



unicef 
for every child

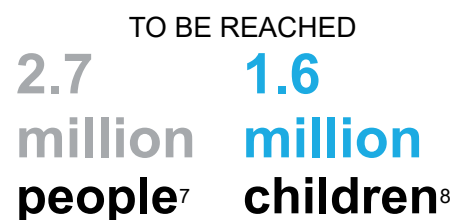
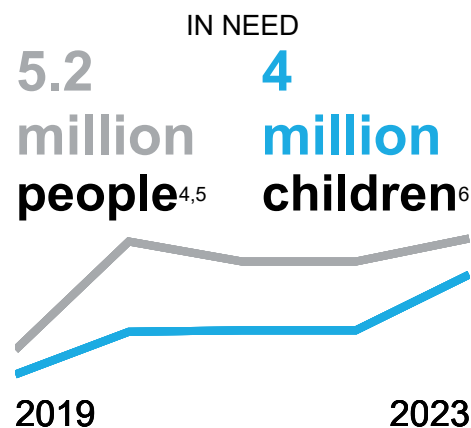
Humanitarian Action for Children

A girl sleeps on her mother's shoulder at a mobile clinic organized by UNICEF and the Ministry of Health for families displaced due to violence in Cité Soleil, a neighbourhood of Port-au-Prince.

Haiti

HIGHLIGHTS^{1,2}

- In 2023, UNICEF estimates that more than 4 million children will need humanitarian assistance in Haiti. Affecting them are many difficult conditions: increased gang-related violence, internal displacement, civil unrest, political instability as the country still reels from the killing of the President and indefinitely postponed elections, a socioeconomic crisis, rising food insecurity and malnutrition, the resurgence of cholera and the continued expulsion of Haitian migrants from several countries in the Americas,³ including the neighbouring Dominican Republic.
- UNICEF supports the Government and humanitarian partners in ensuring access to and continuity of basic services for affected children and families. UNICEF provides water, sanitation and hygiene (WASH), education, health, nutrition, child protection and social protection services, and is also responding to the resurgence of cholera. An important component of UNICEF's work is disaster risk reduction and emergency preparedness activities.
- UNICEF is requesting US\$210.3 million to meet the humanitarian needs of Haitian children and their families in 2023.



KEY PLANNED TARGETS



652,200

children and women
accessing primary
healthcare



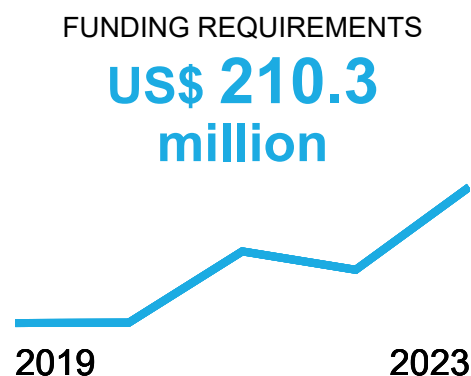
1 million

children accessing formal
or non-formal education,
including early learning



1.3 million

people accessing a
sufficient quantity and
quality of water



HUMANITARIAN SITUATION AND NEEDS

In Haiti, nearly 59 per cent of the population lives below the poverty line, with limited access to basic services. Haiti ranks 163 out of 191 countries on the 2021 Human Development Index,¹⁰ and is affected by political turmoil; cholera; poverty; institutional and socioeconomic crises; and natural disasters. Together, these challenges have resulted in persistent humanitarian needs.

A resurgence of cholera in Haiti was confirmed on 2 October 2022. As of 10 November, 734 cases had been confirmed in four departments.¹¹ The cholera outbreak is layered over major social unrest and gang-related violence, which has gripped the country since September. At the same time, severe fuel shortages restrict utilities and the delivery of basic services, including water and health care. In 2020, 33 per cent of the population was deprived of access to a basic water service,¹² and UNICEF estimates that needs will increase with more people affected by the current overall deterioration. What's more, the impact of fuel restrictions on medical facilities and workers prevents some services from being provided, with severe implications for the management of the cholera outbreak. The fuel restrictions also impact aid delivery, data collection and transportation of test samples and results.

