before the rainy season, the success of which depends on three interlinked factors:
 - Rubble removal in the places of origin of people in sites;

-
- Assessment of existing houses (for return);
 - Government cooperation for identification of sites.

It is necessary to scale up camp management mechanisms within Haiti to ensure the vulnerable population is protected and assisted. This will include activities such as consolidation of a common strategy on camp management, support to agencies directly involved in camp management, development of population tracking and profiling tools, identification of gaps in assistance and protection issues, promoting an environment that prevents sexual exploitation and abuse including by establishing a system for identification and referral.

CCCM will support the efforts of the Government and national civil society. The CCCM Cluster will continue to identify and assess the settlements (both formal and self-settled) to track population movements and contribute to meeting protection needs. In coordination with other clusters, the CCCM Cluster will advocate improvement of service provision targeting for efficient and effective assistance. Close coordination with all other clusters including shelter, WASH, protection, food and health will be maintained at all phases of the response. Additionally, the population tracking / profiling will provide IDP figures for all other types of assistance and support eventual recovery and durable solutions plans/efforts.

CCCM actions will also include:

- Guidance to cluster members and shelter agencies for safe and well-planned camp identification and set up;
- Guidance to cluster members for effective and efficient camp management and, where appropriate, camp consolidation and closure;
- Participatory assessments;
- Information-gathering on and analysis of humanitarian needs;
- CCCM will conduct profiling exercises to understand affected people's intentions and support their durable solutions process;
- Collect information from various sources to maintain a master list (map) with all settlement sites;
- Preparing a prioritized list of the sites that need immediate intervention (mostly due to size or to the unsuitability of the location);
- Working with the Government to identify suitable sites for so as to be able to decongest existing overcrowded settlements;
- Preparing CCCM training for cluster members and Government counterparts;
- Working with the Government on registration and profiling.

The CCCM Cluster will help ensure that displaced people are assisted to return to their homes in dignity. CCCM activities will help the Government and humanitarian partners to prioritize their interventions enabling them to provide a more targeted and coordinated assistance.

Expected Outcomes

- International protection and assistance standards for IDPs in camps and camp-like situations are maintained.
- Settlement sites are identified, assessed and regularly monitored, in coordination with local and international partners.
- Delivery of humanitarian services in each camp and camp-like situation or site is timely and efficiently coordinated.
- An effective information management system to gather, analyse, and disseminate information at the inter- and intra-site/camp levels is established.
- Support and technical assistance provided to CCCM partners, such as camp managers and relevant Government of Haiti authorities as per needs.
- Strengthened overall coordination of the humanitarian response.

Indicators

- Number of agencies reporting regularly to the cluster.

- Number of camp and camp-like situations assessed by partners and CCCM.
- Number of priority sites closed or upgraded.
- Number of partners trained (including Government of Haiti).

Table of coverage per site/location

1. List of spontaneous sites identified / approved by the government to become transitional settlements.

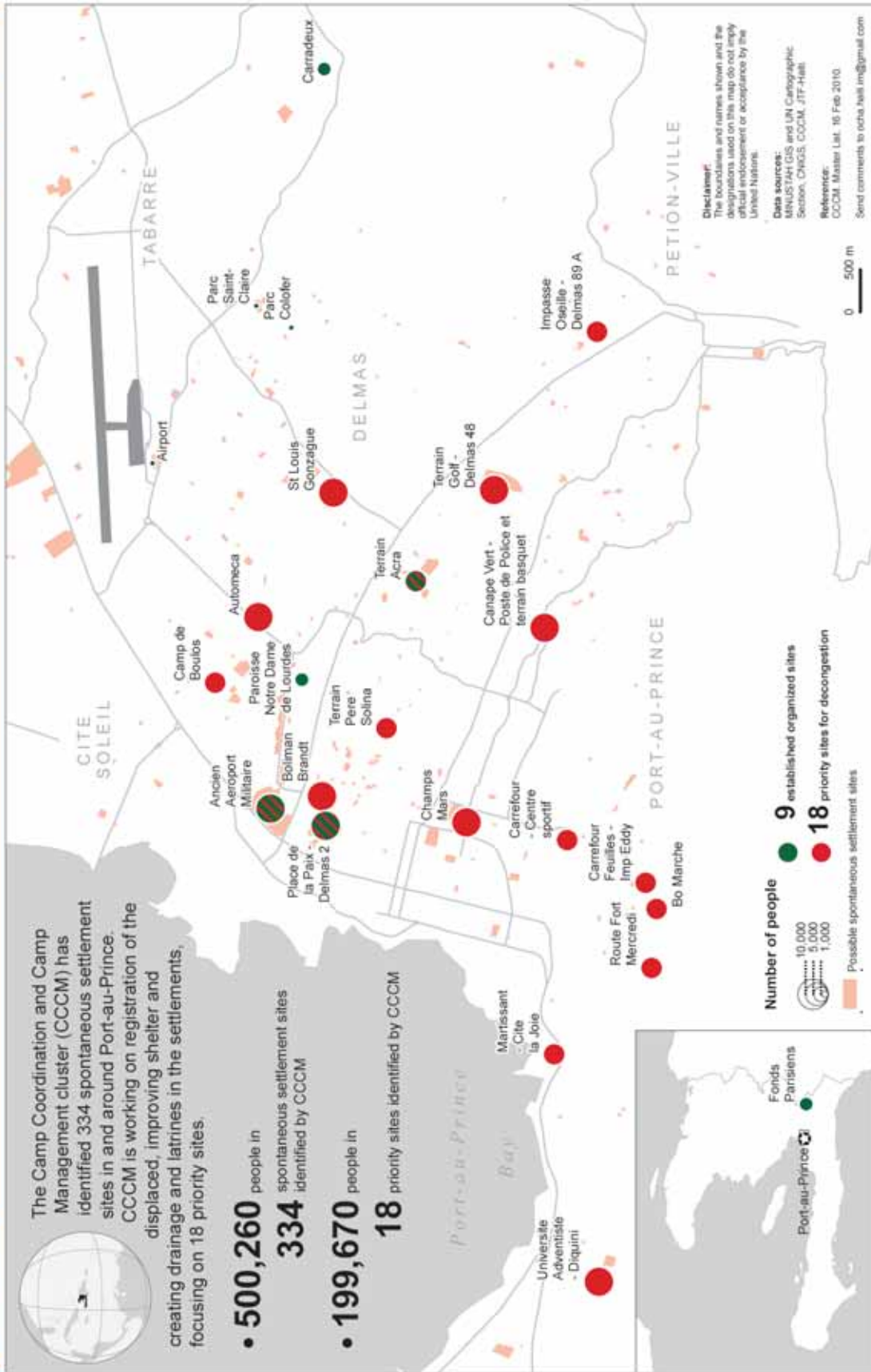
Planned Sites	Population	Type of shelter	Managed by	Ongoing work/Needs
Parc St Claire, Delmas	864	Tents	Islamic Relief	Registration, site cleaning
Parc Colofer, Delmas	615	Tents	Portuguese Civil Defence	Levelling and creating drainage
Place de la Paix, Delmas	20,000	Makeshift	Salvation Army	Need shelter material
Aviation/Parc de la Paix	15,000	Makeshift	IFRC/Haitian Red Cross	Improving shelters; Relocating people from other sites
Carradeux, Tabarre	1,240	Tents	Turkish Crescent	Need latrines
Paroisse Cite Militaire, Cite Soleil	4,500	Plastic sheeting and structures	CESAL / AVSI	Need more shelter material
Airport	350	Tents	DPC	Improving sanitation
Fonds Parisiens	1,200	Tents	American Refugee Committee (ARC)	Latrines, shelter, NFI by 30 January
Terrain Acra, Delmas	8,000	Temporary shelter with plastic sheeting	ARC	Request made to JOTC for site survey, drainage improvement, levelling and clearance
Total: nine sites	51,769 people			

2. Priority list of the biggest spontaneous sites (each containing over 5,000 individuals) that might require emptying in whole or in part because of overcrowding or relocation because prone to flooding/mud slides.

Site Name	Individuals	Families	Camp Management Agency
Champs Mars (French Embassy)	16,000	3,200	-
Place de la Paix / Delmas 2	16,305	3,261	Salvation Army
Ancien Aeroport Militaire	15,000	3,000	IFRC/HRC
Terrain Golf / Delmas 48	20,000	4,000	JPHRO-CRS
Canape Vert (Poste de Police et terrain basquet)	12,000	2,400	-
Automeca	11,000	2,200	-
Venus et Environs	10,000	2,000	Concern
Martissant - Cite la Joie	10,000	2,000	-
Carrefour (Centre sportif)	8,000	1,600	GRC
Universite Adventiste (Diquini) (1)	14,000	2,600	ADRA
Boliman Brant	15,006	2,822	Concern
Delmas 89 A impasse Oseille	7,500	1,500	-
Terrain Pere Solina	7,000	1,400	-
Route Fort Mercredi	5,538	923	Concern
Bo Marche	5,000	1,000	-
Camp de Boulos	9,000	1,800	-
Terrain Acra	8,000	1,600	ARC
St. Louis Gonzague	10,320	2,064	Fondation Anciens St Loius Gonzague
Total	199,669	39,370	

Sectoral monitoring plan

- List of site and agencies responsible per site/per sector.
- Regular multi-sectoral reports from partners and from CCCM mobile monitoring teams.



4.5.3 WASH

Cluster Lead Agency	United Nations Children's Fund (UNICEF) in support of <i>Direction Nationale de l'Eau potable et de l'Assainissement (DINEPA)</i>
Cluster Partners	UNICEF, SC, ACF, Oxfam, CARE, IRC, <i>Solidarités</i> , NCA, COOPI, PAHO, UN HABITAT, IOM, Deep Springs International, IRD
Number of Projects	23
Cluster Objectives	<ol style="list-style-type: none"> 1. To ensure safe and equitable access to WASH services/facilities for men, women, boys and girls of Haiti that have been directly or indirectly affected by the earthquake (regardless of their geographic locations), during the emergency and medium term phases. 2. To strengthen national capacities/authorities with regards to WASH response and coordination in the framework of the earthquake and upcoming cyclones season. 3. To ensure sector wide emergency preparedness in the perspective of the upcoming cyclones seasons.
Beneficiaries	1,100, 000 people
Funds Requested	\$80,638,625
Contact Information	For Haiti: ssow@unicef.org

Needs Analysis

As a result of the earthquake, it is estimated that 1,100,000 people are in urgent need of safe drinking water, latrines, bathing facilities, NFIs (including hygiene kits), removal of solid waste, and drainage. While water continues to be needed regardless of geographic locations, sanitation in high density settlements/camps in Port-au-Prince remains a huge priority and an equally huge challenge.

No fewer than 20,000 emergency latrines along with hand-washing facilities, 10,000 emergency bathing facilities and 190,000 hygiene kits are required in this very first phase. In terms of vulnerability, preliminary findings from a multi-sectoral rapid assessment in Port-au-Prince revealed that the groups most at risk for the WASH sector are the elderly, widows, unaccompanied children, disabled people and pregnant women. With the upcoming rainy season and the geographical setting of Port-au-Prince there is a serious risk of a diarrhoea outbreak if the sanitation problem is not addressed in the coming two to three months. Disaster risk mapping should be completed for all sites. All construction methods used should reduce vulnerability.

In the medium term (three to 12 months), increasing the standard access (coverage) to the WASH facilities will be the priority so as to allow people to move from life saving to recovery. Contingency planning is also underway to prepare for the imminent rainy season.

In Haiti, the DINEPA has proactively taken the leadership of the WASH Cluster with support from UNICEF, and has done well so far in coordinating and supporting the WASH response by bringing together a wide range of partners including the private sector, other national authorities such as municipalities, national and international organizations, the UN, and the Red Cross and Red Crescent movement. While this is an encouraging step, the reality is also that DINEPA needs support in terms of financial resources to strengthen its capacities to deal with emergencies. Therefore, UNICEF will continue its capacity-building support to DINEPA by providing financial and human resources for WASH coordination and response.

Similarly, the Dominican Republic Government has demonstrated readiness to respond, although its resources are not enough to cover all the needs of those affected and currently in the Dominican Republic, and there is little capacity to be able to deal with a large influx of people coming into the country. As a result, the WASH Cluster will work together to establish a joint work plan to respond to WASH-related scenarios in the border areas. Given the size and scale of the problems to be resolved, effective coordination amongst government departments, UN agencies, INGOs and NGOs is critical in ensuring the effective delivery of assistance to those most in need.

Strategy and proposed activities

Two main phases, covering the short and medium term are planned.

- Short term (two-three months until May): providing 1,100,000 people in urgent need of WASH facilities with 5l/p/d for safe drinking water, one emergency latrine for 50 people, one emergency bathing facility for 100 people, and one basic hygiene kit for each family.
- Medium term (3-12 months): coverage/standards will be set to comply at least with those from Humanitarian Charter and Minimum Standards in Disaster Response (Sphere). To ensure a quality response and facilitate coordination, each site/spontaneous camp will have only one reference/focal point agency that will ensure that a complete/comprehensive package (WASH) is provided to the affected population.

To meet these objectives, WASH Cluster partners will work to implement the following activities:

First phase (two-three months)

- Continued assessment and monitoring of WASH needs (of the affected) and response both in Haiti and in DR.
- Production (pumping and treatment) and distribution of safe drinking water through water tankering.
- Installation of temporary water storage facilities such as bladders, polyethylene tanks, etc.
- Rehabilitation of existing water infrastructures such as the water supply networks (emergency repairs), hand pumps, metallic/concrete reservoirs, etc.
- Construction/installation and maintenance of emergency latrines (pit latrines, trench latrines, mobile latrines, etc) for men, women, boys and girls.
- Construction/installation and maintenance of emergency bathing facilities for men and women.
- Construction/maintenance of drainage facilities.
- Distribution of culturally appropriate standardized hygiene kits in coordination with Shelter Cluster.
- Distribution of standardized hygiene kits in coordination with Shelter Cluster.
- Provision of hygiene education/promotion focused on identifying key risks, ensuring the participation of men, women, boys and girls in water, sanitation and hygiene interventions and promoting effective use of facilities, goods and services provided.
- Support the existing and concerned Government structures (both in Haiti and DR) to lead sector needs assessments, monitoring and evaluation of WASH response.
- Support the DINEPA (Haiti) for WASH Cluster Coordination leadership and Emergency Preparedness.
- Coordination structures at a local level (DR) will be organized in collaboration with the relevant authorities.
- Development and early implementation of a solution for the safe disposal or treatment of the large volume of septic tank and latrine pit contents generated by the temporary and transitional settlements. Throughout WASH interventions ensure that the dignity and security of boys, girls, women and men are respected and protected by prioritizing consultation with women and girls in planning of WASH responses, by building separate facilities for males and females and ensuring that they are located and designed to ensure security and privacy.

Second phase (3-12 months)

- Continued assessment and monitoring of WASH needs (of the affected) and response both in Haiti and in DR.
- Rehabilitation of existing water infrastructures such as the water supply networks, hand pumps, metallic/concrete reservoirs, etc.
- Construction of new water points (boreholes, wells, etc).
- Extension of the water supply network.
- Construction of sustainable low-cost latrines for men, women, boys and girls.
- Upgrading of existing latrines through rehabilitation and de-sludging.
- Installation of hand washing facilities.
- Distribution of standardized hygiene kits in coordination with Shelter Cluster.

- Provision of hygiene education/promotion focused on identifying key risks, ensuring the participation of men, women and children in water, sanitation and hygiene interventions and promoting effective use of facilities, goods and services provided.
- Support the existing and concerned Government structures (both in Haiti and Dominican Republic) to lead sector needs assessments, monitoring and evaluation of WASH response.
- Support the DINEPA (Haiti) for WASH Cluster Coordination leadership and Emergency Preparedness.
- Coordination structures at a local level (Dominican Republic) will be organized in collaboration with the relevant authorities.
- Capacity-building/training of staff from WASH Cluster partners as well as other relevant stakeholders following needs assessments.
- Establishment of emergency preparedness measures such as contingency stocks in the framework of the upcoming cyclones season.

Expected Outcomes

Earthquake-affected people (right holders) regardless of their geographical locations (Haiti, DR, urban areas, rural areas, relocation camp, spontaneous settlement, etc) have:

- Access to sufficient quantities of safe drinking water;
- Access to latrines and bathing facilities that promote dignity and safety and the means to clean and maintain them;
- Safe disposal facilities for solid waste and maintain adequate drainage in their local environment;
- Awareness of the public health risks they face and enabled (access to materials, services, etc) to take action to protect themselves against them;
- Access to facilities that are safe and reduce risk posed by aftershocks, hurricanes and floods.
- WASH contingency stocks are available within WASH Cluster partners stocks to re-act to potential suffering resulting from upcoming cyclones season.

WASH response is well coordinated by the Government authorities with support from UNICEF and wider WASH Cluster partners.

The sector is well documented in terms of identifying needs, gaps, agency responses and future requirements and there is adequate reporting and effective information sharing in the sector.

Collective WASH response strategies and action plans are developed and are adequately reflected in relevant appeals and reconstruction plans.

Table of proposed coverage per site

Organization	Location
UNICEF	Dominican Republic & border area, inclusive WASH Cluster coordination in the Dominican Republic
UNICEF	Haiti (WASH Cluster coordination)
UNICEF	Haiti (Dominican Republic border area, Malpasse-Croix de Bouquet corridor, Port-au-Prince)
SC	Sanitation & hygiene (with water points in second half of 2010) – Haiti: Port-au-Prince and environs, Jacmel, Léogâne, Petit Goave
Oxfam	Haiti: Port-au-Prince (Carrefour and Petionville, Carfour Feuille, Delmas and other sites yet to be identified), Government relocation camps outside of Port-au-Prince (possibly), affected areas outside of Port-au-Prince to be identified
<i>Solidarités</i>	Haiti: Port-au-Prince (Bas Delmas, Bourdon, Pegguyville), Petit Goave (rural areas)
IRC	Haiti: Martissant and Bel air, Léogâne and Jacmel
CARE	Wat-San – Haiti: Petionville, Carrefour, Léogâne
NCA	Haiti: Bel Air, Cite Soleil & other areas of Port-au-Prince
COOPI	Haiti – IDPs in temporary camps
PAHO/ WHO	Dominican Republic & border area
IOM	Haiti – IDP sites (spontaneous & planned [to be determined with CCCM]) (60,000 families)
IOM	Haiti

Deep Springs International	Haiti: villages and rural areas
ACF	Haiti: Central area of Port-au-Prince, Champs de Mars, Canapé Vert, Croix de Prez, Stadium, and the Léogâne-Gressier axis
UN HABITAT, UNEP	Solid waste disposal – Haiti: Port-au-Prince
IRD	Sanitation – Haiti: Grande Riviere and Gros Morne sections of Léogâne Commune
<i>Aide et Action</i>	Dominican Republic: border areas (Pedernales, Commander, Jimani and Dajabon)
Oxfam-Québec	Sanitation – Haiti: Belladere

Sectoral monitoring plan

Given the scope of the WASH Cluster response, a stand-alone monitoring project will be implemented so as to provide a comprehensive picture on the response and the gaps. Additionally, the project will also monitor the WASH Cluster coordination activities and tools and how they contribute to enhance response delivery. The project will be implemented by UNICEF and DINEPA.

4.5.4 HEALTH

Cluster Lead Agency	Pan-American Health Organization/World Health Organization (PAHO/WHO)
Cluster partners	PAHO/WHO, UNAIDS, UNICEF, UNFPA, IOM, SC, WV, International Medical Corps (IMC), MERLIN, <i>Médecins du Monde</i> (MDM), International Rescue Committee (IRC)
Number of Projects	44
Cluster Objectives	<ol style="list-style-type: none"> 1. Effective coordination of the health sector response, needs and disaster risk assessment, monitoring & evaluation under the authority of the National Health Authority (NHA). 2. Ensure outbreak control and effective disease surveillance. 3. Ensure adequate water supply and environmental health. 4. Reactivation of basic health care services for a more integrated health system based on primary health care. 5. Ensure treatment and rehabilitation of injured patients. 6. Ensure availability of essential drugs and medical supplies.
Beneficiaries	Earthquake-affected population in the whole country
Funds Requested	\$134,067,349
Contact Information	Dr. Henriette Chamouillet, PWR Haiti E-mail: chamouihe@hai.ops-oms.org

Needs Analysis

Short-term needs (until May):

The January 2010 earthquake in Haiti caused massive mortality and countless injured who require surgery and trauma care. Many of the victims became disabled and will need specialized care. Homeless people gathered under improvised shelters or public spaces leading to overcrowding that, combined with poor living conditions, facilitates the spread of air-, water- and vector-borne diseases as well as the potential for epidemic diseases. The population has been strongly emotionally-affected and will require mental health and psycho-social support. The whole health system has been deeply affected in its infrastructure and organization affecting the capacity of the system to respond to the pressing health needs of the population. Livelihoods were lost, availability of food decreased, with particularly adverse effect on vulnerable groups including children. People with chronic diseases and HIV have been faced with the interruption of their treatment. SGBV is a looming risk. The rainy and hurricane seasons will start in the coming months, thus further complicating an already disastrous situation. The immediate risks include diarrhoea and waterborne diseases. Priority actions until May will focus on primary health care and mobile clinics to reduce morbidity and mortality among homeless people living in overcrowded conditions with poor sanitation. Specific preventive measures aiming at reducing the incidence of diarrhoea include the provision of adequate sanitation and in particular latrine building.

Overall needs

Coordination, needs assessment, monitoring and evaluation

Health services are being provided by all functional health centres in Port-au-Prince, other affected areas and areas hosting displaced populations. More than 246 teams, including local organizations and teams from different countries and INGOs, are supporting government efforts to treat the injured and ill. This tremendous influx of human resources and supplies has generated a substantially increased need for coordination, with health partners as well as with local authorities. Good decision-making depends on the availability of information on needs, trends, risks, local and external resources.

It is essential that the support and assistance for the relief phase be linked to sustenance of essential health services. The revitalization and recovery of the health system needs to take place in a coordinated, coherent and comprehensive manner, so that no critical gaps are left during the transition from relief to early recovery.

In order to harmonize the reactivation of services and efforts to better rebuilding the health system, it is key to work in coordination with and under the leadership of the NHA. Indeed, the vision and leadership of the NHA with regard to the post-disaster needs assessment (PDNA) exercise must help to align efforts of key players in order to make the best possible use of the resources available to rebuild a more efficient and equitable health system.

Outbreak Control and Disease Surveillance

Population displacement results in spontaneous, overcrowded resettlement areas, raising the risk of transmission of certain communicable diseases, such as vaccine preventable diseases, in particular measles and diphtheria, but also meningitis, HIV, TB, acute respiratory infections and diarrhoeal diseases. Unvaccinated children against measles have accumulated since last catch up campaign, because of low routine vaccine coverage, so that reintroduction of measles is a concern which would take a heavy death toll given the poor nutritional status and low accessibility of curative care. A vaccination campaign in response to a diphtheria epidemic which took place from August to November 2009 with concentration of cases in metropolitan was interrupted by the earthquake. Tuberculosis (TB) and AIDS are among the leading causes of morbidity and mortality in Haiti. The country has the highest HIV and TB incidence in the Americas. In the acute phase of this emergency, the potential interruption to anti-TB and HIV treatment services and loss of patient follow-up is likely to be a significant problem.

Patients who have been injured during the earthquake or who will get injured as a consequence of the environmental hazards resulting from destruction are at risk of tetanus, which is already highly endemic in Haiti, both in its neonatal and post-neonatal forms. In addition, displaced populations may be at an increased risk of malaria and dengue due to an increased exposure to vectors. Epidemiologic surveillance, outbreak prevention, disease control measures and immunization are therefore essential.

Water supply and environmental health

More than a million people are living roofless and many will remain poorly sheltered at the arrival of the rainy season in an environment of poor sanitation related to poor waste and excreta management and risk of water contamination.

The structural damage to the already weak water, sanitation and electricity systems, the interruption in service that occurred in water provision and solid waste collection and the increase in the number of patients and therefore the quantity of medical waste, solid waste and excreta in health care facilities have resulted in an increased environmental risk to health through inadequate quantity and quality of water, inadequate sanitation and the disruption in the cold chain systems (morgues, storage of medicines and food). Providing safe water is all the more essential for medical use, for hygiene and for human consumption. Diarrhoea is already a major contributor to the high rates of under-five mortality; PAHO/WHO estimates that diarrhoea accounted for 16% of under-five deaths in Haiti before

the earthquake of the 12 January 2010.

Damage to water infrastructure of health services, poor management of waste, including health care waste, can potentially expose health care workers, waste handlers, patients and the community at large to infection, toxic effects and injuries as well as increasing the risk of polluting the environment. The collection of solid waste and medical waste is essential to control the spread of vectors, and the collection of sewage limits the spread of infectious and water-borne diseases.

The current situation promotes the proliferation of vectors and therefore vector-borne diseases (mosquitoes, rodents and flies).

Basic health care services

The destruction of health infrastructure and the displacements of population following the earthquake have increased the need of support with regard to the delivery of basic health care services in all health facilities, not only those directly affected by the earthquake. The capacity of the national health institutions must be repaired and strengthened, health facilities need to be re-equipped. It is necessary to ensure that comprehensive secondary and tertiary health services (system and structures) are available nationwide. Services must be reactivated as soon as possible in a new health system based on primary health care.

People affected by the earthquake currently living in overcrowded conditions and in a poor environment have a higher risk of airborne and waterborne diseases and particular attention should be paid on reducing avoidable excess mortality associated with this displacement situation.

The capacity for diagnosis and treatment is an essential component of the provision of health services. It is important to have functional laboratories with the capacity for clinical testing and epidemiological surveillance. In the same aspect the accessibility of blood for those patients who are in need should be strengthened by reinforcing the national capacity in blood collection, testing and adequate use of blood.

Key reproductive health interventions should prioritize safe delivery, acute care of the newborn, family planning and clinical management of rape. These interventions are critical components of the Minimal Initial Service Package (MISP) for reproductive health, an international standard which identifies life-saving interventions which must be implemented even in the acute phase of an emergency and sustained beyond this phase.

Non-communicable diseases (NCDs) are recognized as an important health concern in Haiti. Chronic conditions, including cancer, cardiovascular diseases, diabetes, chronic respiratory disease and neuro-psychiatric disorders, account for an increasing proportion of the disease burden. The priorities during the acute phase of this emergency are to minimize treatment interruptions.

Psycho-social support is essential for people who have lost their families and their property. It is important to ensure that mental health patients continue to receive assistance and that culturally sensitive psycho-social support is available at community level. Mental health and psycho-social needs are expected to increase significantly not only in the short term but also in the long term. Particular attention should be given to vulnerable groups such as children, women, those who suffered amputations, health care workers, and others.

Mobile clinics will be of increased importance, particularly as the rainy and hurricane season are rapidly approaching. Homes and shelters established after the earthquake are at risk to be flooded, just as much as the PHC clinics.

Development, retention and scaling-up of human resources are areas that need to be addressed as a key element to ensure quality health care provision.

Treatment and rehabilitation of injured patients

The UN Convention on the Rights of People with Disabilities, which was ratified by Haiti on 23 July 2009 requires the provision of specific health services needed by people with disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities.

It is imperative for a country like Haiti that is facing such catastrophic effects resulting from the earthquake to count on a specialized institute on medical rehabilitation. Indeed institute-based rehabilitation (IBR) – or medical rehabilitation – will play a role not only in the immediate but also in the mid- and long-run response. Rehabilitation capacity needs to be strengthened within the health sector at all levels: hospital / rehabilitation centres, primary care and community levels. Referral mechanisms and linkages between these levels need to be developed to ensure optimal outcomes. Medical rehabilitation is focused on restoring abilities, and should begin as soon as possible after emergency trauma care has been provided and continue until the person return to his/her community.

The functional recovery of people with injuries often involves complex rehabilitative measures, including not only coordinated input from a team of rehabilitation professionals (physiatrists, physiotherapists, occupational therapists, prosthetists, and orthotists) but also the involvement of orthopedic surgical teams that often needs to re-op cases that were treated during the emergency. In Haiti, there is no such rehabilitation medical institute, so, special efforts might be deployed to put in place one as soon as possible. Such a national institute for rehabilitation will contribute to reinforce the health system in order to better cope with the mid and long-run needs of the thousands who have been handicapped by the aftermath of the earthquake.

Beside institutional rehabilitation services, development of some community-based rehabilitation (CBR) services for early identification, referral and support will be essential. The essential psycho-social support that is to be offered to patients in the process of rehabilitation must to go hand in hand with the reactivation of the basic health services.

