Haiti

HIGHLIGHTS

- Haitians are facing some of the worst human rights violations and threats to their lives in the country’s recent history. The result has been chronic and acute humanitarian needs, including unprecedented levels of gender-based violence. Prolonged political turmoil, disease outbreaks, disasters and escalating armed violence persist, resulting in 3 million children requiring humanitarian assistance, a number that could grow if new shocks hit.

- In 2024, UNICEF is scaling up its response by providing support to the Government, through access to and continuity of basic services, while also contributing to humanitarian–development–peacebuilding nexus strategies. UNICEF provides water, sanitation and hygiene, education, health, nutrition, child protection, gender-based violence and social protection services; supports cholera rapid-response teams; and maintains disaster risk reduction and emergency preparedness activities.

- Timely, flexible funding is essential for UNICEF to reach the most vulnerable, crisis-affected children. UNICEF requires $221.7 million to meet humanitarian needs in Haiti in 2024.

KEY PLANNED TARGETS

<table>
<thead>
<tr>
<th>IN NEED</th>
<th>TO BE REACHED</th>
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<tbody>
<tr>
<td>5.5 million people</td>
<td>2.1 million people</td>
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<tr>
<td>3 million children</td>
<td>1.1 million children</td>
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FUNDING REQUIREMENTS

US$221.7 million

Figures are provisional and subject to change upon finalization of the 2024 inter-agency planning documents and based on the evolution of the humanitarian situation.
HUMANITARIAN SITUATION AND NEEDS

After two years of continuous crisis in Haiti and repeated calls for the intervention of an international force, the Security Council approved the deployment of a security mission to Haiti through Resolution 2699 in October 2023. The Multinational Security Support mission is mandated to support the restoration of security and pave the way for democratic elections. While the force is expected in the first quarter of 2024, protection concerns about such a force are already being considered. And urban populations are still trapped by armed violence, families are displaced due to conflicts, marginalized communities outside the capital suffer from food insecurity and repatriated migrants face numerous challenges. By 2024, approximately 5.5 million Haitians will be dependent on humanitarian protection and assistance.7

In Haiti, at least 200,000 people are internally displaced, with 25 per cent living in spontaneous sites and 75 per cent in host communities.8 This includes many unaccompanied children who are exposed to abuse, exploitation and violence. An ongoing cholera epidemic is aggravating existing disparities and further heightening the vulnerability of already marginalized populations: As of September 2023, more than 64,400 suspected cases had been reported, almost half of them among children under the age of 14 years.9 The health-care system remains challenged by limited human resources that strain the running of public health facilities. And precarious sanitation conditions and limited access to drinking water open the way for waterborne diseases.

Armed group activity in and around schools has further reduced access to education, exposing children to an increasing risk of being recruited by armed groups or being the victim of social exclusion and gender-based violence, particularly sexual and physical abuse. Approximately 3.4 million people require water and sanitation, more than 1.6 million people need emergency protection services, more than 100,000 children under age 5 require treatment for severe wasting and 1.2 million children will require support to access education in 2024.10

The southern part of the country, which is particularly vulnerable to natural hazards, is experiencing a new crisis as increasing numbers of internally displaced persons arrive in the area after fleeing violence in the capital. Meanwhile, northern Haiti is facing growing spillover effects of conflict and cholera, with reported expansions of armed groups, an increasing number of internally displaced persons and a rise in suspected cholera cases.

Haiti must also begin investing in recovery readiness, because responding to the complex needs of the affected populations will require a comprehensive, multisectoral approach, beyond immediate life-saving aid, to support recovery and resilience.

STORY FROM THE FIELD

On the violent streets of Port-au-Prince, a glimmer of hope emerges. In the midst of the chaos, a young mother, Valet Widemiange, 23, is the symbol of extraordinary resilience. After losing her husband and her home during a night of terror that swept through her neighbourhood in September 2023, Valet brought her child, Wideleysa, into the world, giving birth to her on the streets, the baby a powerful symbol of unshakeable courage in the face of uncertainty.

UNICEF and its local non-governmental partner, Organisation des Coeurs pour le Changement des Enfants Démunis d’Haiti (OCCED’H), were quick to provide support, offering Valet medical care, essential supplies and temporary shelter.

Read more about this story here
In 2024, UNICEF will maintain its focus on immediate humanitarian life-saving responses and contribute to nexus strategies where possible. Interventions will be tailored to the needs of specific population groups: those living in areas directly affected by armed violence, those who are internally displaced, repatriated migrants and border communities and other populations with acute emergency needs.

In areas affected by armed violence, UNICEF has invested in humanitarian access capacity to provide emergency basic services while promoting community engagement and social cohesion. UNICEF is strengthening service provision in reachable safe spaces while assisting people who are internally displaced with supplies, through mobile teams, and with protection and education activities and referrals to health services for complicated medical cases. UNICEF is also responding to needs in communities where social service systems are limited and likely to collapse, including through increased support to teachers, doctors, social workers and health workers. Along the border, unaccompanied children and families are supported.