September 2022 saw a peak in violent protests, which had been building since mid-2021 due to gang violence and the killing of the President. Civil unrest and gang violence have directly affected access to education and health services for at least 1.5 million people,¹³ while more than 4 million children continue experiencing malnutrition and poor access to education, protection¹⁴ and basic services. The premises of United Nations agencies and non-governmental organizations have been targets of violent looting. At least 96,000 people are internally displaced in Haiti due to gang violence and civil unrest,¹⁵ including unaccompanied children exposed to abuse, exploitation and violence.

A nutrition assessment in Cité Soleil, an impoverished neighbourhood in the Port-au-Prince metropolitan area, revealed that 20 per cent of children under age 5 are wasted.¹⁶ All told, 4.7 million people in Haiti are facing acute hunger.¹⁷ Where health services are not closed or damaged, irregular availability of electricity, water and fuel jeopardizes activities, aggravating the cholera risks. Around 4 million children aged 5-19 years risk losing learning opportunities.¹⁸ In 2022, 60 per cent of 3,000 schools assessed by UNICEF and the Ministry of National Education and Vocational Training have been vandalized, and more than 500,000 children have lost access to education.¹⁹

Haitians also face natural hazards and the continued expulsion of Haitian migrants from several countries in the Americas including the neighbouring Dominican Republic. Furthermore, reconstruction efforts remain limited following the 2021 earthquake in the south, with more than 250,000 children there still without access to adequate schools⁹ and several health centres still in need of reconstruction.

SECTOR NEEDS²⁰



4.5 million
people in need of
health assistance²¹



778,600
children in need of
nutrition services²²



1.2 million
children in need of
protection services²³



4 million
children in need of
education support²⁴



3.3 million
people lack access to
safe water²⁵

STORY FROM THE FIELD



Marceline, 12, fled with her mother to escape fights between armed gangs in the metropolitan area of Port-au-Prince in Haiti, to find refuge in Kay Castor.

"We had to flee so that we wouldn't be victims of the gangs," Marceline says. "We took detours, so the gunmen couldn't see us. Otherwise, they would force us to stay in the area and shoot at us. They burn houses, kill innocent people."

UNICEF provided children and families displaced in Kay Castor with psychosocial support and mobile health clinics, along with safe drinking water, in cooperation with local authorities.

[Read more about this story here](#)

Marceline, 12, looks at the camera in the Kay Castor temporary displacement site in Port-au-Prince. UNICEF has provided psychosocial support and mobile health clinics to serve those who are displaced.

In collaboration with the Government, UNICEF will work with partners to ensure access to and continuity of essential services while responding to cholera and urban violence and strengthening disaster risk reduction and preparedness. Humanitarian cash transfers will be provided to improve access to basic goods and services.²⁹

In urban areas affected by gang violence, while responding to the needs of internally displaced people UNICEF will also invest in UNICEF access and engagement capacities to better address the needs of those unable to leave including supporting partners with access opportunities. UNICEF will focus on mobile teams, distributions of critical supplies and promoting community engagement, ownership and resilience.

In response to the cholera outbreak, the case area targeted interventions (CATI) approach³⁰ will be employed, together with community sensitization, support to treatment centres and WASH responses.

UNICEF will support continued access to essential health care services, immunization and maternal and child health, including in earthquake-affected areas, and will also reinforce health supply chain management.

UNICEF will scale up treatment of severe wasting in children with screening, referral and provision of quality therapeutic care, including in areas affected by cholera, while promoting infant and young child feeding practices. UNICEF will provide nutrition supplies, strengthen end-user monitoring and information management and will complete a SMART survey.³¹

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 infrastructure, waste disposal, hygiene promotion and distribution of hygiene kits. WASH in schools in the Port-au-Prince metropolitan area will also be prioritized.

UNICEF will promote safe access and return to learning through the provision of school supplies, access to multiple education pathways, psychosocial support and cholera and disaster risks prevention. Conditional cash grants will be provided to schools that enroll vulnerable children and improve educational infrastructure and teachers' capacity management, using education as a gateway to strengthen social cohesion and promote peacebuilding.

Protection of children exposed to violence, including gender-based violence, exploitation and family separation - notably for internally displaced people and migrants - will be prioritized. Specialized services and community-based structures will identify vulnerable children and provide adequate care and referrals.