Essential drugs and medical supplies

A large number of hospitals and other health facilities lost their stock of medicines and medical supplies during the earthquake. The loss of these stocks as well as the need for additional essential drugs and medical supplies due to the number of wounded after the earthquake needs to be addressed. In addition, a large number of the response agencies that arrived in Haiti did not come prepared to face the scale of the disaster and are obtaining their medicines and medical supplies from the PAHO/WHO Essential Medicine Programme (PROMESS). Furthermore, as the central medical store PROMESS is also receiving donations from different bilateral donors that provide supplies to PROMESS that are to be further distributed, there is a need to increase the operational capacity of PROMESS to be able to respond to this new challenge. In addition, during the emergency period, it is very important for PROMESS to get an estimate of the needs not only in Port-au-Prince, but throughout the country. PROMESS is strengthening its relationship with partners in health involved in the supply chain management, and will try to bring all partners on board, in close collaboration with MoH. The development of a strategy to push deliveries to the field must be accompanied by rapid assessment of institutions and organizations beneficiaries of the aid.

Objectives and activities

The overall objective of the intervention is to save lives and prevent further deterioration of public health conditions in the earthquake-affected areas. The Health Cluster will work with the NHAs to ensure a coordinated response to mitigate the avoidable morbidity, mortality and disability of the Haitian population related to the earthquake and subsequent population displacement. In line with the other priority clusters, the Health Cluster has identified the priority short-term objective as follows.

The specific objectives and related activities include the following:

1) Effective coordination of the Health Cluster response, needs and disaster risk assessment, monitoring & evaluation, under the authority of the NHA

Activities

- Coordination of international health assistance within the Health Cluster.
- Support the Disaster Response Commission set up by the national Government.
- Promote the establishment of an Emergency Operation Centre within the MoH.
- Carry out rapid health assessments.
- Conduct health assessments on needs, damage, impact and gaps in the assistance including monitoring and evaluation.
- Monitor mortality and morbidity trends, set up early warning systems.
- Map local resources available as well as external support including the foreseen length of that support.
- Assess risks and initiate disaster risk reduction activities.

Indicators

- Information available for decision-making: disaggregated information on institutional assessment, trends, service provision, mapping and state of local health structures, activities and location of international cooperation, and early warning system.
- Percentage of steering role functions reaching “good capacity”, as measured by established guidelines, by the MoH&P (baseline n/a, target 20%).

2) Ensure outbreak control and disease surveillance

Activities

- Re-establish the capacity of prevention and control of communicable diseases through the establishment of an emergency communicable disease surveillance system (Early Warning Alert and Response Network) and strengthen the routine disease reporting system.
- Strengthen the HSIS.
- Ensure immunization including mass vaccination campaign against measles, diphtheria, and tetanus and prepare response to outbreaks of communicable diseases.
- Ensure vector-borne and zoonotic disease control activities.

Indicators

- Sentinel sites reporting rate on communicable diseases occurrence (baseline n/a, target 60%).
- Vaccines coverage (MR, DPT, DT) (baseline n/a, 90% of targeted populations).
- Percentage of targeted families (in temporary settlements) provided with a mosquito net (baseline 0, target 95%)

3) Ensure adequate water supply and environmental health

Activities

- Follow-up on the provision of safe water of sufficient quantity in health care facilities.
- Ensure that good health care waste management techniques are adhered to.
- Follow-up on the provision of adequate sanitation health care facilities.
- Technical cooperation for the incorporation of integrated vector control management techniques into health care facilities.
- Technical cooperation for hygiene promotion and health education in health care facilities.

Indicators

- Percentage of public hospitals with water quality test results that reach guidelines values 80% of the time (baseline n/a, target 60%).
- Percentage of public hospitals where hygiene education training activities are carried out monthly (baseline 0, target 60%).
- Percentage of public hospitals with a sanitation strategy (baseline 0, target 50%).
- Percentage of public hospitals with a comprehensive health care waste management strategy defined (baseline 0 target 60%).

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- Percentage of hospitals where integrated vector control management training is carried out (baseline 0, target 80%).
 - Number of departments in which a human rabies surveillance system is established (baseline 0, target 5).

4) Re-activation of basic health care services for a more integrated health system base in primary health care

Activities

- Proper and timely management of communicable diseases, particularly water and air-borne.
- Emergency basic repairs to health facilities/temporary health facilities.
- Strengthening non-affected health facilities to serve the affected population.
- Ensure continuity of primary health care services, including reproductive health (including emergency obstetric and neonatal care; maternal and child health, and prevention and management of sexual violence) and including treatment against tuberculosis and HIV/AIDS.
- Support the management of chronic diseases.
- Support the provision of mental health and psycho-social support according to internationally agreed guidelines (Inter-agency Standing Committee [IASC]).
- Establish and strengthen mobile clinics for primary health care.
- Support human resources to ensure health delivery and re-equipping affected health facilities.
- Support diagnosis and treatment services (blood bank, laboratory, X-Ray, imagery).
- Prevention, screening and treatment of acute malnutrition.

Indicators

- Percentage of public network hospitals providing basic health services, as recommended by WHO (baseline 16, target 60).
- Number of mobile clinics activated and distributing PHC packages (baseline 0, target 80).
- Proportion of institutional deliveries (baseline 24%, target 30%).
- Percentage of biomedical investigation lists that are undertaken by national public health laboratory (baseline, target 80%).
- Percentage of biomedical investigation lists that are undertaken by the departmental public health laboratories (baseline, target 50%).
- Quantity of blood collected from voluntary donors (baseline 75%, target 90%).

5) Effective treatment and rehabilitation of injured patients

Activities

- Support the treatment of injuries and emergency services including referrals of patients.
- Ensure the access to a free orthopaedic unit (follow-up of patients).
- Ensure the proper functioning of at least one specialized institute on medical rehabilitation (IBR).
- Set up community-based rehabilitation services (CBR).
- Ensure the availability of assistive devices and technologies such as wheelchairs, and prostheses.
- Support mid- and long-term training for human resources rehabilitation specialists (physiatrists, physiotherapists, occupational therapists, prosthetics, and orthotists) as well as orthopaedic surgeons and nurses.

Indicators

- Percentage of people with physical impairment that have had access to rehabilitation services (baseline 0, target 60%).

6) Ensure availability of essential drugs and medical supplies

Activities

- Provide essential medicines, surgical and trauma kits, essential medicines and health supplies based on assessments.
- Ensure the proper functioning and development of the PAHO managed Haiti's central procurement agency for drugs and pharmaceutical supplies (PROMESS).

Indicators

- Number of hospitals with most critical drugs and medical supplies on hand (based on established list) based on on-site assessments (measured quarterly) (baseline = n/a, target = 100).
- Value of medicines and medical supplies distributed.
- Percentage of hospitals and departmental depots that meet international standards of good drug management.

Throughout health interventions, it is important to ensure that gender equality and other cross-cutting issues are addressed including by: ensuring needs assessments include gender analysis and collection and analysis of sex and age disaggregate data as well as data on those with specific priority needs (including physical and mental disability); ensure gender balanced assessment teams; ensure response design takes into account the different needs, potential barriers, and ensure equal access to health services; ensure women and adolescent girls and boys are included in planning and implementation of health sector activities; implement MISP for RH in crises including providing non-stigmatizing care for survivors of sexual violence; ensure that communication strategies are developed and implemented to highlight the specific health risks affecting women, men, boys and girls including specifically targeting adolescent girls and boys; ensure coordination with other sectors and incorporation of cross cutting issues, ensure health services are accessible to women and children (girls especially) (e.g. setting up private consultations rooms for women and girls, recruiting female staff were possible). Ensure that communities (women, men, boys and girls) are aware of how and where to access needed health services.

Table of coverage per site

A link to the list of health sites and coverage per site is available from the Health Cluster page on OneResponse: <http://oneresponse.info/Disasters/Haiti/Health/Pages/default.aspx>

Sectoral monitoring plan

Health Cluster meetings are taking place on a daily basis, the sub-groups of the Health Cluster (basic health services and clinics, hospitals, information management) meet twice a week. Several working groups are established in order to address special health topics, also organized by regions. A situation report and Health Cluster Bulletin which provide information about the health situation and progress made is regularly issued. Assessments and field visits are ongoing.

4.5.5 FOOD AID

Cluster Lead Agency	World Food Programme (WFP)
Cluster Partners	ACDI/VOCA, ACF, ADRA, ACTED, Caritas Haiti, CESVI, Concern, Convey of Hope, CRS, CARE, Goal, Government of Haiti, Haitian Red Cross, Islamic Relief Organization, IMC, Love Child, <i>Médecins Sans Frontières</i> , <i>Première Urgence</i> , Oxfam, Samaritan's Purse, SC, The Salvation Army, <i>Terres des Hommes</i> (TdH), UNICEF, World Relief Haiti, World Vision and <i>Welthungerhilfe</i> (GAA)
Number of Projects	6
Cluster Objectives	The Cluster has aimed to meet the immediate food needs of the most vulnerable populations through the provision of ready-to-eat foods. Following this, and running in tandem with relief efforts, the Cluster aims to provide targeted food assistance to vulnerable communities in hospitals and orphanages through mobile distributions and organized community kitchens for the provision of wet feeding. A gradual transition from general food distributions to food- and CfW activities is planned, as relief gives way to recovery.
Beneficiaries	2,000,000 people
Funds Requested	\$480,418,546
Contact Information	alberto.mendes@wfp.org , foodcluster@yahoo.com

Category	Beneficiaries		
	Female	Male	Total
IDPs in host families/ communities	250,000	150,000	400,000
People with destroyed shelter	550,000	450,000	1,000,000
Individuals with medical conditions	65,000	35,000	100,000
Children under-five	300,000	200,000	500,000
Totals	1,165,000	835,000	2,000,000

Needs Analysis

The immediate strategy for the first one-two week period was to provide ready to eat foods for the most vulnerable people. In tandem with this, the cluster members have established community cooking facilities to allow for the cooking of general food rations, and have moved to a systematic fixed site distribution network. The programmatic focus of activities will move towards relief and recovery as the operational situation permits.

The Food Aid Cluster made a strategic decision to move from high-energy biscuits (HEBs) and meals ready-to-eat (Mares) to large-scale rice distributions after the immediate emergency response. Subsequently, a fixed site distribution network has been established with the aim of providing a two-week food ration to an estimated two million Haitians through 16 distribution points across Port-au-Prince. As the food availability situation stabilizes, Food Aid Cluster members are planning to undertake more targeted activities including food and cash-for-work (CfW) activities to support early recovery and rehabilitation activities in both the urban and rural affected areas. In specific terms, the approach of the Food Cluster encompasses the activities outlined below.

In addition to ongoing assessment activities, it is expected that a full survey and assessment of the situation of orphaned children and the impact of the earthquake on the capacity of residential orphanages, half-way houses and street shelters will be made to ensure the ability of these institutions to cope with the additional pressure created by the larger number of beneficiaries for such institutions, including ways in which the members of the Food Cluster can support such institutions.

Meet immediate food needs and increase household consumption

Food Cluster partners have been distributing food to an estimated two million people affected by the earthquake. Initially provided through mobile *ad-hoc* distributions in areas where populations have temporarily settled, food assistance is now being provided through 16 fixed sites, under the leadership of the Haitian Government and in close cooperation with MINUSTAH, the US military and a group of partner NGOs. Outside Port-au-Prince, earthquake-affected people in Léogâne and Jacmel are also receiving a combination of cooked meals and food rations. As soon as possible, food assistance will

become increasingly prioritized to particularly vulnerable groups, and vouchers will be introduced as reliable market systems are established. Affected but able-bodied people requiring continued support will be reached through more conditional forms of assistance such as food or CfW activities.

Support recovery through the restoration of key infrastructure and rural livelihoods

Food Aid Cluster actors will support food and CfW activities. In the urban areas, these will be focused on the immediate restoration and protection of livelihoods, including the removal of debris from schools, dwellings, streets, drainage lines, as well as labour support to the separation of debris at dumping sites, and repair of roads and other broken infrastructure. In rural areas, a combination of cash and food-for-work (FFW) is needed to help rehabilitate rural roads, small-scale irrigation facilities, food storage and support other efforts to prevent further soil erosion, taking into account that these low resilient communities are further strained by the influx of earthquake-affected people from the capital. Government estimates that 500,000 people have left the city, many heading to Artibonite, itself a disaster-prone and severely degraded area. In addition to traditional food and CfW management structures, a Technical Assistance Facility (United Nations Environment Programme [UNEP]) will provide design and on site assistance to ensure waste management and catchment rehabilitation works are well designed and implemented.

Reduce and prevent child malnutrition

Malnutrition is a pressing concern in Haiti (see Nutrition Response Plan). Food Aid Cluster partners will seek to deliver the best possible nutrition through their food rations, and will introduce appropriate complementary feeding programmes for nutritionally at risk populations. This will involve: provision of a blanket ration of Plumpy Doz to children under-two to prevent an increase in acute malnutrition and to support growth; treatment of moderately malnourished children under-five through a supplementary feeding ration consisting of a ready to use supplementary food, supplementary plumpy; distribution of micronutrient powder (aka sprinkles) to children 24-59 months and pregnant and lactating women to supplement their daily diet in order to meet nutritional requirements, and prevent an increase in micronutrient deficiencies. These activities will be done in close coordination with other agency health, water and sanitation and nutrition training activities.

Facilitate social stabilization

Food Aid Cluster partners will undertake emergency school feeding to ensure that over 800,000 children enrolled in schools have access to food. This effort to attract children to school, keep them there and help them learn will contribute to the stabilization of the situation and a sense of normalcy, while also providing hope to struggling households through the investment in their future. WFP and other Food Cluster partners successfully scaled up school feeding in Haiti in 2008 to provide a critical safety net for vulnerable populations affected by the high food prices and recovering from natural disasters, and can do so again to support the earthquake recovery.

Objectives

- Save lives in emergencies and reduce acute malnutrition caused by shocks to below emergency levels.
- Reach vulnerable groups and communities whose food and nutrition security has been adversely affected by the earthquake.
- Protect livelihoods and enhance self reliance in emergencies and early recovery.

Food aid beneficiary selection has been coordinated with the Government, local authorities, UN agencies, NGOs, community associations and local leaders. Targeting criteria focuses on: families living in makeshift shelters; families living with host families; families who lost their homes; and female, or child-headed households. General food distributions are being provided as a family ration for five members to eligible families living in their communities or still in shelters, according to these selection criteria.

Food Aid Cluster activities aim to provide assistance to two million people made food-insecure due to the earthquake. Initial provision of assistance has focused on ready-to-eat food (meals-ready-to eat and HEB) distributions. In tandem with these relief activities, the Food Aid Cluster has distributed

relief food items to hospitals and orphanages as well as organized community kitchens for the provision of wet feeding.

Indicators

Improved food consumption over the twelve-month-period for targeted earthquake-affected households, assessed based on the following indicators:

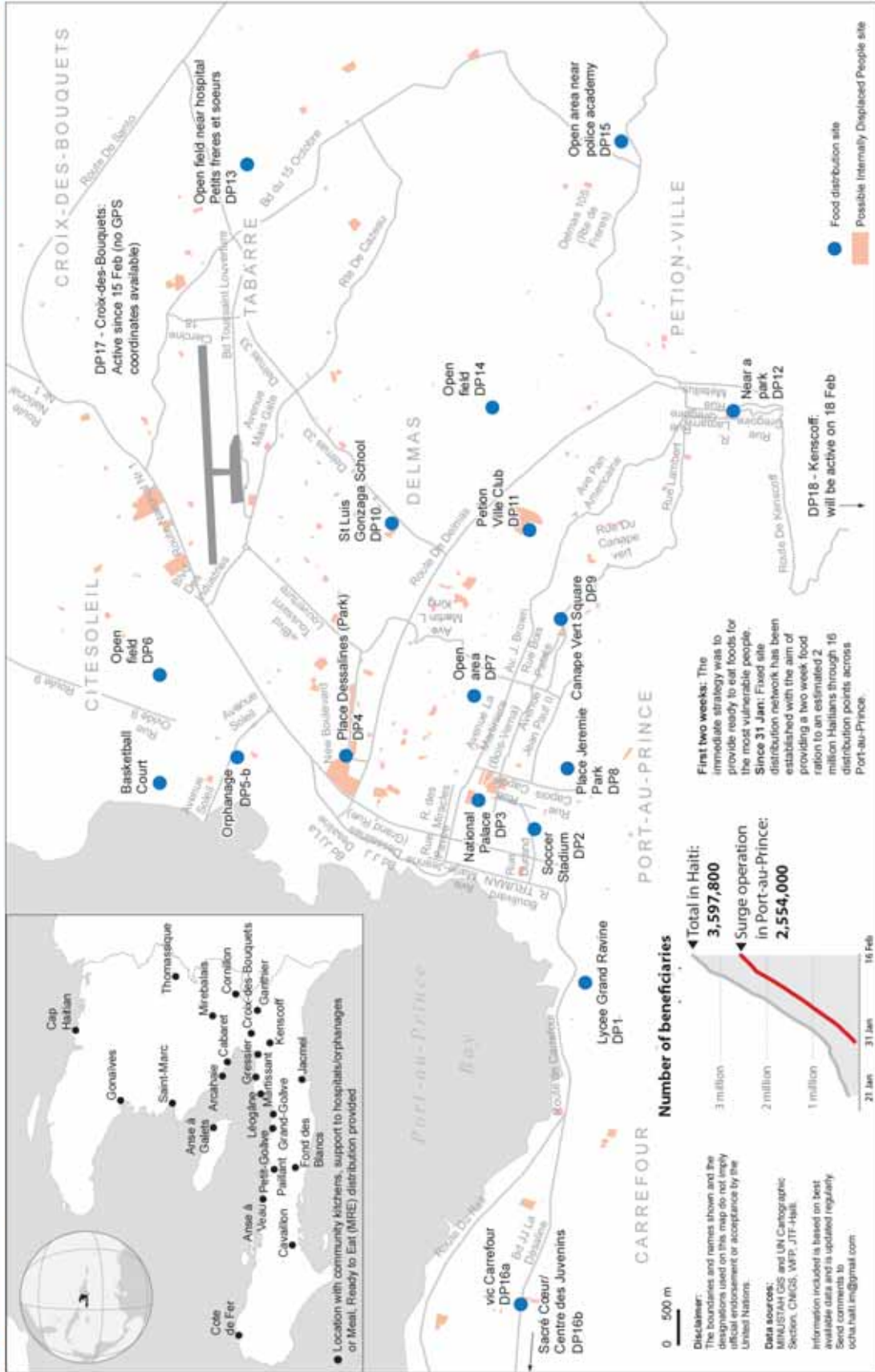
- Household food consumption score;
- Actual amount of food distributed by commodity type and activity as a percentage of planned distributions;
- Actual number of women, men, girls and boys receiving food and non food assistance by activity as percentage of planned beneficiaries.

Table of proposed coverage per site

Site/Area	Organization
Greater Port-au-Prince	ACF, ADRA, ACTED, Caritas, Concern, CRS, CARE, Goal, Government of Haiti, Haitian Red Cross, MSF, Oxfam, SP, SC, TdH, <i>Welthungerhilfe</i> (GAA), WFP, WV, DR Government, International Relief (IR), World Relief Haiti, The Salvation Army, Convey of Hope, Agricultural Cooperative Development International / Volunteers in Overseas Cooperative Assistance (ACDI/VOCA), <i>Première Urgence</i> (PU)
Orphanages	International Medical Corps (IMC), SP, UNICEF, WFP
Léogâne	<i>Welthungerhilfe</i> (GAA), WFP, ACTED, SCF, ACF, CARE
Departments with IDPs (South, North, North Est, Central Plateau, Grand Anse, Nippes, etc.)	ACF, CRS, CARE, Goal, Government of Haiti, Haitian Red Cross, MSF, Oxfam, SP, SC, WFP, WV, <i>Cooperazione e Sviluppo</i> (CESVI), ACDI/VOCA
DR border areas	American Refugee Committee (ARC), Love Child, UNICEF, WV, WFP
Jacmel, Grand/Petit Goave	ACDI/VOCA, <i>Welthungerhilfe</i> (GAA), WFP
UNEP	Technical assistance facility for cash and FFW schemes

Sectoral monitoring plan

Food Cluster meetings are taking place on a regular basis at the PaP level, with further Food Cluster subgroups organised to address the needs in specific areas. The Food Cluster members all have robust M&E systems which are being used to capture and assess output level indicators, as well as commodity tracking systems to provide timely and accurate information on food movements, storage and distributions. Assessments and field visits are ongoing. A Haiti emergency response lessons learnt exercise is planned.



4.5.6 NUTRITION

Cluster Lead Agency	United Nations Children's Fund (UNICEF)
Cluster Partners	ACTED, ACIDI-CIDA, ACIDI-VOCA, ACF, ADRA Int'l, AOPS, AR, AVSF, AVSI, CARE, Caritas-Haïti, CEPAM, CFM, CMMB, CNP / HSC, CNSA, CNSA/DDASE, CONCERN, Coop Frances, CPNANu, CROSE, CRS, DDASE, <i>Diakonie Katastrophenhilfe</i> , FHI, FONDEFH, FSB, FTC, GHESKIO, HAS, HelpAge International, HP, IADBID, IMC, Inter Aide, Irish Aid, ITECH, IYCN/ CARE, IYCN/PEPFAR, LaC, MDM F, MDM Swiss, MDM-C, MEDAIR, MFK, MSF B, MSF-F, MSF-H, MSF-S, MSPP (MoH), OPS/OMS, OutReach, PAM, PESADEV, PiH, PSF, PSI, RI, Salvation Army, Save the Children, Scientology, SDSH/MSH, <i>Terre des Hommes</i> , US Army, USAID, USAID/PEPFAR, WC, WFP/PAM, WHI, World Bank, WVI
Number of Projects	12
Cluster Objectives	<ol style="list-style-type: none"> 1. To ensure rapid and comprehensive needs assessments are carried out to identify nutrition priorities, target groups and numbers in need of assistance and that these assessments form the basis for coordinated nutrition interventions. 2. To ensure timely, appropriate, reliable and effective nutrition responses at scale in Haiti through the coordinated actions of cluster implementing partners. 3. Integrate nutrition cluster coordination (NCC) and actions with other core clusters to maximize coverage and impact especially in food, water, sanitation and hygiene (WASH), protection and health. 4. To ensure that the existing capacity of national institutions is fully utilized in the response and those capacities are strengthened to respond to nutrition needs. 5. To ensure strategies and plans of action, take full account of nationally adopted and internationally agreed standards and best practices. 6. To ensure results and impact based monitoring, reporting, external communication and evaluation. 7. To ensure that gaps in emergency response are identified and communicated to country and global Nutrition Cluster partners as soon as these are identified and that appropriate action is taken. 8. To develop medium to long-term strategy for nutrition-relevant recovery with all cluster partners when time permits.
Beneficiaries	1,326,920 children and women
Funds Requested	\$43,453,946

These are estimated based on 2003 census data and nutrition surveys carried out in the 2008-2009 period. The following estimates form the basis for nutrition-related programme planning.

Category	Beneficiaries			Beneficiaries (if this is not the same as affected population)		
	Female	Male	Total	Female	Male	Total
Total under-five	241,800	161,120	402,920			
Of which 0-12 months	42,260	28,400	71,000			
Of which under-two yrs	99,000	66,000	165,000			
Women of reproductive age			750,000		750,000	
Pregnant women			60,000		60,000	
Lactating mothers			114,000		114,000	
Total			1,326,920			

Needs Analysis

Pre-crisis, the nutritional status of children and women in Haiti was poor. Chronic malnutrition in children under-five (stunting) was estimated at 32%, GAM prevalence was 4.5% of which 0.8% of under-fives were severely acutely malnourished and 60% of children (6-59 months) suffered from anaemia. In addition, the prevalence of low birth weight was estimated at 25%, a strong indication of poor maternal nutritional status and 46% of women (15-49 years) suffered from anaemia. Whilst breast feeding was widely practiced, the rate of exclusive breast feeding was estimated at 46%. An estimated 1.8 million people were highly food-insecure pre-crisis and childhood infections and communicable diseases were widespread.

The earthquake has significantly disrupted nutrition-related services, dramatically increased food insecurity, disrupted livelihoods, increased the risk of infection and communicable diseases, disrupted feeding practices and, consequently, has placed very large numbers of infants, young children, pregnant and lactating women and other population groups (elderly, disabled and injured) at increased risk of mortality and malnutrition particularly acute malnutrition and micronutrient deficiencies. The need for nutrition coordination is highly evident to ensure all implementing agencies, in tandem with the Government are assessing and meeting nutrition priority needs to avert further loss of life and ensure the nutritional needs of vulnerable groups are being met. There is urgent need for the scale up of therapeutic management of severely malnourished children, supplementary feeding for moderately acutely malnourished children, infants and young child feeding promotion and support, and nutrition support for pregnant and lactating mothers.

Objectives

The Haiti emergency response will target the population directly affected by the earthquake in Port-au-Prince, Léogâne, Jacmel and in other areas of the country, estimated at three million living in temporary settlements, in residential child care facilities, institutions such as hospitals and nursing homes and with host families. Within the areas that are most affected, both IDPs and affected residents are in need of nutrition services. Within the two most affected Departments, Ouest (pre-earthquake population 3,724,442 - 2010 projection) and Sud Est (pre-earthquake population 555,375 - 2009), a total of 577,246 infants, children and pregnant and lactating women have been affected. Based on a GAM prevalence of 4.5% and SAM prevalence of 0.8%, in the affected population of children aged 6-59 months prior to the emergency, there are an estimated 15,967 children with acute malnutrition of which an estimated 2,839 have SAM and in infants under < 6m of age, 1,549 have acute malnutrition and 275 have SAM. These children are at a very high risk of mortality if left untreated.

A Nutrition Cluster has already been activated and is coordinating the efforts of approximately 38 implementing partners. The strategic planning, priority setting and meetings of the NC have the active oversight of Ministry of Health (MoSPP) senior nutrition staff. At the global level, regular meetings are held with cluster partners to coordinate efforts, share information and support the country cluster. Key guidance and statements have been generated from global level for adaptation at country level. Two specialist cluster sub-groups are actively coordinating on infant and young child feeding and treatment of severe acute malnutrition (in patient and community based). In addition to the cluster in Port-au-Prince sub-clusters have been activated in the two other main affected areas, Léogâne and Jacmel where significant needs are also evident.

The main target population group is children under-five, pregnant and lactating women as well as orphans and unaccompanied children. Where other nutritionally vulnerable groups are identified, for example the elderly and disabled, these groups will also be targeted. Areas of priority are as follows:

- Children (U5s) in residential care centres;
- Children (U5s) in temporary settlements (camps);
- Children (U5s) in hospitals;
- Pregnant and lactating women;
- Disabled/injured and elderly people.

In order to ensure the treatment of existing cases of acute malnutrition and to prevent an increase in the prevalence of acute malnutrition, the immediate focus is on the scaling up of critical nutrition response programmes as follows:

- Supplementary feeding (wet and dry/blanket and targeted);
- Active case-finding (screening) of children with acute malnutrition alongside blanket supplementary feeding programmes;
- Treatment of acute malnutrition including in-patient care of those children requiring treatment of severe acute malnutrition with complications and treatment programming in the community (community management of acute malnutrition or CMAM) including the mapping of referral centres for the treatment of SAM;

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- Infant and young child feeding including the protection and support for breastfeeding, complimentary feeding and, where needed, support for non-breast-fed infants;
 - Vitamin A supplementation, (and zinc/oral rehydration salt [ORS] and de-worming);
 - Control and coordination of breast milk substitutes donations;
 - Capacity-building in infant feeding and treatment programming;
 - Household support programmes (for example, provision of cooking sets in order to secure food utilization);
 - Nutritional assessment and screening aimed at identifying the needs of other potentially nutritionally vulnerable groups, particularly the disabled, the injured and the elderly.

In addition to the above, the response will continue to map, monitor and assess the coverage of services for the target population groups and ensure that this information is disseminated and used to identify critical gaps in programming. Continuous mapping and monitoring of nutritional services and partners' capacity will form the basis of strategic supplies planning, identification of unmet needs and to mobilise resources at global and country level to respond to unmet needs.

Where populations are located in large settlements (displaced populations), the implementation of interventions will have a more structured approach and benefit from assigning lead agencies to cover specific nutrition areas of expertise. Recognizing that in the initial first three months that not all needs will be met and that once population movement has reduced, other important areas of programming can be implemented, the focus will also include the following:

- Increase the number of implementing partners supported to identify needs and carry out nutrition-related activities;
- Support and work with civil society and community-based groups to help cover the unmet needs and to share information with those affected to increase awareness of the range and location of nutrition-related services that they can access;
- Expand the referral systems for detected cases of severe and moderate acute malnutrition;
- Develop capacity of government staff and national organizations through training and increased awareness of the guidance for the key nutrition activities including infant and young child feeding, CMAM and in-patient treatment of SAM. This will be approached strategically with WHO taking the lead on assessment of training needs and capacity development issues;
- In order to identify gaps that are not addressed and better tailor make nutritional programme response a comprehensive nutritional assessments will be done which will include also host families where significant numbers of displaced people are located;
- Surveillance programme will be designed and sentinel sites will be identified (health facilities, mobile clinics, baby tents, etc) to technical support for the analysis and interpretation of data;
- Micronutrient supplementation for pregnant and lactating women and children aged 6-59 months as well as micronutrient supplementation running parallel to the general food distribution programmes of WFP and implementing partners.

