



unicef 
for every child

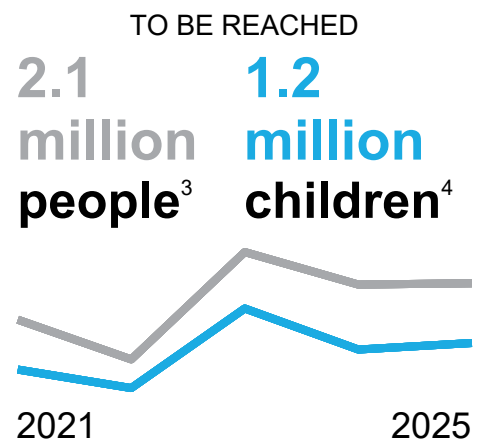
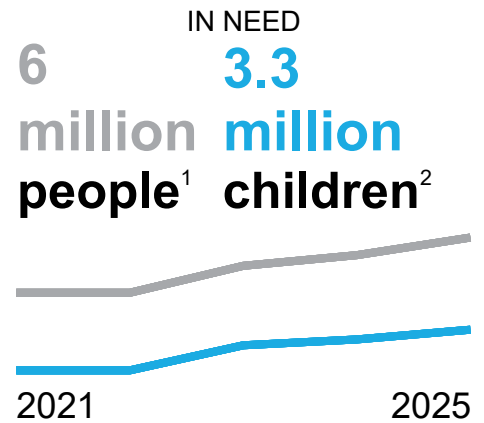
Humanitarian Action for Children

A mother teaches her daughter how to wash her hands after a handwashing training session organized by local partner ORRAH in collaboration with UNICEF, in Port-au-Prince, in April 2024.

Haiti

HIGHLIGHTS

- Haiti faces one of the world's most complex humanitarian crises, characterized by a fragile political transition, escalating violence by armed groups, a socioeconomic collapse and severe environmental vulnerabilities. In 2025, an estimated 6 million people, including 3.3 million children, will require urgent humanitarian assistance in the face of intensifying crises of forced displacement, worsening food insecurity and rising malnutrition.
- UNICEF will deliver a rapid, safe and comprehensive humanitarian response in 2025, promoting cross-sectoral, sustainable and localized solutions. Vulnerable populations will gain access to life-saving water, sanitation and hygiene interventions – including cholera rapid-response – alongside essential services in education, health, nutrition and child protection, with a special focus on gender-based violence prevention and survivor support. UNICEF will also prioritize humanitarian cash transfers, disaster risk reduction and emergency preparedness.
- To reach Haiti's most vulnerable children, timely and flexible funding is critical. Therefore, UNICEF is requesting \$272 million for 2025 to meet Haiti's growing humanitarian needs.



KEY PLANNED TARGETS



598,295

children/caregivers accessing community-based mental health and psychosocial support



600,000

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



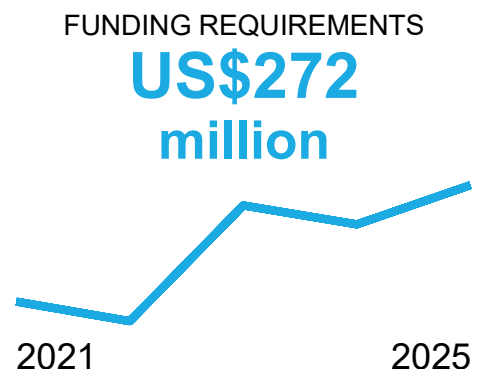
846,200

people accessing a sufficient quantity and quality of water



50,073

households reached with UNICEF-funded humanitarian cash transfers



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

HUMANITARIAN SITUATION AND NEEDS

Haiti continues to face one of the world's most complex humanitarian crises, characterized by a fragile political transition (with no further elections scheduled until 2026), escalating violence by armed groups, a socioeconomic collapse and severe environmental risks. Although the Multinational Security Support mission, authorized by the Security Council to support security restoration within Haiti, has begun operations, it is only operating at half-capacity as of year-end 2024. Consequently, more than 80 per cent of Port-au-Prince remains under the control or influence of armed groups, with frequent clashes, forced displacement and significant protection risks for children, women and marginalized communities.

