UNICEF/Haiti/2022/Joseph

People suffering cholera symptoms receive treatment at a UNICEF-supported cholera treatment centre in Port-au-Prince.

unicef for every child

Humanitarian Action for Children

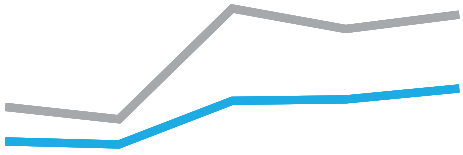
Haiti

HIGHLIGHTS[1]

- The humanitarian situation in Haiti greatly deteriorated since August 2022, with peaks of widespread civil unrest and gang violence, and the resurgence of cholera in October 2022 after more than three years without a single case in the country. This exacerbated an already challenging situation, shaped by persistent political instability, socioeconomic crisis, rising food insecurity and malnutrition, remaining needs in earthquake-affected areas, internal displacement, expulsion of Haitian migrants from several countries, and cross-border migration.
- UNICEF Haiti is scaling-up support to the Government and humanitarian partners to ensure access to and continuity of basic services, including water, sanitation and hygiene (WASH), education, health, nutrition, child protection and social protection services. To curb the transmission of cholera and prevent spreading, UNICEF will promote rapid targeted response around cases and case clusters.
- UNICEF has revised its appeal for 2022 to US$ 104.3 million, to meet the humanitarian needs of Haitian children and their families, including of those affected or at high risk and exposed to cholera.

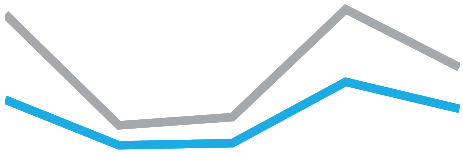
IN NEED

4.9 million people[2] **2.5 million children**[3]



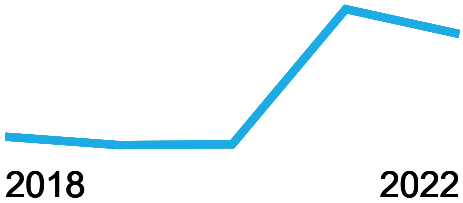
TO BE REACHED

953,796 people[4] **521,932 children**[5]



FUNDING REQUIREMENTS

US$ 104.3 million



KEY PLANNED TARGETS

327,823
children screened for wasting

519,902
children and women accessing health care

125,566
children receiving individual learning materials

480,000
people assisted with cholera kits through rapid response teams benefitting from cordone sanitaire and community response

Figures presented in this HAC appeal document are aligned with the Inter-agency planning documents and the inter-agency Cholera Flash appeal document.

HUMANITARIAN SITUATION AND NEEDS

After more than three years with no cases of cholera reported in Haiti, on 2 October 2022, health authorities declared a cholera outbreak in the country. As of 2 November, 502 cases and 97 fatalities had been confirmed, and 4,194 suspected cases were undergoing investigation across six departments. Children under age nine, represent nearly 37 per cent of the suspected cases.[6] The cholera outbreak came on the heels of compounding crises, with unprecedented peaks of widespread violence - including systematic sexual violence, rising food insecurity – with a record high of 4.7 million people facing acute hunger (among them 19,000 people in Catastrophe phase),[7] overall socioeconomic and political turmoil, and growing civil unrest.

Access to and from the main point of entry for fuel and supplies remains blocked since September, severely impacting transportation and the functioning of basic services and infrastructure, including the operation of hospitals, water distribution facilities or communications infrastructure. With systems on the verge of collapse, many areas lacking safe water provision, access to toilets and waste management, there is a high risk of a rapid increase in cholera cases, thousands of children and families are increasingly exposed. The devastating impact of fuel restrictions on medical facilities and health care workers continues to prevent some services from being provided. It has been estimated that some 29,000 pregnant women and their newborns may not receive the critical assistance they need, especially if they contract cholera, while another 10,000 obstetric complications may not be treated.[8] The escalation of civil unrest and gang violence is compromising humanitarian access and basic services for over 1.5 million people trapped in gang-controlled areas.[9] In addition, humanitarian needs persist in parts of south-western Haiti, after a 7.2 magnitude earthquake struck on 14 August 2021. Rehabilitation of essential services, infrastructures and housing, remain needed in these communities.

Furthermore, the increased repatriation of Haitian migrants from Latin America and Caribbean countries since mid-September 2021, has also compounded humanitarian needs. Over 21,000 migrants have been returned in 2022,[10] 19 per cent of them children who are in need of access to basic services, including education, and have been exposed to child protection risks such as family separation, trafficking and gender-based violence (GBV).

