



unicef 
for every child

Humanitarian Action for Children

A child is vaccinated at the UNICEF-supported Bethesda health centre in Port-au-Prince.

Haiti

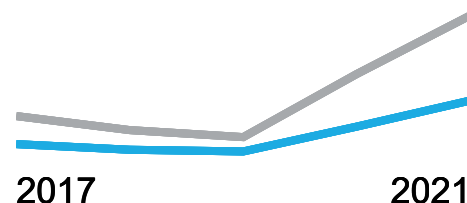
HIGHLIGHTS

- Haiti is facing multiple crises, including growing socio-political instability and deteriorating economic conditions, rising food insecurity and malnutrition, the Haitian-Dominican migration dynamic, waterborne disease epidemics, and high vulnerability to natural hazards, all of which have been further exacerbated by the coronavirus disease 2019 (COVID-19) pandemic.
- In response, UNICEF will support the continuity of basic services, including water, sanitation and hygiene (WASH), education, health, nutrition, child protection and social protection services. UNICEF will also facilitate disaster risk reduction, emergency preparedness, and interventions to address gender-based violence and prevention of sexual exploitation and abuse.
- UNICEF is requesting US\$75 million to meet the humanitarian needs of children in Haiti, which have been exacerbated by the COVID-19 pandemic, and address the negative socio-economic impacts of confinement measures and the economic lockdown. This includes US\$36 million for the education response and US\$11.5 million for the WASH response.

IN NEED

8.4
million
people¹

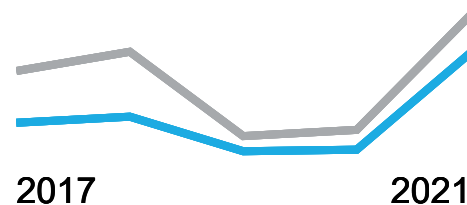
3.6
million
children²



TO BE REACHED

2
million
people³

1.5
million
children⁴



KEY PLANNED TARGETS



51,010

children admitted for
treatment for severe acute
malnutrition



203,500

children and women
accessing health care



376,051

people accessing a
sufficient quantity of safe
water

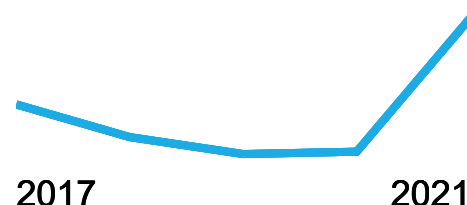


1.2 million

children accessing
educational services

FUNDING REQUIREMENTS

US\$ 75
million



HUMANITARIAN SITUATION AND NEEDS

Haiti continues to face multiple crises, including growing socio-political instability and deteriorating economic conditions, rising food insecurity and malnutrition, waterborne disease epidemics, the Haitian-Dominican migration dynamic, and high vulnerability to natural hazards, all of which have been further exacerbated by the COVID-19 pandemic.

Deteriorating economic conditions resulting from confinement measures are putting greater pressure on the livelihoods of vulnerable families, depleting their financial resources⁸ and exacerbating existing humanitarian needs. An estimated 4.1 million Haitians (nearly 40 per cent of the population) are food insecure, and an estimated 168,000 children are suffering from acute malnutrition, particularly in the metropolitan region of Port-au-Prince.⁹ An estimated 2.3 million people – including 1 million children and 315,000 pregnant women and adolescent girls – require emergency health care, which has become difficult to access to due COVID-19.⁷ Access to WASH services remains limited, heightening the risk of waterborne disease outbreaks.¹⁰

In addition to the 60 school days that students lost during the national lockdowns that took place between September and November 2019,¹¹ 4 million children missed out on learning during the four-month COVID-19 school closures.¹² As a result, most schoolchildren have lost out on an entire year of education.¹³ Although all schools reopened by mid-August with sanitary protocols, a significant number of children are at risk of falling behind on their learning and dropping out of school altogether.¹⁴

Limited access to basic social services due to shutdowns and the interruption of routine health services and psychosocial and recreation activities have increased children's risks of abuse, exploitation and violence, including gender-based violence. Children in institutions and in detention may be vulnerable to the rapid spread of the virus if appropriate hygiene and prevention measures are not established.

The Haitian-Dominican migration dynamic remains a concern, as increased numbers of Haitian returnees have been observed at the border. An estimated 200,000 crossings have been reported since mid-March.⁶ Many of the returning children arrive in Haiti under precarious conditions, without resources and separated from their families.