UNICEF is expanding access to safe drinking water, sanitation and hygiene services through trucking, household water treatment, rehabilitation of infrastructure, waste disposal, hygiene promotion and supplies. The cholera response uses the case area targeted intervention approach, community awareness-raising, a WASH shield response and support to treatment centres. UNICEF supports access to maternal and child health care services and immunization and reinforces health supply chain management. UNICEF has scaled up screening and treatment for severe wasting, promotion of infant and young child feeding practices and vitamin A supplementation. Education is a gateway to strengthen social cohesion and child protection and promote peacebuilding. UNICEF promotes safe access to learning by providing school supplies, disaster-risk management and psychosocial support; while also supporting the national social protection system through humanitarian cash transfers meant to improve access to basic services.

Protecting children exposed to violence, exploitation and family separation is a priority. Specialized services, gender-based violence risk mitigation and response, psychosocial support and community-based structures provide care and referrals to victims of violence and to children associated with armed groups. Other priorities include contingency planning, and mainstreaming gender equality and protection from sexual exploitation and abuse through awareness-raising materials, reporting channels and reinforced accountability mechanisms. Gender analysis and engaging with women-led organizations inform the response.

The UNICEF Executive Director, as the Principal Advocate for Haiti for the Inter-Agency Standing Committee, is engaging with the Haitian Government, Haitian civil society, international partners and other actors to enhance access for safe, dignified and predictable humanitarian assistance and protection for children and their families.

Supporting government coordination, UNICEF co-leads the Education and Nutrition Clusters, the Child Protection Sub-Cluster and the WASH sector. UNICEF co-leads the cholera response with the Government, the World Health Organization and the Pan American Health Organization.

**2024 PROGRAMME TARGETS**

**Health (including public health emergencies)**

- 223,052 children vaccinated against measles, supplemental dose
- 652,400 children and women accessing primary health care in UNICEF-supported facilities
- 250 new health professionals recruited and deployed in health institutions

**Nutrition**

- 600,000 children 6-59 months screened for wasting
- 104,827 children 6-59 months with severe wasting admitted for treatment
- 430,884 primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- 600,000 children 6-59 months receiving vitamin A supplementation

**Child protection, GBViE and PSEA**

- 336,557 children, adolescents and caregivers accessing community-based mental health and psychosocial support
- 181,200 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 1,623,584 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- 5,979 unaccompanied and separated children provided with alternative care and/or reunified
- 448,743 Children, youth, parents and community leaders sensitized on recruitment of children by armed groups

**Education**

- 502,123 children accessing formal or non-formal education, including early learning
- 120,000 children receiving individual learning materials
- 500 teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support
- 25,000 children accessing mental health and psychosocial support in their schools/learning programmes

**Water, sanitation and hygiene**

- 884,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- 176,400 people accessing appropriate sanitation services
- 884,000 people reached with critical WASH supplies

**Cross-sectoral (HCT, SBC, RCCE and AAP)**

- 39,696 households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)
- 4,500,000 people reached through messaging on prevention and access to services
- 150,000 people with access to established accountability mechanisms

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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.

Programme targets are provisional and subject to change upon finalization of the 2024 inter-agency planning documents and according to the evolution of the humanitarian situation.
UNICEF is requesting $221.7 million to meet the needs of 2.1 million people in Haiti, including 1.1 million children. The humanitarian situation is not likely to improve in 2024. On the contrary, scenarios project a potential increase in risks that may elevate humanitarian needs nationwide. While UNICEF's 2024 funding requirement and targets have decreased compared with the 2023 (revised) appeal as other actors have increased their capacity, these requirements and targets will be reassessed in light of new developments on the ground.

Full and flexible humanitarian funding to support operations in this high-cost environment is critical to enable UNICEF to provide life-saving assistance to children impacted by the multifaceted and complex emergency gripping Haiti. The requested funds will allow UNICEF to provide life-saving services to vulnerable people in key target groups; ensure access to essential primary health and nutrition services and care to the growing number of children suffering from severe wasting; address access to water and sanitation (including in urban areas), the lack of which has been one of the main causes of the country's persistent cholera epidemic; and care for the growing number of children and women who are victims of violence and for separated children and those in the hands of armed groups.

Funding will also enable UNICEF to ensure safe access and a return to school for children deprived of their right to education. UNICEF will continue investing in nexus strategies, contributing to the country's resilience efforts. Without timely and adequate funding, children's needs will go unmet. More than 220,000 children under 5 years of age will not be vaccinated against measles and more than 104,000 will not receive treatment for severe wasting; 884,000 people will not have access to safe water; more than 336,000 children will be denied mental health and psychosocial support; and more than half a million children will be unable to learn in a safe environment.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2024 requirements (US$)</th>
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<tbody>
<tr>
<td>Health (including public health emergencies)</td>
<td>26,500,000²¹</td>
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<tr>
<td>Nutrition</td>
<td>33,224,240²²</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>48,704,793²³</td>
</tr>
<tr>
<td>Education</td>
<td>32,637,995²⁴</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>43,810,800²⁵</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, SBC, RCCE and AAP)</td>
<td>36,772,384²⁶</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>221,650,212</strong></td>
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and humanitarian cash transfers ($14,052,384).