Efforts will also be placed on establishing more integrated and sustainable approaches to protecting the nutritional status of the most vulnerable and will include integration of nutrition related services in health clinics (child growth monitoring, counselling etc), with food security and livelihoods programmes to ensure households with the most nutritionally vulnerable are targeted and with a longer-term strategic focus on maternal and infant and child feeding to increase the prevalence of exclusive breast feeding, awareness of appropriate complimentary feeding and care of pregnant and lactating mothers.

Indicators

Deliverable in first three months

- Nutrition information surveillance systems in place in worst-affected areas.
- A minimum of 50% severely malnourished children receive community-based therapeutic treatment, of which 10% will benefit from treatment in health facilities and full coverage of all severely malnourished children as soon as possible.
- Of the estimated 71,000 children under-one, caregivers of 30% (35,500), (19,500), apply

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- appropriate feeding practices as a result of counselling, with special attention on behaviour changes influences by males in the household followed by 100% coverage within six months.
- Up to 50% of moderately malnourished children receive treatment, with 100% receiving treatment within six months.
 - 70% of all children aged 6-35 months receive supplementary feeding rations and micro-nutrients. An estimated 400,000 children aged 6-7 years receive vitamin A supplementation within six months.
 - 90% of children aged six months to five years receive the package of interventions provided in the first round of Child Health Days/vaccination campaign, including screening for acute malnutrition, vitamin A supplements and deworming.
 - Special nutrition support assessed and provided to meet the needs of the elderly and the disabled and injured.
 - Nutrition support is provided to 90% of children in residential care centres.
 - Treatment of diarrhoea is provided including zinc.
 - Comprehensive nutritional assessment carried out identifying magnitude and geographical location of nutritional burden and the response capacities of government and operational agencies.
 - The Nutrition Cluster partners have worked closely with other key clusters including food aid/security, protection, health and WASH to support integrated programming particularly in baby friendly tents, institutions, camps and in-patient facilities.
 - 300 baby friendly tents ensuring mothers are provided with appropriate infant feeding counselling, nutritional support and protection to optimize infant and child nutritional status and their own nutrition-related needs.

Deliverables in 12 months

- Of the estimated 71,000 children < 1 year of age, caregivers of at least 60% apply appropriate feeding practices, including achieving an exclusive breastfeeding rate of at least 50%.
- Out of an estimated 60,000 pregnant women and 114,000 lactating women, 100% are receiving full micronutrient supplementation (Vit A, folic acid, iron) as well as other nutrition supplements as required.
- 80% of the estimated 403,000 children under-five are screened with mid-upper arm circumference (MUAC) for acute malnutrition.
- All severely malnourished children in affected populations receive community base treatment of which 20% will benefit from treatment in health facilities. All treated children are automatically enrolled onto supplementary Feeding Programme (SFP) to ensure continued nutritional support.
- At least 80% of estimated 4,850 severely malnourished children in affected populations receive community-based treatment of which 20% will benefit from treatment in health facilities. All treated children are enrolled onto SFP to ensure continued nutritional support.
- At least 80% of the estimated 27,200 moderately malnourished children in affected population receive supplementary food and appropriate treatment and there is active case finding and referral where required.
- 90% of children aged six months to five years receive the package of interventions provided in the second round of Child Health Days, including screening, vitamin A supplements and deworming.
- All children aged 6-59 months receive micronutrient powders (sprinkles). The nutrition response capacity of national government (200 health and nutrition workers) is assessed and strengthened to address the main nutrition-related needs over the medium term.
- All operational agencies are fully informed and programmes are guided by existing and newly developed operational guidance, standards and protocols for treatment programmes, infant feeding counselling, management of breast milk substitutes. HIV and infant feeding and all other nutrition-relevant actions.
- All operational agencies are coordinating their efforts to ensure the main nutrition-related needs are adequately assessed and monitored and appropriate actions are taken at scale.

Outcomes

The overall aim of the nutrition response is to ensure that the nutrition status of the affected population does not deteriorate and associated mortality is avoided through community-based and centre-based programmes, the risk of increased acute malnutrition amongst children under-five is prevented and those children already malnourished are treated. Infant and young child feeding counselling services are provided and the micronutrient status of children under-five and pregnant and lactating women is optimized and their daily food needs are met. Other potentially vulnerable groups such as the elderly and hospitalized injured are identified and met. A strategy for revitalizing and building national/resident nutrition capacity is in place.

Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Greater Port-au-Prince	ACF, ADRA, ACTED, Concern, CRS, CARE, Goal, Government of Haiti, Haitian Red Cross, ICRC, MSF, Oxfam, SP, SC, TdH, <i>Welthungerhilfe</i> (GAA), WFP, WV, World Relief Haiti, ACIDI/VOCA
Orphanages	IMC, SP, WFP
Léogâne	<i>Welthungerhilfe</i> (GAA), WFP, ACTED, SCF, ACF, CARE
DR Border Areas	ARC, Love Child, WV, WFP, Dominican Republic Government,
Jacmel, Grand/Petit Goave	ACIDI/VOCA, <i>Welthungerhilfe</i> (GAA), WFP

4.5.7 AGRICULTURE

Cluster Lead Agency	Food and Agriculture Organization of the United Nations (FAO)
Cluster partners	MARNDR, CNSA, CARE, IRD, FLORESTA, ACDI VOCA, CROSE, AVSF, Diakonie, <i>Welthungerhilfe</i> , other NGOs active in rural areas
Number of Projects	26
Cluster Objectives	The overall objective of the Agricultural Cluster in Haiti is to ensure that following the 12 th January earthquake, Food Security is safeguarded over the next 12 months on an increasingly sustainable basis. This will be achieved through a range of measures which include: <ul style="list-style-type: none"> • Seed and planting material distribution to those areas and households where it is known to be in short supply; • Livestock support for income generation; • CfW programmes to replace and rehabilitate agricultural infrastructure whilst simultaneously increasing food access through the market; • Targeted agricultural input support to urban households to increase self-sufficiency in food production; • Enhanced coordination of agencies supporting agricultural and food security recovery.
Beneficiaries	Over 200,000 farming families, displaced population in rural areas, and urban affected people. Projects will target women-headed households (over 50,000), most vulnerable (food-insecure, elderly) and earthquake handicapped (about 40,000).
Funds Requested	\$70,640,554
Contact Information	Agricluster.haiti@gmail.com

Department	People in need of shelter	Displaced to	Estimated no. of women amongst the displaced population	Beneficiaries Women-headed households Vulnerable individuals, food-insecure, elderly, handicapped
Artibonite		162,509	81,255	10,000
Centre		90,997	45,499	
Grande-Anse	0	98,871	49,436	
Nippes		33,350	16,675	15,000
Nord		13,531	6,766	
Nord-Est		8,500	4,250	
Nord-Ouest	0	45,862	22,931	15,000
Ouest	1,215,790	32,253	16,127	100,000 Port-au-Prince 35,000 Ouest & rural areas
Sud		25,532	12,766	15,000
Sud-Est	212,42	-	-	20,000
TOTAL	1,237,032	511,405	255,703	Households (210,000)

Source: DPC, 15 February 2010

Needs Analysis

Following the earthquake, the majority of initial assessments focused primarily on urban areas. However, subsequent assessments in rural areas revealed a range of direct and indirect impacts and related needs. Agriculture Sector partners – including the MoA, Natural Resources and Rural Development and the National Food Security Committee, the FAO and a large number of international and national NGOs and community-based groups – examined direct and indirect damage to the sector, impacts on agricultural factor input and output markets and the overall effect on livelihoods and food security, in particular of the most poor and food-insecure rural households.

Direct damage to the Agriculture Sector

- Housing and irrigation. In addition to cities (Port-au-Prince, Léogâne, Jacmel) surrounding rural areas suffered significant damage to farmers' houses, varying from 30-60% damage, depending on the proximity to the earthquake epicentre (West, South East, Nippes and Grande-Anse departments). In particular, there was widespread destruction of cement and brick houses on the irrigated plains around Léogâne, Petit Goave and Grand Goave and in the mountain areas of Baintet, La Vallée, Cote-de-Fer, Jacmel, Cayes-Jacmel and Marigot. Irrigated areas are characterized by higher income levels than surrounding rain-fed mountain agricultural areas. In many cases, households lost vital farming tools, seeds and food reserves under the debris. In dryland areas, characterized by higher poverty levels than the irrigated plains, houses are typically constructed from a mix of adobe and wood. In many instances, the adobe was damaged, though housing structures often remained standing but will require substantial repair. Given that remittances are typically much lower in rural areas especially amongst poor households, replacement of lost assets and house repairs will be financed by agricultural incomes. In addition, field assessments showed partial damage to primary, secondary and tertiary irrigation structures, most commonly through localized earth and debris blockages.

Indirect damage to the Agriculture Sector

By far the greatest impact of the earthquake on the agriculture sector resulted from indirect effects. In particular:

- Displacement By mid-February, official government estimates indicated that almost 462,000 people have migrated from the worst-affected urban areas, in particular Port-au-Prince and Léogâne. Ongoing assessments undertaken by Agriculture Cluster partners would seem to confirm that significant numbers of displaced people are staying with host families in rural areas. In total, it is estimated that up to 150,000 households, typically poor and food-insecure, are hosting displaced men, women and children, throughout the country, in particular in Artibonite and Grand-Anse. Most of the people forced to leave urban areas are poor and less resilient, who, in turn, migrate to food-insecure and poor households within rural communities, and have caused increases in household size, ranging from 40% (Sud-Est, Centre and Artibonite) to over 120% (Nippes and Grand Anse).

The displacement is placing significant stress on the livelihoods of host communities and families, leading to extreme coping strategies including the consumption of food reserves, eating seeds, use of household cash savings and assets stripping. This, in turn, is putting strains on the ability of households to purchase inputs for the next cropping season, creating the potential for a vicious circle of reduced food production, reduced cash income and increased food insecurity.

- Collapse of agricultural input and output markets. In both rain-fed and irrigated areas, assessments with farm households, market intermediaries and retailers, indicated the virtual collapse of agricultural markets. In many areas, in particular the poorest farmers, expressed concerns about the non-availability of seeds for the March planting season (seeds for maize, green beans, and black and red beans), although, seed assessments undertaken in the south have suggested that sufficient quantities of local seeds may still be available in local markets. Throughout the country however, access to high quality planting material remains weak, although this was a persistent problem before the earthquake. Assessments indicate however, that seed suppliers, like many other economic actors, have been severely affected by the earthquake with many of them suspending their activity.

More significantly for the Agricultural Sector, has been the effect of the earthquake on agricultural output markets. Field work by Agriculture Cluster partners indicates declines in farm gate prices, ranging from 10-30% in the three weeks after the earthquake, and a significant decline in demand (ranging from 20-40%). Intermediaries and retailers have reported that food prices in larger urban centres have experienced only modest increases whilst price increases in smaller market centres have been slightly higher (e.g. flour has increased by over 40% and bread by over 100%

respectively in Nippes). The main problem affecting agricultural households however, has been the dramatic decline in demand: many farmers in the highly productive irrigated plains around Léogâne for example, reported that they were unable to sell their produce, including pigeon pea, maize, black and red beans and fresh vegetables, in traditional markets.

The assessments pointed to a range of factors driving the decline in demand. First and foremost, the number of people in Port-au-Prince and their purchasing power has been significantly reduced since the earthquake. Secondly, the earthquake has led to a liquidity crisis. Thirdly, given the availability of food aid assistance in urban areas, people are looking to invest in asset recovery and are reducing food purchases. Damage to small feeder roads, reduced availability of transport and increased transportation costs, along with damage to market intermediaries' equipment have also further limited access to markets.

The effects are threefold: lower food production, falling agricultural incomes and reduced availability of food resulting from tightened agricultural output markets. These pressures will transmit into significant stresses on both agricultural livelihoods - in particular of the poorest rural households – and increased food insecurity in rural areas. In addition, in those areas and communities hosting large numbers of displaced men, women and children the impacts will be felt by both host families and displaced people.

Without immediate targeted and time-critical support, there is therefore significant risk of substantial reduction in food production and consequent risks for food security. The agriculture sector has identified a series of needs and related possible response options:

The key priorities are to:

- (a) Enable those living in and dislocated to rural areas meet food production and income needs from now onwards including the next two planting seasons;
- (b) Support the food needs of urban populations on a more sustainable and cost-effective basis as food aid is scaled-down;
- (c) Ensure that humanitarian actions in the Agricultural Sector are well coordinated.

Immediate support to crop production in rural and urban areas: Urgent support is needed to increase food production for 120,000 rural households, in particular, for both the March planting (primarily maize, beans, sweet potatoes, green beans, red beans) and for the August planting season (primarily millet, yam, cow pea, pigeon pea) and with emphasis in areas with high levels of displacement. In particular, support should focus on the supply of high quality planting material in those areas where further seed assessments indicate that they are not available in sufficient quantity. In addition, targeted urban agriculture input support should be provided to 100,000 households in Port-au-Prince.

Cash for agricultural infrastructure rehabilitation and improved land management: Host households require additional income to support additional displaced people. Similarly, IDPs require income to both support themselves and to begin replacing lost assets. In addition, increased liquidity will help stimulate local and national food markets. For this reason, there is a need for coordinated cash-for-work schemes targeted at the agricultural sector. Strong emphasis will be placed on using cash-for-work to strengthen preparedness within the agricultural sector for the forthcoming hurricane season through, for example, rehabilitation of productive agricultural infrastructure and land management practices. It is proposed that the CfW schemes should be directed primarily to displaced people in rural areas.

Strengthened agricultural and food security coordination: Effective humanitarian response for the agriculture sector will be built around strong leadership and coordination. Initial sectoral coordination has led to a series of integrated assessments and the development of a single needs-based strategy. There will be a need to build stronger collaboration around the theme of food security, in particular, through linking agricultural responses with food aid and shelter needs, in order to ensure a coordinated overarching response for food security. It will also be necessary to establish strong links

with early recovery, in particular CfW activities, to ensure that they reinforce the growth of agricultural markets, and the rehabilitation and recovery of productive infrastructure in rural areas. This will ensure that these investments will produce maximum stimulus and benefit to the agriculture sector in particular and food security in general. Experience in Haiti and elsewhere has demonstrated that effective sectoral leadership and coordination can only occur when sufficient investment is made to ensure that the required capacity is available.

Objectives

The overall objective of the Agricultural Cluster in Haiti is to ensure that food security is safeguarded over the next 12 months on an increasingly sustainable basis. This will be achieved through five key intervention areas:

- Seed and planting material distribution to those areas and households where it is known to be in short supply;
- Livestock support for income generation;
- CfW programmes to replace and rehabilitate agricultural infrastructure whilst simultaneously increasing food access through the market;
- Targeted agricultural input support to urban households to increase self-sufficiency in food production, stimulate urban markets and support incomes;
- Enhanced coordination of agencies supporting agricultural and food security recovery.

The outputs of these measures will be:

- Seeds and tools distributed to over 100,000 rural families;
- Vegetables produced by home/urban gardens for 100,000 urban families;
- Additional income generated through agricultural activities in rural areas for over 30,000 people;
- Over 50,000 CfW/days in rural areas supported that: (i) inject cash in rural households (displaced and hosts); (ii) enhance production capacity of rural infrastructure; and, (iii) reduce the risk of disasters linked to hurricanes through adequate preparation and cleaning of key infrastructures (water discharges, channels, drainages, rural roads gullies, ravines).

High quality inputs procured, whenever possible, in country (tools, seeds), will allow for the genetic preservation of local varieties. Purchases of seeds outside Haiti, in line with guidelines prepared by the MoA, Natural Resources and Rural Development, will ensure improved yields and increased food production per unit of land, thereby alleviating part of the pressure created by the displacement of population to the rural areas.

The main impact of the interventions will improved food availability resulting from increased agricultural production by poor, vulnerable rural households and urban families that lost their income sources and newly vulnerable earthquake-affected people who have generated their own food and income. New job opportunities in the rural areas through CfW and food selling, will help prevent asset stripping (animals, tools, land⁷) and reduce the burden of displaced population on host households in rural areas. Increased food production will reduce the risk of long-term food aid dependency and should ease food prices in local markets, which in turn, will improve food access by food-insecure households. In addition, urban households whose livelihoods have been seriously disrupted by the earthquake will have improved access to nutritious vegetables produced by urban gardening initiatives that will provide micronutrient rich fresh vegetables and sources of income for beneficiary farmers.

Project implementation will be undertaken by Cluster member organizations. However, there will be inter-cluster collaboration and common areas of work, particularly with regard to Nutrition, Food Aid, Shelter and Early Recovery and cross-cutting themes such as gender and environment. It is expected that coordinated interventions will be planned and implemented with partners from other clusters, including for example, Shelter (e.g. IOM, IFRC, NRC), Food Aid (e.g. WFP), Nutrition (e.g. UNICEF), Gender (e.g. GenCap) and Early Recovery (UNDP).

⁷ UNFPA bulletin #9 and field assessments undertaken by agricluster.

Indicators

A series of process and outcome indicators will provide necessary qualitative and quantitative data that will feed the monitoring system in place and allow project managers to take corrective measures should projects need adjustments.

Intervention area	Process indicators	Outcome indicators	Measured by	Assumptions
Seed and planting material distribution to those areas and households where this is known to be in short supply.	Number of households receiving seeds and planting material.	Production increases directly attributable to seed and planting material distribution. Targets: Haricot noir – increased by 25%; short cycle maize by 20%.	MARNDR, FAO and NGOs	Water available (Not drought), hurricane season not affecting crops, stable exchange rate, not social tensions, political stability and not outbursts of violence.
Targeted agricultural input support to urban households to increase self-sufficiency in food production, stimulate urban markets and support incomes.	Number of targeted households receiving inputs and training.	Quantity increases in selected vegetables in urban markets. # of home gardens in Port-au-Prince (extrapolated from a sample from two neighbours covered by the project).	FAO	
CfW programmes to replace and rehabilitate agricultural infrastructure whilst simultaneously increasing food access through the market.	Number of targeted individuals covered by the schemes.	Km of irrigation canals rehabilitated; # ravines rehabilitated kms of drainages cleaned of debris and sediments;# of trees planted.	NGOs	
Livestock support for income generation.	Number of targeted households actually reached.	Production of selected livestock. Livestock market activity in selected areas.	MARNDR, FAO and NGOs	
Enhanced coordination of agencies supporting agricultural and food security recovery.	Number of coordination meetings.	Coverage of critical geographical and thematic areas achieved with no duplication or gaps.	FAO	

The proposed areas that will be covered by monitoring efforts of cluster agencies are based on both the assessed needs and gaps in existing support on the one hand, and the capacity of Agriculture Cluster partners to deliver and monitor projects and activities. The responsibility of project performance monitoring will be shared among the different cluster partners. Each organization will be required to establish a partnership with one or more local NGOs active in the project area in order to ensure improved understanding of local situations and heightened impacts and strengthened project outcomes. These partnerships will also contribute directly to increased transparency and accountability to the monitoring process.

Geographical coverage for monitoring

SITE / AREA	ORGANIZATIONS
South East	AVSF, Veterimed, CROSE, ACDI VOCA, SI, FAO
South	World Concern
North West	World Concern, AAA, CARE
Nord	Floresta
North East	FAO, VSF
Ouest	FAO
Artibonite	CARE
Grand Anse	PADI
La Gonave	Concern Worldwide
Nippes	OXFAM

Sectoral monitoring plan

The sectoral monitoring plan is based on three main principles:

- Comparative advantage of the different organizations with regard to technical expertise;
- The capacity, geographical reach and technical area of cluster partners based on the 3W mapping and related assessment of cluster actors;
- The process and outcome indicators described earlier.

The sectoral monitoring plan will be an evolving plan that will gather data at field level of the different actors performance, the achievements and the results obtained in relation to the objectives and the expected impacts. Project monitoring will be two-pronged: (i) from individual organizations with regard to project donors; and, (ii) from the Cluster Coordination Unit with regard to the Government of Haiti and the UN Humanitarian Coordinator and the UNCT in general. The results from the monitoring will influence project managers and will be fed into the project review process at two main points: at mid-term (from four to six months after project inception and taking into account harvest time for crop indicators) and at projects end.

In order to have an effective monitoring system in place, the Cluster Coordinator will undertake regional meetings with the focal organizations for each of the ten departments. In the monitoring process, the organizations will send their reports to the donors and to the Cluster Coordination Unit that will provide guidance to the different organizations in terms of the necessary data to report to the UN and the Government of Haiti. The Cluster Coordinator will liaise with other clusters, mainly Early Recovery, Nutrition and Shelter to ensure that the indicators and monitoring system in place provide useful information for coordination and comprehensive livelihoods restoration at national level.

4.5.8 EARLY RECOVERY

Cluster Lead Agency	United Nations Development Programme (UNDP)
Cluster Partners	UNDP, UNEP, United Nations Development Fund for Women (UNIFEM), United Nations Organization Satellite (UNOSAT), International Labour Organization (ILO), United Nations Human Settlements Programme (UN HABITAT), SC, IOM, World Meteorological Organization (WMO)
Number of Projects	30
Cluster Objectives	1) Immediate creation of employment and livelihood opportunities. 2) Rubble removal, sorting and recycling. 3) Disaster Risk Reduction and emergency response. 4) Emergency support to key authorities' coordination capacities. 5) Humanitarian corridor: improvement and preparedness for rainy season. 6) Environmental impact mitigation.
Beneficiaries	500,000 people (40% women) from affected communities are provided with short-term employment opportunities, safety nets, or grant opportunities over a 12-month period, indirectly benefiting up to 2.5 million people
Funds Requested	\$157,564,378
Contact Information	laurent.marion@undp.org, +50937662160

Needs Analysis

The 12 January 2010 earthquake has caused the death of more than 217,000 people and the displacement of around 1,000,000 people into makeshift and organized camps throughout the city of Port-au-Prince, as well as in surrounding departments, such as Artibonite, Centre and Sud Ouest. Hundreds of thousands of families have lost their main breadwinner, while thousands of people will live with severe permanent disabilities. This tragedy has also caused the disruption of livelihoods for hundreds of thousands of people throughout the country, and the destruction of a very large number of private establishments, micro, small-scale, medium and large enterprises.

The large displacement of people outside of Port-au-Prince has contributed to alleviate the pressure on the metropolitan area and public authorities are looking at ways to support displaced populations where they have settled. However, this large influx of population in provincial cities and rural areas is placing a strain on host communities that also needs to be addressed.

The earthquake has also caused the destruction of numerous houses and buildings throughout the affected cities. Public sources quote up to 200,000 buildings in Port-au-Prince, while a UNOSAT assessment released at the beginning of February 2010 estimates that the earthquake has affected more than 30% of the buildings just within the boundaries of the municipality of Port-au-Prince. Entire neighbourhoods have been wiped out, and numerous building are hanging ruins that are posing security hazards to the population that lives amidst them. Affected buildings will need to be identified, demolished, rubble collected, sorted and recycled in a strategic and environmentally sound manner. This is a daunting task.

The upcoming rainy and hurricane season and their related risk of flooding, which will certainly affect vulnerable communities, is also placing a compounding threat on already affected and fragile communities. Displaced communities in particular, are at risk. Immediate support to the Civil Protection Directorate is required to enable them to perform their annual disaster risk reduction activities in anticipation of the rains and hurricanes season.

Public authorities are gradually recovering from the aftermath of the earthquake, and are positioning themselves to respond to the immense challenges ahead. However, an immediate support to strengthen their coordination, decision-making and risk management capacity is needed in order to enable them to better coordinate relief and recovery operations and lead the reconstruction process.

Objectives

1. Increase the self-reliance, coping, resiliency and recovery capacity of critically-affected households, including displaced and host communities, through the immediate creation of **employment and livelihood opportunities**. This will be achieved through:
 - a. Large-scale CfW programmes as a step to restore and stabilize people's livelihoods, reduce dependency on humanitarian assistance, restart the economy and contribute to stabilization;
 - b. Emergency provision of safety net opportunities to the most vulnerable segments of the affected communities, with particular focus on women-headed households, the disabled and the elderly;
 - c. Emergency large-scale provision of self-help micro-grants to restart micro and small enterprises that were destroyed/disrupted by the January 2010 earthquake.
2. Highly-populated affected areas of Port-au-Prince and Jacmel, Miragoane, Léogâne, Petit Goave, Grand Goave and Cabaret are **cleared of rubble and accumulated debris**; demolition of buildings, collection, sorting and recycling of rubble operations are handled in a sound environmental and strategic manner, that paves the way for timely reconstruction efforts.
3. Lives, livelihood, shelters and basic social infrastructure of communities - likely to be affected by rainy and hurricane seasons - are protected through immediate support to the elaboration and implementation of disaster risk reduction and emergency response plans, as well as protective works. This should include the establishment of basic Early Warning System capacities for risks associated with hydro-meteorological hazard to disseminate warnings to the authorities and the population. This will also include a substantive programme on earthquake (seismic) analysis, risk assessment and land risk zoning and an equivalent process for flood risk zoning.
4. The coordination, information management, decision-making and crisis management capacity of key public institutions is immediately supported, enabling them to have the adequate capacity to plan and coordinate emergency and recovery operations, and contribute to the recovery and reconstruction process.
5. **Environmental impacts are mitigated, natural resource-based livelihoods protected and solutions developed for relief-related household energy**. This will be achieved through a centralized Technical Assistance Facility providing multi-disciplinary expertise and full-scale technical installations in a number of settlements. Target interventions include:
 - Improving waste management, sanitation and security solutions across the relief programme through the introduction of internationally proven but locally novel technologies (e.g. biogas, solar water heating, solar lighting);
 - Improving food security and reducing deforestation through the large-scale introduction of sustainable and affordable alternatives to inefficient charcoal and fuel wood stoves;
 - Improving the technical quality and impact sustainability of FFW and CfW schemes which include debris removal, erosion and drainage control, reforestation and revegetation;
 - Demonstrating on a large scale and at the earliest possible stage the practical and cost benefits of adopting appropriate energy and environmental technologies in the recovery process.

Indicators

- 1) More than 500,000 people (40% women) from affected communities are provided with short-term employment opportunities, safety nets, or grant opportunities over a 12-month period, indirectly benefiting up to 2.5 million people.
- 2) Tons of rubble removed, sorted out and recycled in a sound environmental manner, number of kilometres of streets cleared of debris, number of km of drainage channels cleaned of accumulated solid waste.
- 3) Risk mapping of communities in areas prone to flooding and hurricanes conducted. Canals cleaned, gabions and embankments installed in 13 priority basins throughout the country.

- 4) Emergency response materials pre-positioned and contingency planning exercises conducted.
- 5) Number of people receiving hydro-meteorological warnings.
- 6) Concerted plans and mappings of interventions owned by public authorities are prepared and implemented leading to enhanced coordination and maximized use of resources.
- 7) Effective early recovery coordination mechanisms to avoid overlaps, competition and harm between projects are in place at different levels and with all kind of stakeholders.
- 8) Percentage, number, value and coverage of environmentally friendly or neutral projects and installations compared to the total for the relief programme.
- 9) Extent of implementation of the Government-endorsed seismic, geological and building hazard management plan.

Sectoral monitoring plan

All information collected on partners' interventions and plans will be shared with direct public authority counterparts and with the CPD, which has been appointed as the lead focal point for information collection and liaison with humanitarian and development partners. The information will be analysed at the cluster level to identify gaps, priorities, and sequencing, and to inform relevant stakeholders.

- 1) *Output 1 – immediate creation of employment and livelihood opportunities:* information on all partners' interventions and results (including number of workdays created and number of indirect beneficiaries disaggregated by gender) is collected and mapped on a fortnight basis by the Cluster.
- 2) *Output 2 – rubble removal and debris clearance:* information on all partners' interventions in the clearance of small debris is collected on a daily basis by DINEPA and by the municipalities. Partners report on results on a fortnight basis to the Cluster.
- 3) *Output 3 – disaster risk reduction and emergency preparedness response:* information on all partners' interventions in this sector will be collected on a daily basis by the CPD. Partners will report on results on a fortnight basis to the Cluster.
- 4) *Output 4 – emergency support to key authorities' coordination capacities:* all partners to provide quarterly reports on the support provided to key authorities to support their coordination, decision-making and crisis management capacities.