In 2025, an estimated 6 million people, including 3.3 million children, will require humanitarian assistance as compounding crises intensify.⁵ Currently, 703,000 individuals, including more than 350,000 children, are internally displaced. While many are sheltered by host communities in the southern departments, most displaced people in Port-au-Prince live in overcrowded, unsanitary displacements sites.⁶

Furthermore, armed group presence and control of all national routes continues to hamper humanitarian access throughout the country, isolating regions from the capital and driving up operational logistics costs. More than 5 million people face acute food insecurity, with emergency (Integrated Phase Classification [IPC] Phase 4) and famine (IPC Phase 5) pockets emerging, particularly among displaced populations.⁷ Malnutrition has reached emergency thresholds, with over 125,000 children under age 5 at risk of severe wasting.⁸

Violence and insecurity have gravely impacted education, disrupting children's learning and increasing risks of recruitment by armed groups, social exclusion and gender-based violence. Up to 94 percent of women and girls face heightened risks of gender-based violence, compounded by limited access to essential social and protection services.⁹ During the 2023–2024 school year, 919 schools were affected by violence and insecurity, with nearly half closing completely, impacting at least 50,000 students.¹⁰

Despite the efforts of the Haitian government and partners, around 35 per cent of the Haitian population continues to lack access to safe drinking water.¹¹ By mid-2024, critical WASH (water, sanitation and hygiene) infrastructure in Ouest Department had become non-functional due to armed occupation and displacement. A persistent cholera outbreak, exacerbated by a collapsing health care system, inadequate hygiene practices and a lack of water and sanitation infrastructure, has resulted in more than 87,000 suspected cases (including 4,861 confirmed cases) since October 2022,¹² despite efforts to control the outbreak.¹³

Urgent needs remain as 1.2 million children and caregivers require nutrition assistance; 1.6 million children need protection services; 3.8 million people require access to safe water; and 1.5 million children and teachers need emergency education assistance.

In addition, Haiti's high vulnerability to natural disasters including earthquakes, hurricanes, droughts and floods further intensifies the urgent need for resources. Despite some progress, investments in disaster preparedness remain insufficient to mitigate future risks effectively.

SECTOR NEEDS



4.2 million people in need of health assistance¹⁴



1.2 million people in need of nutrition assistance¹⁵



1.6 million children in need of protective services¹⁶



1.5 million children and teachers in need of education support¹⁷



3.8 million people lack access to safe water¹⁸

STORY FROM THE FIELD



Cash transfers boost businesses and hopes in Haiti.

UNICEF-supported cash transfers in Haiti help displaced families rebuild their livelihoods amidst ongoing violence. Carole Lafon, a mother of twin children, lived in Mariani, a neighborhood of Port-au-Prince, with her husband and their children. She sold cosmetic products, and her husband was a police officer. After an attack by armed groups that forced them to flee and tragically took her husband's life, she found refuge in Léogâne. With the financial support she received from the cash transfer program of UNICEF, she is gradually rebuilding her life. The project aimed to help more than 10,000 vulnerable households in Haiti's IDP sites.

In 2025, UNICEF will ensure the continuity and expansion of life-saving humanitarian response efforts in Haiti, contributing to nexus and localization strategies that address increasing needs across sectors. UNICEF will respond to the severity of the complex crises by reinforcing and tailoring its support to internally displaced populations, host communities, deportees and other vulnerable groups affected by armed violence.

In areas specifically impacted by armed violence and within hard-to-reach, spontaneously established internal displacement sites, UNICEF will prioritize humanitarian access, rapid response and local partnerships. The goal is to deliver emergency services through WASH centres, health and nutrition support and child protection mobile teams. Institutions will receive urgent assistance to support the referral of cases requiring specialized care. Education access, both formal and non-formal, will continue to be integrated with protection programming where possible to enhance safety and stability for children.

UNICEF's health interventions will prioritize maternal-child primary health care services, including immunization and treatment of acute watery diarrhoea at UNICEF-supported facilities. Support for the health system will include bolstering capacities of community health care workers and networks. In nutrition, UNICEF will work to strengthen preventive measures, early screening, treatment of wasting and promotion of optimal nutrition practices.

To protect children from violence, exploitation and family separation, UNICEF will deliver specialized care, ensuring safe referrals and case management for victims of armed and other forms of violence, alongside individualized care plans. Education programming will foster learning and promote social cohesion through safe learning spaces, school supplies and psychosocial support.

