HIGHLIGHTS

More than 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. In 2017, more than 13,747 suspected cholera cases and 159 deaths were reported by the Ministry of Public Health and Population. Increase in funding in 2016 enabled UNICEF to strengthen efforts such as through the increase in, and improved training of, rapid response teams, which contributed to the decline in number of cases to the lowest since the epidemic began. However, cholera remains a serious threat and prevention and control efforts must continue in 2018. At least 45 per cent of the population do not have access to an improved water source, 31 per cent practice open defecation, and 75 per cent do not have access to a hand washing facility with soap (WHO/UNICEF Joint Monitoring Programme report). According to the new Integrated Food Security Phase Classification analysis, 1.3 million people are food insecure, and communal SMART surveys indicate the existence of pockets of malnutrition in the department of Grand’Anse. Haiti is frequently exposed to natural disasters, with hurricanes and heavy rains threatening the lives and livelihoods of the population every year. Although Haiti was largely spared the impacts of powerful category 5 hurricanes that hit the Caribbean in 2017, heavy rains caused flooding in five out of ten departments.

Main achievements in 2017 include:

- UNICEF reached nearly 1.1 million people with awareness raising activities on cholera prevention, 73,000 homes were disinfected, and 87 per cent of all cholera cases identified were responded to within 48 hours through 14,053 reported interventions.
- Over 1.2 million persons were provided with safe water through water treatment, water trucking or chlorination points, and more than 450,000 people were sensitised on emergency hygiene practices.
- Close to 12,000 children under five were treated for Severe Acute Malnutrition (SAM), approximately 9,500 for Moderate Acute Malnutrition (MAM), and over 40,000 children of 6-23 months were provided with micronutrient powders.
- More than 23,000 children under one received emergency vaccinations, 1,322 mobile medical units provided health services to over 157,000 individuals, and 146 cold chain systems were installed as planned.

January 2018

- **3.2 million** Total people affected (**OCHA-HNO**)
- **1.1 million** # of children in need of humanitarian assistance (**UNICEF**)
- **1.6 million** # of adults in need of humanitarian assistance (**OCHA-HNO**)
- **13,747** suspected cholera cases and **159** fatalities (**MSPP – 1 Jan to 31 Dec 2017**)
- **12,000** # of children in situation of vulnerability (**UNICEF, OCHA-HNO**)
- **1.4 million** # of people in need of WASH assistance (**OCHA-HNO**)
- **18,000** # of children under-5 at risk of SAM 2017 (**UNICEF/HNO**)

**UNICEF Appeal 2017***

- **US$ 42.3 million**

Funding Status as of 31 December 2017

- **Funding requirements:** US$42.3M
- **Funding gap:** US$ 12.7 M (30%)
- **Funds received:** US$ 5.7 M (13%)
- **Carry-forward amount:** US$ 24 M (57%)

*Funds received include carry-forward from the 2016 appeal. A regional Appeal for the 2017 Caribbean hurricanes included US$ 2.5 million for Haiti (not included here).
• Over 4,600 unaccompanied and separated children received interim care and family reunification support, and close to 45,000 children benefited from recreational and psychosocial support activities.

• In education, close to 93,000 children 5-14 years old, received learning materials to access education, and more than 90,000 children 5-14 years old benefited from the rehabilitation and/or equipping of schools.

UNICEF’s response to humanitarian needs will continue into 2018, while ensuring preparedness to natural disasters and strengthening the population’s resilience.

Situation Overview & Humanitarian Needs

UNICEF in 2017 continued to respond to the needs of populations affected by hurricane Matthew, as well as those affected by ongoing crises including (i) cholera, (ii) protection, such as migration-related issues, (iii) drought, food insecurity and malnutrition, (iv) infant morbidity and mortality. The rainy season began in April, and developed into a high-risk hurricane season that started in August, lasting until November, creating adverse conditions throughout the country. The National Oceanic and Atmospheric Administration (NOAA) recorded up to 17 storms in the region, among which two major ones, Maria and Irma, of category 5 and 4 respectively, passed North of Haiti.

Despite such adverse conditions, there has been no significant increase in the number of suspected cases of cholera in affected areas. The disease has remained controlled at around 262 suspected cases per week nationwide throughout the year (13,747 in total), as UNICEF and partners strengthened surveillance, coordination and alert-response mechanism. While small pockets of outbreaks remain active in North-West, Artibonite and Centre departments, 2017 ended with the lowest incidence since the beginning of the epidemic thanks to the significant work done by UNICEF and its partners.