Ousmane Watt – OCHA 10 February 2010

4.5.9 PROTECTION

Cluster Lead Agencies	United Nations Stabilization Mission in Haiti (MINUSTAH) Human Rights Section of the Office of the High Commissioner for Human Rights (OHCHR)
Sub-cluster Leads	UNICEF (Child Protection AOR) UNFPA (Prevention and Response to GBV AOR)
Cluster Partners	Revised Flash Appeal/CAP implementing partners: OHCHR/MINUSTAH, UNHCR, UNFPA, UNAIDS, UNICEF, ILO, UNIFEM, IOM, CECOSIDA, Heartland Alliance, IMC, HI, SC, CISP, ADRA, TdH, AVSI, IRC, Mercy Corps, Children's forum, ARC Additional Protection Cluster Members: CARE International, <i>Groupe d'Appui aux Rapatriés et Réfugiés</i> (GARR), <i>Réseau National de Défense des Droits Humains</i> (RNDDH), HelpAge International, CBM, Internews, WV, CRS, Action Aid, WFP, <i>Ministère de la Protection Civile</i>
Number of Projects	55
Cluster Objectives	<ol style="list-style-type: none"> 1. Set policies, strategies and ensure rights-based standards for protection interventions. 2. Re-establish a referral pathway for survivors of GBV, and advocate for gap filling where services are lacking. 3. Establish more standardized systems for monitoring and reporting on protection issues including child protection and GBV. 4. Ensure that women and girls have access to basic NFIs and community spaces that reduce their vulnerability to GBV. 5. Identify good practices, tools, and guidelines and ensure timely dissemination among the Protection Cluster members; 6. Develop an understanding of protection in Haiti and in the context of natural disaster by raising the awareness and build the capacity of all relevant actors, including the Government of Haiti, civil society stakeholders, humanitarian agencies, and donor agencies. 7. Advocate for protection concerns, including child protection and GBV and mainstream human rights in the humanitarian response. Focus on cross-cutting issues including age, gender, diversity, HIV/AIDS and mental health and psycho-social support to receive appropriate attention and response within and across the clusters. 8. Work with the humanitarian community to ensure the full application of the Guiding Principles on Internal Displacement, with a particular focus on the full participation of affected communities.
Beneficiaries	Three million people, in particular IDPs both in settlements and in host families, separated children, survivors of GBV and people with special needs (e.g. people living with disabilities and older people)
Funds Requested	\$61,115,324
Contact Information	Louis Gentile gentile-minustah@un.org + 509 37477448 Lizbeth Cullity cullity@un.org haiticell@ohchr.org

Needs Analysis

Prior to the earthquake, the human rights situation in Haiti was precarious with widespread poverty and unemployment, combined with a lack of access to acceptable and affordable food, housing, education, and healthcare, and the ongoing deterioration in the environment, posing a threat to individual rights and national stability. There were serious concerns regarding the rule of law with weak institutions and ongoing impunity. Arbitrary arrest and detention, ill-treatment during detention, long periods of pre-trial detention, prison overcrowding and abuse of authority were prevalent. Gender-based violence, particularly against women and girls, was a key issue, and children were particularly vulnerable to exploitation and abuse relating to criminal gangs, trafficking for sexual and other economic exploitation, and domestic service. Social safety nets were reportedly largely non-existent and most basic services were run by private actors.

The humanitarian crisis that has unfolded as a result of the earthquake has exacerbated human rights concerns and additional priority protection issues have arisen. The Government's capacity to protect the population has been severely hampered, as protection institutions such as the DPC, the justice system and the *Office de la protection du Citoyen* suffered serious damage and a number of staff from the former were killed. The MINUSTAH capacity to respond was also hampered due to the damage to its facilities and loss of life. In addition, grass-roots organizations and civil society are facing

enormous resource limitations and challenges to address the crisis.

The humanitarian response to the crisis was relatively swift and large in scope. Difficulties in coordination and distribution of aid, however, have been a problem but considerable progress is being made on a daily basis. Nevertheless concerns continue to be many and varied. Among these, some of the key protection concerns which need to be considered and addressed urgently include:

- Internal displacement of the population and lack of information on the profile of the affected population;
- Multiple human rights challenges, including lack of safety and security in the spontaneous settlements and a deterioration of the Rule of Law given destruction of courts, police stations, and prisons and the diminished number of active police forces and justice officials, instances of lynching, which had been a serious concern in Haiti prior to the earthquake;
- Urgent need for mental health and psycho-social support services; adults and children face challenges with their return to regular community life, psycho-social support services with trained counsellors and community mobilizers are key assets to assist communities;
- Lack of access to basic services including access to information for the affected population and in particular for people with special needs including disabled and elderly people;
- Destruction and lack of documentation of Haitian citizens (including civil registration, land titles, adoption papers);
- Family separation/missing people;
- Separated children (children not with their parents or other relatives, children in alternative care; irregular adoption);
- Needs of people with disabilities (children and adults in need of medical treatment and psycho-social support, those in need of prosthetics);
- Risk of increased violence within communities stemming from the deteriorating living conditions, including serious risk of GBV particularly against women and children;
- Increased risk of complications related to maternal and child health given the poor hygiene, water and sanitation conditions.

The response strategy for the Protection Cluster will focus on:

- 1. Protection monitoring to address key protection issues** (as stated above)
 - a. Collection of data and information on protection and human rights violations.
 - b. Dissemination of relevant information to Government and other key stakeholders.
 - c. Set up a case management system and ensure proper referral of documented cases including child protection, GBV, and displacement-related issues.
- 2. Prevention and response to violence, abuse and exploitation directed towards children**
 - a. Support unaccompanied children, encouraging family reunification where possible, and alternative care for children who have been separated from their parents.
 - b. Putting in place Child-Friendly Spaces (CFSs) to provide protection, recreational and referral support to children and youth, encouraging routine and a return to regular daily life.
 - c. Support for children' and youth's psycho-social needs.
 - d. Reinforcement of pre-existing child protection and social welfare programmes, and building back better providing short, medium, and long-term assistance to particularly vulnerable children and their families, focusing on community-based activities and on a strengthened social welfare system.
- 3. Prevention and Response to GBV**
 - a. Ensure a multi-sectoral coordinated response to GBV.
 - b. Improving livelihood opportunities for survivor of GBV and women at risk (focusing on women-headed households) to improve economic opportunities through vocational and skill building activities.
 - c. Provision of psycho-social support and dissemination of information related to sexual and reproductive health and referral system in particular through mobile teams.
 - d. Reinforcing the institutional capacity of Governmental and non-governmental Women's

Networks and support to the reestablishment of the *Concertation Nationale contre les Violences Faites aux Femmes*, to ensure equal access and benefit from humanitarian assistance and early recovery and contingency planning efforts.

4. **Ensure an equal access to assistance and improve advocacy and dissemination of information to the affected population and in particular for people with special needs**
 - a. Promote protection mainstreaming and provide technical guidance to humanitarian actors on ensuring that their actions reinforce, rather than undermine, the protection of the affected population.
 - b. Develop community-based platforms to advocate for equal access to and quality of humanitarian assistance in areas affected by the earthquake and receiving communities.
 - c. Establish networks and information points where the local population can access baseline information on their rights, service delivery and on general government and humanitarian response.
 - d. Raise public awareness on key protection concerns regarding people with special protection needs and on gaps identified in the delivery of assistance.
5. **Support to and strengthening national protection actors including Government, civil society and communities**
 - a. Contribute to the re-establishment and restoration of national protection mechanisms.
 - b. Reinforcement of the Rule of Law through an improved access to justice at a community level and improved knowledge on the procedures to recover civil documentation
 - c. Enhance the capacity of local communities to address their own protection needs.

Indicators

1. Number of documented cases, adequately referred to the relevant institutions and solved through the protection monitoring system.
2. Reduction of over-all human rights violations, including arbitrary detention, extra-judicial killings, instances of excessive use of force.
3. Number of girls/boys, female/male youth and women/men, including survivors of GBV, receiving protective services, including psycho-social services.
4. Access to legal services for the affected population, including survivors of GBV and documentation-related issues.
5. Number of hosting communities that have received service delivery/infrastructure work to address the displacement related challenges.
6. Number of people advised on how to recover their documentation.
7. Number of capacity-building activities conducted for governmental counterparts and civil society organizations.

Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Port-au-Prince/Ouest Department	OHCHR/MINUSTAH, UNFPA, IRC, UNAIDS, UNICEF, SC, UNIFEM, IMC, HI, CECOSIDA, Heartland Alliance, IOM, ILO, CISP, ADRA, ARC, Mercy Corps
Léogâne + surrounding areas	OHCHR/MINUSTAH, TdH, UNICEF, SC, CARE International, IMC, HI
Petit Goave/Grand Goave	SC, TdH, IMC
Jacmel/South Dept.	OHCHR/MINUSTAH, UNICEF, SC, UNIFEM, CECOSIDA, AVSI
Gonaïves/Artibonite	OHCHR/MINUSTAH
Cap Haitien	OHCHR/MINUSTAH, CECOSIDA
Center	OHCHR/MINUSTAH
Les Cayes/South Dept.	OHCHR/MINUSTAH, TdH, AVSI
Jeremie/Grand-Anse	OHCHR/MINUSTAH
Border crossings into DR	OHCHR/MINUSTAH (Quanamithe), Heartland Alliance (Malpasse, Belladere, and Ounamanthe), UNHCR (Jimani), ARC (<i>Fond Parisien</i> , Ganthier), UNICEF
Dominican Republic	UNHCR, UNFPA, UNICEF

Sectoral monitoring plan

Individual agencies and organizations will monitor project-specific indicators, disaggregated by sex and age, and make ongoing evaluations and assessments of project objectives. With the lead of MINUSTAH Human Rights Section, OHCHR and the Child Protection and GBV AORs, collective and joint monitoring of protection activities will be undertaken during the MYR and on a regular basis through the protection monitoring system. The Cluster Lead Agency and the Child Protection and GBV coordinators can request individual members for updates on the implementation of the projects during the year.

All organizations submitting proposals to the Protection Cluster will work in collaboration with partners and will support community mobilization. The projects aim to strengthen the national protection capacity including government counterparts, civil society, community and family support, and to increase the capacity and referral to existing services.

The Protection Cluster, including AORs for Child Protection and for Prevention and Response to GBV, and the Mental Health and Psycho-social Support Working Group, will provide technical support and guidance to organizations (within the Protection Cluster and at the inter-cluster level) to promote the effectiveness and harmonization of approaches. Protection Cluster members acknowledge relevant principles and guidelines including the Guiding Principles on Internal Displacement, the Framework on Durable Solutions for IDPs, the IASC Operational Guidelines on Human Rights and Natural Disasters, IASC Guidelines on Prevention of GBV in Emergencies, IASC Guidelines on Accompanied and Unaccompanied Children and IASC Guidelines on Psycho-social Support and Mental Health.

4.5.10 EDUCATION

Cluster Lead Agencies	United Nations Children's Fund (UNICEF) and Save the Children (SC)
Cluster Partners	Plan International, Finn Church Aid/Lutheran World Federation (LWF), WV, Concern Worldwide, UNESCO, Unity and Cooperation for the Development of the People (UCODEP), RI, WFP
Number of Projects	21
Cluster Objectives	Directly and indirectly affected learners return to school and successfully complete the current school year, including access for out of school children. Technical and material assistance is provided to schools to restore a normal school environment. Psycho-social support is provided to young children, students, teachers and caregivers as necessary. Most affected young children have access to safe spaces where quality play materials and early learning activities are available, including pre-schools and home based care. Administrators' and educators' capacity in education management is strengthened at all levels.
Beneficiaries	1,359,124 children and teachers
Funds Requested	\$76,042,842
Contact Information	susan@savethechildren.ch ; rwright@unicef.org

Needs Analysis

The total number of children and youth under 18 directly and indirectly affected by the earthquake is estimated to be 1.26 million. Within that number, approximately 700,000 are primary school age children between 6 to 12 years old. The number of schools affected by the disaster is thought to be between 3,500 and 4,600. High numbers of teachers and other education personnel have been killed and injured in the earthquake and suffered severe losses. It is estimated that 450,000 children are displaced as a result of the earthquake, both within Haiti and in border areas with the Dominican Republic. Students and young children were severely affected by the earthquake on both sides of the border through damaged infrastructure and distress caused to children, their families, teachers and caregivers.

It was announced officially through a Government *communiqué* that schools in the non-affected/indirectly affected areas re-opened on 1 February 2010. Nonetheless, parents still fear to

send their children to school, and most of the schools still remain closed. It is anticipated that schooling in the affected areas will restart throughout March 2010 in order not to lose valuable time in the current school year. However, due to the high likelihood of imminent natural disasters in Haiti, both hurricanes and earthquakes/aftershocks, the Government is cautioning schools not to start repair works or open schools until they have been given the go ahead following certification by experts.

Children and youth displaced by the earthquake, both in Haiti and those who are now in border areas with the Dominican Republic, are particularly vulnerable. Immediate needs in the border areas include access to quality education for all children, especially girls and the most vulnerable, the need to rebuild security and confidence for children and their caregivers, and psycho-social recovery and life-skills rebuilding. The decentralized Dominican Republic education system needs to be strengthened through capacity-building and social mobilization activities at all levels of the system given the impact that the influx of displaced Haitian population may have on the education system there.

In the specific context of Haiti, education will play a major role, not only for ensuring children go back to school and continue their education, but also for those who were already out of school. According to available data, almost 50% of school-aged children were out of school before the disaster. Many schools (80% and more) were managed by the private sector in Haiti. In addition, health issues have diminished children's learning capacity and have contributed to high repetition and drop-out rates. Therefore, there is an additional need to reach through formal or non-formal education all affected children.

Of the estimated 800,000 people with disabilities in Haïti prior to the earthquake, 200,000 of them were children. The Government estimates that 300,000 people are thought to have been injured in the earthquake, many of whom will suffer from long-term disabilities. It is vital that education provision after the earthquake take their needs, concerns and abilities into account in order to promote access, inclusion and the full participation of people with disabilities.

In the context of the earthquake, other recurrent disasters, combined with the on-going food crisis, already deprived and vulnerable children and youth are at risk of dropping out of school altogether or, at a minimum, having their schooling interrupted. There is clear evidence that education is key to children and youths' survival and opportunities following humanitarian crises, and therefore must not be interrupted. In addition, schools provide children with a place of safety and sense of normality, which is crucial to their psychological recovery.

Young children (from birth to age six) are particularly vulnerable in situations of crisis, instability and violence. Young children affected by this earthquake need urgent access to a minimum level of quality services that promote and enable their continued overall development.

Priority needs within the education sector within the short-term (the next three months) are as follows:

1. Opening of schools in non-affected areas and affected areas (foreseen during March 2010);
2. Temporary schooling for children directly and indirectly affected by the earthquake;
3. Coordination and planning for reconstruction of school buildings both in affected and non-affected areas;
4. Psycho-social support for teachers and from teachers to children;
5. Needs assessment and analysis to gain a fuller picture of the prioritized education-related needs for the Haitian population and to inform medium to longer-term planning.

Objectives

The overall goal of the Education Cluster is to ensure that all children and young people have immediate access to quality education and support to continue their normal development within a safe and caring environment, both within Haiti and in border areas with the Dominican Republic.

In order to achieve that goal, the following objectives have been prioritized:

- To provide urgent teaching/learning supplies, equipment including recreational items, furniture

- and materials damaged/destroyed by the earthquake;
- To establish immediate and short-term safe and accessible spaces for young children (0-6 years) near temporary educational primary school facilities, ensuring that young children have access to pre-school or home-based care including play materials where they can interact with peers and caregivers in caring and enabling environments, and receive urgent psycho-social support (in coordination with child protection sub-cluster and Ministry of Social Affairs).
- To carry out urgent and safe repair and rehabilitation of school structures to a certain standard (including basic services such as water and sanitation, cleaning, basic repair, access for people with disabilities) for the safety and health of students and teachers owing to severe damage to existing schools and other education facilities;
- To implement emergency training (including psycho-social support, SGBV, disaster risk reduction and other emergency themes) support to education personnel, caregivers and communities;
- To adjust the school curriculum and activities to incorporate urgent emergency themes and life skills relevant to the current disaster situation, such as Disaster Risk Reduction including disaster preparedness, hygiene, health, HIV/AIDS, protection from violence and abuse, conflict resolution, and accelerated learning packages; promote a national curriculum (framework) implemented in all schools;
- To rehabilitate the most damaged education offices and facilities of the *Ministère de l'Éducation Nationale de la Formation Professionnelle* (MENFP) and relevant education authorities (local and central levels). Support to assist the government on re-establishing the education management capacity at the central, regional, and local levels. To strengthen the Education Management Information System (EMIS) as well as pre- and in-service teacher training mechanisms and structures;
- To provide strong coordination support (SC and UNICEF) to avoid gaps or duplication between agencies working in support of national actors.

Indicators

- Number and percentage of earthquake-damaged schools repaired, rebuilt or constructed.
- Number of temporary safe learning spaces established for schools and for ECD activities.
- Number and percentage of boys and girls benefiting from basic learning and play materials.
- Number and percentage of teachers, PTAs, community leaders trained in psycho-social, child-centred methodologies and disaster risk reduction.
- Number and percentage of MENFP and other relevant education authority facilities repaired.

Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Port-au-Prince/Ouest Department	Concern Worldwide, UNICEF, SC, RI, WV, UNICEF
Léogâne and surrounding areas	Finnish Church Aid, LWF, Plan International, UNICEF
Petit Goave/Grand Goave	Finnish Church Aid, LWF, UNICEF
Jacmel/South department	Fraternité Notre Dame, Plan Haiti, RI, SC, Plan Haiti, RI, UNICEF
Departments hosting IDPs (Gonaïves/Artibonite, Cap Haïtien, Centre, Les Cayes, Grand Anse)	Concern Worldwide, UNICEF, SC
Jimani, Dajabón, Elias Piña, as well as in the urban setting of Santo Domingo	UNICEF, SC, Aide et Action, WV, UCODEP

Sectoral monitoring plan

To ensure the overall quality of project implementation, project staff within responsible agencies will monitor activities using already established mechanisms. The cluster will monitor overall progress against objectives and indicators through its network of cluster partners working closely with the MENFP. Monitoring will take place periodically, with a shifting focus from inputs in the initial three months to outcomes and impact by the end of this Appeal period. For this purpose, a common framework for monitoring will be developed within the Education Cluster, closely linked to the monitoring efforts of Government partners and other clusters. Baselines will be established through existing documentation and needs assessments currently underway.

4.5.11 LOGISTICS

Cluster Lead Agency	United Nations World Food Programme (WFP)
Cluster Partners	WFP, HI/Atlas Logistique, Bioforce, RedR, humanitarian community
Number of Projects	4
Cluster Objectives	<ul style="list-style-type: none">• Facilitate the provision of life-saving and immediately needed key relief items to the affected population.• Enhance the coordination, predictability, timeliness and efficiency of the emergency logistics response under the Cluster approach.• Support of the humanitarian community to carry out their role by providing direct logistics services, support equipment, facilities, infrastructure repair and capacity-building.
Beneficiaries	Humanitarian community in Haiti and the Dominican Republic
Funds Requested	\$104,923,179
Contact Information	Matthew Hollingworth, Global Logistics Cluster Coordinator; Matthew.Hollingworth@wfp.org

Needs Analysis

As a result of the earthquake there has been extensive damage to infrastructure. Port-au-Prince is without critical infrastructure such as electricity, water and telecommunications. The port has been severely affected. Governmental buildings, many offices of the United Nations and other humanitarian actors have also been damaged.

While substantial quantities of food, medicine, shelter and life-saving relief items are now reaching Haiti by air, road and sea, bottlenecks and the limited capacity of the logistics supply chain are becoming the major challenge for the Logistics Cluster. Due to the magnitude of the damage, the humanitarian response in Haiti requires a major augmentation of the logistics supply chain and assets as well as the coordination of the related overall response.

The main gaps and bottlenecks identified by the humanitarian community in Haiti are related to:

- Severe congestion at the primary entry points including Port-au-Prince port, airport and border crossing points from the Dominican Republic;
- Cargo consolidation and limited secure storage capacity;
- Transport capacity from multiple points to an increasing number of distribution points;
- Road access to severely affected remote areas;
- Rapidly expanding requirement for logistics coordination and information sharing;
- Emergency equipment for logistics and operations support;
- Safe and secure office and accommodation solutions for humanitarian personnel;
- Need for urgent light logistics infrastructure rehabilitation to provide greater access and transport capacity.

Optimizing and complementing the logistics capabilities of the humanitarian community is therefore essential to ensure the uninterrupted supply of life saving items in support of the most vulnerable affected people in Haiti.

Response strategy

a) Provision of common logistics services to support the humanitarian community's response

Given the extent of the infrastructure damage and the large volumes of relief items arriving and being distributed in Haiti, the Logistics Cluster is facilitating the provision of a wide range of logistics services to the humanitarian community:

1. Establishment of logistics staging areas and forward hubs with augmented storage capacity available to the humanitarian actors both in Haiti and the Dominican Republic. Each facility will provide temporary storage as well as cargo handling, consolidation and tracking;
2. Provision of coastal transport services, where required, for deliveries to inaccessible areas;
3. Augmentation and provision of surface transport capacity:
 - Primary transport from the Dominican Republic to Haiti using a fleet of long haul trucks;
 - Mobilization of container trailers and handling equipment to augment turn around capacity

-
- from entry points in the Dominican Republic to main storage facilities, and transport inside Haiti;
 - Primary and secondary road transport in Haiti using: i) the existing WFP-owned inter-agency fleet of all-terrain trucks managed by WFP partners, HI – Atlas Logistique, as per an ongoing agreement within the Logistics Cluster; ii) a WFP contracted fleet of trucks operating inside and around Port-au-Prince; iii) a fleet of trucks directly contracted and managed by HI to operate within Jacmel area;
 - Procurement of all-terrain trucks (6-15 MTs capacity) to supplement the capacity in Haiti.

All these services are available at no cost to all humanitarian actors, subject to funding availability.

b) Enhance coordination, predictability, timeliness and efficiency of the emergency logistics response under the Cluster approach

WFP, in its role as Logistics Cluster lead, coordinates the logistics response based on the humanitarian priorities set by the humanitarian country team. The Logistics Cluster provides coordination (including port and airport decongestion), information management, customs facilitation and geographic information system (GIS)/mapping services. The Logistics Cluster also liaises with all humanitarian partners and the relevant authorities to facilitate logistics and operational interaction for the use of military assets in country, in concert with the “Joint Operations Tasking Centre”.

c) Provision of humanitarian air transport

Based upon a request from the United Nations Country Team, WFP mobilized a fleet of seven aircraft for cargo and transportation of aid workers from the Dominican Republic to Haiti, as well as inside Haiti. Two fixed-wing cargo aircrafts facilitate rapid movement food and NFIs from the region to Haiti as well as distribution inside Haiti. Three helicopters ensure the delivery of life-saving items and personnel to reach isolated locations inaccessible by road. Two passenger aircrafts operate between Santo Domingo and Port-au-Prince and other Haitian airports daily.

d) Support the humanitarian community to carry out their role by providing operational support equipment, facilities, infrastructure repair and capacity-building

WFP is mobilizing operations support machinery and equipment to facilitate the operational capability of the humanitarian community in Haiti. Through the Logistics Cluster, WFP has also negotiated the supply of fuel, and is making available reliable and sufficient quantities of fuel to support road transport activities.

WFP, in coordination with the local authorities, will ensure that light logistics infrastructure rehabilitation and road spot repair are undertaken to facilitate the access to the most inaccessible affected areas. The rehabilitation of the damaged inter-agency workshop and setting up an additional one will be undertaken to support the deployment of the trucks operating in Haiti for inter-agency purposes.

Acting on the request from the Resident Coordinator in Haiti, WFP is also deploying short and medium-term facilities for the humanitarian workers in Port-au-Prince.

Bioforce & RedR will provide on-the-job training to humanitarian organizations' local staff through coaching, workshops and technical support in warehouse and stock management, fleet management and maintenance, driver and mechanics and any other aspects of supply chain management as requested.

Expected Outcomes

- Uninterrupted delivery of life-saving relief-items to the affected population for all humanitarian actors.
- Coordinated, predictable, timely and efficient emergency logistics response under the cluster approach.
- Emergency and medical evacuations ensured as required.

-
- Capability of the humanitarian community to respond and operate in the affected area improved.
 - Surge capacity, emergency equipment as well as safe and secure office space and accommodation quarters immediately accessible.
 - Improved logistics performance by the respective organizations through the training of national staff.

Indicators

1. Percentage of request for inter-agency short term storage fulfilled.
2. Percentage of operations support equipment requests (boats, generators, prefabs, storage tents) fulfilled.
3. Percentage of requests to transport humanitarian cargo through common logistics services fulfilled.
4. Area of inter-agency storage space made available. Target: 20,000 m².
5. No. of logistics staging areas & hubs established to facilitate efficient logistics response to affected populations as per Concept of Operations. Target: 6
6. Percentage of requests to consolidate and prioritize humanitarian cargo through common logistics services fulfilled.
7. Percentage of request for metric tons (food or NFIs) transported fulfilled.
8. 100% utilization of contracted hours and effective utilization of aircraft capacity.
9. Number of UN agencies and other humanitarian organizations utilizing the air services. Target: 40
10. 100% response to medical and security requests for evacuations by air.
11. 1,000 national and international staff trained.

Sectoral monitoring plan

The Logistics Cluster is an overarching support sector aiming at facilitating the implementation of programmatic activities. As a result, while the monitoring plan to evaluate the project uses multiple measurable indicators, the methodology is reliant on the results of the organizations and clusters supported. Logistics Cluster members' feedback will be continuously taken into consideration and the overall strategy adapted to the requirements as required. Monitoring tools include:

1. Internal and external regular situation reports;
2. Training databases and evaluation reports;
3. Haiti emergency response lessons learnt;
4. Logistics Cluster and humanitarian actors partners' surveys;
5. Logistics Cluster Web portal traffic;
6. Projects evaluations;
7. For inter-agency cargo movement and storage tracking, the recently developed RITA will be used to ensure comprehensive data collection, analysis and reporting through the Logistics Cluster;
8. For passenger and cargo booking made through the WFP/UNHAS setups, a dedicated communication system is in place to monitor the location and flight progress of the WFP/UNHAS operated aircraft through the air tracking system;
9. The Flight Management Application (FMA) system is in place. The system enables monitoring of usage the service by the various agencies, load factors, flight routing and provide operational data for management overview;
10. WFP Air Safety Unit will monitor the safety level of the operators in line with UN Aviation Standards.
11. The project will be implemented using the WFP management structures and support systems in place in Haiti.

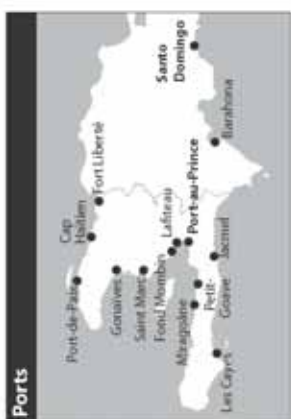


1,550mt
8,000m³

of food transported from Santo Domingo to Haiti for 42 organizations*
of Non-Food Items transported from Santo Domingo to Haiti*

709mt (3,864m³) of relief items delivered in Port-au-Prince and surrounding areas for 43 organizations*
926mt of relief items moved out of Petit-Goave, Jacmel, Gonaïves and Cap-Haïtien*

*The overview of cargo represents humanitarian relief items transported by WFP and Handicap International / Atlas Logistics on behalf of the Logistics Cluster for the humanitarian community and not the total amount of humanitarian aid entering Haiti.



