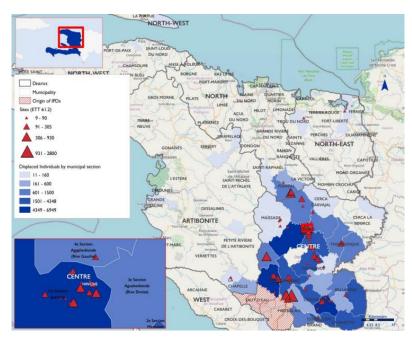
Flash Update #1 – IDP Response Following Armed Group Take-Over of Mirebalais and Saut d'eau 20 April 2025

Situation Overview

The effective control of territory by armed groups continues to expand – in addition to controlling 85 per cent of the capital, armed groups took over the towns of Mirebalais and Saut-d'Eau in the Centre Department on 31 March and 3 April, respectively. As a result of the violence, Mirebalais remains largely deserted.1 The attacks resulted in the displacement of more than 51,000 people - including approximately 27,030 children as per (IOM). While most sought refuge in host communities, more than 12,500 people (24 per cent) remain stranded across 95 newly established spontaneous sites in the Centre Department. In addition, some displaced populations have reached Artibonite (over 500 people) and Nord (over 1,700 people) Departments. These figures come in addition to previous displacements in the northern region, as recorded by the IOM Displacement Tracking Matrix (DTM).2



IOM - Emergency Tracking Tool (ETT) #61.2:31 March - 16 April 2025

Overall, UNICEF estimates that over 100,000 people including IDPs and host communities – half of which are children - are affected by this ongoing crisis.

The most affected areas in the Centre Department — in terms of critical needs and concentration of internally displaced people (IDPs) — include: Hinche, Boucan Carre, Thomond, Lascahobas, Thomassique, Savanette and Belladere. In the Artibonite and Nord Departments, the affected communes include La Chapelle and Pignon respectively.

Initial Assessment and Needs

Since 7 April, UNICEF Haiti has deployed a team to the Centre Department to support authorities and partners assessments and coordination efforts.

Needs surpassing response capacity: Initial assessment findings indicate that the needs of displaced populations — sheltering in schools, churches, and public buildings—are increasing weekly, despite initial distributions. On the ground, many displaced families are living without consistent access to safe drinking water, basic sanitation, hygiene facilities, health care, food, electricity, sleeping materials and shelter. Symptoms of water-borne diseases,

¹ <u>OCHA</u> (7 April, 2025)

² <u>IOM-DTM</u> (14 January, 2025)

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including acute watery diarrhea and vomiting, as well as air-borne infections, such as acute respiratory infections, have already been reported.

Urgent protection risks identified: UNICEF and its government partner, the *Institut du Bien-Etre Social et de Recherches* (IBESR), have assessed serious protection risks for children, particularly adolescents, stemming from the widespread absence of structured site management. Immediate needs include the provision of gender-segregated toilet facilities and the establishment of community committees focused on women, children and waste management to mitigate risks for children and other vulnerable groups.

The living conditions and access to basic services for displaced populations hosted by local communities remains yet to be assessed. According to the Directorate of Civil Protection (DPC), some families in safer areas are no longer able to accommodate internally displaced persons, as many communities were already experiencing severe vulnerability prior to the current crisis.

Access from Port-au-Prince to the Centre Department and areas along National Road #3 is becoming increasingly restricted due to ongoing clashes between security forces and armed groups. This situation is expected to deteriorate further with the proliferation of illegal checkpoints along this critical supply route. (UNDSS Weekly Security Assessment #20250415).

Needs and UNICEF Response

In support of the government, UNICEF has deployed a multi-sectoral team to Hinche with missions to Boucan Carre, Centre Department, to support coordination, conduct needs assessments and initiate the response.

To date, UNICEF has reached over 5,500 displaced individuals though the distribution of WASH-non-food items (NFIs) and the resumption of water trucking services. In addition, 265 children have received psychosocial support. Operational plans for the deployment of mobile health clinics are being finalized, with activities expected to begin during the week of 21 April.

A key priority remains the replenishment of supplies. While some materials are arriving from Cap Haitian, significant challenges persist in transporting supplies from Port-au-Prince due to the blockage of National Route 3. UNICEF is engaged in discussions with the Logistics Cluster on potential maritime transport routes, and with Access Working Group to identify viable alternative routes.

