



Humanitarian Action for Children

unicef 

Haiti

One year after Hurricane Matthew made landfall, the humanitarian situation in Haiti remains challenging. The country is affected by cholera outbreaks, food insecurity, malnutrition, migration and natural disasters. Although the number of cholera cases declined in 2017, more than 11,600 suspected cholera cases and 130 deaths were reported by the Ministry of Public Health and Population over the course of the year. If prevention and control efforts are not continued, another 11,000 new cholera cases will likely occur in 2018. More than 4.8 million people lack access to an improved water source,³ 1.3 million people are food insecure,⁴ and more than 75,000 children under 5 are affected by acute malnutrition, including some 25,000 children suffering from severe acute malnutrition (SAM).⁵ Haiti is frequently exposed to natural disasters, with hurricanes and heavy rains threatening the lives and livelihoods of the population every year. Although the country was largely spared the impacts of the powerful category 5 hurricanes that hit the Caribbean in 2017, the resulting heavy rains caused flooding in 5 out of 10 departments.

Humanitarian strategy

In 2018, UNICEF will address the immediate needs of children and families in Haiti through the implementation of the Cholera Elimination Plan, which covers daily surveillance and coordination; rapid response in communities; hygiene awareness-raising activities; and engagement with local authorities and communities. Access to water and sanitation will be facilitated through the rehabilitation and chlorination of water supply systems, the construction of sanitary blocks, hygiene promotion, and the distribution of water, sanitation and hygiene (WASH) supplies. UNICEF will support national capacity strengthening, including coordination, the identification and treatment of acute malnutrition, infant and young child feeding in emergencies and the prevention of micronutrient deficiencies. The Ministry of Public Health and Population will be supported to coordinate emergency nutrition assessments and interventions and develop sector contingency plans. Schools will be equipped with supplies and alternative learning programmes will help migrant children returning to Haiti reintegrate into the education system. UNICEF will support the Ministry of Education to improve information management systems and preparedness and response mechanisms. Synergies between the education and protection sectors will support the provision of a comprehensive package of services to affected children. UNICEF will also continue to maintain and pre-position contingency supplies for humanitarian response.

Results from 2017

As of 31 October 2017, UNICEF had US\$28.5 million available against the US\$42.4 million appeal (67 per cent funded).⁶ As part of the cholera response, UNICEF reached nearly 900,000 people through cholera prevention awareness-raising activities, disinfected 73,000 homes and activated 413 emergency water chlorination points. Eighty-four per cent of all cholera cases identified were responded to within 48 hours. More than 910,000 people received safe water through water treatment, water trucking or chlorination points. Over 370,000 people were sensitized on emergency hygiene practices, 5,800 hygiene kits were distributed and 229 hand-washing stations were installed. More than 11,000 children under 5 years were treated for SAM, nearly 8,400 were treated for moderate acute malnutrition (MAM), and some 8,000 children aged 6 to 23 months received micronutrient powders. Over 23,000 children under 1 received emergency vaccinations and 90 cold chain systems were installed, as planned. More than 4,300 unaccompanied and separated children received interim care and family reunification support, and over 42,000 children benefitted from recreational and psychosocial support activities. Over 83,000 children aged 5 to 14 received learning materials to access education, and nearly 90,000 children aged 5 to 14 benefitted from the rehabilitation and/or provision of equipment to schools.

Total people in need:

1.9 million

Total children (<18) in need:

779,000

Total people to be reached:

1.5 million

Total children to be reached:

615,000¹

2018 programme targets:

Cholera

- 720,000 people reached by rapid response teams and benefitting from the *cordon sanitaire*
- 1.3 million people reached through the oral cholera vaccine campaign

Nutrition

- 11,000 children aged 6 to 59 months treated for SAM⁷
- 8,000 children aged 6 to 59 months treated for MAM
- 38,000 children aged 6 to 23 months receiving micronutrient powders

Health

- 35,000 children under age 1 receiving emergency vaccinations⁸
- 37,000 pregnant women attending at least two prenatal visits

WASH

- 450,000 people provided with safe water for drinking, cooking and personal hygiene
- 200,000 people reached with key hygiene behaviour messages, including on hand washing
- 40,000 people accessing safe sanitation

Child protection

- 3,500 unaccompanied and separated children assisted with interim care and family reunification support
- 3,500 people accessing social work to prevent family separation
- 30,000 children accessing recreational and psychosocial support activities

Education

- 30,000 children aged 5 to 14, including children repatriated from the Dominican Republic, received learning materials to access education
- 5,000 children's access to education supported by equipping schools