The combined impact of natural hazard-related disasters, persistent political and socioeconomic crisis, gang-related insecurity, forced returns and internal displacement as well as COVID-19 is being felt by the most vulnerable.

SECTOR NEEDS[11]

225,000
children moderately or severely malnourished

3.9 million
people in need of health assistance

3.3 million
people lack access to safe water

712,000
children in need of protection services

800,000
children in need of education support

STORY FROM THE FIELD

UNICEF/Haiti/2022/Seck

Mothers bring their sick child to the UNICEF-supported Gheskio Acute Diarrhea Treatment Center (CTDA) in Port-au-Prince, Haiti.

The cholera treatment center of the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (Gheskio) in Port-au-Prince remained closed since the end of the last cholera epidemic in Haiti in 2018. It was reopened due to the recent resurgence of cholera. UNICEF supported Gheskio with supplies, including medical items and personal protective equipment such as gloves, gowns and masks; collapsible tanks for water storage, chlorine tester kits and purification tablets. The Center has now the capacity to produce 300 liters of water per day.

Read more about this story here

HUMANITARIAN STRATEGY[12]

UNICEF will work with partners to ensure access to and continuity of essential health, nutrition, WASH, education, and child protection services, while strengthening disaster risk reduction and emergency preparedness. Additionally, a strong focus on humanitarian cash transfers will be ensured, both within sectoral response to improve access to basic goods and services, and through the social protection system.

In urban areas affected by escalating gang-violence, while responding to the needs of internally displaced persons (IDPs) including returning Haitian migrants, UNICEF will invest in access and engagement capacities to better address the needs of those unable to leave, including through distributions, mobile teams and promoting community engagement, ownership and resilience.

UNICEF will support continued access to essential health care services, including immunization, maternal and child health. In earthquake-affected areas, support will continue for the resumption of health care services in damaged or destroyed health centres, as well as strengthening health supply chain management.

In response to cholera, the case-area targeted interventions (CATI) approach will be undertaken together with community sensitization, support to treatment centers and WASH responses.

UNICEF will support prevention and treatment of child wasting with screening and providing essential nutritional supplies, along with supporting good infant and young children feeding (IYCF) practices. A key focus will be put on strengthening end-user monitoring of supplies, information management, and supporting a SMART survey to obtain updated data on malnutrition for effective programming.

WASH interventions will focus on access to sufficient safe drinking water, sanitation, and hygiene services. Prevention of waterborne and infectious diseases will be prioritized through water trucking, household water treatment, rehabilitation of WASH infrastructures, waste disposal, hygiene promotion and distribution of hygiene kits. WASH in schools in the metropolitan area, especially in cholera outbreak areas, will also be prioritized.

UNICEF will promote a safe return to school through the provision of school supplies and access to distance learning programmes.

UNICEF will support protection of children exposed to violence, including gender-based violence, exploitation and family separation. Specialized services and community-based structures will receive support to identify vulnerable children and provide adequate care, referrals and psychosocial support.

UNICEF will continue supporting sectoral and national humanitarian coordination for disaster preparedness and response, as lead/co-lead of the WASH, education and nutrition sectors and the child protection sub-sector. Pre-positioned supplies stocks will be maintained to respond to future humanitarian crises.

Gender equality, accountability to affected populations (AAP) and prevention of sexual exploitation and abuse (PSEA) will be mainstreamed throughout the response.

Progress against the latest programme targets is available in the humanitarian situation

2022 PROGRAMME TARGETS[13]

Nutrition

- **327,823** children aged 6 to 59 months screened for wasting
- **62,730** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **38,512** children aged 6 to 59 months with severe wasting admitted for treatment

Health[14]

- **519,902** children and women accessing primary health care in UNICEF-supported facilities
- **3,000** healthcare workers within health facilities and communities provided with personal protective equipment
- **110,035** children under one vaccinated against measles

Water, sanitation and hygiene[15]

- **604,915** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **230,000** people use safe and appropriate sanitation facilities
- **604,915** people reached with critical WASH supplies (including hygiene items)

Child protection, GBViE and PSEA

- **57,900** children and parents/caregivers accessing mental health and psychosocial support
- **40,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **484,938** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **3,650** unaccompanied and separated children provided with alternative care and/or reunified