UNICEF will continue supporting sectoral and national coordination, co-leading the WASH, education and nutrition sectors and the child protection subsector; UNICEF will also co-lead the cholera response with the Government, the World Health Organization and the Pan American Health Organization. Priorities include pre-positioning supplies and community mobilization to foster social and behavioural change and information on rights, entitlements and available services. Gender equality and accountability to affected populations will be mainstreamed throughout the response. For the prevention of sexual exploitation and abuse, child-friendly awareness-raising material and reporting channels will be disseminated.

UNICEF will support the strengthening of existing national social protection system to appropriately target and swiftly scale up humanitarian cash transfers to people affected by urban violence, with a focus on reaching those hardest to reach in order to improve access to basic goods and services.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/haiti/situation-reports>

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.



Health³³

- **162,400** children vaccinated against measles
- **652,200** children and women accessing primary healthcare in UNICEF-supported facilities³⁴
- **3,600** healthcare workers within health facilities and communities provided with personal protective equipment



Nutrition

- **100,602** children 6-59 months with severe wasting admitted for treatment³⁵
- **600,000** children 6-59 months screened for wasting³⁶
- **467,175** primary caregivers of children 0-23 months receiving infant and young child feeding counselling



Child protection, GBViE and PSEA³⁷

- **57,840** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **1,253,660** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **102,600** children and parents/caregivers accessing mental health and psychosocial support
- **6,480** unaccompanied and separated children provided with alternative care or reunified



Education

- **1,000,000** children accessing formal or non-formal education, including early learning³⁸
- **1,000,000** children receiving individual learning materials
- **850** classrooms rehabilitated or reconstructed including temporary learning centers³⁹



Water, sanitation and hygiene⁴⁰

- **1,253,660** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **884,963** people accessing appropriate sanitation services
- **884,963** people reached with critical WASH supplies



Social protection

- **27,200** households reached with UNICEF-funded humanitarian cash transfers⁴¹



Cross-sectoral (SBC, RCCE and AAP)⁴²

- **2,000,000** people reached through messaging on prevention and access to services⁴³
- **24,100** people sharing their concerns and asking questions through established feedback mechanisms⁴⁴



Cholera⁴⁵

- **1,440,000** people assisted with cholera kits through rapid response teams benefitting from "cordon sanitaire" and community response
- **9,000** suspected cases detected, referred to a cholera treatment center or rehydrated in the community
- **4,000** suspected with cholera and severe wasting are managed according to the national protocol for the management of cholera cases in children with acute malnutrition

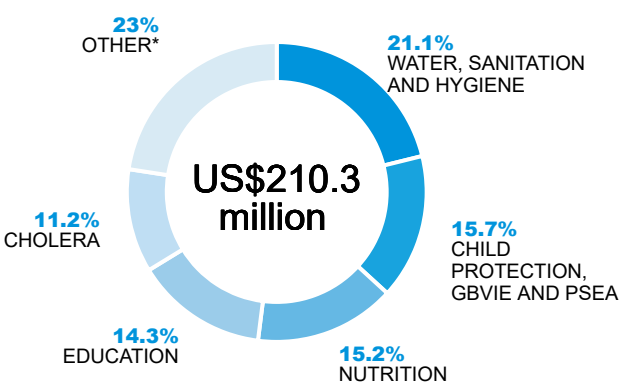
Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.

FUNDING REQUIREMENTS IN 2023

In 2023, UNICEF is requesting US\$210.3 million to meet the needs of 2.7 million people in Haiti, including 1.6 million children. The upsurge in violence and social unrest, the resurgence of cholera and the residual needs of the most vulnerable earthquake-affected population have led to an increase in humanitarian needs and funding requirements in Haiti compared with 2022. At least US\$23.5 million in additional funding is urgently required to respond to the resurgence of cholera cases.

Full funding of this appeal is critical to enable UNICEF to provide life-saving goods and services to children and vulnerable populations in the context of insecurity and health, social and economic crises. These resources will allow UNICEF to provide access to increasingly scarce water and sanitation - including in urban areas - the lack of which has been one of the main causes of the cholera epidemic; mitigate the effects of continuing degradation of such essential social services as health services and life-saving care for children suffering from severe wasting; and care for the growing number of children and women who are victims of violence, separated children and those in the hands of armed groups. Funding will also enable UNICEF to ensure access to formal and informal education and to cover essential emergency WASH and child protection interventions.