> 2,500 passengers from 180 different UN agencies, Governments and Media institutions used the UNHAS passenger transport services



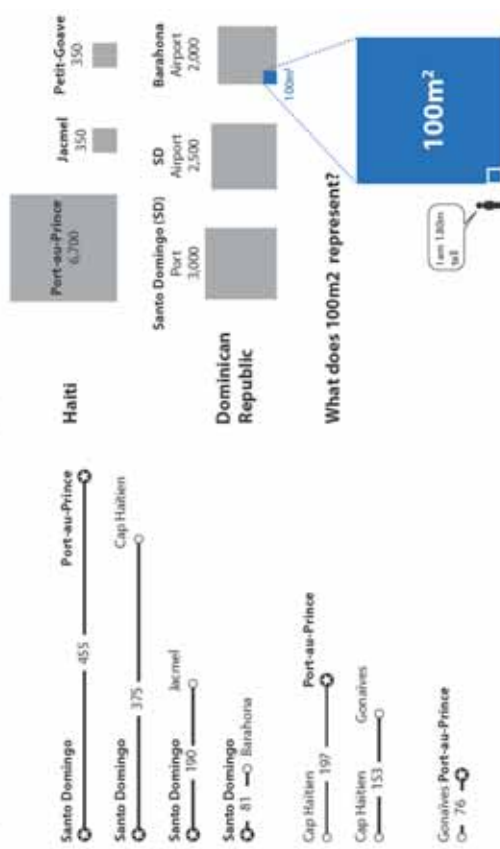
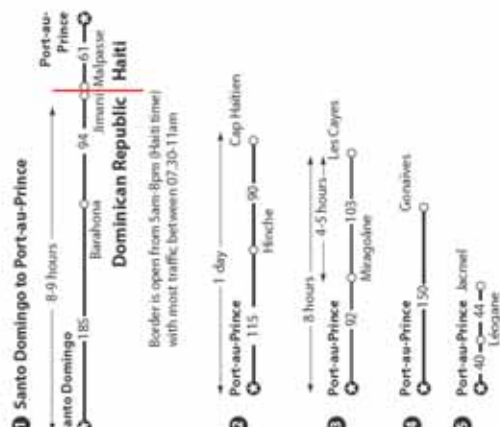
UNHAS helicopters:
1 x MI-8 AMT
2 x MI-171
Capacity
2-4mt



UNHAS cargo transport:
1 x DHC-4 Caribou
1 x Antonov-12
Capacity
3mt
15mt

Reference source: <http://www.logcluster.org>
Basemap sources: UNCS, Logistics Cluster.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

<http://ochaonline.un.org> <http://haiti.ochaonline.un.org>



4.5.12 EMERGENCY TELECOMMUNICATIONS

Cluster Lead Agency	United Nations World Food Programme (WFP)
Cluster partners	WFP, UN Department of Field Services (MINUSTAH) , ETC partners (OCHA, UNICEF, TSF, Ericsson, WV, NetHope)
Number of Projects	1
Cluster Objectives	<p>The ETC will provide basic IT and communications services in the new inter-agency locations and restore those in damaged offices where possible. In addition, a reliable VHF/HF radio network independent from public infrastructure will be provided in the vicinity of Port-au-Prince and linked to other areas of the country, and extended to cover the key areas in Dominican Republic supporting the Haiti operations. To enhance the existing UN radio network needs and expanded to provide security communications services for the safety of humanitarian workers in all areas of operation and complement the public infrastructure as it is being restored. To achieve this the objective of the ETC is to:</p> <ul style="list-style-type: none">• Provide comprehensive IT and telecommunications services for WFP and Logistics operations;• Provide emergency telecommunications and data-communication networks and services to WFP, Logistics and the humanitarian community; and,• Train staff in efficient and appropriate use of telecommunications equipment and services.
Beneficiaries	Clusters and humanitarian agencies
Funds Requested	\$7,475,513
Contact Information	Dane.Novarlic@wfp.org , Tel. 37857133

Needs Analysis

Assessments have been conducted but are of a highly technical nature not relevant for other clusters and not applicable to ETC as a service cluster.

Objectives

The ETC will:

- Provide emergency telecommunications and data-communication networks and services to WFP, Logistics and the humanitarian community;
- Provide comprehensive IT and telecommunications services for WFP and Logistics operations; and,
- Train staff in efficient and appropriate use of telecommunications equipment and services.

The outcomes will be:

- Availability and support of IT and telecommunications services that support the humanitarian community to provide uninterrupted delivery of live saving relief items to the affected population for all humanitarian actors;
- Coordinated, predictable, timely and efficient emergency telecommunications response under the Cluster approach;
- An exit strategy to ensure the smooth hand-over of IT and telecommunications services at for post emergency activities.

In specific practical terms this will include:

- Operational and cost effective IT MOSS-compliant facilities and common emergency telecommunications network providing security voice and data communications;
- Common security communications and data communications within all common operational bases in and around the Port-au-Prince area;
- Optimal use of existing MINUSTAH IT and network facilities by humanitarian organizations.

Indicators

The key performance indicators for the ETC are:

- ETC Project Plan prepared and approved based on initial assessment;
- ETC services clearly defined and communicated to humanitarian community;
- ETC services provided in a timely, predictable and effective manner and to both UN and NGO

-
- communities;
 - Training programmes on use of ETC services provided – and number of individuals and group training programmes;
 - Local ETC Working Group established and regular meetings held;
 - Response team included graduates of the IT Emergency Preparedness and Response Management training programme from UN agencies and NGOs;
 - Stand-by partners deployed;
 - Number of local humanitarian organizations included in the common networks;
 - Inter-agency/intra-cluster information management (IM) facilities established to serve ETC community.

Table of proposed coverage per site

Comprehensive ETC services will be delivered to the following locations:

Haiti

- Port-au-Prince: Log Base, Camp Charlie, Port, boat in port, all other key distribution locations to be determined
- Léogâne: Léogâne centre, MINUSTAH base
- Saint Marc
- Cap Haitien
- Gonaives
- Jacmel

Dominican Republic

- Santo Domingo
- Barahona
- Jimani
- Other locations to be determined

Sectoral monitoring plan

A well planned monitoring plan is in place which among other activities includes the following:

- Regular situation reports of progress, gaps and challenges published;
- Regular local ETC meetings to discuss services, requirements, and plans;
- Regular ETC teleconference with global and local ETC representatives;
- Project evaluation completed which included a user survey.

4.5.13 COORDINATION AND SUPPORT SERVICES

The relief operation following the earthquake that struck Haiti has been of an extraordinary scale for Haiti, not only in terms of the affected population, its peculiar urban setting, but also in view of the number of actors involved in the response. Over 900 relief organizations, donors and public Haitian offices are involved in the response, in support of the Government of Haiti. A swift and effective response was required to address urgent humanitarian needs and coherent coordination helps to ensure that assistance is delivered quickly and effectively to those most in need and restore critical government services.

Initial response to the emergency was driven by the need to save lives in the short term. The humanitarian community now needs to take stock of the short-fall of coverage in relation to humanitarian needs and to quickly agree sectoral and overall strategies which will move rapidly towards substantially increased coverage of humanitarian needs. In addition, the upcoming hurricane season requires urgent action to be informed by risk analysis and contingency planning to ensure minimum preparedness and longer-term planning for the likelihood of hydro-meteorological emergencies and recurring seismic after shocks.

The humanitarian **cluster** system was set up and the response is organized through 12 clusters and two sub-clusters (see below role and responsibilities section). The Government of Haiti (GoH) has appointed specific Ministry counterparts to co-lead each cluster and is intensifying its involvement in the response planning and implementation at all levels. Coordination was also strengthened with other partners from the NGO community with the establishment of an NGO coordination cell and the private sector. Particular focus was put on reinforcing coordination with ministries and with local authorities (mayors' offices).

Coordination capacity needs to be especially strengthened in four critical areas including technical advice, strategy development, information management and field/hub level coordination in relief activities as priority area of focus, and in planning preparedness. The **Humanitarian Country Team (HCT)** is now convening twice a week since 1 February under leadership of the Humanitarian coordinator (once a week, the GoH co-chairs the HCT). Seven UN agencies and seven NGOs as well as observers from the NGO coordination cell participate in the HCT to improve humanitarian coordination and policy making as well as ensuring real and equal partnership between UN actors and other humanitarian partners. In addition to reinforcing all aspects of OCHA's mandate (inter-cluster coordination, information management and analysis, mapping, civil-military liaison), over the first weeks of the response, the Humanitarian Coordinator's functions were strengthened and in particular support to the Government, donor coordination, civil military coordination, advocacy and media outreach. Humanitarian strategic coordination was also strengthened with the establishment of a Deputy Humanitarian Coordination and a Senior Humanitarian Advisor.

Coordination with the MINUSTAH is functioning well, not only at the strategic but also at the operational level. MINUSTAH established its own coordination architecture which aims at providing in-country support for the Government-led crisis response effort as well as high level steerage for aid and security responders. A strategy to support humanitarian coordination was undertaken between the DSRSG/HC, the PDSRSG and OCHA to define the coordination structure within the UN to be established. The result was the creation of the Emergency Operation Management Centre or EOMC (chaired by PDSRSG and DSRSG and under the direct supervision of the SRSG) and the Joint Operation and Tasking Centre (JOTC), which aims to be a 'one stop' centre for humanitarian actors to seek assistance from the UN and other international military or police capacities to plan and deliver aid as fast and effectively as possible to those in most need. The JOTC, which is supported and run by the UN, receives requests for logistics, engineering or security support from the Government of Haiti and the humanitarian 'cluster' groups. It matches these requests from the pool of available UN or international military or police and helps plan, organize and report on implementation. The JOTC is lead by one director with support from MINUSTAH and OCHA. JOTC became operational on 29 January and is now receiving a growing number of daily requests (25+ as of today). International partners are responding, and in some cases have cooperated to provide a joint response to a request.

Coordination should to address the needs of those not directly affected by the earthquake but who have experienced the arrival of close to 500,000 IDPs who have left PaP. It was early on recognized that there is a need for this and has led the development of the humanitarian community's field capacity. Eight clusters are operational in Léogâne: camp coordination and camp management (IOM) early recovery (UNDP); education (UNICEF); health (Save the Children); food (WFP); protection (UNICEF shelter/NFI (IFRC) and WASH (DINEPA). Coordination support to more than 21 partners, organized in seven clusters: early recovery, education, food, health, protection, shelter/NFI and WASH is on going in Jacmel. The Food Cluster has been activated in Gonaïves. Coordination and administrative hubs are established in the Dominican Republic in support of the clusters in Haiti. Close coordination is needed to address the needs of those at the border with the Dominican Republic who are supported by the humanitarian clusters in the Dominican Republic. There are now 10 clusters in the Dominican Republic: Logistics (WFP), Health (PAHO/WHO), WASH (UNICEF), Nutrition (UNICEF/WFP), Education (UNICEF), Agriculture (FAO), Early Recovery (UNDP), Food(WFP), Emergency Telecommunications (WFP), Protection (lead to be decided; sub-cluster on SGBV and child protection led respectively by UNFPA and UNICEF), and Shelter/NFIs (IFRC).

Strategy and Objectives

As the humanitarian operation moves forward, essential services are needed such as field coordination, information management and communication, preparedness and contingency planning, and advocacy for the populations and humanitarian community in each of these areas. Review and adjustment of current inter-agency and cluster coordination mechanisms to strengthen consultation, transparency, and accountability in line with humanitarian best practice, including strengthening of clusters and principles of partnership, should also be carried out. Clusters should also prepare to support the government in the longer term dovetailing with sector working groups and linking and feeding in the PDNA process, factoring in seismic-resilient practices and land use sensitive to hurricane risks. Effective communication to the affected population on humanitarian assistance as well as preparedness measures is also a priority. It is important that the strategy and structures put in place match the need and reflect innovative and cooperative approaches that reach beyond traditional actors within the humanitarian community so that an effective link is established to longer term sustainable development, laying the foundations for exits strategy for external relief.

Activities

- Increase support to the clusters through further information-gathering and ability to support field coordination, identify concerns and advocate on humanitarian issues.
- Ensure adequate monitoring capacity in areas impacted by population movements to identify humanitarian assistance needs and risks associated with the IDPs and host community vulnerabilities and the approaching rainy season.
- Ensure inclusive, accountable planning, and information-sharing to support coordination structures and facilitate an efficient and effective response to humanitarian and early recovery needs which factors in resilience to forthcoming hurricane and after shocks.
- Promote high-level advocacy for the integration of risk reduction measures as part of immediate preparedness needs
- Strengthen needs assessment and see how the current needs assessments will feed in the MYR of the Flash Appeal and the PDNA
- Ensure smooth coordination and adequate planning with MINUSTAH for the short, medium and longer terms for humanitarian operations support
- Carry out civil-military coordination functions at the strategic and operational level
- Ensure and refine strategic joint planning and advocacy to promote principled humanitarian action and early recovery.
- Ensure collection, processing, analysis, and dissemination of information related to needs, responses, and gaps in partnership with government and cluster leads and other partners.
- Provide cross-cluster analysis and the active communication of information and humanitarian analysis with thorough regular reporting, briefings, maps and information products targeted at decision makers.
- Mobilise resources through advocacy and donor relations functions and link up with the PDNA, through the development of national strategy for transition from relief to development, factoring in the principle of 'build back better'
- Strengthen relationships with NGOs, civil society, and government counterparts, and promote national ownerships as situation evolves.

Expected Impact

Inclusive humanitarian coordination mechanism is maintained and further strengthened.

- Cluster system including inter-cluster coordination is strengthened and response capacity enhanced or current and future disaster response, notably in advance of the hurricane and rainy seasons and recurring after-shocks
- Strategic response and preparedness plans in the Revised Humanitarian Appeal are agreed, implemented and monitored.
- Information products developed, maintained, and disseminated.
- Needs and Concerns of affected populations highlighted and advocated.
- Government of Haiti's capacity in preparing for the Hurricane season and potential major disasters in the longer term strengthened.

- Strengthened partnership between all partners, including local authorities and private sector.
- Humanitarian support is based on accurate up-to-date data and responds better to real needs.
- Key advocacy messages to humanitarian actors, government counterparts and the civil society and the global media coverage ensures support to the common humanitarian project cycle and a good outreach to humanitarian donors and the mobilization of the necessary resources.
- Good relationships with the MINUSTAH, the United States and Canadian forces enabling to facilitate an effective cooperation between the military and the humanitarian actors and the organization of military escorts to ensure a safe delivery and distribution of humanitarian assets.
- Ensure a smooth transition from humanitarian assistance to recovery, with seismic and hurricane risk resilience built in and national capacities to oversee the transition strengthened, based on effective linkages between clusters and PDNA and sectoral working groups carried out, and longer term support of clusters clarified.
- Balanced coverage of the assessed humanitarian needs through accurate and transparent resource management and the targeted and needs based allocation of funds to priority and under-funded activities
- Cross-cutting issues (gender, age, environment, HIV/AIDS, disaster risk reduction) are effectively mainstreamed into all aspects of humanitarian response.

Overview of Humanitarian Coordination Mechanisms

Forum	Chair	Objective(s)	Inputs/Preparation	Outputs
HCT	HC	<ul style="list-style-type: none"> • Set overall humanitarian strategy 	<ul style="list-style-type: none"> • Sit rep • Maps • Dashboard • Cluster analysis • Inter-cluster analysis 	<ul style="list-style-type: none"> • Clear and agreed upon strategic decisions to be communicated to inter Cluster Coordinators
UNCT	RC	<ul style="list-style-type: none"> • Set UN strategies • Safety and security decisions 	<ul style="list-style-type: none"> • Recommendations on internal UN structures and functions to support humanitarian effort (safety and security issues, base camps) 	<ul style="list-style-type: none"> • Communicate safety and security concerns to HCT through HC
INTER-CLUSTER	OCHA	<ul style="list-style-type: none"> • Recommend strategy • Highlight decisions needed by HCT • Set overall operational vision • Raise humanitarian concerns 	<ul style="list-style-type: none"> • Cluster reports • Cluster strategic and operational plans • minutes of cluster meetings 	<ul style="list-style-type: none"> • Inter-cluster analysis paper • Recommendations for HCT
CLUSTER	Agencies, Cluster Coordinators	<ul style="list-style-type: none"> • Cluster strategies • Operational coordination among cluster partners • Information management • gap analysis 	<ul style="list-style-type: none"> • Matrix for information gathering • Risk assessments and supply Maps • Reports from cluster partners • Decisions from HCT and inter-cluster 	<ul style="list-style-type: none"> • Reports for inter cluster level (Overview of cluster situation • Gap analysis) • Needs assessment • Strategic and operational plans
PM Meeting	HC	<ul style="list-style-type: none"> • Ensure coordinated strategy between humanitarian and government 	<ul style="list-style-type: none"> • Sit rep • Maps • Dashboard • Cluster analysis • Inter-cluster analysis • Recommendations 	<ul style="list-style-type: none"> • Key action points from meeting communicated to HCT, Cluster Coordinators

Coordination Support Committee (CSC)	PDSRSG	<ul style="list-style-type: none"> • Oversight and coordination their relief, recovery and reconstruction activities • Advise the HLCC as requested 	<ul style="list-style-type: none"> • Briefing papers on strategic priorities (for first meeting: food, shelter and communications) 	<ul style="list-style-type: none"> • High-level steerage for Government and relief actors
G11	SRSG/DSRSG	<ul style="list-style-type: none"> • Overview of G11 members strategic objectives • Dovetailing Cluster and Sector group plans 	<ul style="list-style-type: none"> • Decisions from HCT • Overview of Humanitarian situation and ER priorities 	<ul style="list-style-type: none"> • Analysis on how humanitarian efforts feed into G11 priorities and planning.
Humanitarian Donors – (ECHO, DFID, USAID, AECID)	HC (weekly) ECHO (daily)	<ul style="list-style-type: none"> • Funding priorities for humanitarian programmes • Support for cluster coordination 	<ul style="list-style-type: none"> • Analysis of humanitarian situation • Analysis of cluster leadership • Analysis of funding needs 	<ul style="list-style-type: none"> • Shared vision of funding priorities • Vision on donor priorities
Humanitarian Forum	OCHA	<ul style="list-style-type: none"> • Information sharing 	<ul style="list-style-type: none"> • Maps • Cluster briefings • Security briefings • Inter-cluster analysis • Information from partners 	<ul style="list-style-type: none"> • More complete vision of partners actions and plans • Informed partners
JOTC	EOMC DSRSG office	<ul style="list-style-type: none"> • Coordinated requests for use of military assets to support the humanitarian effort 	<ul style="list-style-type: none"> • Requests funnelled through clusters 	<ul style="list-style-type: none"> • Coordinated tasking of military assets
Public Information Coordination	MINUSTAH OCHA,	<ul style="list-style-type: none"> • Coherence of UN (and NGO and donor under new strategy to be considered by CSC) messaging, including with Govt messaging, disseminating risk resilience, build back better messages 	<ul style="list-style-type: none"> • Agencies' key messages • Media monitoring and early warning of emerging (negative) issues 	<ul style="list-style-type: none"> • Coordinated key messages, with seismic and hurricane resilient practices promoted • Coordinated guest appearances at local and NY-based press briefings
CDAC (Communications with Disaster-Affected Populations)	Internews OCHA	<ul style="list-style-type: none"> • Effective communication to the affected population on humanitarian assistance 	<ul style="list-style-type: none"> • Public messaging for affected population 	<ul style="list-style-type: none"> • Daily radio programmes • Daily SMS campaign • Other joint outreach campaigns via print, TV, film, mobile messaging (i.e. vans with loudspeakers) and live entertainment

4.6 Roles and responsibilities

Cluster	Relevant governmental institution	Cluster lead	Cluster members and other humanitarian stakeholders
Agriculture	MARNDR	FAO	MARNDR, CNSA, CARE, IRD, FLORESTA, ACIDI VOCA, CROSE, AVSF, Diakonie, <i>Welthungerhilfe</i> , other NGOs active in rural areas
Camp Coordination and Camp Management	MICT – DPC	IOM	The Government of Haiti, national NGO partners, CCCM, protection and shelter clusters and other stakeholders. ACTED, INTERSOS, UNOPS, Feed the Children
Early Recovery	MPCE, DPC, DINEPA	UNDP	UNDP, UNEP, UNIFEM, UNOSAT, ILO, UNHABITAT, UNOPS, USGS, NSF, Save the Children, IOM and WMO.
Education	MENFP	UNICEF/SC	Plan International, Finn Church Aid/LWF, WV, Concern Worldwide, UNESCO, UCODEP, RI
Emergency Shelter and Non-Food Items	MICT	IFRC*	IOM, GOAL, UNICEF, AHPH/Clinics, Concern Int'l, Inter Help, AMURT, Dash Clinic, DPC, Feed The Children, IR, Killick, Med Centre, <i>Maison Enfants de Dieu</i> , ThirstNoMore, Turkish Red Crescent, Civil Protection Portugal, <i>Fraternité Notre Dame</i> , ADRA, Project Concern, Partner Red Cross National Societies supporting the Haitian Red Cross, CARE, ACTED, HI, SC, World Concern International, The Salvation Army, CRS, IRS, CITIMED, INTERSOS, MSF HOLLAND, Elim Relied Agency, Mercy Corps, ACF, IRD, IRC, WV, Amurt, Canaan Joint Aid Mission, <i>Eglise Adventiste Du Temple</i> , Institution Maranatha, MINUSTAH/PNH, Operation Blessing, Orphelinat Yahweh Children Shekina, Paroisse St Mathieu, <i>Solidarités</i>
Emergency Telecommunications	n/a	WFP	WFP, UN Department of Field Services (MINUSTAH), ETC partners (OCHA, UNICEF, TSF, Ericsson, WV, NetHope)
Food	CNSA	WFP	ACDI/VOCA, ACF, ADRA, ACTED, Caritas Haiti, CESVI, Concern, Convey of Hope, CRS, CARE, Goal, Government of Haiti, Haitian Red Cross, ICRC, Islamic Relief Organization, IMC, Love Child, MSF, PU, Oxfam, SP, SC, The Salvation Army, TdH, UNICEF, World Relief Haiti, WV and <i>Welthungerhilfe</i> (GAA)
Health	MoSPP	WHO/PAHO	PAHO/WHO, UNAIDS, UNICEF, UNFPA, IOM, SC, WV, IMC, MERLIN, MDM, IRC
Logistics	DPC	WFP	WFP, HI / Atlas <i>Logistique</i> , Bioforce, RedR, Humanitarian Community
Nutrition	MoSPP	UNICEF	ACTED, ACIDI-CIDA, ACIDI-VOCA, ACF, ADRA Int'l, AOPS, AR, AVSF, AVSI, CARE, Caritas/Haïti, CEPAM, CFM, CMMB, CNP / HSC, CNSA, CNSA/DDASE, CONCERN, Coop Frances, CPNANu, CROSE, CRS, DDASE, Diakonie Katastrophenhilfe, FHI, FONDEFH, FSB, FTC, GHESKIO, HAS, HelpAge International, HP, IADBID, IMC, Inter Aide, Irish Aid, ITECH, IYCN/ CARE, IYCN/PEPFAR, LaC, MDM F, MDM Swiss, MDM-C, MEDAIR, MFK, MSF B, MSF-F, MSF-H, MSF-S, MSPP (MoH), OPS/OMS, OutReach, PAM, PESADEV, PiH, PSF, PSI, RI, Salvation Army, Save the Children, Scientology, SDSH/MSH, TdH, US Army, USAID, USAID/PEPFAR, WC, WFP/PAM, WHI, World Bank, WVI

Cluster	Relevant governmental institution	Cluster lead	Cluster members and other humanitarian stakeholders
Protection	DPC	OHCHR (UNICEF for Child Protection and UNFPA for GBV)	OHCHR/MINUSTAH, UNHCR, UNFPA, UNAIDS, UNICEF, UNIFEM, IOM, CECOSIDA, Heartland Alliance, IMC, HI, SC, CISP, ADRA, TdH, AVSI, IRC, Mercy Corps, Children's forum, ARC, CARE International, GARR, RNDDH, HelpAge International, CBM, Internews, WV, CRS, Action Aid, WFP
WASH	DINEPA	UNICEF	UNICEF, SC, ACF, Oxfam, Care, IRC, Solidarités, NCA, COOPI, PAHO, UN HABITAT, IOM, Deep Springs International, IRD

Note that the IFRC is appealing for funds for the coordination of the Shelter & NFI Cluster and its operations through the IFRC Emergency Appeal which can be found in Annex III.

Dominican Republic

In order to increase the coordination of the humanitarian response between both countries, the following cluster coordination arrangements were set up, mirroring the clusters that were created in Haiti. However, only those clusters were activated that are needed for the specific response from the actors based in the Dominican Republic. The clusters in the Dominican Republic are in contact with the clusters in Haiti in order to ensure that prioritization of activities responds to the needs of the affected population.

Roles and responsibilities in the Dominican Republic

Cluster	Relevant government institution	Cluster lead	Cluster members and other humanitarian stakeholders
Agriculture	SEA/IDIAF	FAO	<i>Instituto para el Desarrollo de la Empresa Asociativa Campesina</i> (IDEAC), Vetermon, CORO, Inter-American Institute for Cooperation on Agriculture (IICA), <i>Banco Agrícola</i> , USAID, USDA, <i>Fundacion Sur Futuro</i> , <i>Vision Mundial</i> , Cooperative Systems Deployment Impact Assessment (CODIA), Sanatura
Early Recovery	Ministry of Economy, Planning and Development, Ministry of Environment and Natural Resources, local governments	UNDP	IOM, FAO, UNEP, WV, Oxfam, Plan International, Caritas, PADF, CODAP, Dominican Red Cross, community leaders
Education	SEE	UNICEF	UNICEF, Save the Children, UCODEP, USAID, <i>Faculté Latino-américaine de Sciences Sociales Republique Dominicaine</i> (FLASCORD), <i>Fundación HHS</i> , FEDOCININ, AECID, <i>Visión Mundial</i> , Ministry of Education, <i>Aide et Action</i> , FUND INTERED, <i>América Latina - Formación Académica</i> (Latin America - Academic Training) - <i>Organización de Estados Iberoamericanos</i> (ALFA-OEI), United Nations International Training and Research Institute for the Advancement of Women (UN-INSTRAW), <i>Insituto Dominicano de Desarrollo</i> , <i>Sociedad Salesiana</i> , <i>Entreculturas - Fe y Alegría</i> , <i>Scouts Dominicana / Organisation Mondiale des Mouvements Scouts</i> (World Organisation of the Scout Movement - O.M.M.S)
Food	SESPAS	WFP	WV and others (cluster meetings started second week of February)

Cluster	Relevant government institution	Cluster lead	Cluster members and other humanitarian stakeholders
Health	SESPAS	PAHO/WHO	COPRESIDA, UNIBE, Clinton Foundation, USAID, HARVAD OMI, Project HOPE, COE/SESPAS, Amb. of Brazil, AED, IMC, WFP, Logistics heart to heart, Medico International, <i>Colectiva Mujer y Salud</i> , COIN, SINATRAE, AMERICARES, COSALUD, WV, UNFPA, <i>Comisión Salud</i> , UNICEF, DIGECOM, <i>Instituto Dominicano de Desarrollo Integral</i> , PROGRESSIO
Logistics	COE	WFP	Counterpart International, <i>Welthungerhilfe</i> (GAA), Concern Worldwide, OCHA, Americares, UNFPA, CRS, Compassion International, Mercy Corps, IRC, Goal, Vivario, WV, CARE, SC, AECID, UNICEF, YMCA, UNHCR, Project Hope, UNDP, ACF, Oxfam, FAO, Plan International, MERLIN, Tearfund, Shelterbox, RI
Nutrition	SESPAS	UNICEF	PAHO/WHO, WFP, FAO, <i>Comisión Nacional de Lactancia Materna</i> , WV, SC, CRS, CIAC, Pastoral, <i>Materno Infantil</i>
Protection	CONANI, <i>Ministerio de la Mujer</i>	Lead to be decided. Sub-cluster leads: UNICEF – Child Protection, UNFPA – Gender/SGBV	Dominican Red Cross, UNDP Dominican Government (incl. Foreign Affairs, SESPAS, and <i>Defensa Civil</i>); the Haitian Embassy; Dominican Red Cross, INGOs (including CRS, WV, Plan International, and SC); national NGOs including cross-border civil society networks and children's NGO consortium; the <i>Plataforma Sociedad Civil (Red Ayuda Haiti)</i> , the donor community, UN/international organizations (especially IOM, UNDP, UN International Research and Training Institute for the Advancement of Women (INSTRAW), and Joint UN Programme for HIV/AIDS (UNAIDS); public and private hospitals, Catholic Church and other faith-based organizations, and Haitian student volunteers mobilized to support and accompany medical evacuees.
Shelter	Ministerio Interior y de Policía, Women's Secretariat, Dirección General de Cooperación	IFRC	AECID, Brazilian Emb, UNHCR, UNFPA, <i>Red de religiosos contra la trata</i> , COIN, <i>Plataforma de ayuda Haiti</i>
Telecommunications	Department of Telecommunications	WFP	UNDSS, UNICEF
WASH	SESPAS	UNICEF	CORAAPLATA, SEE, INAPA, Oxfam, DIGECOM-SEEPYD, WV, AECID, Amb. of Brazil, CAASD, DIGESA, IMPA/UASD, PAHO/WHO

Due to the specific situation of this cross-border response, the generic Terms of Reference were adapted. The generic Terms of Reference of the clusters in the Dominican Republic are the following:

- To coordinate the response of actors in the Dominican Republic (UN agencies, NGOs, Government of the Dominican Republic);
- To coordinate (in relation with Haiti corresponding clusters) the response in Haiti in the border areas (the response being provided by actors from the Dominican Republic and/or by actors from Haiti);
- To coordinate preparedness and contingency planning exercise;
- To liaise with the corresponding clusters in Haiti to identify their needs and organize the supplies/logistics to Haiti.

5. CONCLUSION

While the national and international aid effort has now mostly scaled up to reach those requiring help, the work has only begun. The immensity of destruction and necessary duration of humanitarian action while recovery and reconstruction unfold reinforce the need for the international community to support this 12-month plan and appeal.

The Appeal is a collective humanitarian planning document, developed through the clusters, and selecting projects on the basis of need plus carefully discerned ability on the part of each proposing agency to implement the projects.