2017 has seen many important changes that affected UNICEF’s operational environment including a new government installed following elections at the Presidential, Legislative and Municipal levels. The transition period has seen some turbulence, including protests related to the arrest of Senator-elect Guy Philippe in Grand’Anse, and continued protests over the publication of the National budget in October-November 2017. The UN mission in Haiti (MINUSTAH) came to an end and was replaced in October 2017 by a smaller follow-up mission, the UN Mission for Justice Support in Haiti (MINUSJUSTH) with no military component, and a mandate to focus its efforts on the rule of law and governance.

Estimates from the Office for the Coordination of Humanitarian Affairs (OCHA) show the following number of people in need of humanitarian assistance:

<table>
<thead>
<tr>
<th>Start of 2017 humanitarian response: 01-Jan-2017</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>3,200,000</td>
<td>1,600,000</td>
<td>1,600,000</td>
</tr>
<tr>
<td>Children Affected (U18) (42%)</td>
<td>1,344,000</td>
<td>672,000</td>
<td>672,000</td>
</tr>
<tr>
<td>Total Population in need of Humanitarian Assistance</td>
<td>2,700,000</td>
<td>1,350,000</td>
<td>1,350,000</td>
</tr>
<tr>
<td>Children (U18) in need of Humanitarian Assistance</td>
<td>1,100,000</td>
<td>550,000</td>
<td>550,000</td>
</tr>
<tr>
<td>Children (U5) in need of Humanitarian Assistance (12%)</td>
<td>324,000</td>
<td>162,000</td>
<td>162,000</td>
</tr>
<tr>
<td>Children (U5) at risk of severe acute malnutrition</td>
<td>18,000</td>
<td>9,000</td>
<td>9,000</td>
</tr>
</tbody>
</table>

Humanitarian Leadership and Coordination

Following hurricane Matthew, Government-led emergency sectoral coordination groups were launched, with UNICEF co-leading with the government on WASH, Nutrition, Child protection, Education and Cholera. These groups enabled sustained efforts throughout 2017 to ensure response and transition to recovery.

UNICEF launched its 2017 Humanitarian Action for Children (HAC) for Haiti on 31 January 2017, which laid out UNICEF’s planned humanitarian response throughout the country for 2017. This plan was aligned with the US$ 291.5 million
Humanitarian Response Plan (HRP) 2017-2018 to which UNICEF made a significant contribution in terms of planned activities and anticipated results for affected populations.¹

The field offices that were set up in late 2016 in Les Cayes and Jeremie following hurricane Matthew to ensure field presence and quick response, were maintained until December and October 2017 respectively, to ensure strengthened presence, and stronger field-level coordination and monitoring of activities in hurricane-affected areas.

**Humanitarian Strategy**

UNICEF has launched its 2018 Humanitarian Action for Children (HAC) for Haiti.² The plan lays out UNICEF’s planned humanitarian response throughout the country for 2018 including continuing responses to cholera, malnutrition, health, education, and cross border population returns. The plan has been aligned with the Humanitarian Response Plan (HRP) for 2018.

UNICEF is appealing for US$ 30 million to meet the immediate basic needs of children and families affected by humanitarian crises in Haiti in 2018. Interventions are based on an integrated approach to address emergency needs in water and sanitation, education, protection, nutrition and health.

Particular attention is being paid to sustaining the cholera response to ensure the current achieved level of control of the disease, through strengthening community-based surveillance and rapid response alert systems, protecting at-risk water systems and improving sanitary conditions in high risk areas. Bringing children back to school in a safe learning environment through rehabilitation of damaged schools, provision of necessary supplies, support to unaccompanied children and prevention of family separation are also core objectives of UNICEF, as part of the response to post-hurricane Matthew needs, as well as those generated by other humanitarian situations. UNICEF is also scaling up activities to prevent and treat malnutrition and is restoring health services in close collaboration with government, PAHO/WHO and WFP.