UNICEF will ensure access to safe drinking water, sanitation and hygiene through drinking water trucking, household water treatment and storage, infrastructure rehabilitation, waste management and hygiene promotion. Efforts to prevent waterborne diseases, including cholera, will focus on case-area targeted interventions, WASH 'shield' strategies and risk communication and community engagement.

In overburdened host communities and areas with limited social services due to the flight of human capital (i.e., brain drain), UNICEF will support rapid system strengthening in health care, education and protection. This includes incentives for teachers, social workers and health care providers. Humanitarian cash transfers will also continue to be used to directly support families as part of UNICEF's ongoing emergency response.

Gender equality and protection from sexual exploitation and abuse will be mainstreamed throughout UNICEF's response through awareness campaigns, and there will be clear reporting channels and reinforced accountability mechanisms.²⁰ Community platforms and front-line workers will also be mobilized.

Finally, investment in preparedness and anticipatory action across sectors will remain a priority to protect and empower vulnerable populations in the face of recurring crises.²¹



Health (including public health emergencies)

- **652,400** children and women accessing primary health care in UNICEF-supported facilities
- **223,000** children vaccinated against measles, supplemental dose
- **68,500** individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities
- **250** health professionals recruited and deployed in UNICEF-supported facilities



Nutrition

- **609,300** children 6-59 months screened for wasting
- **129,000** children 6-59 months with severe wasting admitted for treatment
- **308,717** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **119,000** pregnant women receiving preventative iron supplementation
- **609,260** children 6-59 months receiving vitamin A supplementation



Child protection, GBViE and PSEA

- **598,295** children, adolescents and caregivers accessing community-based mental health and psychosocial support²²
- **249,800** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **1,535,300** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **400** children who have exited an armed force and groups provided with protection or reintegration support
- **7,237** unaccompanied and separated children provided with alternative care and/or reunified
- **2,000** children who have received individual case management
- **362,542** Children, youth, parents and community leaders sensitized on recruitment of children by armed groups



Education²³

- **600,000** children accessing formal or non-formal education, including early learning
- **240,000** children receiving individual learning materials
- **20,000** teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support
- **400,000** children accessing mental health and psychosocial support in their schools/learning programmes



Water, sanitation and hygiene

- **846,200** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **169,244** people accessing appropriate sanitation services
- **169,244** people reached with critical WASH supplies



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

- **50,073** households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)²⁴
- **5,625,000** people reached with timely and life-saving information on how and where to access available services
- **281,250** people sharing their concerns and asking questions through established feedback mechanisms

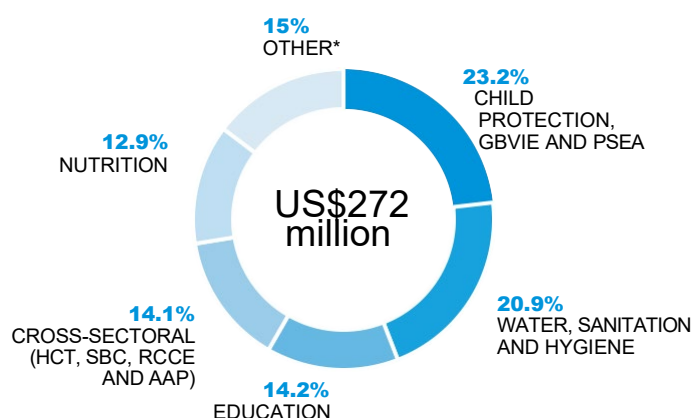
FUNDING REQUIREMENTS IN 2025

UNICEF urgently requires \$272 million to address the critical needs of 2.1 million people in Haiti, including 1.2 million children. In 2025, the combined effects of Haiti's humanitarian, security and political crises are expected to intensify nationwide. While the Multinational Security Support mission and international electoral support may pave the way to stabilization, urgent needs remain. UNICEF aims to continue providing children with emergency access to essential services and strengthen nexus strategies to build the resilience of their families and communities.

The requested funds will support life-saving interventions, ensuring access to primary health and nutrition services for vulnerable children, including those suffering from severe wasting. Adequate funding will also enable UNICEF to expand access to safe water and sanitation and child protection programming, addressing the needs of children and women affected by violence, displacement and repatriation and children separated from their families.

In addition, funding will enable UNICEF to facilitate safe access and return to education for children currently deprived of this right. Given Haiti's volatile crises and emerging hotspots, comprehensive and flexible humanitarian funding is essential to maintain these critical operations in a high-cost environment.

