



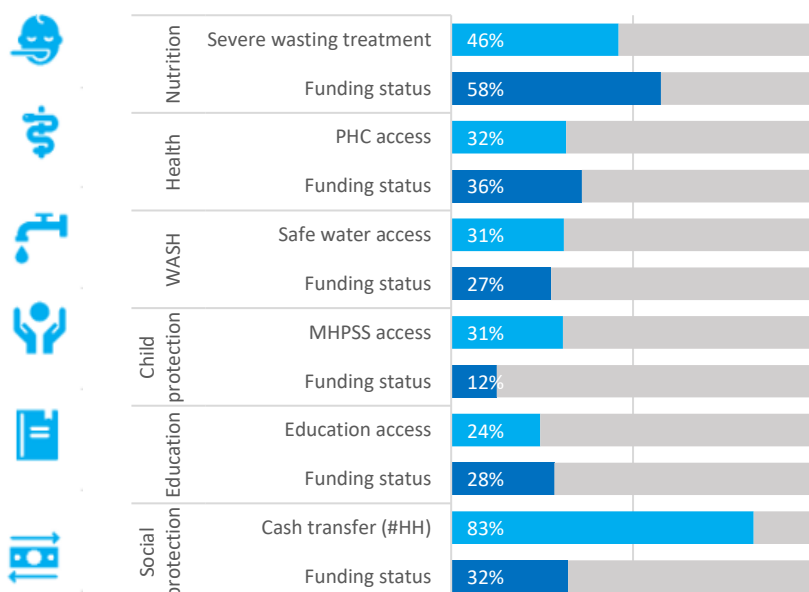
A young girl displaced by the violence sits in one of the established sites designed to host displaced people in Port-au-Prince. ©UNICEF/Joseph

Reporting period: 1 January–31 December 2024

## Highlights

- In 2024, the humanitarian situation in Haiti continued to deteriorate, fraught with complexities and challenges. UNICEF estimates that 3 million children are currently in need of humanitarian assistance, with 1.2 million at immediate risk in Port-au-Prince alone, amidst escalating violence and grave violations. By the end of 2024, more than 1 million people, including over 550,000 children, have fled armed violence in their neighbourhoods, seeking refuge in displacement sites or host communities across the country. In the second quarter of 2024, grave violations against children were 12 times higher than the same period in 2023, driven by intensifying violence from armed and self-defense groups.
- Nearly half of Haiti's population (48 per cent) is estimated to be experiencing acute food insecurity (IPC Phase 3 or above). Cholera has persisted in certain departments – notably Artibonite, Centre and pockets of the West, while malnutrition continues to be a major concern as the healthcare system remains on the brink of collapse. In December 2024, attacks on hospitals — including Bernard Mevs and l'Hôpital de l'Université d'État d'Haïti — have further destabilized the healthcare system and triggering political upheaval.
- Despite these immense challenges, UNICEF continued to deliver a multisectoral humanitarian response throughout 2024, reaching over 970,000 people, including 470,000 children with at least one humanitarian intervention. Specifically, more than 103,000 children, parents and caregivers received mental health and psychosocial support; 401,000 people were provided with safe water and hygiene supplies; and almost 459,000 children were screened for wasting, with more than 48,000 cases of severe child wasting treated. Additionally, UNICEF provided US\$ 1.9 million humanitarian cash transfers to 9,500 households in critical need and provided US\$ 2 million incentive cash transfers to more than 3,000 government personnel and frontline workers (i.e. teachers, doctors, nurses etc.).
- Against the 2024 Humanitarian Action for Children (HAC) appeal, UNICEF mobilized US\$43.5 million for its humanitarian interventions. However, a 72 per cent funding gap remained, leaving many vulnerable women and children without critical lifesaving assistance.

## UNICEF's Response and Funding Status



# Haiti

## Humanitarian Situation Report No. 11

### End-of-year Sitrep

December 2024



## Situation in Numbers



**3 million**

Children in need of humanitarian assistance (HNRP 2024)



**1.2 million**

Children under threat in the Greater Port-au-Prince area (Based on Haitian Institute of Statistics)



**1,324** Deaths from cholera

(including 314 community deaths)



**88,087** Suspected cholera cases

**4,870** Confirmed cholera cases

(Ministry of Health, 7 December 2024)