The early recovery focus of this revised Appeal is significant, and unquestionably belongs in this humanitarian plan: in today's Haiti, humanitarian and recovery are intimately connected. The humanitarian response is the first step of a broader and longer-term recovery and reconstruction process, and must continue even as those processes unfold. The comprehensive PDNA and ensuing recovery and reconstruction framework will be closely synchronized with the plans and actions in this Revised Flash Appeal.

A more comprehensive assessment report will follow shortly, allowing for strategic analysis in the lead-up to the Appeal's mid-year review, to determine what should remain in the 12-month humanitarian appeal and what should be moved to the umbrella of the PDNA/Recovery Framework. However, it must be said that this Revised Flash Appeal, even with its large-scale funding request, is devoid of outright reconstruction projects: it is a humanitarian plan that needs to be supported with humanitarian urgency and comprehensiveness.

The existence of a country-based pooled fund – the Emergency Relief Response Fund – enabled over 20 donors and private sector organizations to channel their funds through a common, un-earmarked financing mechanism. In the first weeks of the emergency the Fund reached over USD 70 million in contributions. Now close to 80% of that has been allocated to UN agencies and NGOs, addressing gaps and needs, with decisions made by humanitarian partners on the ground. The Fund remains available for further contributions.

The international community should be proud of its prompt and generous contributions to the Flash Appeal. Continued commitment is needed and must be strengthened in support of this Appeal, symbolized by the engagement of the UN Special Envoy for Haiti, former President Clinton, in this Revised Humanitarian Appeal and its follow-up in mobilizing further resources.

The UN is and should be the main coordinating body, and – even though significant assistance is provided outside this Appeal, as always – coordination with the actors outside the framework of the Appeal is essential to make humanitarian assistance as effective as possible.

Accountability and transparency are paramount with any aid operation, especially one of this size. Organizations will show all contributions they receive for the projects they put forward in this appeal on a public website (the UN's humanitarian Financial Tracking Service or FTS). In the appeal's mid-year review, clusters will report on specific outputs collectively accomplished, versus the targets they set in this document (and update continually as new information emerges) according to needs. Lastly, a key dimension of the international community's common accountability to help Haiti is to help Haitians build back better without delay, in a way that reduces risk in future disasters.

ANNEX I. LIST OF PROJECTS (GROUPED BY CLUSTER), WITH HYPERLINKS TO OPEN FULL PROJECT DETAILS

Project Code (click on any project code to open on-line sheet of full project details)	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Location
AGRICULTURE									
HTI-10/A/31371/R/123	FAO	Support to Agriculture Cluster Coordination in Haiti	500,000	765,000	-	0%	765,000	-	HAITI
HTI-10/A/31372/R/123	FAO	Rapid restoration of food production capacity of the worst-affected households(merged with HTI-10/A/32011)	10,000,000	-	-	0%	-	-	HAITI
HTI-10/A/31375/R/123	FAO	Emergency assistance to restore food production and ensure dietary diversification for urban and rural families through backyard gardens(merged with HTI-10/A/31897/R)	4,500,000	-	-	0%	-	-	HAITI
HTI-10/A/31376/R/123	FAO	Emergency assistance for the immediate restoration of critical production and post-harvest agriculture infrastructures	8,000,000	8,000,000	-	0%	8,000,000	-	HAITI
HTI-10/A/31499/123	FAO	Awaiting allocation to specific project/sector	-	-	-	0%	-	-	HAITI
HTI-10/A/31711/R/5861	IRD	Rebuilding Agricultural Production Systems and Livelihoods for Haitian Farmers Victimized by Earthquake in Rural Léogâne	-	3,064,160	225,000	7%	2,839,160	-	HAITI
HTI-10/A/31728/R/5645	CARE International	Monetary support to displaced families in rural communities of three departments (West, Northwest and Artibonite) and farming households that host them.	-	4,200,000	2,342,596	56%	1,857,404	-	HAITI
HTI-10/A/31772/R/13753	FRATERNITE NOTRE DAME	Irrigation project in Jacquot	-	227,500	-	0%	227,500	-	HAITI
HTI-10/A/31865/R/6458	ACTED	Emergency support to agricultural livelihoods of the worst affected households in the urban, peri-urban and rural IDP host areas	-	2,000,000	648,086	32%	1,351,914	-	HAITI
HTI-10/A/31891/R/5850	HWA	Support to agricultural production in the North West province of Haiti to increase the availability of food and promote income generation for producers in response to the migration of IDPs from the areas directly affected by the 12th January earthquake.	-	1,406,389	-	0%	1,406,389	-	HAITI
HTI-10/A/31894/R/13756	WCH	Emergency Relief Project for increasing food security and reinserting the rescues from the earthquakes in South and South East of Haiti.	-	1,714,500	-	0%	1,714,500	-	HAITI
HTI-10/A/31895/R/13756	WCH	Emergency Program to support agricultural production in the North West of Haiti in response to the earthquake of January 12, 2010 and in response to urban migration to the countryside	-	1,194,000	-	0%	1,194,000	-	HAITI

Project Code (click on any project code to open on-line sheet of full project details)	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Location
HTI-10/A/31897/R/123	FAO	Vegetable production on earth boxes gardens in the temporary settlements of Port au Prince.	-	11,479,880	-	0%	11,479,880	-	HAITI
HTI-10/A/31899/R/123	FAO	Re-establishment of the agriculture and food security information system and network in Haiti	-	1,270,000	-	0%	1,270,000	-	HAITI
HTI-10/A/31900/R/123	FAO	Emergency response support to farming-communities hosting displaced persons due to the Haitian earthquake crisis	-	1,530,000	-	0%	1,530,000	-	HAITI
HTI-10/A/31905/R/13731	AVSF	Post-emergency action and support to agricultural production in the South East: fast recovery of productive capacities, creation of activities and economic exchanges, income generation and employment for families	-	1,203,464	-	0%	1,203,464	-	HAITI
HTI-10/A/31907/R/13731	AVSF	Support to network of dairies, Letagogo	-	517,000	-	0%	517,000	-	HAITI
HTI-10/A/31909/R/6450	ACDI	Increase agricultural production through improved seeds, farming practices for individuals returning to rural areas in the Southeast Dept.	-	3,280,000	-	0%	3,280,000	-	HAITI
HTI-10/A/31916/R/13763	Floresta	Emergency Farm Input Distribution, Soil and Water Conservation and Reforestation-Léogâne/Grand Goave/Fonds Verrettes/Cornillon	-	896,161	-	0%	896,161	-	HAITI
HTI-10/A/31918/R/13767	CEHPAPE	Agricultural Revitalization Project in response to the earthquake and for the integration of displaced populations in the municipalities of Gressier, Léogâne, Petit and Grand Goave	-	750,000	-	0%	750,000	-	HAITI
HTI-10/A/31919/R/8498	CW	Strengthening Food Security Following the Influx of Displaced People to La Gonave and Saut d'Eau	-	2,214,500	-	0%	2,214,500	-	HAITI
HTI-10/A/31920/R/13768	IRD/MEBSH	Emergency program to support agricultural production in the South and in Grand-Anse in response to the earthquake of January 12, 2010 and for the population that has migrated to the cities in the countryside	-	973,000	-	0%	973,000	-	HAITI
HTI-10/A/32006/R/13790	FHED-INC	Support's projects and Assistance to people following the earthquake aftermath	-	1,800,000	-	0%	1,800,000	-	HAITI
HTI-10/A/32011/R/123	FAO	Support to agriculture production and food security of earthquake affected families, migrant families and rural host families	-	21,000,000	1,750,000	8%	19,250,000	-	HAITI
HTI-10/A/32028/R/123	FAO	Effective coordination and leadership of the Dominican Republic Agriculture Cluster support in response to the Haitian earthquake crisis	-	175,000	-	0%	175,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/A/32038/R/123	FAO	Urgent support to veterinary services in post-earthquake Haiti	-	980,000	-	0%	980,000	-	HAITI
Sub total for AGRICULTURE			23,000,000	70,640,554	4,965,682	7%	65,674,872	-	
CAMP COORDINATION AND CAMP MANAGEMENT(CCCM)									

Project Code (click on any project code to open on-line sheet of full project details)	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Location
HTI-10/CSS/31454/R/298	IOM	Camp coordination support	250,000	6,142,500	3,500,000	57%	2,642,500	-	HAITI
HTI-10/CSS/31455/R/298	IOM	Camp management in temporary settlements and self settled camps (merged into project HTI-10/CSS/31812)	600,000	-	-	0%	-	-	HAITI
HTI-10/CSS/31458/R/298	IOM	Registration Process (merged into project HTI-10/CSS/31812)	200,000	-	-	0%	-	-	HAITI
HTI-10/CSS/31459/R/298	IOM	Displacement Tracking and Mapping (merged into project HTI-10/CSS/31812)	250,000	-	-	0%	-	-	HAITI
HTI-10/CSS/31699/R/298	IOM	Environmental Public Health in IDP Settlements in Priority Locations in Haiti	-	1,949,519	-	0%	1,949,519	-	HAITI
HTI-10/CSS/31810/R/6458	ACTED	Camp Management in formal and spontaneous settlements	-	1,600,000	-	0%	1,600,000	-	HAITI
HTI-10/CSS/31812/R/298	IOM	Camp management	-	47,500,000	2,487,750	5%	45,012,250	-	HAITI
HTI-10/CSS/31825/R/5767	UNOPS	Community Watch Camp Monitors	-	6,491,797	-	0%	6,491,797	-	HAITI
HTI-10/CSS/31854/R/5767	UNOPS	IDP Camp Technical Assessment, Survey and Planning Services	-	1,156,724	-	0%	1,156,724	-	HAITI
HTI-10/CSS/31958/R/298	IOM	Emergency Preparedness and Disaster Risk Management for Post-Disaster Displacement in Haiti	-	7,000,000	-	0%	7,000,000	-	HAITI
HTI-10/CSS/31993/R/5660	INTERSOS	Camp Management for IDPs in identified settlement	-	600,600	-	0%	600,600	-	HAITI
HTI-10/CSS/31994/R/8498	CW	Concern Consolidated Camp Management and Planning Project (ConCaMP)	-	603,400	-	0%	603,400	-	HAITI
Sub total for CAMP COORDINATION AND CAMP MANAGEMENT(CCCM)			1,300,000	73,044,540	5,987,750	8%	67,056,790	-	
COORDINATION AND SUPPORT SERVICES									
HTI-10/CSS/31378/R/119	OCHA	Humanitarian Coordination and Advocacy for Haiti Response	6,677,579	17,658,678	11,173,202	63%	6,485,476	890,336	HAITI
HTI-10/CSS/31574/R/776	UNDP	Establishment and maintenance of the humanitarian corridor from Dominican Republic to Haiti	-	101,543	101,543	100%	-	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/CSS/31700/R/6791	UNISDR	Addressing urgent preparedness needs for based on regional early warnings, disaster risk reduction in relation to recurrent after-shocks and forthcoming Hurricane Season	-	1,000,000	-	0%	1,000,000	-	HAITI
HTI-10/CSS/31818/R/124	UNICEF	Coordination and support services for the Haiti earthquake affected areas and communities, including the Santo Domingo Humanitarian Hub in the Dominican Republic, and for UNICEF Global and Regional response.	-	10,000,000	628,227	6%	9,371,773	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/CSS/31937/R/13094	UNOOSA	Satellite derived geo-information to support relief efforts and early recovery	-	133,750	-	0%	133,750	-	HAITI

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HTI-10/CSS/32041/R/776	UNDP	Strengthen humanitarian advocacy regarding the support offered by the Dominican Republic to affected persons in Haiti	-	185,500	-	0%	185,500	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/CSS/32042/R/13822	UNDOCO	Support to UNRC/HC	-	950,000	-	0%	950,000	-	HAITI
HTI-10/S/31464/5139	UNDSS	Reinforcement of MINUSTAH/DSS security structure to support EQ and recovery operations	1,920,000	1,920,000	-	0%	1,920,000	-	HAITI
HTI-10/S/31465/5139	UNDSS	Provide psycho-social support, stress counselling	1,120,000	1,120,000	-	0%	1,120,000	-	HAITI
HTI-10/S/31466/R/5139	UNDSS	Staff training	500,000	300,000	-	0%	300,000	-	HAITI
HTI-10/S/31467/5139	UNDSS	Reinforce the DO in the safe haven DR	270,000	270,000	-	0%	270,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/S/31531/R/5139	UNDSS	Awaiting allocation to specific projects	-	-	240,848	0%	-240,848	-	HAITI
Sub total for COORDINATION AND SUPPORT SERVICES			10,487,579	33,639,471	12,143,820	36%	21,495,651	890,336	
EARLY RECOVERY									
HTI-10/CSS/31384/R/7475	UNOSAT	Strengthening of Haitian geospatial information capacity	58,850	191,530	-	0%	191,530	-	HAITI
HTI-10/ER/31382/R/776	UNDP	Support to early recovery strategic planning and coordination	1,000,000	1,000,000	-	0%	1,000,000	-	HAITI
HTI-10/ER/31387/R/776	UNDP	Cash for Work for Early Recovery and Stabilization	34,600,000	80,250,000	19,794,224	25%	60,455,776	500,000	HAITI
HTI-10/ER/31389/R/5104	ILO	Organization of labour-intensive emergency public works in support to humanitarian operations	2,380,000	2,380,000	-	0%	2,380,000	-	HAITI
HTI-10/ER/31391/7039	UN-HABITAT	(WITHDRAWN) Emergency solid waste collection systems in affected urban areas	2,000,000	-	-	0%	-	-	HAITI
HTI-10/ER/31393/R/7039	UN-HABITAT	Technical Support to Government and Municipal Recovery Coordinators	180,000	780,000	-	0%	780,000	-	HAITI
HTI-10/ER/31415/R/298	IOM	Cash for Work: Facilitating return and restoring livelihoods through rehabilitation, reconstruction and rubble Removal	8,000,000	5,000,000	1,255,230	25%	3,744,770	-	HAITI
HTI-10/ER/31460/R/5126	UNEP	Co-ordinating Disaster Debris Management (WITHDRAWN)	400,000	-	-	0%	-	-	HAITI
HTI-10/ER/31461/R/5126	UNEP	Rapid multi-hazard and vulnerability assessment of Haiti (WITHDRAWN)	300,000	-	-	0%	-	-	HAITI
HTI-10/ER/31462/R/5126	UNEP	Post Disaster Needs Assessment (Environment sector) (WITHDRAWN)	200,000	-	-	0%	-	-	HAITI
HTI-10/ER/31463/R/5126	UNEP	Sustainability of Recovery Programmes (withdrawn)	100,000	-	-	0%	-	-	HAITI

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HTI-10/ER/31636/R/5126	UNEP	TAF for Energy and Environment in Relief and Early Recovery	-	6,350,000	-	0%	6,350,000	-	HAITI
HTI-10/ER/31701/R/6079	SC	Livelihoods Opportunities for Families in Haiti	-	6,540,000	-	0%	6,540,000	-	HAITI
HTI-10/ER/31793/R/5103	UNESCO	Emergency Support to Haiti Media	-	400,000	-	0%	400,000	-	HAITI
HTI-10/ER/31800/R/5103	UNESCO	Early Recovery of Haiti's Warning Services for Coastal Hazards	-	750,000	-	0%	750,000	-	HAITI
HTI-10/ER/31813/R/6458	ACTED	Revival of livelihoods of earthquake-affected populations	-	2,946,563	918,121	31%	2,028,442	-	HAITI
HTI-10/ER/31855/R/5767	UNOPS	Livelihood revitalization for earthquake-affected communities of Martissant and Carrefour Feuilles District	-	3,701,104	-	0%	3,701,104	-	HAITI
HTI-10/ER/31864/R/5767	UNOPS	Livelihood revitalization for earthquake-affected communities of Jacmel	-	3,701,104	-	0%	3,701,104	-	HAITI
HTI-10/ER/31866/R/5767	UNOPS	Emergency Engineering Sub Cluster Coordination, Liaison and Emergency Works	-	1,082,038	-	0%	1,082,038	-	HAITI
HTI-10/ER/31874/R/5126	UNEP	Haiti Seismic Programme	-	2,000,000	-	0%	2,000,000	-	HAITI
HTI-10/ER/31883/R/5186	ACF	Emergency response to earthquake-affected population - Haiti	-	4,423,600	2,788,002	63%	1,635,598	-	HAITI
HTI-10/ER/31884/R/5524	Plan	Rubble Clearance in Jacmel and surrounding areas	-	3,910,000	163,319	4%	3,746,681	2,296,618	HAITI
HTI-10/ER/31885/R/8502	WVI	Early Recovery project	-	3,646,439	50,000	1%	3,596,439	-	HAITI
HTI-10/ER/31886/R/13755	Hopital Albert Schweitzer	Integrated Community Services: Early Economic Recovery for IDPs and Host Families	-	3,000,000	-	0%	3,000,000	-	HAITI
HTI-10/ER/31913/R/5186	ACF	Rehabilitation of rural infrastructures through Cash for work activities	-	2,552,000	2,340,681	92%	211,319	-	HAITI
HTI-10/ER/31924/R/776	UNDP	Protection of lives through proper preparation for the hurricane season	-	7,000,000	-	0%	7,000,000	-	HAITI
HTI-10/ER/31926/R/776	UNDP	Protecting livelihoods of vulnerable and marginalized people by providing micro-grants	-	10,000,000	-	0%	10,000,000	-	HAITI
HTI-10/ER/31927/R/776	UNDP	Disaster and Debris Waste Management	-	1,070,000	-	0%	1,070,000	-	HAITI
HTI-10/ER/31928/R/8313	WMO	Meteorological and Hydrological Early Warning Services to Support Emergency Contingency Planning for Safety of Population and Early Recovery Activities During the 2010 Rainy and Hurricane seasons in Haiti (March December 2010)	-	890,000	-	0%	890,000	-	HAITI
HTI-10/ER/31947/R/776	UNDP	Emergency area-based response to the livelihoods, environmental and local governance impact of the Haitian earthquake in border areas	-	4,000,000	-	0%	4,000,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
Sub total for EARLY RECOVERY			49,218,850	157,564,378	27,309,577	17%	130,254,801	2,796,618	

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EDUCATION									
HTI-10/E/31399/R/124	UNICEF	Education Sector Coordination and needs assessment --- merged with HTI-10/E/31405/R	125,000	-	-	0%	-	-	HAITI
HTI-10/E/31399/R/6079	SC	Education Sector Coordination and needs assessment --- merged with HTI-10/E/31405/R	125,000	-	-	0%	-	-	HAITI
HTI-10/E/31400/R/5103	UNESCO	Emergency education support to secondary and higher education and education authorities	900,000	2,900,000	520,000	18%	2,380,000	-	HAITI
HTI-10/E/31401/R/5103	UNESCO	Emergency Support to National Education Authorities -merged with HTI-10/E/31400/R	600,000	-	-	0%	-	-	HAITI
HTI-10/E/31402/R/5103	UNESCO	Psycho-social Support through Teacher Training - merged with HTI-10/E/31400/R	400,000	-	-	0%	-	-	HAITI
HTI-10/E/31403/R/6079	SC	Psycho-social Support to Primary School Children through Teacher Training with Primary School Teachers ---- merged with project HTI-10/E/31405/R	500,000	-	-	0%	-	-	HAITI
HTI-10/E/31404/R/6079	SC	Temporary schooling in safe, protective environment, for 80,000 earthquake-affected children -- merged with project HTI-10/E/31405/R	350,000	-	-	0%	-	-	HAITI
HTI-10/E/31405/R/6079	SC	Education for Children in Haiti	600,000	6,320,000	1,789,712	28%	4,530,288	-	HAITI
HTI-10/E/31406/R/124	UNICEF	Restoring quality education and ECD services in Haiti	7,000,000	50,000,000	27,279,433	55%	22,720,567	-	HAITI
HTI-10/E/31407/R/5524	Plan	Emergency Education support to Pre-school and Primary School Children	500,000	2,000,000	-	0%	2,000,000	1,148,309	HAITI
HTI-10/E/31712/R/8356	UCODEP	Supporting Haiti Earthquake affected in Educational field in the border area of Dominican Republic	-	252,000	-	0%	252,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/E/31734/R/5390	Finnchurch-aid	Emergency Education Facilities, Supplies and Psychosocial Support for Affected Schools in Léogâne	-	3,000,000	937,951	31%	2,062,049	-	HAITI
HTI-10/E/31742/R/13754	OI	Reconstruction of schools and teacher training in Haiti	-	1,553,885	-	0%	1,553,885	-	HAITI
HTI-10/E/31751/R/6971	RI	Restoring and Improving Education for Earthquake-Affected Communities	-	4,163,999	-	0%	4,163,999	-	HAITI
HTI-10/E/31769/R/124	UNICEF	Quality education and ECD services for earthquake affected children	-	950,000	119,363	13%	830,637	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/E/31773/R/8502	WVI	Psycho-educational post-disaster recovery for children and adolescents through the promotion of returning to school and school-community capacity building for child protection education in risk management.	-	72,225	-	0%	72,225	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES

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HTI-10/E/31774/R/13753	FRATERNITE NOTRE DAME	Repair and reconstruction of kindergarten, primary, and secondary schools in Jacquot	-	385,000	-	0%	385,000	-	HAITI
HTI-10/E/31784/R/8498	CW	Support to basic education post-earthquake	-	1,913,409	-	0%	1,913,409	-	HAITI
HTI-10/E/31799/R/6217	JRS	Provide access to pre- and primary school children in planned settlements in PaP	-	814,947	-	0%	814,947	-	HAITI
HTI-10/E/31929/R/7224	Aide et Action	Attention to inequalities by ethnic and racial issues, immigration and gender among other related forms of intolerance and exclusion	-	459,385	-	0%	459,385	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/E/31935/R/8502	WVI	Early Childhood Care and Education (ECCE) in Emergencies	-	700,000	-	0%	700,000	-	HAITI
HTI-10/E/31957/R/6079	SC	Emergency Educational Response in the Dominican Border	-	557,992	-	0%	557,992	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
Sub total for EDUCATION			11,100,000	76,042,842	30,646,459	40%	45,396,383	1,148,309	
EMERGENCY SHELTER AND NON-FOOD ITEMS									
HTI-10/S-NF/31408/R/298	IOM	Needs Assessment (merged into project HTI-10/S-NF/31777)	150,000	-	-	0%	-	-	HAITI
HTI-10/S-NF/31409/R/298	IOM	Procurement, transport, and distribution of essential NFIs	12,000,000	6,400,000	9,790,781	153%	-3,390,781	-	HAITI
HTI-10/S-NF/31410/R/298	IOM	Provision of Self-Help Repairs and Protection Support (merged into project HTI-10/S-NF/31777)	1,000,000	-	-	0%	-	-	HAITI
HTI-10/S-NF/31411/R/298	IOM	Immediate Improvement to temporary shelter conditions (merged into project HTI-10/S-NF/31777)	900,000	-	-	0%	-	-	HAITI
HTI-10/S-NF/31412/R/298	IOM	Procurement, transport and distribution of essential NFIs (merged into project HTI-10/S-NF/31409)	750,000	-	-	0%	-	-	HAITI
HTI-10/S-NF/31413/R/298	IOM	Alternative shelter support for the displaced (merged into project HTI-10/S-NF/31777)	1,000,000	-	-	0%	-	-	HAITI
HTI-10/S-NF/31414/R/298	IOM	Settlement Support (merged into project HTI-10/S-NF/31777)	500,000	-	-	0%	-	-	HAITI
HTI-10/S-NF/31416/R/7039	UN-HABITAT	Evidence Based Damage Situation Analysis and Outreach	1,500,000	1,500,000	-	0%	1,500,000	-	HAITI
HTI-10/S-NF/31417/R/7039	UN-HABITAT	Resource Centres for Improving Neighbourhood Vulnerability Mitigation and Providing Guidance for Reconstruction	2,800,000	10,750,000	-	0%	10,750,000	-	HAITI
HTI-10/S-NF/31418/R/7039	UN-HABITAT	Support for Emergency Shelter from Salvaged Building Materials	4,800,000	100,000	30,000	30%	70,000	-	HAITI

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HTI-10/S-NF/31419/R/7039	UN-HABITAT	Technical Assistance and Monitoring Support to the Emergency Shelter Response	150,000	150,000	-	0%	150,000	-	HAITI
HTI-10/S-NF/31420/5349	HI	Emergency shelter, basic needs and food distribution assistance through camp management or direct distribution	3,000,000	3,000,000	-	0%	3,000,000	-	HAITI
HTI-10/S-NF/31468/R/5105	UNIFEM	Strengthening the response capacity of shelters providing services to victims of gender-based violence and their families (project merged with P-HR-RL/31486)	700,000	-	-	0%	-	-	HAITI
HTI-10/S-NF/31528/R/298	IOM	Awaiting allocation to specific projects	-	-	7,832,353	0%	-7,832,353	-	HAITI
HTI-10/S-NF/31576/R/298	IOM	Shelter and Non Food Items assistance to Haitians Earthquake Victims in the border area with Dominican Republic	-	436,151	436,151	100%	-	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/S-NF/31651/R/7039	UN-HABITAT	Transitional Camps to be Further Developed into Permanent Settlements	-	3,940,000	-	0%	3,940,000	-	HAITI
HTI-10/S-NF/31681/R/7039	UN-HABITAT	Vulnerable Neighbourhood and Housing Security Assessment, Urgent Demolitions and Transitional Camps at Neighbourhood Level	-	3,920,000	-	0%	3,920,000	-	HAITI
HTI-10/S-NF/31710/R/6079	SC	Emergency Shelter and Non-food Items for Children and Families in Haiti	-	12,124,000	1,061,853	9%	11,062,147	-	HAITI
HTI-10/S-NF/31765/R/5349	HI	Transitional shelter and CFW support in Petit Goave and the Mornes	-	3,450,000	-	0%	3,450,000	-	HAITI
HTI-10/S-NF/31777/R/298	IOM	Provision of comprehensive shelter assistance to earthquake-affected communities in Haiti	-	41,500,000	-	0%	41,500,000	-	HAITI
HTI-10/S-NF/31816/R/6458	ACTED	Transitional shelter and non-food items support	-	7,859,380	2,430,320	31%	5,429,060	-	HAITI
HTI-10/S-NF/31827/R/5767	UNOPS	Immediate Transitional Shelters for Earthquake Affected IDPs in Haiti	-	15,571,122	-	0%	15,571,122	-	HAITI
HTI-10/S-NF/31934/R/5645	CARE International	Transitional Shelter support for the People Affected by the Haiti Earthquake of January 2010	-	5,625,000	2,679,872	48%	2,945,128	-	HAITI
HTI-10/S-NF/31952/R/5167	COOPI	Emergency shelter for Haitian IDPs	-	630,000	-	0%	630,000	-	HAITI
HTI-10/S-NF/31974/R/5186	ACF	Emergency response to earthquake-affected population - Haïti	-	1,568,000	1,300,288	83%	267,712	-	HAITI
Sub total for EMERGENCY SHELTER AND NON-FOOD ITEMS			29,250,000	118,523,653	25,561,618	22%	92,962,035	-	
EMERGENCY TELECOMMUNICATIONS									
HTI-10/CSS/31421/R/561	WFP	Common Information and Communications Technology (ICT) infrastructure and support and Emergency Telecommunications Cluster support to the humanitarian community's response to the Haiti earthquakes.	782,460	7,475,513	1,452,490	19%	6,023,023	-	HAITI