Education

- **267,000** children accessing formal or non-formal education, including early learning
- **125,566** children receiving individual learning materials
- **3,000** households reached with UNICEF-funded humanitarian cash transfers [16]
- **800** classrooms rehabilitated or reconstructed including temporary learning centers [17]

Social protection

- **15,000** households reached with UNICEF funded multi-purpose humanitarian cash transfers[18]

Cross-sectoral (HCT, C4D, RCCE and AAP)[19]

- **100,000** people reached through messaging on prevention and access to services [20]
- **20,000** people with access to established accountability mechanisms

Cholera[21]

- **480,000** people assisted with cholera kits through rapid response teams benefitting from cordone sanitaire and community response[22]
- **1,330** suspected children with cholera and severe wasting managed according to the national protocol for the management of cholera cases in children with acute malnutrition
- **3,000** suspected cases detected, referred to a cholera treatment center or rehydrated in the community

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

The programme targets presented in this HAC appeal document are aligned with the Inter-agency planning documents and the inter-agency Cholera Flash appeal document.

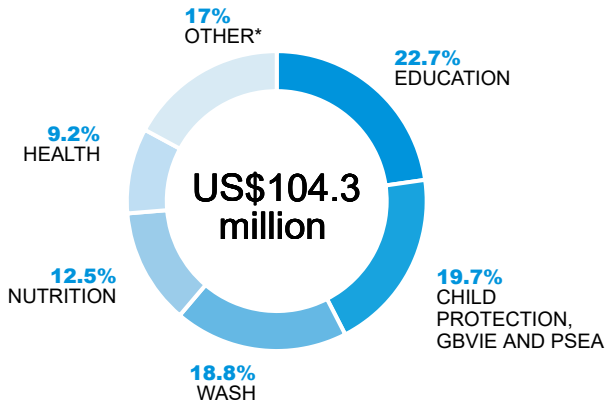
FUNDING REQUIREMENTS IN 2022

Following the exacerbation of humanitarian needs in Haiti, with the resurgence of cholera in the midst of unprecedented levels of gang violence and with basic services at the verge of collapse, UNICEF's revised funding requirement for 2022 is US$104.3 million. This will enable UNICEF to continue being on the ground delivering life-saving assistance and respond to the cholera outbreak, provide protection and life-saving services in communities affected by violence - including internally displaced people, continue addressing the residual needs of the most vulnerable earthquake-affected population, and supporting the returned migrants and other vulnerable groups affected by continued crises and recurring natural disasters.

In response to the cholera outbreak, additional US$7.3 million are required to reach at least 480,000 people (including over 200,000 children) with cholera kits, Risk Communication and Community Engagement (RCCE)/social behavioural change activities, safe water, solid waste removal and cleaning of rainwater drainage channels to improve sanitation, prevent flooding in affected areas, and support to health structures.

UNICEF is seeking flexible funding support, ideally multi-year, to ensure the continuation of health services, including the severely low routine vaccinations, essential emergency WASH and resilience interventions, life-saving care for children suffering from severe wasting, including promoting breastfeeding, as well as allowing marginalized children to safely resume learning. Child protection services will be ensured for children exposed to violence, including GBViE, exploitation and family separation services, including through cash-based interventions allowing vulnerable families to meet their basic needs.

Without sufficient and timely funding, UNICEF will be unable to support life-saving assistance and recovery for Haiti's children in need and their families, especially those affected by cholera and IDPs.



Appeal sector	Revised 2022 HAC requirement (US$)
Nutrition	13,017,240
Health	9,595,240
WASH	19,552,699
Child protection, GBViE and PSEA[24]	20,550,240
Education	23,705,240
Cross-sectoral	4,215,723
Social protection[25]	6,325,240
Cholera[26]	7,300,000
Total	**104,261,622**

**This includes costs from other sectors/interventions : Cholera (7.0%), Social protection (6.1%), Cross-sectoral (4.0%).*

Appeal sector	Original 2022 HAC requirement (US$)	Revised 2022 HAC requirement (US$)	Funds available (US$)	Funding gap (US$)	2022 funding gap (%)
Nutrition	13,017,240	13,017,240	3,830,151	9,187,089	70.6%
Health	9,595,240	9,595,240	11,686,612	-	-
WASH	19,552,699	19,552,699	8,973,593	10,579,106	54.1%
Child protection, GBViE and PSEA[24]	20,550,240	20,550,240	3,192,436	17,357,804	84.5%
Education	23,705,240	23,705,240	7,038,804	16,666,436	70.3%
Cross-sectoral	4,215,723	4,215,723	3,214,821	1,000,902	23.7%
Social protection[25]	6,325,240	6,325,240	406,600	5,918,640	93.6%
Cholera[26]	-	7,300,000	2,500,000	4,800,000	65.8%
Total	**96,961,622**	**104,261,622**	**40,843,017**	**63,418,605**	**60.8%**

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ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.