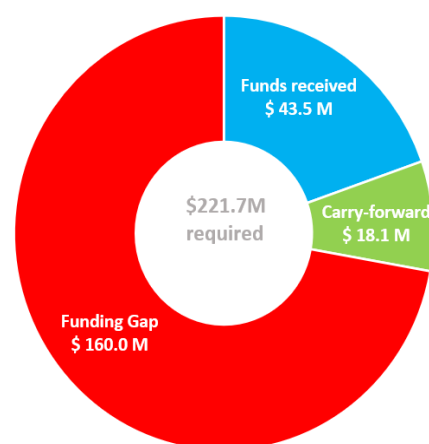
**> 1 million** people displaced,

including **551,851** IDP children (IOM-DTM, December 2024)

## UNICEF Appeal 2024

**US\$221.7 million**

### Funding Status (US\$)



## Funding Overview and Partnerships

In 2024, the escalating humanitarian crisis in Haiti underscored the urgent need for donor support to sustain life-saving interventions and restore essential services for families. The 2024 Humanitarian Response Plan for Haiti outlines a funding requirement of US\$673.8 million for multi-sectoral humanitarian assistance. Within this plan, UNICEF's Humanitarian Action for Children appeal seeks US\$221.7 million to address the critical needs of children and their caregivers across critical areas, such as nutrition, education, child protection, health, gender-based violence (GBV), social behaviour change and humanitarian cash transfer programmes.

As of 31 December 2024, 72 per cent of UNICEF's appeal remains unfunded, hindering UNICEF's ability to deliver life-saving assistance. Despite generous contributions from the Republic of Korea, the Government of Japan, the Government of Cyprus, the Swedish International Development Cooperation Agency (SIDA), the Government of Greece, the Government of Norway, the Government of France, the Bureau of Humanitarian Aid of the US Agency for International Development (USAID), the Spanish Committee for UNICEF, the German Committee for UNICEF and the Canadian Committee for UNICEF, the Central Emergency Response Fund (CERF), the Government of Belgium, the European Civil Protection and Humanitarian Aid Operations (ECHO) and the Government of Canada, urgent needs persist. UNICEF Haiti has also received significant support through the Global Humanitarian Funds and internal allocations via the Emergency Programme Fund (EPF) loan mechanism, which has sustained the most critical humanitarian activities. Despite these efforts, significant gaps remain, with Child Protection emerging as one of the most underfunded sectors, facing an alarming 88 per cent funding gap.

UNICEF extends its sincere gratitude to all donors for their invaluable contributions. While all funding is vital and greatly appreciated, unearmarked and flexible funding has proven particularly impactful, enabling UNICEF Haiti to respond swiftly and effectively, and to allocate resources where they are needed most, ensuring timely life-saving interventions.

## Situation Overview and Humanitarian Needs

In 2024, Haiti experienced a significant escalation in armed group violence and the exacerbation of the humanitarian crisis. Especially in February and November, Haiti witnessed a rapidly deteriorating security situation marked by armed group attacks, clashes between the Haitian National Police (HNP) and armed groups, as well as nationwide protests and demonstrations. In addition to the displacement crisis which affected over 1 million people, UNICEF estimates a 70 per cent increase in children recruited by armed groups between mid-2023 and mid-2024. Children are now estimated to comprise up to 50 per cent of armed group members. An estimated 5.5 million Haitians, nearly half of the population, including 3 million children, were slated to require humanitarian assistance and protection in 2024.

Furthermore, Haiti's displacement crisis has reached critical levels, with over 1 million displaced persons —equivalent to 9 per cent of the population — recorded by DTM/IOM as of December 2024. This reflects a 48 per cent increase since September<sup>1</sup> 2024, and a 187 per cent increase since March 2024. Armed violence in the Metropolitan Area of Port-au-Prince (ZMPP), Arcahaïe, and Artibonite remains the primary driver of displacement. Notably, displacement patterns indicate a 51 per cent rise in the capital, although 75 per cent of internally displaced persons (IDPs) remain in rural areas. Despite the expansion to 142 displacement sites, 83 per cent of IDPs rely on overstretched host families and communities, exacerbating vulnerabilities.

The humanitarian crisis is further compounded by food insecurity, with nearly half of Haiti's population (48 per cent) in acute food insecurity (IPC Phase 3 or above), including 6,000 people facing catastrophic, IPC Phase 5 conditions<sup>2</sup>. Many of these areas are under armed group control, limiting humanitarian access. Malnutrition among children has also worsened, with a 19 per cent increase in cases of severe acute malnutrition (SAM) in 2024, placing over 125,000 children's lives at risk.

As of 7 December 2024, the Ministry of Public Health and Population (MSPP) reported 88,087 total suspected cholera cases, 4,870 confirmed cases, 85,509 hospitalized cases, 1,010 institutional deaths and 314 community deaths<sup>3</sup>. Outbreaks have disproportionately affected displaced communities and in areas lacking clean water, sanitation and healthcare, while many health facilities have collapsed under extreme strain. In December, the destruction of Bernard Mevs Hospital and attacks on l'Hôpital de l'Université d'État d'Haïti left critical gaps in healthcare service provision, with 60 per cent of health centres in violence-affected areas now non-functional.