The cholera epidemic is now coming to an end, with no cases confirmed since February 2019. However, prevention, surveillance and alert response efforts must be maintained to keep the number of cases at zero and officially declare the end of the epidemic by 2022.⁵

SECTOR NEEDS



Nutrition

168,000 children are severely undernourished¹⁵



Health

2.3 million people need health assistance¹⁶



Water, sanitation and hygiene

1.9 million people lack access to safe water¹⁷



Education

4 million children have missed out on their education¹⁸

STORY FROM THE FIELD



When Raymone heard about COVID-19, she was afraid. She looked for ways to protect her three children against the disease and learned on the radio that handwashing was key.

“We wanted to put a bucket in the middle of the village but we couldn't find one. We looked at the weekly market in vain,” she says.

Raymone's village of Sevré is difficult to access, but through its partner, the Haitian Red Cross, UNICEF has supported the installation of handwashing stations in public places to enable communities to access handwashing facilities to help prevent the spread of COVID-19.

[Read more about this story here](#)

Raymone washes her hands in Sevré in southern Haiti at a UNICEF-provided tap bucket for handwashing.

HUMANITARIAN STRATEGY

In 2021, UNICEF will continue to meet the basic needs of vulnerable children and communities in Haiti. UNICEF will build on its strong field presence to support the continuity of essential health, nutrition, WASH, education and child protection services, and strengthen disaster risk reduction and emergency preparedness in all sectors.¹⁹

In line with the Government of Haiti's response to COVID-19 and relevant inter-agency planning, UNICEF will maintain its multi-sectoral support for risk communication and community engagement, surveillance and coordination, as well as WASH prevention and rapid response. These same actions and partners will support the anticipated phase out of the cholera response plan in February 2022.

UNICEF will support continued access to essential health care services, including immunization, prenatal and postnatal care, and HIV response care. A key focus will be on strengthening the health system to increase health centre capacities to provide appropriate care in the most affected and vulnerable communities. National and local capacities will also be strengthened to manage acute malnutrition and infant and young child feeding services, and prevent micronutrient deficiencies.

In education, UNICEF will support the Ministry of Education to coordinate the response and conduct real-time monitoring, focusing on ensuring the availability of distance learning programmes, and access to these programmes among vulnerable children during present and future school interruptions. Protection assistance will be provided to children exposed to violence, including gender-based violence, exploitation and family separation. UNICEF will focus on strengthening psychosocial response capacities for children in the urban areas of Port-au-Prince that have been significantly affected by COVID-19.

To mitigate the negative socio-economic impacts of COVID-19, UNICEF will strengthen shock-responsive social protection mechanisms, focusing on emergency cash transfers to help the most vulnerable families make ends meet. The Government and sector and inter-agency partners will be supported to strengthen humanitarian coordination and disaster preparedness and response, focusing on strengthening the linkages between humanitarian action and development programmes, long-term system strengthening and capacity building and mainstreaming climate change adaptation. UNICEF will also maintain contingency agreements with several partners, as well as stocks of pre-positioned supplies, to respond to humanitarian situations as they arise.

Accountability to affected populations and efforts to prevent sexual exploitation and abuse will be mainstreamed across sectors. UNICEF will strengthen reporting systems, survivor assistance and capacity building of staff and partners, focusing on emergency preparedness.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

<https://www.unicef.org/appeals/haiti/situation-reports>

2021 PROGRAMME TARGETS²⁰



Nutrition

- **51,010** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **116,890** children aged 6 to 59 months with moderate acute malnutrition admitted for treatment



Health

- **203,500** children and women accessing primary health care in UNICEF-supported facilities²¹
- **35,000** children under 1 year vaccinated against measles
- **37,000** pregnant women who attended at least two prenatal visits



Water, sanitation and hygiene²²

- **376,051** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene²³
- **150,432** people accessing appropriately designed and managed latrines
- **376,051** people reached with handwashing behaviour change programmes
- **376,051** people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services²⁴



Child protection, GBViE and PSEA²⁵

- **28,500** children and caregivers accessing mental health and psychosocial support
- **3,080,000** people with access to safe channels to report sexual exploitation and abuse
- **1,450** unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services
- **60,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions



Education

- **1,200,000** children accessing formal or non-formal education, including early learning
- **500,000** children receiving individual learning materials



Social protection and cash transfers

- **20,000** households reached with humanitarian cash transfers across sectors²⁶