**Summary Analysis of Programme response**

**WASH**

- Since Hurricane Matthew, UNICEF assisted the National Directorate of Safe Water and Sanitation (DINEPA) in the rehabilitation/repair and operationalization of water systems, as well as the establishment of 24 mobile water treatment units in the hurricane-affected departments of Sud, Grand’Anse and Nippes. UNICEF activities enabled access to clean water to approximately 840,000 people with emergency water points.
- To ensure that affected communities had access to safe water and to further prevent cholera transmission, UNICEF provided household water treatment items to 139,000 people during the first phase of the emergency response.
- About 36,600 students in 91 schools benefitted from the rehabilitation of latrines, awareness raising and hygiene promotion activities. Students and teachers were sensitized on hygiene practices, and school hygiene committees were set up and trained. These committees monitor the status of sanitation in schools, mobilize the school committees and students to keep the facilities clean and maintained, and promote hygiene practices.
- Since October 2016, 75 collective shelters have been supported with hygiene and sanitation interventions reaching to an estimated 8,000 displaced persons. In addition, partners have assessed a total of 86 shelters on WASH conditions to take measures aiming at reducing the risk of acute watery diarrhoea.
- With the Ministry of Public Health and Population, a mass hygiene sensitization campaign was organized in markets and other gathering places, reaching more than 179,000 people. In total, an estimated 450,000 people benefited from hygiene promotion initiatives.
- Assessments of 130 damaged hydraulic infrastructures have been undertaken, 114 have been rehabilitated and reconstruction is ongoing for the remaining 16, which are expected to be finalized in June 2018. This will benefit an estimated 254,000 persons.

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Education

- Since October 2016, around 40,000 students were able to resume education in a more conducive environment thanks to UNICEF’s support in repairing schools with roof damages in the four departments most-affected by hurricane Matthew (Grand’ Anse, Nippes, North-West, and South).

- UNICEF also distributed school furniture (incl. desks, benches for one or more students) in 251 schools that were damaged or destroyed by the passage of hurricane Matthew, benefiting more than 50,000 students. UNICEF’s contribution accounted for more than 88 per cent of the overall education partners’ furniture distribution.

- An estimated 93,000 children between 5 and 14 years old received learning materials. UNICEF’s school materials distribution represented around 60 per cent of the overall distribution in hurricane-affected areas by education partners.

- Approximately 86 schools were initially used as temporary shelters during and after the hurricane. Of these, 43 schools received school furniture, and sanitation facilities were rehabilitated in 40 schools.

- An estimated 27,000 affected children received psychosocial support, among which 88 per cent were supported through UNICEF funded interventions.

- Overall, both UNICEF and sectoral targets were achieved, and UNICEF targets were all exceeded.

Nutrition

- UNICEF and its nutrition partners provided an integrated package of curative and preventive interventions in the communes of the hurricane-affected departments of Sud, Grand’Anse and Nippes, including treatment of severe and moderate acute malnutrition through out-patient and in-patient care, prevention of malnutrition through promotion of positive maternal and child feeding practices, and provision of multiple micronutrients. In communes affected by natural disasters, such as floods and drought, the response focus has been on the curative component of the package.

- In 2017, more than 11,900 children under five with severe acute malnutrition and more than 9,500 children with moderate acute malnutrition have been treated. The main challenge remains a lack of funds and partners able to cover difficult-to-reach areas in need for management of moderate acute malnutrition.

- During the same reporting period, over 40,000 children (6-24 months) received multiple micronutrients to improve their diet and combat iron-deficiency anemia.

- With UNICEF support, communal SMART\(^3\) surveys were conducted by the Ministry of Public Health and Population (MSPP) from 27 July to 10 August 2017 in 20 priority communes in the departments of South (8 communes) and Grand’Anse (12 communes). Survey results indicated that malnutrition levels are still of concern particularly in Grand’Anse department with prevalence of global acute malnutrition above 10 per cent (alert threshold) and/or prevalence of severe acute malnutrition above 2 per cent in six out of the 12 communes of Grande Anse. Survey findings have been used to inform nutrition programming, specifically the 2018 Humanitarian Response Plan (HRP).

Child Protection

- In 2017, UNICEF’s response to the emergency consisted of: (i) setting-up systems to rapidly identify unaccompanied and missing children; (ii) assessing the situation of children living in institutions; (iii) providing emergency assistance to 3,870 children in residential care centers located in areas directly affected by the Hurricane and initiating processes to re-establish family links; (iv) interventions aimed at supporting over 4,000 families at risk of separation, and (v) psychosocial interventions through Child Friendly Spaces (CFS), including mobile CFS reaching almost 45,000 children with psychosocial assistance as well as nutrition, health, and hygiene education and information.