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Sub total for EMERGENCY TELECOMMUNICATIONS			782,460	7,475,513	1,452,490	19%	6,023,023	-	
FOOD AID									
HTI-10/F/31422/R/561	WFP	Food Assistance to Earthquake Affected Populations in Haiti	246,039,060	475,288,986	133,783,470	28%	341,505,516	-	HAITI
HTI-10/F/31698/R/6079	SC	Food Assistance for Children and Families in Haiti	-	1,019,000	-	0%	1,019,000	-	HAITI
HTI-10/F/31752/R/8502	WVI	Provision of emergency life saving food rations to 350,000 disaster survivors and vulnerable household in Haiti	-	1,420,160	1,520,160	107%	-100,000	-	HAITI
HTI-10/F/31785/R/5186	ACF	Emergency response to earthquake-affected population - Haiti	-	1,190,400	432,900	36%	757,500	-	HAITI
HTI-10/F/31823/R/6458	ACTED	Food assistance for most vulnerable population affected by the earthquake	-	1,000,000	222,384	22%	777,616	-	HAITI
HTI-10/F/31873/R/6116	Samaritan's Purse	Provide life-saving food for vulnerable Haitians and support essential rehabilitation and stabilization measures	-	500,000	272,250	54%	227,750	-	HAITI
Sub total for FOOD AID			246,039,060	480,418,546	136,231,164	28%	344,187,382	-	
HEALTH									
HTI-10/H/31365/122	WHO	Awaiting allocation to specific project/sector	-	-	6,997,276	0%	-6,997,276	-	HAITI
HTI-10/H/31423/R/122	WHO	Availability of adequate drugs and medical supplies	3,200,000	4,400,000	3,341,249	76%	1,058,751	-	HAITI
HTI-10/H/31424/R/122	WHO	Surveillance, preparedness and response to outbreaks of communicable diseases in temporary and permanent health facilities of affected areas	1,300,000	2,000,000	177,024	9%	1,822,976	-	HAITI
HTI-10/H/31425/R/122	WHO	Re-activation of basic health services	3,500,000	20,784,000	6,128,524	29%	14,655,476	-	HAITI
HTI-10/H/31426/R/122	WHO	Coordination, assessment, disaster risk reduction, and monitoring and evaluation	1,000,000	3,100,000	480,000	15%	2,620,000	-	HAITI
HTI-10/H/31428/R/124	UNICEF	Essential health services for women and children	8,500,000	19,000,000	20,462,195	108%	-1,462,195	-	HAITI
HTI-10/H/31435/R/6079	SC	Health for Children and Families in Haiti	1,000,000	8,600,000	10,925,545	127%	-2,325,545	-	HAITI
HTI-10/H/31436/R/6079	SC	Reproductive Health Services to communities affected by earthquake --- merged with project HTI-10/H/31435/R	500,000	-	-	0%	-	-	HAITI
HTI-10/H/31438/R/298	IOM	Emergency psychosocial assistance	950,000	1,600,001	557,880	35%	1,042,121	-	HAITI
HTI-10/H/31439/R/298	IOM	Emergency Health Referrals, Assisted Returns and Accompanied Transitions for Patients and Vulnerable Populations in Priority Locations in Haiti	1,500,000	2,000,000	-	0%	2,000,000	-	HAITI
HTI-10/H/31440/R/8502	WVI	Primary Health Care and Outbreak Prevention	2,000,000	3,542,967	3,542,967	100%	-	-	HAITI

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HTI-10/H/31441/R/8502	WVI	Outbreak prevention (project merged with HTI-10/H/31440/R)	800,000	-	-	0%	-	-	HAITI
HTI-10/H/31442/R/8502	WVI	Minimum Initial Service Package (project merged with HTI-10/H/31440/R)	1,000,000	-	-	0%	-	-	HAITI
HTI-10/H/31443/R/5160	IMC	Health Care for Earthquake-Affected Populations in Haiti	2,200,000	1,673,866	1,673,866	100%	-	-	HAITI
HTI-10/H/31444/5179	IRC	Provision of emergency supplies	250,000	250,000	250,000	100%	-	-	HAITI
HTI-10/H/31445/R/5109	UNAIDS	Rebuilding the HIV response in Haiti through evidence based gathering and strengthening networks of PLHIV / Ensure support and access to HIV treatment, care and prevention including PMTCT to displaced populations and PLHIV affected by the earthquake in the border region of Haiti & the Dominican Republic.	500,000	593,250	-	0%	593,250	-	HAITI
HTI-10/H/31469/R/122	WHO	Environmental health post-earthquake	1,000,000	3,140,000	-	0%	3,140,000	-	HAITI
HTI-10/H/31470/R/5195	MERLIN	Support to public health and health care services	500,000	9,208,000	5,583,222	61%	3,624,778	-	HAITI
HTI-10/H/31471/R/13719	MDM Greece	Emergency health response in CHOSCAL hospital and communities in Cite Soleil	400,000	400,000	577,201	144%	-177,201	-	HAITI
HTI-10/H/31472/R/1171	UNFPA	Ensuring Essential Reproductive Health Services to Earthquake Affected Populations	500,000	4,328,150	306,020	7%	4,022,130	-	HAITI
HTI-10/H/31473/R/1171	UNFPA	Providing Emergency Reproductive Health Kits to Earthquake Affected Populations	1,000,000	1,000,000	600,000	60%	400,000	-	HAITI
HTI-10/H/31474/R/1171	UNFPA	Contribute to joint needs assessment of needs of vulnerable persons/groups	300,000	300,000	-	0%	300,000	-	HAITI
HTI-10/H/31484/R/5349	HI	Emergency intervention for life saving health support to injured people in Haiti affected by the earthquake	2,000,000	3,822,000	1,227,758	32%	2,594,242	-	HAITI
HTI-10/H/31571/R/5109	UNAIDS	Prevention of occupational HIV, mother to child transmission, blood safety and continue treatment for people living with HIV	-	24,331	24,331	100%	-	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/H/31573/R/1171	UNFPA	Emergency Reproductive Health Services for Haitian Population displaced on the Dominican Republic's border area.	-	1,819,000	303,666	17%	1,515,334	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/H/31575/R/122	WHO	Dominican Republic public health response to the population affected by the Haiti earthquake	-	6,400,000	716,900	11%	5,683,100	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/H/31623/R/13719	MDM Greece	Provision of Primary Health Care services to earthquake-affected population in Haiti	-	500,000	-	0%	500,000	-	HAITI

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HTI-10/H/31628/R/13723	MARCH	Strengthening reproductive health services and HIV prevention services in earthquake affected areas	-	480,080	-	0%	480,080	-	HAITI
HTI-10/H/31629/R/5645	CARE International	Mainstream GBV prevention and response into WASH, Health, Shelter and NFI interventions	-	350,000	139,200	40%	210,800	-	HAITI
HTI-10/H/31750/R/5160	IMC	Improving Institutional Capacity to Address Psychosocial and Mental Health Needs in Haiti	-	1,051,674	1,051,674	100%	-	-	HAITI
HTI-10/H/31762/R/5349	HI	Coordinated Information Management for identification, Service Provision and Referral of persons with injuries and other vulnerable persons	-	160,000	-	0%	160,000	-	HAITI
HTI-10/H/31770/R/13753	FRATERNIT E NOTRE DAME	Primary health care in Jacquot	-	475,000	-	0%	475,000	-	HAITI
HTI-10/H/31787/R/124	UNICEF	Supporting the delivery of key interventions and building capacity at health facility and community level to address the essential health needs for women and children, including the pregnant and new born in DR	-	1,915,000	240,611	13%	1,674,389	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/H/31868/R/122	WHO	Construction, relocation and operationalization of a new facility for PROMESS, the Central Warehouse for Medicines and Medical Supplies	-	-	-	0%	-	-	HAITI
HTI-10/H/31870/R/122	WHO	Ensure Availability of Post-Earthquake Rehabilitation	-	5,150,000	-	0%	5,150,000	-	HAITI
HTI-10/H/31871/R/122	WHO	Control Vaccine Preventable Diseases in earthquake-affected areas	-	2,557,850	-	0%	2,557,850	-	HAITI
HTI-10/H/31872/R/122	WHO	Support to the Ministry of Health (MoH) in emergency and transition phase	-	3,600,000	-	0%	3,600,000	-	HAITI
HTI-10/H/31901/R/5850	HWA	Supporting health care provision through the establishment of mobile clinics and medical centres in some of the IDP catchment zones in the Port-au-Prince area	-	1,128,000	-	0%	1,128,000	-	HAITI
HTI-10/H/31906/R/13755	Hopital Albert Schweitzer	Protect the health of residents and internally displaced persons in the Lower Artibonite Valley	-	390,000	-	0%	390,000	-	HAITI
HTI-10/H/31910/R/13758	Hopital Sainte Croix	Protect the health of residents directly impacted by the earthquake	-	575,000	-	0%	575,000	-	HAITI
HTI-10/H/31911/R/13318	PIH	Re-activate Basic Health Care Services in Primary Health Care	-	10,000,000	10,000,000	100%	-	-	HAITI
HTI-10/H/31942/R/5179	IRC	Restoring basic health services in Port au Prince and surrounding areas	-	451,000	-	0%	451,000	-	HAITI
HTI-10/H/32027/R/122	WHO	Re-activation of Specialized Health Care in the Metropolitan Area	-	2,300,000	-	0%	2,300,000	-	HAITI

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HTI-10/H/32030/R/13813	HHI	The Harvard Humanitarian Initiative-Love A Child Disaster Recovery Center Comprehensive Rehabilitation and Reintegration Program in Fond Parisien, Haiti a multi-national and inter-agency collaboration and partnership for health, child protection, reproductive health and shelter.	-	4,998,180	-	0%	4,998,180	-	HAITI
Sub total for HEALTH			33,900,000	134,067,349	75,307,109	56%	58,760,240	-	
LOGISTICS									
HTI-10/CSS/31447/R/561	WFP	Logistics Augmentation and Coordination for Relief Operations in Response to the Earthquake in Haiti	21,457,301	72,385,916	29,996,878	41%	42,389,038	481,444	HAITI
HTI-10/CSS/31448/R/561	WFP	Provision of Humanitarian Air Services in response to the Earthquake in Haiti	11,570,404	31,708,397	15,590,741	49%	16,117,656	-	HAITI
HTI-10/CSS/31449/R/5349	HI	Support to organizations intervening in the vicinity of Jacmel (storage, transport), in Haiti after the earthquake of January 12th 2010 (Withdrawn)	500,000	-	-	0%	-	-	HAITI
HTI-10/CSS/31953/R/13139	RedR UK	Capacity Building of Humanitarian Personnel – Logistics	-	414,433	-	0%	414,433	-	HAITI
HTI-10/CSS/31953/R/13143	Bioforce	Capacity Building of Humanitarian Personnel – Logistics	-	414,433	-	0%	414,433	-	HAITI
Sub total for LOGISTICS			33,527,705	104,923,179	45,587,619	43%	59,335,560	481,444	
NUTRITION									
HTI-10/H/31437/R/6079	SC	Emergency nutrition surveillance and therapeutic care to children under 5yr of age --- merged with project HTI-10/H/31708/R	400,000	-	-	0%	-	-	HAITI
HTI-10/H/31450/R/124	UNICEF	Nutrition programme support to the Earthquake Response in Haiti	48,000,000	30,400,000	25,050,118	82%	5,349,882	500,000	HAITI
HTI-10/H/31673/R/5768	AVSI	Nutritional support for children under five and pregnant and lactating women at-risk in temporary settlements in Cite Soleil, Port-au-Prince	-	633,868	-	0%	633,868	-	HAITI
HTI-10/H/31708/R/6079	SC	Emergency Nutrition for Children in Haiti	-	3,064,000	845,288	28%	2,218,712	-	HAITI
HTI-10/H/31754/R/5160	IMC	Implementing Early Childhood Development Programs to Improve the Effectiveness of Nutrition Interventions in Haiti (ERF via Nutrition Cluster)	-	525,837	58,826	11%	467,011	-	HAITI
HTI-10/H/31756/R/5160	IMC	Reduction and Prevention of Malnutrition among Earthquake-Affected Children in Haiti (ERF via Nutrition Cluster)	-	1,016,241	1,016,241	100%	-	-	HAITI

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HTI-10/H/31803/R/5768	AVSI	Nutritional support for children under five in the South Department	-	430,000	-	0%	430,000	-	HAITI
HTI-10/H/31960/R/5186	ACF	Emergency earthquake response – Nutrition and Protection	-	2,768,000	1,814,744	66%	953,256	-	HAITI
HTI-10/H/31972/R/8502	WVI	Rescue and recovery of children under five affected by malnutrition and prevention of malnutrition through education and support to mothers, and pregnant and lactating women.	-	750,000	750,000	100%	-	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/H/31973/R/124	UNICEF	Nutrition Programme Response and Coordination in Dominican Republic in support to the Earthquake Response in Haiti	-	2,000,000	251,291	13%	1,748,709	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/H/31975/R/122	WHO	Strengthen food and nutrition services for the 10 hospitals located along the Haitian/Dominican border and inside the Dominican border that have been caring for Haitian patients	-	371,000	-	0%	371,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/H/32013/R/124	UNICEF	Nutrition Cluster Coordination support to the Earthquake Response in Haiti	-	1,495,000	187,840	13%	1,307,160	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
Sub total for NUTRITION			48,400,000	43,453,946	29,974,348	69%	13,479,598	500,000	
PROTECTION									
HTI-10/P-HR-RL/31377/R/120	UNHCR	OHCHR/UNHCR Earthquake Intervention Haiti	-	470,406	-	0%	470,406	-	HAITI
HTI-10/P-HR-RL/31377/R/5025	OHCHR	OHCHR/UNHCR Earthquake Intervention Haiti	300,000	670,000	399,510	60%	270,490	-	HAITI
HTI-10/P-HR-RL/31379/R/5025	OHCHR	Support to national protection actors	200,000	960,000	200,000	21%	760,000	-	HAITI
HTI-10/P-HR-RL/31380/R/124	UNICEF	Child Protection, GBV and MHPS coordination	750,000	1,500,000	1,185,078	79%	314,922	-	HAITI
HTI-10/P-HR-RL/31383/R/124	UNICEF	Prevention and response to family separation, trafficking, smuggling, illegal movement	2,000,000	7,000,000	6,096,047	87%	903,953	-	HAITI
HTI-10/P-HR-RL/31385/R/124	UNICEF	Community-based child protection, psychosocial support and prevention and response to GBV	4,500,000	7,500,000	5,644,099	75%	1,855,901	-	HAITI
HTI-10/P-HR-RL/31386/R/124	UNICEF	Building Back Better for Children: Support to government structures and systems for improved child protection	1,000,000	4,400,000	2,001,055	45%	2,398,945	-	HAITI
HTI-10/P-HR-RL/31388/R/124	UNICEF	Psychosocial support and GBV	1,500,000	-	-	0%	-	-	HAITI
HTI-10/P-HR-RL/31390/R/5349	HI	(WITHDRAWN) - Protecting the Vulnerable Persons – Monitoring, Referral and Response to Key Protection Concerns	350,000	-	-	0%	-	-	HAITI

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HTI-10/P-HR-RL/31392/R/1171	UNFPA	Provision of psycho-social support to affected populations at community level, with a special focus on women, youth and the elderly	500,000	500,000	-	0%	500,000	-	HAITI
HTI-10/P-HR-RL/31394/R/1171	UNFPA	Protection of the rights of affected people from marginalized and especially vulnerable groups, such as People living with HIV, people with disabilities, young people and elderly people	400,000	1,231,710	-	0%	1,231,710	-	HAITI
HTI-10/P-HR-RL/31395/R/1171	UNFPA	Prevention and response to GBV	550,000	710,500	628,213	88%	82,287	-	HAITI
HTI-10/P-HR-RL/31396/R/1171	UNFPA	Provision of hygiene supplies for earthquake affected populations	1,000,000	3,210,000	-	0%	3,210,000	-	HAITI
HTI-10/P-HR-RL/31451/R/5762	Terre Des Hommes	Emergency Protection, Psychosocial and Nutrition Assistance, Léogâne-Petit Goave-Grand Goave-Les Cayes and surroundings	800,000	1,600,000	1,039,608	65%	560,392	-	HAITI
HTI-10/P-HR-RL/31452/R/1171	UNFPA	Ensuring GBV coordination in the aftermath of the earthquake	300,000	321,000	342,662	107%	-21,662	-	HAITI
HTI-10/P-HR-RL/31477/R/5025	OHCHR	Community Information Centres	30,000	170,000	30,000	18%	140,000	-	HAITI
HTI-10/P-HR-RL/31485/R/5109	UNAIDS	Protection of People Living with HIV (PLHIV)	100,000	100,000	-	0%	100,000	-	HAITI
HTI-10/P-HR-RL/31486/R/5105	UNIFEM	Security for Women and their Families: Ensuring a Gender-Responsive Humanitarian and Early Recovery Response	100,000	1,700,000	199,020	12%	1,500,980	-	HAITI
HTI-10/P-HR-RL/31487/R/5524	Plan	Emergency response in Child Protection in Croix des Bouquets and Jacmel following the January 2010 devastating earthquake	500,000	1,000,000	359,712	36%	640,288	574,156	HAITI
HTI-10/P-HR-RL/31488/R/6079	SC	Child protection, GBV and MHPSS coordination --- merged into HTI-10/P-HR-RL/31490/R	100,000	-	-	0%	-	-	HAITI
HTI-10/P-HR-RL/31489/R/6079	SC	Prevention and response to family separation --- merged into HTI-10/P-HR-RL/31490/R	300,000	-	-	0%	-	-	HAITI
HTI-10/P-HR-RL/31490/R/6079	SC	Protection for Children in Haiti	350,000	6,460,000	3,998,904	62%	2,461,096	-	HAITI
HTI-10/P-HR-RL/31491/R/6079	SC	Support to government structures and institutions responsible for key aspects of child protection --- merged into HTI-10/P-HR-RL/31490/R	300,000	-	-	0%	-	-	HAITI
HTI-10/P-HR-RL/31492/R/6079	SC	Psychosocial support --- merged into HTI-10/P-HR-RL/31490/R	300,000	-	-	0%	-	-	HAITI
HTI-10/P-HR-RL/31563/R/5025	OHCHR	Awaiting allocation to specific projects	-	-	1,203,102	0%	-1,203,102	-	HAITI
HTI-10/P-HR-RL/31572/R/1171	UNFPA	Prevention of Gender based Violence and Response to Women Needs	-	358,985	358,985	100%	-	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/P-HR-RL/31617/R/13721	CECOSIDA	Building Capacity of Haitian Media to Raise Awareness of Child Protection Issues.	-	255,000	-	0%	255,000	-	HAITI
HTI-10/P-HR-RL/31640/R/5768	AVSI	Emergency Protection interventions for unaccompanied and separated minors in Martissant – Port-au-Prince	-	1,040,968	-	0%	1,040,968	-	HAITI

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HTI-10/P-HR-RL/31702/R/120	UNHCR	Protection and assistance for particularly vulnerable groups within the displaced population and support to host communities to enhance protection capacities (Dominican Republic and Haiti border area)	-	1,300,000	-	0%	1,300,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/P-HR-RL/31715/R/13726	Heartland Alliance	Psycho-Social Service Delivery to Communities and Orphanages	-	417,060	-	0%	417,060	-	HAITI
HTI-10/P-HR-RL/31724/R/5768	AVSI	Emergency Child Protection interventions in the South Department	-	620,000	-	0%	620,000	-	HAITI
HTI-10/P-HR-RL/31748/R/5160	IMC	Improved Caregiving Interventions for Orphans, Separated, and Unaccompanied Children in Residential Centers	-	857,295	-	0%	857,295	-	HAITI
HTI-10/P-HR-RL/31763/R/5349	HI	Protecting the Vulnerable – Monitoring, Referral and Response to Key Protection Concerns	-	350,000	-	0%	350,000	-	HAITI
HTI-10/P-HR-RL/31767/R/5524	Plan	Prevention of Gender Based Violence at community level in the North East and South East with a focus on Jacmel and Croix des Bouquets	-	700,000	-	0%	700,000	397,492	HAITI
HTI-10/P-HR-RL/31771/R/5179	IRC	Monitoring, Reporting and Responding to Human Rights Violations and Protection Concerns in earthquake-affected areas in Haiti	-	300,000	-	0%	300,000	-	HAITI
HTI-10/P-HR-RL/31778/R/1171	UNFPA	Dominican Republic. Protecting women, youth and people with special needs impacted by the Haiti earthquake	-	2,830,150	-	0%	2,830,150	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/P-HR-RL/31779/R/124	UNICEF	Prevention and response to family separation, child trafficking, smuggling, exploitation, illegal movement and Child Protection coordination	-	2,420,000	304,062	13%	2,115,938	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/P-HR-RL/31780/R/5179	IRC	Protection and Legal Advice Centre in the 'Commune de Port au Prince', Haiti	-	350,000	-	0%	350,000	-	HAITI
HTI-10/P-HR-RL/31781/R/13726	Heartland Alliance	Child Protection and Trafficking Prevention at Malpasse, Belladere, and Ounamanthe Border Crossings	-	498,807	-	0%	498,807	-	HAITI
HTI-10/P-HR-RL/31783/R/298	IOM	Preventing sexual abuse and exploitation, irregular migration and trafficking in persons	-	350,000	-	0%	350,000	-	HAITI
HTI-10/P-HR-RL/31786/R/5816	CISP	Psychosocial support to children affected by the earthquake in Delmas and Croix-des-Bouquets districts of Port-au-Prince	-	183,130	-	0%	183,130	-	HAITI
HTI-10/P-HR-RL/31788/R/6993	ADRA-Haiti	Psycho-Social Resiliency Project	-	478,100	-	0%	478,100	478,000	HAITI
HTI-10/P-HR-RL/31790/R/5162	Mercy Corps	Psycho-Social Support for Children Affected by the Haiti Earthquake	-	692,688	125,000	18%	567,688	-	HAITI
HTI-10/P-HR-RL/31802/R/13751	Project K.I.D.	PlayCare Sites Deployment for Child Protection and Psycho-Social Support	-	1,298,325	-	0%	1,298,325	-	HAITI

Project Code (click on any project code to open on-line sheet of full project details)	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Location
HTI-10/P-HR-RL/31804/R/13751	Project K.I.D.	Comprehensive Maternal Child Health and Respite Centers	-	102,300	-	0%	102,300	-	HAITI
HTI-10/P-HR-RL/31805/R/13751	Project K.I.D.	Assembly, Shipment, and Distribution of Child Friendly Spaces, Psychosocial Support Kit for Haiti	-	868,875	-	0%	868,875	-	HAITI
HTI-10/P-HR-RL/31806/R/13751	Project K.I.D.	Comprehensive (Medical, Psychosocial, Educational) Pediatric Amputee Support Clinic	-	892,625	-	0%	892,625	-	HAITI
HTI-10/P-HR-RL/31809/R/13751	Project K.I.D.	Respite For Disaster Care Workers	-	102,300	-	0%	102,300	-	HAITI
HTI-10/P-HR-RL/31814/R/5586	ARC	Improving livelihood opportunities for vulnerable women	-	300,000	-	0%	300,000	-	HAITI
HTI-10/P-HR-RL/31921/R/776	UNDP	Protection Support for Haitian displaced population in Dominican Republic and border region	-	291,000	-	0%	291,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/P-HR-RL/31936/R/13751	Project K.I.D.	Improve Protection and health and Psychosocial Outcomes for Pediatric Amputees and Mothers with Newborns.	-	315,000	-	0%	315,000	-	HAITI
HTI-10/P-HR-RL/31938/R/298	IOM	Protection for persons at risk and assistance to victims of trafficking	-	400,000	-	0%	400,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/P-HR-RL/31950/R/5162	Mercy Corps	Psycho-Social Support at the Community Level for Children Affected by the Haiti Earthquake	-	500,000	-	0%	500,000	100,000	HAITI
HTI-10/P-HR-RL/31951/R/13750	World YWCA	Mobilising Haitian Women's Leadership	-	200,000	-	0%	200,000	-	HAITI
HTI-10/P-HR-RL/31956/R/5104	ILO	Protecting children from child labour during the Early Recovery phase - Haiti	-	2,200,000	-	0%	2,200,000	-	HAITI
HTI-10/P-HR-RL/31965/R/1171	UNFPA	Mainstreaming gender throughout the Haiti earthquake humanitarian response, in particular among clusters	-	139,100	-	0%	139,100	-	HAITI
Sub total for PROTECTION			16,230,000	61,115,324	24,115,057	39%	37,000,267	1,549,648	
WATER, SANITATION AND HYGIENE									
HTI-10/WS/31373/R/124	UNICEF	WASH Emergency Response to the affected persons in Haiti Earthquake	46,200,000	32,615,500	32,615,500	100%	-	48,544	HAITI
HTI-10/WS/31374/R/124	UNICEF	WASH Cluster Coordination Activities	400,000	600,000	75,387	13%	524,613	-	HAITI
HTI-10/WS/31475/R/298	IOM	Public Hygiene Facilities (merged into project HTI-10/S-NF/31476)	440,000	-	-	0%	-	-	HAITI
HTI-10/WS/31476/R/298	IOM	Emergency support for IDPs through provision of water and sanitation facilities	685,000	3,000,000	1,115,760	37%	1,884,240	-	HAITI
HTI-10/WS/31478/R/5186	ACF	Emergency Earthquake Response – WASH.	700,000	4,560,000	3,217,570	71%	1,342,430	-	HAITI

Project Code (click on any project code to open on-line sheet of full project details)	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Location
HTI-10/WS/31479/R/7039	UN-HABITAT	Emergency Solid Waste Collection Systems in Affected Urban Areas	2,000,000	1,997,904	-	0%	1,997,904	-	HAITI
HTI-10/WS/31480/R/5120	OXFAM GB	Immediate relief and early recovery for the earthquake-affected in Haiti	3,000,000	5,440,950	5,440,950	100%	-	-	HAITI
HTI-10/WS/31481/R/6079	SC	Emergency Water, Sanitation, and Hygiene Response for those affected by the earthquake	5,000,000	6,440,000	9,463,121	147%	-3,023,121	-	HAITI
HTI-10/WS/31483/R/13282	Deep Springs International	Expanding Access to Household Water Treatment and Hygiene for Earthquake-Affected Populations	400,000	472,592	-	0%	472,592	-	HAITI
HTI-10/WS/31703/R/5861	IRD	Provision of Emergency Sanitation and Hygiene for 3500 Earthquake-Affected Households (28000 pax) in the Grande Riviere and Gros Morne Sections of Léogâne Commune, Haiti	-	1,032,767	200,000	19%	832,767	-	HAITI
HTI-10/WS/31726/R/5645	CARE International	Water Sanitation and Hygiene support for the People Affected by the Haiti Earthquake of January 2010	-	2,400,000	1,339,557	56%	1,060,443	-	HAITI
HTI-10/WS/31753/R/5160	IMC	Improving Sanitation, Hygiene, and Access to Water for Earthquake-Affected Populations in Haiti	-	1,070,366	-	0%	1,070,366	-	HAITI
HTI-10/WS/31819/R/6458	ACTED	Provision of emergency Watsan relief to earthquake-affected populations in Haiti	-	4,600,000	4,266,240	93%	333,760	-	HAITI
HTI-10/WS/31820/R/124	UNICEF	WASH support for Earthquake victims in Dominican Republic and in the areas bordering Haiti	-	961,500	120,808	13%	840,692	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/WS/31875/R/122	WHO	WASH support for Earthquake victims in Dominican Republic and in the areas bordering Haiti	-	385,200	-	0%	385,200	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/WS/31876/R/5167	COOPI	Water and sanitation emergency activities	-	750,000	-	0%	750,000	-	HAITI
HTI-10/WS/31877/R/5527	NCA	Provision of Emergency Water Supply, Sanitation & Hygiene Promotion in Central Port au Prince.	-	3,290,000	2,079,723	63%	1,210,277	-	HAITI
HTI-10/WS/31878/R/5179	IRC	Meeting Critical water and Sanitation needs for Communities affected by earthquake in Haiti	-	1,000,000	-	0%	1,000,000	-	HAITI
HTI-10/WS/31879/R/5633	Solidarités	WASH response to emergency needs of populations affected by earthquake.	-	2,500,000	-	0%	2,500,000	-	HAITI
HTI-10/WS/31932/R/7224	Aide et Action	Environmental health	-	650,000	-	0%	650,000	-	DOMINICAN REPUBLIC and CROSS-BORDER ACTIVITIES
HTI-10/WS/31963/R/12721	OXFAM Quebec	Sanitation project for the district of Belladere-Haiti as an effort to relief the displaced persons of the earthquake in the border area	-	50,025	-	0%	50,025	-	HAITI

Project Code (click on any project code to open on-line sheet of full project details)	Appealing Agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)	Location
HTI-10/WS/31997/R/8502	WVI	Hygiene Promotion with Water and Sanitation Facilities in and around Port-au-Prince	-	2,325,000	2,290,722	99%	34,278	-	HAITI
HTI-10/WS/32016/R/6971	RI	Emergency Rapid Intervention in Sanitation and Hygiene for Earthquake-Affected Communities	-	4,496,821	1,500,000	33%	2,996,821	-	HAITI
Sub total for WATER, SANITATION AND HYGIENE			58,825,000	80,638,625	63,725,338	79%	16,913,287	48,544	
FLEXIBLE FUNDING, CLUSTER NOT YET SPECIFIED									
HTI-10/SNYS/31364/124	UNICEF	Awaiting allocation to specific project/sector	-	-	44,940,699	0%	-44,940,699	288,600	HAITI
HTI-10/SNYS/31366/561	WFP	Awaiting allocation to specific project/sector	-	-	70,013,444	0%	-70,013,444	500,000	HAITI
HTI-10/SNYS/31368/298	IOM	Awaiting allocation to specific project/sector	-	-	12,648,008	0%	-12,648,008	-	HAITI
HTI-10/SNYS/31381/R/8487	ERF (OCHA)	Emergency Relief Response Fund (ERRF) Haiti	-	-	59,387,837	0%	-59,387,837	-	HAITI
HTI-10/SNYS/31497/1171	UNFPA	Awaiting allocation to specific project/sector	-	-	3,734,092	0%	-3,734,092	-	HAITI
HTI-10/SNYS/31522/R/5826	(details not yet provided)	Awaiting allocation to specific agencies/projects/sectors	-	-	-	0%	-	8,000,000	HAITI
Sub total for CLUSTER NOT SPECIFIED			-	-	190,724,080	0%	-190,724,080	8,788,600	
Grand Total			562,060,654	1,441,547,920	673,732,111	47%	767,815,809	16,203,499	