2. UNOCHA, Haiti Humanitarian Needs Overview 2022, March 2022. People in need numbers according to March 2022 interagency planning figures, actual numbers are estimated to be higher considering the developments of the humanitarian situation over the second half of 2022. With the resurgence of cholera in October 2022, foreseeing a scenario of 100 cases per day, it is estimated that at least 1.5 million people would need cholera-specific humanitarian assistance, for a six-months period (November 2022 – April 2023).

3. Ibid.

4. Calculated as the sum of multiple key intervention targets where targeted groups do not overlap demographically, based on WASH target without children under 5 years, and nutrition sector target for children under 5 years, in addition to portion of other sectoral targets, to avoid double counting of beneficiaries. 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. Calculated as the sum of multiple key interventions for children without demographic overlap, including the highest sectoral target related to girls and boys (Health - number of children and women receiving essential healthcare services in UNICEF supported facilities = 93,765 girls and 93,765 boys over 5 years) and Nutrition.

6. Ministry of Health Haiti, 'Situation épidémiologique du choléra, 2 November 2022, Haïti', 3 November 2022.

7. IPC, 'Haiti: Acute Food Insecurity Situation September 2022 - February 2023 and Projection for March - June 2023', October 2022.

8. United Nations Haiti, 'The UN and its partners in Haiti call for the creation of a humanitarian corridor', 6 October 2022.

9. UN News, 'UN releases $5 million for humanitarian needs triggered by gang violence in Haiti', 19 August 2022.

10. IOM, 'Migrant returns and reception assistance in Haiti, Air & Sea', September 2022.

11. OCHA, Haiti Humanitarian Needs Overview 2022, March 2022.

12. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.

13. 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.

14. The calculation is based on the sector needs of children plus pregnant and breastfeeding women, corresponding to around 40 per cent of the total Health sector figures.

15. The WASH figures are heavily conditioned by the EQ response in the South and have been reviewed in the frame of the ongoing HNO/HRP 2022 process. The sectoral targets have been reviewed in the period between September and October 2021 based on more detailed and accurate data obtained through sectoral needs assessments conducted with Government (DINEPA) and partners in September-October 2021 (using the M-water platform).

16. For the cash transfers, the most vulnerable households will be selected with school-aged children affected by the different emergency situations, including the IDPs victims of the urban gang violence.

17. Benefiting an average 50 children per classroom.

18. The estimation is done based on Social Protection sectoral analysis, considering additional humanitarian cash transfers (HCT) out of Education, CP and WASH cash transfers already planned.

19. Cross-sectoral target includes AAP and C4D activities and indicators.

20. This target includes all C4D activities carried out in the frame of the response of the different sectors (WASH, CP, Health, Nutrition).

21. Cholera-specific targets are estimated for a period of 2 months (November – December 2022), based on the inter-agency Flash Appeal targets, which cover a 6-months period (mid-October 2022 – mid-April 2023). Communities targeted with cholera-related activities are largely benefiting from other UNICEF ongoing programmes.

22. Use of mixed rapid response teams from health and WASH services, to directly address the needs of a suspected case of cholera at household level, through a "cordone sanitaire" of up to 15 neighboring households.

23. All sectoral budgets include a portion of the operational costs (Ops, Comms, M&E/reporting).

24. The CP budget includes: i) US$1 million for PSEA; ii) US$7.9 million for GBV, corresponding to the full service provision of prevention, risk mitigation and response to GBV survivors: legal and medical services plus psychosocial support, estimated at US$300 per beneficiary (with 55 per cent survivors needing the full package of services and 45 per cent only benefiting from prevention and sensitization sessions).

25. Social Protection budget includes humanitarian multi-purpose/unconditional cash transfers (US$82 each) for an estimated 15,000 households for 4 months and operational costs.

26. Cholera-specific budget estimated for a period of 2 months (November – December 2022), based on UNICEF's total ask under the inter-agency Flash Appeal (US$27.5 million), which covers a 6-months period (mid-October 2022 – mid-April 2023). The cholera budget comprises funding needs for health, WASH, nutrition and Social and Behaviour Change (SBC) activities, specific to the cholera response.