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\(^3\) Standardized Monitoring and Assessment of Relief and Transition (SMART) is a single standardized survey methodology based on the two most vital and basic health indicators for the assessment of the magnitude and severity of a humanitarian crisis: 1. Nutritional status of children under-five, and 2. Mortality rate of the population.
• Families at risk of separation that were identified were supported with, among others, cash assistance, school reinsertion of children, and shelter assistance. In addition, approx. 30,000 people received information on violence, child abuse and gender based violence (GBV), and five foster care families were supported to maintain their capacity to remain in the alternative care system. UNICEF continues to prioritize assistance to vulnerable children and families to avoid the cycle of informal foster care/residential care, and is working to prevent the establishment of new illegal residential care centers.

• The heightened vulnerability and exposure to the risk of abuse, exploitation and neglect of children of families directly affected by the hurricane is being addressed through integrated strategies leveraging access to health, nutrition and WASH programmes. The most vulnerable families are being identified for support (including through analysis of coping strategies, access to services, prior experience of negative coping strategies such as child labour and child placement, etc.). The programme integrated cash and voucher strategies aiming to address underlying socio-economic drivers of family separation.

• The strengthening of community-based alert, identification and referral system, also constitute a major area of collaboration with the Institute of Social Welfare and Research (IBESR) and partners. In the two most-affected departments, a total of 33 referral systems have been set up, and collaboration undertaken with other sectors so as to ensure they encompass the broadest range of services possible. Community-based complaints mechanisms are in place in programming areas in the South and are being developed in Grand’Anse through technical support and exchange with partners.

• The hurricane Matthew response also provided an opportunity to support and strengthen child protection coordination at the decentralized level. Support in this field has greatly enhanced the capacity of the national child protection agency to prepare to disasters. A model child protection emergency preparedness toolkit is now available and regularly reviewed under IBESR leadership in the South and Grand’Anse; it is being progressively rolled out in other departments as well. Four trainings of departmental level Child Protection Working Groups were conducted (in South, Grand’Anse, Centre, Artibonite) to support the roll-out.

Health

• Assessment of health institutions in the most hurricane-affected areas revealed disruptions in cold chain systems for immunization materials and other vital medical supplies, causing the loss of many vaccine stocks. In response to this, UNICEF supported the Ministry of Public Health and Population (MSPP) and fully restored the cold chain in the departments affected by Hurricane Matthew. All damaged refrigerators have been repaired or replaced by solar refrigerators, which ensures better vaccine quality and reduces the cold chain operating cost. In addition, long-term conservation cold boxes were granted to small health facilities allowing them to keep the vaccines for a period of 30 days. UNICEF supported the technical staff of the MSPP to ensure the effective functioning, regular maintenance, and repairs are carried out as needed to ensure the functioning of the rehabilitated cold chain systems.

• A total of 146 cold chain equipment items were installed in areas affected by Hurricane Matthew (Nippes, Grand’Anse, and South departments). UNICEF supported the Health department for the distribution of vaccines and devices to health facilities, which enabled the immunization of over 19,000 children under the age of one (penta3) between January and August 2017.

• From January to December 2017, UNICEF supported:
  o 1,322 mobile medical units (MMU) with integrated gender-based violence (GBV), reproductive health, and nutrition programming in the hurricane response, providing health services to over 157,000 individuals with a focus on pregnant women and children (in Grand’Anse and South departments), and ensuring at least two antenatal visits for 10,894 pregnant women.
  o Training of 510 community health workers on community mobilization and referral of beneficiaries to health facilities.
  o Rehabilitation and equipment of the Saint Antoine de Jeremie Hospital in Grand’Anse department, the only reference hospital covering a population of about 460,000 people.
UNICEF also contributed to the strengthening of the health system by providing technical support to the MSPP, and through the development of the community health systems by training community health agents and strengthening of the network of health agents.

Cholera

Following the first oral cholera vaccination campaign in November 2016 which reached approximately 771,000 people, MSPP conducted a second campaign to distribute the second doses in May 2017. This campaign reached over 650,000 people (including 555,000 for the second shot and 98,000 first-shot receivers) in South and Grand’Anse departments.

In November 2017, a cholera vaccination campaign (2 doses) reached approximately 80,000 people in commune of Mirebalais located in Centre department. This commune was targeted because of its role in the persistence of epidemic. An additional cholera vaccination campaign is under preparation for the town of Saint Michel de l’Attalaye in Artibonite department, to take place in early 2018.