Children continue to bear the brunt of these overlapping crises. Grave violations against children, including recruitment by armed groups, rose twelvefold in 2024 compared to 2023. Many children are coerced through violence or lured with false promises of safety and social recognition. Schools have also become unsafe, with nearly 25 per cent of children losing access to education due to the insecurity.

Political instability continues to hinder recovery efforts. In November 2024, Haiti's Transitional Presidential Council (CPT) dismissed interim Prime Minister Garry Conille and appointed businessman Alix Didier Fils-Aimé as his successor. This political upheaval drew criticism from the Caribbean Community (CARICOM), which expressed deep concern over the

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<sup>1</sup> [Almost one in eight children internally displaced in Haiti as armed violence continues – UNICEF](#)

<sup>2</sup> [UNICEF Haiti Humanitarian Situation Report No. 08 - September 2024 - Haiti | ReliefWeb](#)

<sup>3</sup> <https://www.paho.org/en/haiti-humanitarian-crisis-grade-3>

transitional governance process and urged Haitian leaders to conduct free and fair elections by February 2026. Concurrently, escalating violence and maritime crimes, along with the suspension of flights to Haiti, have further isolated the nation, complicating humanitarian aid delivery. The United Nations Security Council has been calling for continued support, as delays in reinforcements and deployment continue to impede stabilisation efforts. Without immediate and coordinated international support, the humanitarian space in Haiti will continue to erode, leaving millions of vulnerable people, especially children, without access to life-saving support.

## Humanitarian Leadership, Coordination and Strategy

Following the activation of the cluster approach, as endorsed by the Emergency Relief Coordinator in June 2023, UNICEF assured its humanitarian coordination leadership in 2024 as follows:

- Education Cluster: Co-led by UNICEF, Save the Children and the Ministry of Education (MoE/MENFP).
- Water, Sanitation and Hygiene (WASH) Sector: Co-led by UNICEF and the National Directorate for Water and Sanitation (DINEPA).
- Nutrition Cluster: Co-led by UNICEF and the Ministry of Health (MoH).
- Child Protection Area of Responsibility: Co-led by UNICEF and the Institute of Social Welfare and Research

The coordinators and information management personnel of the WASH, Education and Nutrition Clusters and the Child Protection area of responsibility are based in Haiti.

UNICEF also continues to co-lead protection from sexual exploitation and abuse (PSEA) efforts in partnership with the United Nations Integrated Office in Haiti (BINUH). In addition, UNICEF actively participates in humanitarian intersectoral, and interagency coordination platforms led by OCHA, in collaboration with the Haitian Civil Protection General Directorate (DGPC) and other Haitian Government institutions.

## Summary Analysis of Programme Response

### Nutrition

In December 2024, UNICEF, in collaboration with the Ministry of Public Health and Population (MSPP), NGOs and community health workers (Agent de sante Communautaire Polyvalent, ASCP), UNICEF achieved significant results despite restricted access to the Metropolitan Area of Port-au-Prince and South Artibonite. A total of 24,316 children aged from 6-59 months (11,040 girls and 13,276 boys) were screened for wasting. Out of these figures, a total of 5,940 children (3,090 girls and 2,850 boys) were identified with severe acute malnutrition (SAM) and some 7,956 children under 5 years old (4,138 girls and 3,818 boys) were identified with moderate acute malnutrition (MAM); all of them received treatment.

The quality of the treatment programme was generally satisfactory, with most indicators meeting standard thresholds. However, the defaulter rate remained above the acceptable 15 per cent threshold. For SAM, the recovery, defaulter and death rates were 82 per cent, 17 per cent and 1 per cent, respectively. For MAM, these rates reached 77 per cent, 23 per cent and 0 per cent.

In December, concerning promotion and prevention, 21,800 children aged 6-59 months (11,337 girls and 10,463 boys) received vitamin A supplements. Meanwhile, 19,386 caregivers were counselled on best practices for Infant and Young Child Feeding in Emergency (IYCF-E) as well as the prevention of Sexual Exploitation and Abuse and Gender-Based Violence (GBV). In addition, 4,481 children aged 6-59 months (2,351 girls and 2,130 boys) primarily in the Metropolitan area of Port-au-Prince and South Artibonite, received Micronutrient Powder (MNP) supplementation.