34. UNICEF estimates a total number of people to be reached of 2,080,207. The method of calculation considers 1,102,123 children (in nutrition, with 600,000 children aged 6–59 months receiving vitamin A supplements; and education, with 500,123 children accessing formal or non-formal education); and 978,084 adults (in health, with 326,200 women accessing primary health care – 50 per cent of total largest target in health to avoid double counting with the population targeted for nutrition interventions; and in nutrition, with 430,884 primary caregivers; and WASH, with 221,000 people reached with critical WASH supplies – 25 per cent of men targeted to avoid double counting with women in health and nutrition). Note that the reduction in people to be reached is due to a decrease in the UNICEF coverage targets for WASH and education, because other sector/cluster actors have increased their presence and support.

5. 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.

6. Based on the single largest target for different age groups under 18 years, namely in nutrition, with 600,000 children aged 6–59 months receiving vitamin A supplements; and education, with 500,123 children accessing formal or non-formal education. The reduction in children to be reached for UNICEF in 2024 compared with 2023 is due to a decrease in the UNICEF coverage targets of WASH (due to increased coverage from other sector/cluster partners involved in the response) and a decrease in education, as the number of children in need for the education sector has decreased following the lifting of school closures following the COVID-19 pandemic. In education, UNICEF is covering 65 per cent of the sectoral target.

7. Based on the preliminary estimate for the 2024 Humanitarian Needs Overview for Haiti in different programmatic sectors, calculated by OCHA and humanitarian partners, including UNICEF.


9. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.

10. In areas controlled by armed groups, UNICEF is investing in humanitarian access capacity to ensure provision of emergency services (including through mobile teams), while promoting community engagement and social cohesion; as well as increasing monitoring of grave violations. To address the needs of populations fleeing armed group-controlled areas, UNICEF has a dual approach which includes strengthening service provision in reachable safe spaces – which also benefits host communities – while assisting internally displaced people with supplies, through mobile teams, protection and education activities and referrals to health services for complicated cases.

11. Beyond the UNICEF targets for these interventions, other humanitarian partners are expected to reach the remaining children/families in need.

12. 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.

13. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.

14. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.

15. The cross-sectoral target includes accountability to affected populations and social and behavioural change activities and indicators.

16. The population targeted is higher than the total number of people/chilren to be reached because the target includes mass media outreach.

17. Compared with 2023, UNICEF's WASH target has decreased due to an increase in WASH partners responding to the humanitarian crisis. Specifically, the sector's target is 1.2 million (covering 49 per cent of needs), and aside from the Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA), nearly 56 per cent of the sector's operational partners now have engagements with UNICEF and therefore have participated or are supported by UNICEF. IOM is also an increasingly major partner in the sector due to the growing response for internally displaced persons, particularly in water tracking, latrine emptying and the distribution of supplies.

18. The target includes people assisted with choler kits through rapid response teams benefiting from a 'cordon sanitaire' and community response; as well as support with hygiene kits in emergency response. Hygiene kits are accompanied by sanitization and local solutions for oral rehydration salts where choler kits do not suffice to address needs.

19. The cross-sectoral target includes accountability to affected populations and social and behavioural change activities and indicators.

20. The population targeted is higher than the total number of people/chilren to be reached because the target includes mass media outreach.

21. The child protection budget includes: 1) $450,000 for protection from sexual exploitation and abuse; 2) $18,120,000 for gender-based violence efforts including full-service provision of prevention, risk mitigation and response to survivors of gender-based violence (legal and medical services plus psychosocial support, estimated at $300 per beneficiary). Twenty per cent of survivors need the full package of services and 80 per cent benefit from prevention and sensitization sessions only; 3) $11,957,999 for support to unaccompanied and separated children; and 4) 16,827,865 for psychosocial support.

22. The education budget is costed at $65 per child.

23. The child protection budget includes: 1) $450,000 for protection from sexual exploitation and abuse; 2) $18,120,000 for gender-based violence efforts including full-service provision of prevention, risk mitigation and response to survivors of gender-based violence (legal and medical services plus psychosocial support, estimated at $300 per beneficiary). Twenty per cent of survivors need the full package of services and 80 per cent benefit from prevention and sensitization sessions only; 3) $11,957,999 for support to unaccompanied and separated children; and 4) 16,827,865 for psychosocial support.

24. The education budget is costed at $65 per child.

25. The WASH budget includes $8,420,000 for the cholera response rapid response team/case area targeted intervention response.