Without sufficient and timely funding, UNICEF will be unable to support life-saving assistance and recovery for Haiti's children and families in need.



Sector	2023 requirements (US\$) ⁴⁶
Health	20,182,941 ⁴⁷
Nutrition	31,969,890 ⁴⁸
Child protection, GBViE and PSEA	32,933,520 ⁴⁹
Education	30,000,000
Water, sanitation and hygiene	44,473,285
Social protection	10,797,155
Cross-sectoral (HCT, SBC, RCCE and AAP)	16,471,223 ⁵⁰
Cholera	23,500,000 ⁵¹
Total	210,328,014

*This includes costs from other sectors/interventions : Health (9.6%), Cross-sectoral (HCT, SBC, RCCE and AAP) (7.8%), Social protection (5.1%).

ENDNOTES

1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF's Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.
2. UNICEF activated its Corporate Emergency Level 2 Scale-up Procedure for Haiti for the following period: 18 October 2022 to 17 February 2023. UNICEF Emergency Procedures are activated to ensure a timely and effective response to all crises. The emergency procedures provide a tailored package of mandatory actions and simplifications required for all offices responding to Level 3, Level 2 and Level 1 humanitarian situations.
3. Seck, Ndiaga, "Faces of the returnees: Haitian families expelled from Cuba and the U.S. have faces. Here they are!", online article, UNICEF, 12 October 2021, available at <www.unicef.org/haiti/recits/faces-returnees>.
4. Based on the preliminary estimate for the 2023 Humanitarian Needs Overview for Haiti in different programmatic sectors, calculated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and humanitarian partners, including UNICEF.
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. Estimated by UNICEF, calculated based on the largest sectoral needs figure for children.
7. Based on the single largest sector targets for different age groups: nutrition (under 5 years old); education (school-aged children aged 5-14 years); and WASH (only the proportion of the targeted population that is 15 years and older).
8. Preliminary estimate. Based on the single largest sector targets for different age groups, namely nutrition and education.
9. Due to the lack of recent data, 250,000 was calculated based on the number of school attendees (in basic education grades 1-9) from SitAn/Cambridge Education, 2019, also taking into consideration the annual increase of the school population. The hypothesis behind this is that, due to the prevailing insecurity, almost all schools are still closed.
10. United Nations Development Programme (UNDP), Human Development Report 2021-2022: Uncertain Times, Unsettled Lives: Shaping our future in a transforming world, UNDP, New York, 2022, available at <https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf>.
11. Including in the capital, Port-au-Prince, which reports the highest concentration of cases.
12. World Health Organization (WHO)/UNICEF, Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, accessed 8 November 2022.
13. UN News, "UN releases \$5 million for humanitarian needs triggered by gang violence in Haiti", online article, 19 August 2022, available at <<https://news.un.org/en/story/2022/08/1125042>>.
14. An analysis of the situation of children enrolled by armed groups will be carried out to guide the identification, care and socio-professional reintegration of these children.
15. International Organization for Migration (IOM), "96,000 Haitians displaced by recent gang violence in capital: IOM report", online article, IOM, Port-au-Prince, 28 October 2022.
16. UNICEF, "Haiti: Des milliers d'enfants risquent de mourir de malnutrition aiguë si des soins thérapeutiques adéquats ne sont pas fournis", press release, Port-au-Prince, 5 August 2022, available at <www.unicef.org/haiti/communiqu%C3%A9s-de-presse/ha%C3%AFTi-des-milliers-d'enfants-riquent-de-mourir-de-malnutrition-aigu%C3%AB-si-des#:~:text=A%20ce%20jour%2C%209%20506,quart%20de%20million%20d'habitants>.
17. Of those facing acute hunger, 19,000 people are in Integrated Food Security Phase Classification (IPC) Phase 5, or catastrophic level, in Cité Soleil. Source: IPC, Haiti: Acute food insecurity situation September 2022 - February 2023 and projection for March - June 2023, IPC, 14 October 2022.
18. OCHA, Situation humanitaire et choléra - Flash Update # 3 (au 11 octobre 2022), OCHA, 12 October 2022, available at <<https://reliefweb.int/report/haiti/haiti-situation-humanitaire-et-cholera-flash-update-3-au-11-octobre-2022>>.
19. UNICEF, "New upsurge of violence threatens the delivery of basic services for thousands of children in Haiti", press release, Port-au-Prince, 24 September 2022, available at <www.unicef.org/haiti/en/press-releases/new-upsurge-violence-threats-delivery-basic-services-thousands-children-haiti>.
20. All sector needs are preliminary figures, based on the ongoing 2023 Humanitarian Needs Overview/Humanitarian Response Plan process for Haiti.