Without timely and sufficient funding, the consequences will be dire: 223,000 children under age 5 will lack measles vaccinations; 129,000 will remain untreated for severe wasting; 846,200 will lack access to safe water; 598,295 will not receive mental health and psychosocial support; and 600,000 children will be unable to learn in a safe environment.



Sector	2025 requirements (US\$)
Health (including public health emergencies)	26,500,000
Nutrition	35,000,000
Child protection, GBViE and PSEA	63,100,000 ²⁵
Education	38,600,000 ²⁶
Water, sanitation and hygiene	56,900,000 ²⁷
Cross-sectoral (HCT, SBC, RCCE and AAP)	38,400,000 ²⁸
Emergency preparedness	13,500,000 ²⁹
Total	272,000,000

*This includes costs from other sectors/interventions : Health (including public health emergencies) (9.7%), Emergency preparedness (5.0%).

ENDNOTES

1. Based on the preliminary estimate from the 2025 Humanitarian Needs and Response Plan for Haiti in different programmatic sectors, calculated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and humanitarian partners, including UNICEF. It is worth noting that an adjusted methodology in the calculation of people in need was utilized by OCHA; it includes more emphasis on severity for populations affected by areas with humanitarian shocks, mainly armed violence, natural hazards and epidemics as a priority. In other words, the number of people and children in need this year are also experiencing more severe situations than in previous years.
2. The proposed inter-agency 2025 figures are yet to be finalized regarding the percentage of children, which is pending aggregated data finalization. Therefore UNICEF is using the same percentage as was used for the 2024 appeal, pending this new data, so we are estimating that children make up 55 per cent of people in need.
3. UNICEF estimates a total number of people to be reached of 2,064,260. The method of calculation considers 1,209,260 children (in nutrition, with 609,260 children aged 6–59 months receiving vitamin A supplements; and education, with 600,000 children accessing formal or non-formal education); and 855,000 adults (beneficiaries of humanitarian support across sectors who are also actively participating in community engagement activities including behaviour change, community-led dialogue, demonstrations and community mobilization as mobilizers). Note that the reduction in adults to be reached is due to an increased focus on severity for the people in need calculations and therefore targets across sectors. An increased focus on life-saving child activities has resulted in an increase in the number of children to be reached.
4. Based on the single largest sector targets for various age groups under 18 years, namely in nutrition, with 609,260 children aged 6–59 months receiving vitamin A supplements; and education, with 600,000 children accessing formal or non-formal education.
5. Based on the preliminary estimate for the 2025 Humanitarian Needs Overview for Haiti in different programmatic sectors, calculated by OCHA and humanitarian partners, including UNICEF.
6. International Organization for Migration (IOM), Haiti: Report on the internal displacement situation in Haiti – Round 8 (September 2024), IOM, Port-au-Prince, 8 September 2024, available at <<https://dtm.iom.int/reports/haiti-report-internal-displacement-situation-haiti-round-8-september-2024>>.
7. Integrated Food Security Phase Classification (IPC), Haiti: Acute Food Insecurity Situation for August 2024 – February 2025 and Projection for March – June 2025, IPC, 9 September 2024, available at <www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1157971/?iso3=HTI>.
8. Nutrition needs have been calculated using the latest IPC acute food insecurity indicators and extrapolated from the IPC acute malnutrition data (projected period June – November 2024) and SMART 2023. A SMART survey update is expected for the year 2025, following this year's focus on response consolidation.
9. United Nations Population Fund, web information, available at <www.unfpa.org/haiti>, accessed October 2024.
10. National Office for Partnership in Education (ONAPÉ, Ministry of Education), Rapport statistique de données de l'Éducation en Situations d'Urgence – June 2024 (1er avril – 30 juin 2024), available at <<https://drive.google.com/file/d/1UTgEUWjprfUva2AORcJ3uQJkiz1iFq/view>>.
11. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, Progress on Household Drinking Water, Sanitation and Hygiene 2000–2022: Special focus on gender, UNICEF and World Health Organization (WHO), New York, July 2023.
12. Ministry of Public Health and Population, Cholera National Sitrep, Port-au-Prince, 5 October 2024. Note that 43 per cent of the confirmed cases are in children under the age of 14 years old.
13. UNICEF, the Pan American Health Organization and partners continue to support the Ministry of Public Health and Population across key pillars of the cholera response: epidemiology, case management, water, sanitation and hygiene (WASH) (including rapid response and shield strategies) and risk communication and community engagement. Available at <https://mspp.gouv.ht/site/downloads/SITREP%20CHOLERA%20de%20a%20a%20SE.pdf>