The epidemiological situation indicates a consistent decrease in the number of suspected cases of cholera between 2016 and 2017. A total of 13,747 suspected cases were reported from 1 January to 31 December 2017, while 41,421 cases were reported during the same period in 2016, almost three times the figure for 2017 (see Figure 1). The epidemiological trend is currently in a very low plateau with around 150 suspected cases per week in December 2017. The localized spikes in August and September 2017, are the result of transmission of vibrio cholera between humans, and is mainly concentrated in mountainous areas of Artibonite and Centre departments, which accounted for 70 per cent of all cases for the period.

The incident rate reached 0.11 per cent in 2017, almost attaining the 2018 objective of 0.1 per cent. As a matter of fact, the number of cases in week 52/2017 is the lowest ever reported since the beginning of the epidemic, and out of the 10 weeks of lower incidence since 2010, nine were reported in 2017, indicating strong control of the disease.

The alert-response strategy, which was better financed immediately after Matthew and throughout 2017, allowed the activation of additional rapid response teams, increasing their scope of activity to reinforce sensitization and community engagement, resulting in better control of outbreaks and progress towards the goal of eliminating cholera in Haiti. Hence, in 2017, nationwide, 95 per cent of suspected cases declared by the MSPP received rapid responses, 91 per cent of them within 48 hours.
• Community response continues to be done jointly with WASH NGOs and the Ministry of Health rapid response teams, with a complete package of interventions delivered: sensitization at household and community level, house disinfection, distribution of supplies (incl. water purifications tablets, soaps, oral rehydration salts, buckets) and water point chlorination. Thanks to these interventions within communities, over 167,000 households received at least one water treatment product through the ‘cordon sanitaire’. Furthermore, about 1.1 million people has been sensitized, in 14,585 response interventions or specific prevention activities in the main cholera hotspots, with a higher number of persons sensitized since the launching of the high impact operation in July 2017.

• To accelerate progress towards the lowest incidence rates possible and ensuring appropriate measures as the high-transmission season starts, UNICEF together with the MSPP, developed since July 2017 a high-impact response and communication campaign in the West Metropolitan areas, and a specific communication plan in the Centre and Artibonite departments. This strategy yielded positive results, as transmission is currently at its lowest level in the West department since the beginning of the epidemics in Haiti.

• Despite the overall good achievements, cholera efforts are at stake as funds to maintain this strategy in 2018 are insufficient, with a mere 20 per cent of necessary funds available to date. Strong financial support is essential to maintain the current levels and further lower the number of cases to reach the national goal of cholera elimination.

Funding for 2017 (Updated 31 December 2017)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>HAC 2017 requirements (US$)</th>
<th>Funds Available* (US$)</th>
<th>Funding Gap (US$)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6,820,000</td>
<td>1,981,110</td>
<td>4,838,890</td>
<td>71%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4,692,000</td>
<td>3,244,140</td>
<td>1,447,860</td>
<td>31%</td>
</tr>
<tr>
<td>WASH</td>
<td>3,775,000</td>
<td>3,835,238</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholera</td>
<td>15,600,000</td>
<td>12,267,073</td>
<td>3,332,927</td>
<td>21%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,710,000</td>
<td>2,299,803</td>
<td>1,410,197</td>
<td>38%</td>
</tr>
<tr>
<td>Education</td>
<td>7,755,000</td>
<td>2,404,751</td>
<td>5,350,249</td>
<td>69%</td>
</tr>
<tr>
<td>Cluster/cross-sectoral</td>
<td>3,635,454</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>42,352,000</td>
<td>29,667,569</td>
<td>12,684,431</td>
<td>30%</td>
</tr>
</tbody>
</table>

* Funds available in 2017 include funding received against current appeal as well as carry-forward from 2016. Not included is funding received in 2017 and planned for use in 2018. Preliminary figures, actual allocations per sector may vary slightly.