These logistical constraints risk further delaying critical support for children, who are already exhibiting signs of psychological distress and spending much of their time idle in displacement sites. Restoring a protective learning environment is urgently needed. All children interviewed expressed a strong desire to return to school.





Health/Nutrition

• Following the progressive shut-down of the Mirebalais hospital since 31 March, the two hospitals in Hinche (St. Therese) and Bas Artibonite Hospital Albert Schweitzer, (HAS) have admitted a combined total of 218

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- patients. HAS has also provided refuge for 50 medical personnel displaced from Mirebalais. Patients have presented with gunshot wounds (76), suicide attempt (1), strokes (2), suspected cholera (1) and severe acute malnutrition (2).
- St Therese Hospital receives technical and financial support from Zanmi La Sante (ZLS), a UNICEF partner. However, the ongoing crisis has severely affected ZLS operations, as many of their medical staff have been displaced. Despite the support, the hospital is experiencing critical shortages, including oxygen, due to the disruption of its regular supply from Thomond Hospital. St. Therese has already received 3,500 IDPs amongst its patients, representing a threefold increase in outpatient visits compared to normal times. The hospital urgently requires obstetric and surgical kits, as well as basic medicines, to maintain services and respond effectively to the emergency.
- In collaboration with the government and through its local partner Caritas, UNICEF is activating 24 mobile clinics to reach approximately 30,000 people in host communities and displacement sites. These mobile units aim to alleviate the burden on Hinche Hospital by preventing disease outbreaks and reinforcing community awareness of healthy behaviours. Activities include sensitisation on malnutrition, cholera prevention, family planning and vaccination, as well as referring cases for further care and vaccinating children under five.

Water, Sanitation and Hygiene

- In support of OREPA, UNICEF and its partner Caritas have resumed water trucking operations to provide safe drinking water in Hinche (Haut Plateau), following a suspension due to resource constraints faced by departmental authorities. A total of 2,290 individuals across eight sites³ have benefited from the intervention.
- Additionally, UNICEF, through its local partners Caritas and ORRAH, has distributed 1,092 WASH kits across 24 displacement sites⁴ in Hinche and Boucan Carre (Bas Plateau), reaching 5,460 IDPs.
- On 20 April, UNICEF and eight U-reporters reached 1,250 displaced individuals with key lifesaving messages on cholera prevention and good hygiene practices.



© 2025/UNICEF Haiti/St-Fleur. UNICEF & partners distributing hygiene kits to displaced families in Hinche.

³ Hinche sites reached by Water Trucking: EFACAP, Toussaint Louverture, Immigration, École Nationale Immaculé Conception et Antenor Firmin, PDZ (cité silence), École de Dieu Bethel, Hôtel Charlemagne Peralte, Oswald Durand.

⁴ Sites in Hinche: École Nationale Toussaint Louverture, EFACAP, PDZ à Cité Silence, Quims, Colladère

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Child Protection

- During the Easter weekend, 265 children and adolescents across two sites⁵ in Hinche participated in discussion groups ⁶moderated by UNICEF and the Institut du Bien-Etre Social et de Recherches (IBESR). These sessions revealed that many children are experiencing fear and anxiety and expressed a strong desire to return to school.
- In partnership with Caritas, the Directorate of Civil Protection and the Haitian Red Cross, UNICEF has mobilised a team of facilitators to be deployed to displacement sites. Their role is to deliver recreational activities, identify children in distress or from their families, and refer them to IBESR for individual case management.



© 2025/UNICEF Haiti/Bordes. Children in site for internally displaced people in Hinche attending psychosocial support discussion groups during the holiday weekend.

Education

- UNICEF has been providing technical support to decentralised government authorities (DDE Centre) to
 identify displaced students preparing for national examinations, as well as to map and assess available
 schools to enable the reintegration of internally displaced children and the resumption of learning in safe
 and protective environments.
- Hundreds of schools remain closed in Mirebalais and Saut D'Eau, as thousands of teachers and pupils have fled to safer areas such as Boucan Carre, Lascahobas, Hinche and La Chapelle in Bas Artibonite.
- The Centre Departmental Office of Civil Protection (DPC) has identified up to 33 schools currently being used
 as shelters by displaced families. As a result, an estimated 4,000 pupils are unable to access their
 classrooms. Local authorities and the DPC have identified a site in Hinche where IDPs currently sheltering
 in schools could be safely relocated.

