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, and 1.3 million people are food insecure, and more than 75,000 children under 5 are affected by acute malnutrition, including some 25,000 children suffering from severe acute malnutrition (SAM). 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). 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.

Humanitarian Action for Children

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: 615,000

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 SAM
- 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 vaccinations
- 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
### CHOLERA

| People reached by the rapid response teams and benefitting from *cordon sanitaire* | 1,650,000 | 620,225 | 1,237,500 | 620,225
| 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

### WATER, SANITATION AND HYGIENE

| People provided with safe water for drinking, cooking and personal hygiene use | 380,000 | 999,979 | 300,000 | 910,400
| 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

| 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

| 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 | 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 |

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**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.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2018 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>11,750,000(^9)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,550,000</td>
</tr>
<tr>
<td>Health</td>
<td>7,000,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>4,200,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>3,500,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Total</td>
<td>30,000,000</td>
</tr>
</tbody>
</table>

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\(^1\) 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 programing 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.
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