Cholera

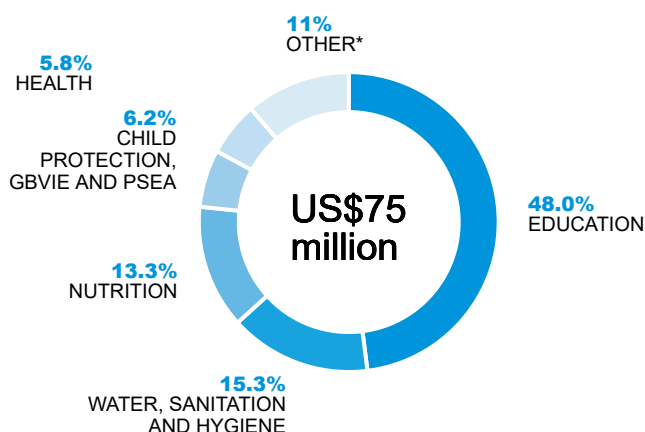
- **95** per cent of cholera suspected cases (including 'other acute diarrhoea' cases) identified and responded to within 48 hours with a complete water, sanitation and hygiene package

FUNDING REQUIREMENTS IN 2021

In 2021, UNICEF requests US\$75 million to meet the humanitarian needs of children in Haiti, which have been significantly exacerbated by the COVID-19 pandemic.²⁷

The WASH sector requires significant support, with awareness-raising and community mobilization on handwashing taking centre stage in the fight against COVID-19. There is also an acute need to prevent outbreaks of waterborne diseases through essential emergency WASH and resilience support for vulnerable communities. With the significant rise in malnutrition rates in 2020, UNICEF also urgently requires funding to provide life-saving care to an estimated 168,000 severely malnourished children.

Without adequate funding, UNICEF will be unable to support emergency education and distance learning programmes for over 1.2 million children who dropped out of school due to school closures; prevent the further degradation of vaccine coverage; provide protection assistance to children exposed to violence, including gender-based violence, exploitation and family separation; and provide cash transfers to help 20,000 vulnerable families make ends meet.



Sector	2021 requirements (US\$)
Nutrition	10,000,000
Health	4,365,000
Water, sanitation and hygiene	11,468,095 ²⁸
Child protection, GBVIE and PSEA	4,656,000 ²⁹
Education	36,000,000 ³⁰
Social protection and cash transfers	4,000,000
Cholera	4,000,000
Cluster coordination	500,000
Total	74,989,095

*This includes costs from other sectors/interventions : Social protection and cash transfers (5.3%), Cholera (5.3%), Cluster coordination (<1%).