21. This figure represents the needs of the global health sector. This figure is obtained from the ongoing 2023 Humanitarian Needs Overview/Humanitarian Response Plan process for Haiti (preliminary data). It corresponds to approximately 80 per cent of the Haitian population concentrated in the most vulnerable departments (Artibonite, Nord and Ouest), plus the three departments affected by the earthquake in 2021.
22. Nutrition sector needs have been reviewed based on evidence that emerged in the first half of 2022, such as the Cité Soleil nutritional assessment in April 2022. However, the 2023 Humanitarian Needs Overview/Humanitarian Response Plan process is underway and may result in a slightly different number of children in need because all other aggravating factors will be considered.
23. This figure has been calculated in the framework of the sectoral coordination group led by UNICEF, based on the estimated number of children needing psychosocial support and/or at risk or suffering from violence in the areas affected by humanitarian crisis. This may be subject to change once the 2023 Humanitarian Needs Overview/Humanitarian Response Plan figures are finalized.
24. The number of people in need in the education sector has been reviewed and aligned with preliminary figures of the 2023 Humanitarian Needs Overview/Humanitarian Response Plan.
25. The WASH sector needs have been reviewed within the Humanitarian Needs Overview process by the sectoral coordination team co-led by UNICEF, through a more accurate analysis at the municipality (commune) level, based on the level of vulnerability of the population. The sector needs figure includes all the population living with a certain level of vulnerability (1 to 5), while the sector target includes only the ones living in a vulnerability level of 3 to 5.
26. 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 coordinators costs are included into sectoral programme budgets.
27. 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.
28. 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.
29. Among the recipients of humanitarian cash transfers, 3,600 households will be supported through an education sector cash transfer programme, where the most vulnerable households will be selected through enrolment of school-aged children affected by the different emergency situations, including displaced victims of urban gang violence. The estimate is based on a social protection sectoral analysis, considering additional humanitarian cash transfers including, child protection and WASH sector cash transfers.
30. Use of mixed rapid response teams from health and WASH services to directly address the needs of a suspected case of cholera at the household level, through a "cordon sanitaire" of up to 15 neighbouring households.
31. SMART is a specific survey methodology. See: <<https://smartmethodology.org/about-smart/>>.
32. The programme targets for 2023 are based on estimates from the 2022 Humanitarian Needs Overview/Humanitarian Response Plan updates and the preliminary cholera flash appeal. The targets are aligned with residual humanitarian needs, particularly those related to the 2021 earthquake, based on detailed and more accurate reviews conducted by the sectoral coordination groups (co-)led by UNICEF in support of government partners. 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.
33. The target for the child and maternal health subsector has been agreed within the health sector coordination (led by PAHO and WHO) in the framework of the Humanitarian Needs Overview/Humanitarian Response Plan process (preliminary figures for 2023). The calculation is based on the sector needs of children under age 5 plus pregnant and breastfeeding women, corresponding to around 40 per cent of the total health sector figure. It also takes into account the anticipated operational capacity of UNICEF in 2023. To be noted, in addition to three southern departments affected by the 2021 earthquake, the health sector also targets the vulnerable populations in the communes of the metropolitan area prone to urban violence, including internally displaced people in various sites.
34. The targets for the 2023 Humanitarian Action for Children appeal for Haiti have been increased due to the deteriorating conditions and additional health needs to be addressed in the communes of the metropolitan area prone to urban violence and cholera. The target includes support to internally displaced people in the various displacement sites and host communities.
35. Nutrition targets have been reviewed based on evidence that emerged in the first half of 2022, such as the Cité Soleil nutritional assessment in April 2022. However, the 2023 Humanitarian Needs Overview/Humanitarian Response Plan process is underway and final estimates may vary.
36. Based on the performance in the first half of 2022 (when 200,265 children were screened) and in light of the occurrence of several aggravating factors, particularly in the metropolitan area of Port-au-Prince, and in agreement with the Government.