UNICEF’s emergency/humanitarian response in Haiti is made possible thanks to the generous support of:

- Government and people of Australia
- Government and people of Canada
- DFID (UK)
- ECHO (EU)
- Government and people of Italy
- Government and people of Japan
- Government and people of New Zealand
- Government and people of Spain
- Government and people of Sweden
- USAID
- USAID - Office of Foreign Disaster Assistance
- World Bank
- Andorran Committee for UNICEF
- Canadian Committee for UNICEF
- Czech Committee for UNICEF
- Danish Committee for UNICEF
- French Committee for UNICEF
- German Committee for UNICEF
- Japan Committee for UNICEF
- Korean Committee for UNICEF
- Norwegian Committee for UNICEF
- Spanish Committee for UNICEF
- United Kingdom Committee for UNICEF
- United States Fund for UNICEF
- UN-Central Emergency Response Fund (loan)

Next SitRep: June 2018


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Annex A - SUMMARY OF PROGRAMME RESULTS (January – December 2017)

This summary of results reflects UNICEF (HAC) and sector (HRP) targets for 2017 and progress achieved on the Jan-Dec 2017 period. As indicators were revised in 2017, they cannot be cumulated with 2016 results.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SECTOR Target (1)</td>
<td>Sector Progress</td>
</tr>
<tr>
<td>Cholera</td>
<td># of persons reached by the <em>cordon sanitaire</em> provided by the rapid response teams (2)</td>
<td>1,650,000</td>
<td>839,800</td>
</tr>
<tr>
<td></td>
<td>% of all cholera cases identified are responded to within 48hrs with a complete WASH package</td>
<td>75%</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td># of persons reached by the oral cholera vaccine (OVC) campaign in selected department (3)</td>
<td>771,000</td>
<td>734,143</td>
</tr>
<tr>
<td>WASH (4)</td>
<td># of persons provided with safe water for drinking, cooking and personal hygiene use</td>
<td>380,000</td>
<td>907,947</td>
</tr>
<tr>
<td></td>
<td># of persons sensitized to hygiene behaviour including handwashing related risks</td>
<td>615,000</td>
<td>341,458</td>
</tr>
<tr>
<td></td>
<td># of persons having access to safe sanitation including alternative sustainable sanitation strategies</td>
<td>45,000</td>
<td>12,817</td>
</tr>
<tr>
<td>Health (5)</td>
<td># of cold chain systems installed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of children under one who receive emergency vaccinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of pregnant women who receive at least 2 prenatal visits both institutional and mobile clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition (5)</td>
<td># of children 6-59 months treated for SAM</td>
<td>14,500</td>
<td>11,920</td>
</tr>
<tr>
<td></td>
<td># of children 6-59 months treated for MAM</td>
<td>31,200</td>
<td>9,540</td>
</tr>
<tr>
<td></td>
<td># of children 6-23 months receiving micronutrients powders</td>
<td>60,400</td>
<td>40,870</td>
</tr>
<tr>
<td>Child Protection</td>
<td># of unaccompanied and separated children assisted with interim care and family reunification support</td>
<td>7,000</td>
<td>4,685</td>
</tr>
<tr>
<td></td>
<td># of persons accessing preventative social work interventions to prevent family separation</td>
<td>6,500</td>
<td>4,142</td>
</tr>
<tr>
<td></td>
<td># of children accessing recreational and psychosocial support activities</td>
<td>75,000</td>
<td>44,809</td>
</tr>
<tr>
<td>Education</td>
<td># of affected 5-14 years old children receiving learning materials to access education (6)</td>
<td>150,000</td>
<td>159,147</td>
</tr>
<tr>
<td></td>
<td># of affected 5-14 years old children accessing education through rehabilitation and/or equipping of schools</td>
<td>150,000</td>
<td>141,885</td>
</tr>
</tbody>
</table>

*The summary of results reflects UNICEF (HAC) and sector (HRP) targets for 2017 and progress achieved on the 1 Jan-31 Dec 2017 period unless otherwise noted.*

(1) Sector and UNICEF targets aligned to the HAC and HRP 2017-18.
(2) The initial target was based on a caseload of 30,000 new cases in 2017. However, due to strengthened response and awareness-raising interventions, 13,747 cases have been reported to date. The target being 55 persons per case covered, the total is 756,085, and hence a 111 per cent achievement rate.
(3) Results are provisional, according to the July campaign report, pending official confirmation by the Ministry of Health, Immunization directorate.
(4) Difference in sector results and UNICEF results are due to different counting methods. Partners results provided in September were not taken into account in the target revision made in July, which led to the sudden increase in results for the first indicator. Moreover, additional number of beneficiaries result from the addition of people benefiting from aqua-tabs distribution, water trucking or temporary chlorination points.
(5) Needs were initially overestimated.
(6) Sector targets and progress reflect children aged 5-18 years old while UNICEF’s targets and progress reflect children aged 5-14 years.