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ENDNOTES

1. With the exception of WASH needs, this figure is based on Office for the Coordination of Humanitarian Affairs, 'Haiti: 2019-2020 Humanitarian Response Plan - Revision due to the COVID-19 Pandemic', OCHA, May 2020. These figures were based on a worst case scenario, taking into account COVID-19. Given that the disease spread to a lesser extent than anticipated, the number of people in need is expected to decrease in 2021 (acknowledging the possibility of a second wave of the outbreak).
2. Ibid. This figure is based on children being 42.5 per cent of the general population, as per demographic data from the Demographic Health Survey, 2016-2017.
3. To avoid potential double counting of beneficiaries, this figure includes the following targets: the highest coverage programme target for WASH (adults only); the target for essential health care services; the target for psychosocial support services; the target for formal/informal education; and nutrition targets. This includes 50 per cent women/girls and 50 per cent men/boys and 399,372 people with disabilities (20 per cent of the population as per national averages). The remaining people in need will be covered by other humanitarian partners (United Nations agencies, non-governmental organizations, donors) and government institutions. With the exception of WASH, the figures are based on the 2020 Humanitarian Response Plan revised in May, which includes estimated COVID-19 needs that were not as high as anticipated. The final 2021 figures are expected to reflect a reduction in these figures. This appeal will be adjusted accordingly.
4. To avoid potential double counting of beneficiaries, this figure is based on the following targets: the target for essential health care services; the target for psychosocial support services; the target for formal/informal education; and the nutrition targets. This figure includes 296,352 children with disabilities (20 per cent of the population as per national averages). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. This is in line with the national plan for elimination of cholera and the applicable World Health Organization (WHO) standards.
6. International Organization for Migration Displacement Tracking Matrix, 'Haiti: COVID-19 border monitoring', IOM DTM, 30 June 2020. These figures take into account all types of movements (forced, voluntary, daily etc.) observed along the monitored entry points. They do not replace official numbers but rather aim to provide insight on movement trends and patterns observed at the border.
7. The negative effects of the pandemic on the health care system are already visible. The availability of and access to neonatal and childcare services significantly decreased as the pandemic took hold, with a 73 per cent decline in the number of monthly visits among children under 5 years, according to the Ministry of Health. Routine vaccination programmes for polio, measles and other fatal diseases have been interrupted, leading to a 45 per cent decline in coverage from March to April 2020. Rumors against vaccination and other health services are also leading to a drop in service utilization.
8. This particularly affects the most vulnerable groups, such as the poorest households and women-headed households, which mostly rely on informal labour markets.
9. 'Haiti: 2019-2020 Humanitarian Response Plan - Revision due to the COVID-19 Pandemic'. The metropolitan area has the highest prevalence of severe acute malnutrition (2.5 per cent) and global acute malnutrition (6.5 per cent). Haiti Ministry of Health, SMART nutrition survey, December 2019.
10. According to 'Haiti: 2019-2020 Humanitarian Response Plan - Revision due to the COVID-19 Pandemic', 60 per cent of households do not have soap or water at home to wash their hands, 66 per cent are not treating the water before consuming it and 26 per cent lack access to an improved water source (40 per cent in rural areas).
11. The unstable and fragile economic, political and social contexts and recurring civil unrest left the country paralysed for over three months (September to November) and severely hampered public services and humanitarian access. According to the Ministry of Education, an estimated 3 million students did not have access to school for nearly three months between September and November 2020.
12. 'Haiti: 2019-2020 Humanitarian Response Plan - Revision due to the COVID-19 Pandemic'.
13. Ibid.
14. The Ministry of Education is still collecting data to provide specific numbers on attendance.
15. 'Haiti: 2019-2020 Humanitarian Response Plan - Revision due to the COVID-19 Pandemic'.
16. Ibid. The effects of the COVID-19 pandemic on health and people's access to health care are already visible. Many activities related to reproductive health and gender-based violence, including mobile clinics, have been significantly reduced. Routine vaccination programmes for polio, measles and other deadly diseases were interrupted. Surveillance of diseases such as malaria and diphtheria was also significantly reduced, with attention and resources diverted to the pandemic. Many health and nutrition services, such as maternal and neonatal care, the promotion of infant and young child feeding practices and management of acute malnutrition, were reduced or stopped due to the lack of personal protective equipment for health professionals. Limited access to family planning can lead to unwanted pregnancies and unsafe abortions, thus endangering the lives of women and girls.
17. This figure has already been updated, based on the 2021 humanitarian response plan elaboration process.
18. 'Haiti: 2019-2020 Humanitarian Response Plan - Revision due to the COVID-19 Pandemic'.
19. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
20. Communication for development, including accountability to affected populations, is integrated into sectoral responses and interventions.
21. UNICEF covers only one part of the sector needs, focusing on the most vulnerable children and women. The remaining caseload is covered by the sector lead (WHO/Pan American Health Organization (PAHO)), other partners (United Nations agencies and non-governmental organizations) and the Government.
22. This figure has already been updated, based on the 2021 humanitarian response plan elaboration process.
23. In addition to supporting continued access to safe water for people affected by natural disasters, planned activities will focus on community awareness and mobilization and prevention activities, with the engagement of community and religious leaders, influencers, youth and women's groups to raise awareness on handwashing among vulnerable communities.
24. This includes designated health care centres and schools.
25. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
26. These multipurpose unconditional cash transfer include four monthly cycles of cash distribution worth US\$82 (70 per cent of the monthly improved food basket value per household, as calculated by the Government).
27. Figures (except for the WASH sector) are provisional and subject to change upon finalization of the inter-agency needs and planning documents for 2021.
28. This figure has already been updated, based on the 2021 humanitarian response plan elaboration process.
29. This includes US\$3.3 million for child protection interventions; US\$1 million for gender-based violence interventions; and US\$300,000 for prevention of sexual exploitation and abuse interventions.
30. This figure is an estimate and is based on the calculation that learning materials and other school fees will cost US\$30 per child per year, with the target of 1.2 million children for the year. This figure is expected to change once the 2021 humanitarian response plan/humanitarian needs overview figures are released. The appeal will be revised accordingly to align with the humanitarian response plan/humanitarian needs overview assessment findings and targets for the year.