During 2024, UNICEF screened 458,537 children aged from 6-59 months (234,966 girls and 223,571 boys) for acute malnutrition, representing 76 per cent of the annual target (600,000). Among these, 48,285 children (25,109 girls and 23,176 boys) were identified with SAM and admitted and treated, reaching 46 per cent of the target (104,827). Additionally, 58,639 children under five (30,493 girls and 28,146 boys) with MAM received treatment, achieving 41 per cent of the target (144,000).

Despite these interventions, several factors prevented the programme from reaching its annual targets. From January to November 2024, only 462 of the 888 health facilities providing treatment reported data, resulting in 53 per cent data completeness. To address this, the Nutrition Cluster Coordination, through its information management unit, collaborated with the MSPP to develop a complementary tool aimed at improving data reporting in 2025. Moreover, persistent insecurity, closure of health facilities and the remoteness of certain locations—particularly in the Metropolitan Area of Port-au-Prince, South Artibonite, North-West, South, South-East and Grand'Anse—further constrained access to care and follow-up.

Throughout 2024, the programme's quality indicators largely met minimum standards except for the defaulter rate. To reduce defaulter rates and improve access to nutrition services, UNICEF established new partnerships with the Foyer Saint Camille Hospital Centre (Croix-des-Bouquets) and several health facilities in southern Artibonite, as well as Hôpital Albert Schweitzer (HAS) and Zanmi Lasante (ZL). A community-based approach was introduced, training local health

workers to deliver services in the most affected areas. Notably, this approach maintained continuity of nutritional care in Cité Soleil, despite significant security challenges.

In all of 2024, UNICEF provided vitamin A supplements to 347,191 children aged 6-59 months (180,543 girls and 166,648 boys), achieving 57 per cent of the annual target (600,000). Concurrently, 329,765 caregivers received counselling on IYCF-E, PSEA and GBV prevention. Furthermore, 54,401 children aged 6-59 months (27,744 girls and 26,657 boys) in high-risk areas—mainly the Metropolitan Area of Port-au-Prince and South Artibonite—received Micronutrient Powder (MNP) supplementation to bolster child health and nutrition.

## Health

In December 2024, UNICEF and its implementing partners—including the Ministry of Health (MoH) and various NGOs—ensured continuity in the provision of integrated package of health interventions in the Metropolitan Area of Port-au-Prince, targeting internally displaced persons (IDPs) and host communities. Through Médecins du Monde Argentine, Centre Hospitalier Fontaine, GHESKIO and the West Directorate of Health, 17,774 people received primary health care services, including 8,065 children (4,283 girls, 3,782 boys), 9,709 mothers and women. Mobile clinics were organised in 23 IDP sites (École Nationale Jean Marie César, École Pierre l'Arbitre, Lycée Marie Jeanne (both old and new locations), Lycée des Jeunes Filles - École Nationale Darius Denis, Dessalines, Terre Noire, Delamas 12 and 33, Annexe ONA, Annexe Communication, Collège Jean Moreno, KID, Lycée Marie Jeanne, École Nationale Colombie, École Nationale Equateur, Collège Elim, Clercine 8, Nérétte, Sœur Franciscaïne, Colbert Lochard and Mais Gatée)

In addition, health supplies were provided to the Artibonite and West departments of the Ministry of Health, including antidiarrheals, antibiotics, Acute Watery Diarrhoea kits for cholera, IEHK kits, Personal Protective Equipment kits, skin disease medications, supplements and other primary health care medicines and consumables, sufficient to cover approximately 10,000 people.

In the month of December, substantial precipitation over two months—especially within the North-Western regions—resulted in approximately 11,000 residential properties experiencing inundation, leading to further instances of displacement. UNICEF developed a multisectoral response plan in collaboration with the Department of the Civil Protection Health to reach approximately 2,000 people with medical supplies. Support was also provided through mobile clinics to the affected population.

In South Artibonite, escalating violence displaced an estimated 10,000 people in the commune of Verrettes. UNICEF responded through its partner Hôpital Albert Schweitzer (HAS), based in the area. With five teams, 20 mobile clinics were organised that provided health care, particularly to children and women reaching 1,903 people, including 440 girls, 271 boys, 12 pregnant women, 882 women and 298 men.

In December 2024, due to repeated security crises, untimely road blockages, the departure of staff and the weak capacity of the MOH to maintain the sustainable operation of cholera treatment centers, cholera cases saw a slight increase compared to November with 370 new suspected cases, up from 239 the previous month. As of 28 December (Week 52 of the epidemiological calendar), a total of 88,087 suspected cases were reported, with 1,324 deaths (1,010 institutional and 314 community) since the onset of the epidemic. At national level, five departments (Artibonite, West, Centre, North-West, North-East and South) continue to report cases at the national level.