⁵ Listening groups were offered in Lycee Toussant L'Ouverture and at EFACAP, Hinche

⁶ Discussion groups allow the child to express his/her suffering, conflicts or difficulties to promote their resolution to prevent the trauma or situation from becoming too important because of silence or what is left unsaid. This offers psychological well-being to participants who may be in a situation of unhappiness in their profession because it is challenging, or in their life because they are going through a difficult situation.

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Coordination and partnerships

Coordination mechanisms: The Civil Protection Office (DPC) in the Centre Department has activated the Departmental Emergency Operations Centre (COUD), inviting all partners and authorities to participate. However, overall sectoral coordination remains limited due to resource constraints and the low presence of partners on the ground. UNICEF has deployed a multi-sectoral team to participate in the COUD, support ongoing assessments and contribute to the initial response in collaboration with WASH, Child Protection, Nutrition-Health and Education partners, as well as departmental authorities. At the national level, OCHA has convened an ad-hoc coordination call focused on the response in the Centre Department, urging available partners to mobilise efforts in support. Nevertheless, field presence remains ad-hoc, as limited resources and multiple emerging hotspots across the country continue to require attention and challenge response capacity.

Key Implementing Partners: UNICEF continues to collaborate with Caritas Hinche to deliver a multi-sectoral response. Existing partnerships in each sector continue to enable rapid mobilisation of activities. In the WASH sector, UNICEF collaborates with ORRAH and the government entity, OREPA. For Child Protection, key partners include IBESR (government), the Red Cross, Fondation Zanmi Timoun along the Dominican Republic border, and COCIDECH in Bas Artibonite. The Health and Nutrition response is supported through established partnerships with departmental health authorities and Zanmi Lasante (Partners in Health), as well as with Hopital Albert Schweitzer (HAS) in neighbouring Bas Artibonite. Across the board, UNICEF leverages the engagement of young community collaborators, including U-reporters, who contribute across health, child protection, education, and AAP efforts.

This wide network of partners allows UNICEF to respond swiftly to the emergency, while simultaneously working to strengthen local systems and build sustainable capacity to respond to and address future shocks.

UNICEF's Objective and Sector Response Strategy with estimated needs

UNICEF aims to deliver a coordinated, multi-sectoral emergency response to support the most vulnerable children and families affected by the crisis. The response strategy focuses on the following priorities:

- Providing lifesaving and emergency assistance to affected children and families
- Re-establishing a protective learning routine for pupils affected by school closures and children on the move
- Supporting the continuity of essential social services (health, WASH, education and child protection)
- Strengthening community resilience and linkages to existing systems
- Promoting accountability to affected populations and the participation of children
- Preventing sexual exploitation and abuse throughout the response

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This response is aligned with the 2025 Humanitarian Action for Children (HAC) appeal, which outlines a funding ask of US\$272 million for UNICEF's activities in Haiti. For the response in the Centre Department to the current displacement, UNICEF estimates needing US\$1.2 million over the coming 6 months, and to date, UNICEF has mobilised only US\$250,000 to address the needs, leaving a significant gap that urgently requires donor support.

| Sector | Key Actions Required | Funding Needs 6 months |
|---|---|---------------------------|
| WASH - Restore access to safe drinking water, sanitation and hygiene | Distribution of hygiene kits and hygiene promotion Access to water – including through water trucking Rehabilitation of water points / kiosks Installation of emergency latrines Cholera prevention | USD \$300,000 |
| Health & Nutrition - Ensuring access to basic health care and preventing malnutrition | Support mobile clinics and local health structures for primary health care for children and mothers Screening and treatment of acute malnutrition Vitamin A administration, de-worming, routine vaccination | USD \$350,000 |
| Education - Ensuring the continuity of learning in emergency contexts | Providing access to education in temporary learning spaces in IDP sites, and via expansion of schools; identification of IDPs due to pass their exams. Distribution of school and recreational kits Teacher training in psychosocial management and emergency education | USD \$300,000 |
| Child Protection - To prevent and respond to child protection risks | Creation of child-friendly spaces Psychosocial support and individual case management Prevention of and response to recruitment, exploitation and abuse | USD \$200,000 |
| Communication for Social and behavioral change (SBC) - Disseminate key messages for protection and resilience | Community outreach and engagement Campaigns via radio, SMS, community workers Feedback and accountability through AAP mechanisms | USD \$50,000 |