	Sector 2017 targets	Sector total results	UNICEF 2017 target	UNICEF total results
CHOLERA				
People reached by the rapid response teams and benefitting from <i>cordon sanitaire</i>	1,650,000	620,225	1,237,500	620,225 ⁱ
Cholera cases identified that were responded to within 48 hours with a complete WASH package (%)	75%	84%	75%	84%
People reached through the oral cholera vaccine campaign in selected departments	771,000	654,143	771,000	654,143 ⁱⁱ
WATER, SANITATION AND HYGIENE				
People provided with safe water for drinking, cooking and personal hygiene use	380,000	999,979	300,000	910,400 ⁱⁱⁱ
People sensitized to hygiene behaviours, including hand-washing-related risks	615,000	522,876	300,000	377,450
People having access to safe sanitation, including alternative sustainable sanitation strategies	45,000	47,200	40,000	47,200
HEALTH^{iv}				
Cold chain systems installed			90	90
Children under 1 who received emergency vaccinations			34,135	23,456
Pregnant women who received at least two prenatal visits, both institutional and mobile clinics			39,169	10,404
NUTRITION^{iv}				
Children aged 6 to 59 months treated for SAM	14,500	11,330	13,056	11,330
Children aged 6 to 59 months treated for MAM	31,200	8,390	15,600	8,390
Children aged 6 to 23 months receiving micronutrient powders	60,400	37,010	42,285	37,010
CHILD PROTECTION				
Unaccompanied and separated children assisted with interim care and family reunification support	7,000	4,385	4,000	4,385
People accessing preventive social work interventions to prevent family separation	6,500	3,852	3,500	3,852
People accessing recreational and psychosocial support activities	75,000	42,382	30,000	42,382
EDUCATION				
Children aged 5 to 14 years receiving learning materials to access education ^v	150,000	136,271	85,000	83,356
Children aged 5 to 14 years accessing education through rehabilitation and/or equipping of schools	150,000	141,211	48,000	89,946

Results are through 31 October 2017 unless otherwise noted.

ⁱ The initial target was based on a caseload of 30,000 new cases in 2017. However, due to strengthened response and awareness-raising interventions, 12,167 cases have been reported to date. Given that the target is based on 55 persons per case covered, or 669,185, the achievement rate is 93 per cent.

ⁱⁱ Results are provisional from the July campaign report, pending official confirmation by the Ministry of Health Immunization Directorate.

ⁱⁱⁱ Partner results provided in September were not taken into account in the target revision in July. The additional number of beneficiaries are due to the addition of beneficiaries benefitting from Aquatabs distribution, water trucking or temporary chlorination points.

^{iv} Needs were initially overestimated.

^v Sector targets and results reflect children aged 5 to 18 years old, while UNICEF's targets and results reflect children aged 5 to 14.

Funding requirements

In line with the Haiti Humanitarian Response Plan for 2017-2018, UNICEF urgently requires US\$30,000,000 to meet the humanitarian needs of children and women in Haiti in 2018. With this funding, UNICEF will be able to scale up the level of surveillance and rapid response required nationwide to ensure the control of each case of cholera, ensure nutritional surveillance and treatment of children suffering from SAM and MAM, assist vulnerable children, including those being repatriated or deported from the Dominican Republic, and restore access to basic health and nutrition services in emergency-affected regions.

Sector	2018 requirements (US\$)
Cholera	11,750,000 ⁹
Nutrition	2,550,000
Health	7,000,000
Water, sanitation and hygiene	4,200,000
Child protection	3,500,000
Education	1,000,000
Total	30,000,000

¹ Calculated based on the percentage of the population that is children under 18 years of age (41 per cent) and applied to the total number of people to be reached.

² Ibid.

³ According to the World Health Organization (WHO)/UNICEF Joint Monitoring Programme Report for Water Supply, Sanitation and Hygiene (2015), 45 per cent of the population do not have access to an improved water source, 19 per cent practice open defecation and 75 per cent do not have access to a hand-washing facility with soap.

⁴ Integrated Food Security Phase Classification Analysis, 2017.

⁵ SMART Survey 2017.

⁶ Available funds include \$12.6 million raised against the current appeal and \$15.9 million carried forward from the previous year. In addition, UNICEF had resources available from a Central Emergency Response Fund loan of US\$8 million, which was granted in October 2016.

⁷ This is a subset of the nationwide projected caseload of 48,596. In the 2018 *Humanitarian Action for Children appeal*, UNICEF is targeting children with SAM that are also affected by emergencies. Additional SAM programming will occur through regular programming.

⁸ Vaccinations include Bacillus Calmette-Guérin, diphtheria, tetanus, pertussis, poliomyelitis, haemophilus influenza, polio, measles and rubella.

⁹ The cholera response encompasses a multi-sectorial intervention with a strong WASH, health and Communication for Development component. As such, the cholera financial requirements are relatively elevated compared with other sectors.

**Who to contact for
further information:**

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