ANNEX II. TOTAL CONTRIBUTIONS, COMMITMENTS, AND PLEDGES TO DATE PER DONOR

Donor	HAITI REVISED HUMANITARIAN APPEAL		OUTSIDE OF THE FRAMEWORK OF THE HAITI REVISED FLASH APPEAL	
	Funding (\$)	Uncommitted pledges (\$)	Funding (\$)	Uncommitted pledges (\$)
Private (individuals & organisations)	214,133,509	5,927,475	653,696,061	79,765,172
United States	131,540,547	-	469,860,794	-
Canada	59,050,322	-	22,280,766	-
Saudi Arabia	50,000,000	-		
Spain	39,551,874	-	5,411,256	-
United Nations Central Emergency Response Fund (CERF)*	27,976,462	-		
Japan	21,500,000	-	3,827,154	45,000,000
Sweden	18,771,348	-	7,066,444	278,940
France	16,951,618	-	16,961,039	-
Norway	15,525,121	-	9,705,372	-
Denmark	10,761,449	-	5,526,511	-
United Kingdom	9,311,920	-	23,695,294	-
Australia	8,600,117	-	4,361,511	-
Brazil	6,834,782	-	50,000	10,000,000
Germany	6,493,507	-	6,980,494	7,612,085
European Commission (ECHO)	5,691,746	840,336	9,651,232	154,535,521
Finland	4,689,754	-	3,027,253	-
Italy	3,591,056	-	5,950,938	-
Congo, The Democratic Republic of	2,500,000	-		
Carry-over (donors not specified)	2,219,169	-		
Allocations of unearmarked funds by UN agencies	1,683,977	-	-	-
Nigeria	1,500,000	-		
Switzerland	1,456,311	-	8,504,854	-
Netherlands	1,443,001	-	3,607,503	-
Korea, Republic of	1,200,000	-	-	8,800,000
Austria	1,120,448	-	577,200	-
Luxembourg	1,001,612	-	721,500	-
Gabon	1,000,000	-		
Tunisia	1,000,000	-		
Belgium	860,750	-	2,094,877	-
Ireland	853,068	-	1,803,751	1,499,452
New Zealand	712,251	-	719,942	719,942
China	700,000	1,000,000	9,339,457	5,000,000
Algeria	500,000	-	500,000	-
Turkmenistan	500,000	-		
Greece	288,600	-	635,619	-
Czech Republic	268,557	-	865,801	-
Burkina Faso	200,000	-		
Poland	200,000	-	1,831,169	-
Monaco	144,000	-		
Botswana	128,100	-		
Benin	118,250	-		
Bulgaria	100,000	-	101,010	-

Donor	HAITI REVISED HUMANITARIAN APPEAL		OUTSIDE OF THE FRAMEWORK OF THE HAITI REVISED FLASH APPEAL	
	Funding (\$)	Uncommitted pledges (\$)	Funding (\$)	Uncommitted pledges (\$)
Kazakhstan	100,000	-		
Macedonia, Former Yugoslav Republic of	100,000	-	36,075	-
Liechtenstein	97,087	97,088		
Moldova, Republic of	90,000	-		
Romania	72,150	-		
Malta	70,028	-	129,870	-
Andorra	69,920	-		
Montenegro	68,700	-		
Cambodia	60,000	-		
Iceland	56,000	-	-	-
Brunei Darussalam	50,000	-		
Colombia	50,000	-	-	-
Philippines	50,000	-	-	-
Singapore	50,000	-	352,100	-
Viet Nam	50,000	-		
Bahamas	25,000	-		
Mexico	-	8,000,000	-	-
Hungary	-	288,600	144,300	-
Indonesia	-	50,000	1,700,000	-
Russian Federation			5,700,000	-
India			5,000,000	-
United Arab Emirates			4,384,650	2,703,542
Ghana			3,000,000	-
Turkey			2,250,000	-
Guyana			1,893,000	-
Portugal			1,443,001	-
Morocco			1,000,000	33,000,000
Bahrain			1,000,000	-
Kuwait			1,000,000	-
Senegal			1,000,000	-
Suriname			1,000,000	-
Trinidad and Tobago			1,000,000	-
Croatia			629,755	-
Mauritius			500,000	-
Estonia			356,421	-
Slovakia			324,675	-
Slovenia			243,188	-
Saint Lucia			185,185	-
Pakistan			171,695	-
Cyprus			144,300	-
Thailand			120,000	-
Grenada			100,000	-
Saint Vincent and the Grenadines			100,000	-
Sierra Leone			100,000	-
British Virgin Islands			80,000	-
Bosnia and Herzegovina			73,780	-
Liberia			50,000	-

Donor	HAITI REVISED HUMANITARIAN APPEAL		OUTSIDE OF THE FRAMEWORK OF THE HAITI REVISED FLASH APPEAL	
	Funding (\$)	Uncommitted pledges (\$)	Funding (\$)	Uncommitted pledges (\$)
Antigua and Barbuda			37,037	-
Lithuania			20,896	-
European Commission			-	432,900,432
Union of South American Nations			-	100,000,000
World Bank			-	100,000,000
Dominican Republic			-	4,976,499
Equatorial Guinea			-	2,000,000
Gambia			-	1,000,000
Ukraine			-	500,000
Armenia			-	100,000
Rwanda			-	100,000
Serbia			-	100,000
Argentina	in-kind contributions or pledges with no monetary value specified			
Bangladesh				
Barbados				
Bolivia				
Chile				
Cuba				
Ecuador				
Egypt				
El Salvador				
Georgia				
Iran (Islamic Republic of)				
Israel				
Jamaica				
Jordan				
Lebanon				
Malawi				
Nicaragua				
Panama				
Paraguay				
Peru				
Qatar				
South Africa				
Syrian Arab Republic				
Uruguay				
Venezuela				
Grand Total	673,732,111	16,203,499	1,314,624,730	990,591,585

*The CERF channels funds from donors.

NOTE: "Funding" means Contributions + Commitments.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

FTS only records grants. These tables therefore do not reflect (interest-free) loans to Haiti.

Emergency appeal



International Federation
of Red Cross and Red Crescent Societies

Haiti: Earthquake

Emergency appeal n° MDRHT008

GLIDE [EQ-2010-000009-HTI](#)

13 January 2010

This Preliminary Emergency Appeal seeks CHF 10,199,465 (USD 10m or EUR 6.8m) in cash, kind, or services to support the Haitian National Red Cross Society (HNRCS) to assist 20,000 families (some 100,000 beneficiaries) for nine months.

CHF 500,000 (USD 491,265 or EUR 338,880) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to jump start response activities and mobilization of Federation personnel. Un-earmarked funds to replenish DREF are encouraged.

Summary: An earthquake of a magnitude of 7 (Mw) (reference: United States Geological Survey), struck the Haitian coast on 12 January at 17:00 hours rocking the capital and generating a tsunami alert in Haiti and neighbouring countries. The epicentre was located 22 kilometres from the capital, Port-au-Prince and 15 kilometres from the closest towns. A series of aftershocks have been felt, the strongest measuring 5.9 and 5.5 respectively.

Based on the situation and information available at this time, the International Federation launched this Emergency Appeal on a very preliminary basis, responding to a request from the Haitian National Red Cross Society for immediate support to deliver lifesaving assistance in the following sectors: non-food relief items, shelter, emergency health and water and sanitation. Limited damage, needs and loss assessment data is currently available although the catastrophic impact of the disaster is evident and the response operation is expected to quickly increase in volume and intensity on the basis of further assessments over the coming days. A revised Emergency Appeal reflecting the massive scale of this disaster and the corresponding needs is in process, and will be launched shortly.

Coordination and partnerships

The Federation team in Haiti has been in constant contact with the Pan American Disaster Response Unit (PADRU) in Panama and the Regional Representation for the Latin Caribbean in the Dominican Republic, providing initial information on the situation and coordinating the emergency response. The International Federation's Regional Representation for the French and Spanish speaking Caribbean has been monitoring the situation from the Dominican Republic and has alerted all Partner National Societies (PNS) in the area of the current situation and the tsunami alert.

The Federation mobilized the following resources to support the Red Cross and Red Crescent Movement coordination and to support the HNRCS with rapid assessment activities:

- A regional team comprising a reporting delegate, logistician and health in emergencies coordinator deployed on 13 January to Haiti through the Dominican Republic.
- A Field Assessment Coordination Team (FACT) with staff specialized in shelter, relief, health, logistics and reporting deployed on 13 January to Haiti

Given the nature of the situation in Haiti, the Federation and ICRC are collaborating closely on a 'Movement' approach, including collaboration, facilitation, and support for the entry and movement of the FACT and ERU assets. ICRC is also deploying a rapid response unit that will work closely with

Federation personnel. The ICRC response unit will assess needs in support of their ongoing programme and expertise in restoring family links (RFL), work in prisons, and the management of dead bodies.

PADRU has participated in coordination meetings with UN OCHA in Panama to share preliminary information on needs and response, including the mobilization of assessment teams. A United Nations Disaster and Assessment Coordination Team (UNDAC) is being mobilized and OCHA has indicated that a UN Flash Appeal will be launched shortly.

The Federation Zone Office in Panama is coordinating planning with operational partners to ensure the timely delivery of assistance and to contribute to the humanitarian coordination effort. The first regular telephone conference to brief National Societies on the developing situation was conducted on 13 January.

Red Cross and Red Crescent action

The Federation representation in country is liaising with all Movement Partners to coordinate and mobilize the response efforts. There has been very limited direct communication with the HNRCS leadership due to damage to the National Society headquarters building, the communications network, and difficulty in moving about within Port-au-Prince.

All HNRCS volunteers are currently assisting the affected people along with PNSs, the Federation office and the International Committee of the Red Cross (ICRC) in Haiti. The Emergency Operations Centre of the Dominican Red Cross is active and coordinating first assessments from the border area. A first triage of wounded people is being carried out by the HNRCS in Port-au-Prince. The National Society's VHF system is functioning and providing constant monitoring and information sharing between all Movement partners in country. The Dominican Red Cross, the International Federation Regional Representative in Santo Domingo and the Spanish Red Cross carried out an assessment by air on 13 January.

The following Emergency Response Units (ERUs) have been deployed: Logistics (Swiss Red Cross), Rapid Deployment Hospital (Norwegian/Canadian Red Cross), IT&Telecom (Spanish Red Cross), two Relief/shelter units (American and a joint Benelux/French Red Cross), two mobile Basic Health Care units (German and a joint Finnish/French Red Cross) as well as two Water/Sanitation Modules for 15,000 people each (Spanish and French Red Cross). Other National Societies such as the Austrian, British, Danish, Italian, Japanese, New Zealand and Swedish Red Cross are on stand-by in case more ERUs are needed. Various partner National Societies are mobilizing additional support for operational teams, and the International Federation in Port-au-Prince is starting to secure possible areas for office and accommodations for incoming teams.

The needs

Immediate needs: Based on the information available at the moment the immediate needs are focused on vulnerable groups and initially include: search and rescue activities, relief distributions, emergency health, water and sanitation, emergency shelter, logistics and telecommunications. A gender focus forms one of the main criteria for the selection of beneficiaries. Once initial assessments are carried out, further needs will be identified. Given the nature of the disaster, restoring family links (RFL) is a vital part of the operation for the initial response stage.

The proposed operation

The operation is designed to provide immediate support to the Haitian National Red Cross Society in the delivery of lifesaving assistance and relief in the sectors mentioned above for 20,000 families (some 100,000 people). The operation is very fluid and evolving quickly, and it is anticipated that the beneficiary numbers will increase. The initial allocation from DREF funds allows the National Society to initiate damage and need assessments and to jump-start relief activities and the mobilization of personnel. Assessments are just beginning, and more detailed information will become available shortly. Based on this, objectives may be added or expanded on, as relevant to the operation.

The security situation in Haiti is a source of concern, and the Federation is taking concrete steps to reinforce its security capacity with technical staffing and updated protocols and procedures.

Relief distributions (basic non-food items)

Objective: Up to 20,000 families (100,000 people) affected by the earthquake will have benefited from the distribution of non-food items.

Expected results	Activities planned
Up to 100,000 people affected by the earthquake see their basic needs met by receiving essential non-food items.	<ul style="list-style-type: none"> • Deployment of two Relief/shelter ERUs: • Conduct rapid emergency needs and capacity assessments. • Develop a beneficiary targeting strategy and registration system to deliver intended assistance. • Distribute relief supplies and control supply movements from point of dispatch to end user. • Monitor and evaluate the relief activities and provide reporting on relief distributions. • Develop an exit strategy.

Emergency shelter

Objective: Ensure that up to 5,000 affected families have healthy and safe emergency shelter to help preserve their physical and mental well-being, human dignity and prevent the further deterioration of their humanitarian situation.

Expected results	Activities planned
Up to 20,000 families have adequate shelter which assists them in returning to their daily lives.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop community and beneficiary targeting strategy in coordination with local authorities. • Assess the extent of the shelter needs and preferred shelter solutions. • Distribute shelter supplies and control supply movements from point of dispatch to end user. • Develop a transition strategy to meet early recovery shelter needs. • Develop a shelter strategy and plan of action to deliver on both emergency shelter solution and shelter recovery options. • Distribute appropriate shelter relief items to assist the population and allow them to play an active role in the reconstruction process • Monitor and evaluate the shelter activities and report on distributions.

Emergency health, water, sanitation and hygiene promotion

Objective 1: The affected communities will benefit from basic medical care provided by the HNRCS.

Objective 2: The affected communities will benefit from psycho-social support (PSP) to assist in recovery from the effects of the earthquake.

Objective 3: The affected communities and people in shelters will be sensitized on key health messages through a health awareness campaign related to vector control and water borne diseases.

Expected results	Activities planned
Up to 20,000 families have received adequate emergency health care.	<p>For objective 1:</p> <ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop community and beneficiary targeting strategy in coordination with local authorities. • Assess the extent of the WASH needs and preferred solutions. <p>For objective 2:</p> <ul style="list-style-type: none"> • Coordination of activities with the health authorities. • Identification where medical assistance is most needed. • Prioritization and identification of beneficiaries (children, women, elderly). • Organization and support of volunteers. • Further assessments need to be completed by the HNRCS and other external actors in order to describe a health objective. <p>For objective 3:</p> <ul style="list-style-type: none"> • Need and damage assessments including basic sanitation activities. • Mobilization of volunteer water and sanitation teams. • Identification of communities most affected and shelters available. • Identification of beneficiaries. • Agreements with local authorities for water supply. • Water and sanitation activities. • Training workshops in water sanitation for all volunteers. • Storing and distribution of drinking water to shelters and affected communities.

	<ul style="list-style-type: none"> • Health awareness campaigns. • Further assessments will be completed by the HNRCS supported by other actors to address the need for a water and sanitation campaign.
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Early Recovery

Early recovery is a priority focus of the Federation, and while it might be premature to assess and specify the detailed needs of the affected population and the activities to be implemented, the assessments currently underway will identify opportunities for early recovery interventions targeting the restoration of livelihoods, transitional and permanent shelter and psycho-social support. Small unconditional cash grants and cash-for-work are some of the potential activities and approaches that will be considered.

How we work

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

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

Global Agenda Goals:

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

Contact information

For further information specifically related to this operation please contact:

- In Panama: Mauricio Bustamante, Acting Head of the Pan American Disaster Response Unit (PADRU), phone (507) 316 1001; fax (507) 316 1082; email: Mauricio.bustamante@ifrc.org.
- In Panama: Ilir Caushaj, Acting Head of the Regional Logistic Unit, phone (507) 316 1001; fax (507) 316 1082; email: Ilir.caushaj@ifrc.org.
- In Dominican Republic: Alexandre Claudon, Regional Representative for the Latin Caribbean; e-mail: alexandre.claudon@ifrc.org.
- In Panama: Maria Alcázar, Resource Mobilization Coordinator for the Americas; cell phone: (507) 66781589; email: maria.alcazar@ifrc.org
- In Geneva: Pablo Medina, Operations Coordinator for the Americas; phone: (41 22) 730 42 74; fax: (41 22) 733 03 95; email: pablo.medina@ifrc.org

ANNEX IV. ACRONYMS AND ABBREVIATIONS

3W	Who does What Where
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ACDI - CIDA	<i>Agence canadienne de développement international</i> - Canadian International Development Agency
ACDI/VOCA	Agricultural Cooperative Development International / Volunteers in Overseas Cooperative Assistance
ACTED	Agency for Technical Cooperation and Development
ADRA	Adventist Development and Relief Agency
AECID	<i>Agencia Española de Cooperación Internacional para el Desarrollo</i> (Spanish Agency for International Cooperation)
AED	Academy for Educational Development
AHPH	<i>l'Association des hôpitaux privés d'Haïti</i> (Private Hospital Association of Haiti)
AIR H.	(undefined)
AMERICARES	AmeriCares
AMPAP	Metropolitan Area of Port-au-Prince
AMURT	Ananda Marge Universal Relief Team
AOPS	<i>Associations des Oeuvres Privées de Santé</i>
AOR	area of responsibility
AR	(undefined)
ARC	American Refugee Committee
ART	antiretroviral treatment
AVSF	<i>Agronomes et vétérinaires sans frontières</i>
AVSI	<i>Associazione Volontari per il Servizio Internazionale</i>
CAASD	Santo Domingo Water and Sewer Corporation
CARE	Cooperative for Assistance and Relief Everywhere (International)
CBM	Christian Blind Mission
CBOs	community-based organizations
CBR	community-based rehabilitation
CCCM	Camp Coordination and Camp Management
CDC	Centers for Disease Control
CECOSIDA	<i>Centre de Communications Sur le SIDA</i>
CEPAM	Center for Women's Promotion and Action
CERF	Central Emergency Response Fund
CESAL	(not an acronym; name of Spanish NGO)
CESVI	<i>Cooperazione e Sviluppo</i>
CFM	(undefined)
CFS	child-friendly space
CfW	cash-for-work
CHF	CHF International (NGO)
CIAC	children involved in armed conflict
CIDA	Canadian International Development Agency
CISP	childhood immunization support programme
CMAM	community management of acute malnutrition
CMMB	Catholic Medical Mission Board
CNES	<i>Centre National d'Etudes Spatiales</i>
CNP	child nutrition programme
CNSA	<i>Coordination Nationale de la Sécurité Alimentaire</i> (National Coordination of Food Security - CNSA)
CODAP	Coordination Office for Donor-Aided Projects
CODIA	Cooperative Systems Deployment Impact Assessment
COE	<i>Centro de Operaciones de Emergencias</i>
COIN	<i>Centro de Orientación Integral</i> (Centre for Integrated Training and Research)
COMCEN	communication centre
CONANI	<i>Consejo Nacional de la Niñez</i>
COOPI	<i>Cooperazione Internazionale</i>
COOPMUNA	<i>Cooperativa de Municipios Asociados</i>
COPRESIDA	<i>Consejo Presidencial del SIDA</i>
CORAAPLATA	Puerto Plata Water Supply and Sanitation Corporation
COSALUD	<i>El Colectivo por la Salud Popular</i>
CP	child protection
CROSE	<i>Coordination Régionale des Organisations du Sud-Est</i>
CRS	Catholic Relief Services
DDASE	<i>Direction Départementale Agricole du Sud-Est</i>

DIFID	(United Kingdom) Department for International Development
DIGESA	<i>Dirección General de Salud Ambiental</i> (General Directorate for Environmental Health)
DINEPA	<i>Direction Nationale de l'Eau potable et de l'Assainissement</i> (National Directorate for Potable Water and Sanitation)
DPC	<i>Direction de la Protection Civile</i> (Civil Protection Directorate)
DPSPE	<i>Direction de Promotion de la Santé et de Protection de l'Environnement</i>
DPT	diphtheria, pertussis, tetanus
DR	Dominican Republic
DRR	disaster risk reduction
DSRSG	Deputy Special Representative of the Secretary-General
DT	diphtheria and tetanus
EC	European Commission
ECD	early childhood development
ECHO	European Commission Humanitarian Aid Office
EFSA	Emergency Food Security Assessment
EMIS	Education Management Information System
EOMC	Emergency Operation Management Centre
ER	early recovery
ERF	Emergency Response Fund
ERRF	Emergency Relief Response Fund
ETC	Emergency Telecommunications Cluster
EWARN	Early Warning Alert and Response Network
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning System Network
FFW	food-for-work
FHI	Food for the Hungry International
FLASCO RD	<i>Faculté Latino-américaine de Sciences Sociales République Dominicaine</i>
FMA	Flight Management Application
FONDEFH	<i>Fondation pour le développement et l'encadrement de la Famille Haïtienne</i> (Foundation for the Development of the Haitian Family)
FSB	Federation of Small Businesses
FTC	Feed the Children - Haiti
FTS	Financial Tracking Service
FUNOCOJ	<i>Fundación Opción Comunitaria y Juvenil</i>
GAA	German Agro Action (now called <i>Welthungerhilfe</i>)
GAM	global acute malnutrition
GARR	<i>Groupe d'Appui aux Rapatriés et Réfugiés</i>
GBV	gender-based violence
GDP	gross domestic product
GDACS	Global Disaster Alert and Coordination System
GEM	gender empowerment measure
GHESKIO	Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections
GNA	global needs analysis
GNI	gross national income
GoH	Government of Haiti
GVC	<i>Gruppo di Volontariato Civile</i>
HARVARD OMI	Harvard Operational Medicine Institute
HAS	Humanitarian Air Service
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDR	Human Development Report
HEB	high-energy biscuit
HF	high frequency
hh	household
HHS	Health and Human Services
HI	Handicap International
HIV/AIDS	human immuno-deficiency virus/acquired immuno-deficiency syndrome
HP	(undefined)
HSC	<i>Hôpital Sacré Coeur</i>
HSIS	Health Services Information System
IASC	Inter-Agency Standing Committee
IBR	institute-based rehabilitation
ICRC	International Committee of the Red Cross
ICT	information and communication technologies

ID	Initiative Development
IDEAC	<i>Instituto para el Desarrollo de la Empresa Asociativa Campesina</i>
IDP(s)	internally displaced person (people)
IFRC	International Federation of Red Cross and Red Crescent Societies
IFPRI	International Food Policy Research Institute
IHSI	<i>Institut Haïtien de Statistique et d'Informatique</i> (Haitian Institute of Statistics and informatics)
IICA	Inter-American institute for Cooperation on Agriculture
ILO	International Labour Organization
IM	information management
IMC	International Medical Corps
INAPA	Rural Department of the National Water Agency in the Dominican Republic
INDESP	<i>Instituto Nacional de Desenvolvimento do Desporto</i>
INEE	Inter-Agency Network on Education in Emergencies
INGOs	international non-governmental organizations
INTEC	Institute of Technology (Santo Domingo)
InterAction	The American Council for Voluntary International Action
IOM	International Organization for Migration
IR	Islamic Relief
IRC	International Rescue Committee
IRD	International Relief and Development
IRIN	Integrated Regional Information Network
ISDR	International Strategy for Disaster Reduction
IT	information technology
I-TECH	International Training and Education Centre on HIV
IYCN	Infant and Young Child Nutrition
JOTC	Joint Operation and Tasking Centre
LEMA	Local Emergency Management Authorities
LSS/SUMA	Logistics Support System / Humanitarian Supply Management System
LWF	Lutheran World Federation
M&E	monitoring and evaluation
MARNDR	<i>Ministère de l'Agriculture, des Ressources Naturelles et du Développement Rural</i>
MAST	<i>Ministère des Affaires Sociales et du Travail</i>
MDM	<i>Médecins du Monde</i>
MEBSH	<i>Mission Evangelique Baptiste du Sud d'Haïti</i>
Medair	(not an acronym; name of an NGO)
MENFP	Ministry of National Education and Professional Training
MERLIN	Medical Emergency Relief International
MFK	Meds and Food for Kids
MHPSS	mental health and psycho-social support
MICT	<i>Ministère de l'Intérieure et des Collectivités territoriales</i>
MINUSTAH	United Nations Stabilization Mission in Haiti
MISP	minimal initial service package
MoE	Ministry of Education
MoH&P	Ministry of Health and Population
MoSA	Ministry of Social Affairs
MOSS	Minimum Operating Security Standard
MPCE	Ministry of Planning and External Cooperation
MR	measles <i>rubella</i> vaccine
MREs	meals ready-to-eat
MSF	<i>Médecins sans Frontières</i> (Doctors Without Borders)
MSH	Management Sciences for Health
MoSPP	<i>Ministère de la Santé publique et de la Population</i> (Ministry of Public Health and Population)
MTs	metric tons
MTPTC	<i>Ministère des Travaux Publics, Transports et Communications</i> (Ministry of Public Works, Transportation and Communications)
MYR	Mid-Year Review
NCA	Norwegian Church Aid
NCC	Nutrition Cluster Coordination
NCDs	non-communicable diseases
NFI(s)	non-food item(s)
NGO(s)	non-governmental organization(s)
O.E.I.	<i>Organización de Estados Iberoamericanos</i>
OCHA	Office for the Coordination of Humanitarian Affairs

OFDA	Office of Foreign Disaster Assistance (USAID)
OHCHR	Office of the High Commissioner for Human Rights
OMS	<i>Organisation Mondiale de la Santé</i> (WHO)
OPS/OMS	<i>Organización Panamericana de la Salud</i> (PAHO) / <i>Organisation Mondiale de la Santé</i>
ORS	oral rehydration salt
OXFAM	Oxfam
PADF	Pan American Development Foundation
PADI	(undefined)
PAHO	Pan-American Health Organization
PAM	<i>Programme Alimentaire Mondial</i> (WFP)
PAP	Port-au-Prince
PDNA	Post-Disaster Needs Assessment
PDSRSG	Principal Deputy SRSG
PEP	post-exposure prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PESADEV	<i>Perspectives pour la Sante et le Développement</i> (Prospects for Health and Development)
PHC	primary health care
PHPIEGO	Johns Hopkins Programme in Education for Gynecology and Obstetrics
PIH	Partners in Health
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PNH	<i>Police Nationale d'Haïti</i> (National Police of Haiti)
PROGRESSIO	Catholic Institute for International Relations (working name)
PROMESS	<i>Programme de Médicaments Essentiels</i> (Essential Drugs Programme)
PSF	<i>Pharmaciens Sans Frontières</i>
PSI	Population Service International
PTA	Parent-Teachers' Association
RC	Resident Coordinator
RF	Recovery Framework
RI	Relief International
RITA	Relief Items Tracking Application
RNDDH	<i>Réseau National de Défense des Droits Humains</i>
ROLAC	(OCHA) Regional Office for Latin America and the Caribbean
RUTF	ready-to-use therapeutic food
SAR	search and rescue
SC	Save the Children
SD	standard deviation
SDSH	<i>Santé pour le Développement et la Stabilité d'Haïti</i>
SEEPYD	<i>Secretaría de Economía, Planificación y Desarrollo</i>
SESPAS	Secretariat of Public Health and Social Welfare
SFP	supplementary feeding programme
SGBV	sexual and gender-based violence
SINATRAE	National Union of Nursing Workers
SJRM	Jesuit Service for Refugees and Migrants
SMCRS	Metropolitan Service for Solid Waste Collection
SNGRD	<i>Système National de Gestion Des Risques et des Désastres</i>
SP	Samaritan's Purse
SRSG	Special Representative of the Secretary-General
TB	tuberculosis
Tdh	<i>Terre des Hommes</i>
TSF	<i>Télécoms Sans Frontières</i>
UASD	<i>Universidad Autonoma de Santo Domingo</i>
UCODEP	Unity and Cooperation for the Development of the People
UN	United Nations
UN-HABITAT	United Nations Centre for Human Settlements
UNAIDS	United Nations Programme on HIV/AIDS
UCODEP	Unity and Cooperation for the Development of the People
UGR	University of Grenada
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNEP	United Nations Environment Programme

UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNIBE	<i>Universidad Iberoamericana</i>
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNOPS	United Nations Office for Project Services
UNOSAT	United Nations Organization Satellite
US or USA	United States of America
USDA	United States Department of Agriculture
USAID	United States Agency for International Development
UNV	United Nations Volunteers
VETERMON	Veterinarians Without Borders (Spain)
VHF	very high frequency
VOSCOCC	Virtual On-Site Operations Coordination Centre
VSAT	Very Small Aperture Terminal
WASH	water, sanitation and hygiene
WC	World Concern
WFP	World Food Programme (<i>Programme Alimentaire Mondial</i>)
WHI	World Hope International
WHO	World Health Organization
WV(I)	World Vision (International)
YMCA	Young Men's Christian Association

**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
(OCHA)**

**UNITED NATIONS
NEW YORK, N.Y. 10017
USA**

**PALAIS DES NATIONS
1211 GENEVA 10
SWITZERLAND**