14. This figure represents the preliminary needs of the Health Cluster as submitted for the 2025 Humanitarian Needs Overview. The 10 per cent decrease compared with last year is due to a methodology focus of health needs in areas affected by humanitarian shocks: armed violence, natural hazards and epidemics. In previous years, numbers encompassed all country needs.
15. This figure represents the preliminary needs of the Nutrition Cluster as submitted for the 2025 Humanitarian Needs Overview.
16. This figure represents the preliminary needs of the Child Protection Area of Responsibility as submitted for the 2025 Humanitarian Needs Overview; it only includes the children in need of protective services.
17. This figure represents the preliminary needs of the Education Cluster as submitted for the 2025 Humanitarian Needs Overview; it includes 1,453,568 school-aged children and 20,765 teachers.
18. This figure represents the preliminary needs of the WASH sector as submitted for the 2025 Humanitarian Needs Overview
19. Supporting government coordination, UNICEF continues to co-lead the Education and Nutrition clusters, the Child Protection Area of Responsibility and the WASH sector.
20. Sexual exploitation and abuse by aid workers harms survivors and erodes community trust, undermining humanitarian efforts. UNICEF collaborates with United Nations agencies, non-governmental organizations and governments to strengthen prevention and promote a survivor-centred approach to protection from sexual abuse and exploitation. In evolving emergency situations, effective inter-agency coordination is crucial to integrate protection from sexual abuse and exploitation into the response, focusing on prevention, risk mitigation, community engagement and accessible reporting. Strengthening community feedback mechanisms to provide accurate information on services, people's rights and life-saving information will always be a UNICEF priority.
21. UNICEF anticipatory action is aligned with the CERF anticipatory window for cyclones and includes humanitarian cash transfers, WASH kit distribution and alerts/community mobilization. In addition UNICEF has developed a contingency plan related to a potential increase in violence in the scenarios developed for the operations of security forces to liberate areas under the control of armed groups. Regarding preparedness, pre-positioning of emergency stocks, including for hurricane season, capacity building for counterparts and emergency logistics solutions are considered among the strategies.
22. Following a projected increase in mental health and psychosocial support needs in the 2025 Child Protection Area of Responsibility target, UNICEF is supporting with 60 per cent of the cluster target. This increase in coverage, in addition to an increase in high-cost case management activities under targets for assistance to unaccompanied and separated children and children formerly associated with armed forces and groups, has resulted in a large increase in funding requirements for child protection.
23. In 2025, UNICEF is targeting 60 percent of the cluster target of 1 million. The remaining 40 per cent will be addressed by cluster partners and government entities.
24. The humanitarian cash transfer calculation is based on structural and situational data, such as poverty data, population movements using displacement tracking tools, and people in IPC Phase 3 or greater. Composite vulnerability indicators were developed to identify response areas and estimate needs.
25. The sector budget includes: 1) \$4,605,804 for protection from sexual exploitation and abuse; 2) \$24,980,640 for gender-based violence prevention and response 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) \$10,855,500 for support to unaccompanied and separated children; 4) \$17,948,844 for psychosocial support; 5) \$3,600,000 for individual case management including for children who have exited an armed force and groups and 6) \$1,087,623 million for sensitization
26. The education budget is costed at \$45 per child accessing education, and \$15 per individual learning kit; this is in addition to the school kits, including school and recreational kits, provided on an as-needed basis to schools and teachers.

27. The WASH budget includes \$10,782,720 for the cholera response rapid response team/case area targeted intervention response. A 30 per cent increase in the budget compared with 2024 is due to an increased cost per beneficiary of key activities including access to safe water (\$30 per person) and cholera (\$40 per person), notably in hard-to-access areas where there are higher provider and implementation costs.

28. The cross-sectoral budget includes costs related to social and behaviour change, risk communication and community engagement and accountability to affected populations (\$19,086,600); gender (\$410,000) and humanitarian cash transfers (\$18,927,594).

29. This line item includes \$2 million for anticipatory action, and \$11.5 million for preparedness, including for a contingency plan related to a potential increase in violence due to operations in armed-group controlled areas, pre-positioning of emergency stocks including for hurricane season, capacity building for counterparts and emergency logistics solutions.