37. Child protection targets are based on needs assessed through the Multi-sector Initial Risk Assessment (MIRA) assessment carried out by REACH through 2022 across the country.
38. This target includes people targeted by UNICEF's education sector earthquake response, responses for internally displaced people and migrants and other humanitarian responses, including cash transfers.
39. Benefiting an average of 50 children per classroom.
40. WASH sectoral targets are heavily impacted by the current growing urban violence. They have been reviewed based on data obtained through additional sectoral needs assessments within the ongoing 2023 Humanitarian Needs Overview/Humanitarian Response Plan process. The budget has been updated in detail by the sectoral coordination led by UNICEF and the Government and supported by non-governmental organization partners. The budget is based on the sectoral unit cost of WASH response. Cholera-related needs are still being determined and will be updated based on the evolution of the crisis.
41. Among the recipients of humanitarian cash transfers, 3,600 households will be supported through an education sector cash transfer programme, where the most vulnerable households will be selected through enrolment of school-aged children affected by the different emergency situations, including displaced victims of urban gang violence. The estimate is based on a social protection sectoral analysis, considering additional humanitarian cash transfers including, child protection and WASH sector cash transfers.
42. Cross-sectoral target includes accountability to affected populations and social and behavioural change activities and indicators.
43. This target includes all social and behavioural change activities carried out in by different sectors (WASH, child protection, health and nutrition).
44. An accountability to affected populations survey in the field (covering 12 municipalities in the three earthquake-affected departments) is planned before the end of 2023, results will be combined with results from other feedback and accountability mechanisms established for UNICEF response around the country. Additionally, through the U-Report platform, periodic surveys are being carried out to engage with adolescents and youth on accountability issues.
45. Targets estimated for a 6-month period, to be updated according to the evolution of the crisis. The CATI approach comprises the 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 "cordon sanitaire" of up to 15 neighbouring households. When detected, confirmed cases will be covered by case management activities. UNICEF provides hygiene kits to those who exit the treatment centres.
46. Figures are provisional and subject to change upon finalization of the inter-agency planning documents. Humanitarian needs have been assessed with additional and more detailed information collected in the field and corresponding response planning. All sectoral budgets include a portion of the operational costs (operations, communications and monitoring and evaluation/reporting).
47. The budget and target for the child and maternal health subsector has been agreed within the health sector coordination (led by PAHO and WHO) in the framework of the Humanitarian Needs Overview/Humanitarian Response Plan process (preliminary figures for 2023). The calculation is based on the sector needs of children under age 5 plus pregnant and breastfeeding women, corresponding to around 40 per cent of the total health sector figure.
48. The nutrition budget and target have been adjusted to the overall sectoral planning agreed in the framework of the 2023 Humanitarian Needs Overview/Humanitarian Response Plan process. The 2023 budget, compared with 2022, includes additional additional requirements for the response in the metropolitan area, procurement of supplies for the management of severe wasting and sector coordination.
49. The child protection budget includes: 1) US\$1 million for prevention of sexual exploitation and abuse; 2) US\$9,037,500 for gender-based violence efforts including full-service provision of prevention, risk mitigation and response to gender-based violence survivors (legal and medical services plus psychosocial support, estimated at US\$300 per beneficiary). Fifty-five per cent of survivors need the full package of services and 45 per cent benefit from prevention and sensitization sessions only.
50. The cross-sectoral budget includes costs related to social and behavioural change, risk communication and community engagement, accountability to affected populations and the Humanitarian Country Team.
51. The cholera budget is based on reaching an average of 100 cases per day with WASH and health services, as well as more than 2 million people with messages, based on UNICEF estimates. This ask includes a proportion of the funding requirements included in the November 2022 Cholera Flash Appeal.