In the UNICEF-prioritised Artibonite department, four municipalities, Gonaïves, Saint Michel de l'Attalaye, Marmelade and Petite Rivière de l'Artibonite, continue to report suspected cases. UNICEF supports three Cholera Treatment Centres (Hôpital la Providence Gonaïves, Marmelade and Saint-Michel de l'Attalaye) by deploying 30 health personnel and 25 community health workers from October to December 2024 to raise awareness in the community about prevention and the danger signs of cholera.

From 9 to 15 December, a vaccination campaign was organised in four communes of Artibonite (Saint-Michel de l'Attalaye, Marmelade, Dessalines and Petite Rivière), which continue to report the highest number of suspected cholera cases in the department. The campaign reached 122,604 people (exceeding the target of 118,320 by 104 per cent). Of these, 61,519 (31,446 girls, 30,073 boys) were children aged 1-14. The campaign was organised with UNICEF and PAHO-WHO support.

The Periodic Intensification of Routine Immunisation (PIRI) continued in December, targeting under-immunised or zero-dose children in 11 out of 17 municipalities of the Metropolitan Area of Port-Au-Prince, as well as in Léogâne (West Department) and Artibonite Department. Consequently, 4,174 children (2,190 girls, 1,984 boys) were vaccinated against Penta 3 and DPT, and 2,689 children (1,438 girls, 1,251 boys) were vaccinated against measles.

Implementation continued to face significant hurdles, such as delays and incomplete reporting, pending supply deliveries to the South due to road blockages, and persistent insecurity which impedes operations. These constraints underscore the urgent needs for improved access, security and logistical arrangements to ensure the continuity and effectiveness of UNICEF's health interventions.

## Education

The volatile situation in Haiti continues to disrupt children's learning across the country. In response, UNICEF has mobilised technical and financial support for its civil society partners operating in the Metropolitan Zone of Port-au-Prince (ZMPP) and to the Ministry of National Education (MENFP).

Through this collaboration, 262 out-of-school children (104 girls and 158 boys) were identified and referred to host schools, while 502 children (235 girls and 267 boys) received basic reading and arithmetic activities in temporary learning spaces within IDPs sites in December. During the same month, 290 children in Tabarre and Delmas benefited from school kits. Additionally, 2,221 children (1,133 girls and 1,088 boys) participated in psychosocial support activities, including drawing workshops, discussion groups and reading sessions. A further 943 children (458 girls and 485 boys) participated in awareness sessions on gender-based violence, protection against sexual exploitation and abuse and the importance of education. Also in December, a graduation ceremony was held for 319 children (193 girls and 126 boys) from two IDP sites who completed non-formal education training in macramé, leather goods, crochet, cosmetology, motorcycle mechanics and drawing.

In the Artibonite Department, 10,661 children (5,034 girls and 5,627 boys) received mental health and psychosocial support in their schools or learning programmes. With financial support from UNICEF to the Departmental Directorate of Artibonite, 54 teachers (32 women, 22 men) were trained in basic pedagogy, mental health and psychosocial support. As part of this response, 5,000 children (2,700 girls, 2,300 boys) received individual school kits. In the southern departments, 3,000 school kits were distributed to students in the South Department to support educational activities. UNICEF also established temporary learning spaces (TLS) in Jacmel by providing seven tents, which enabled 600 students from Lycée Pinchinat to continue schooling. In addition, 180 teachers in Grand'Anse and Nippes were trained in psychosocial support, differentiated pedagogy and the integration of gender in teaching. Awareness sessions on GBV, child protection and psychosocial support reached 15,000 children in Nippes and Grand'Anse.

Despite ongoing security challenges and limited financial resources, UNICEF, MENFP and civil society organisations have strived to meet the needs of children in crisis situations. Equitable access to learning was ensured for 122,779 children through the provision of school kits, cash transfers and hygiene kits for girls and women. To promote a safe and protective environment for education, school rehabilitation including wash infrastructure work was undertaken, essential school furniture was provided and seven schools were relocated, another seven were rehabilitated through ORRAH, a local NGO.

In Artibonite, two schools received additional support, while Lycée Pinchinat benefitted from seven tents. Two major challenges remain: Ongoing insecurity in the West Department and Bas-Artibonite hinders humanitarian interventions and exacerbates the risk of school attacks or closures. The available budget is inadequate to meet the scale of demand, limiting the capacity of the Education Cluster to respond effectively. Additional obstacles include limited data analysis and restricted humanitarian access. To address these, education partners have increased collaboration with local NGOs and departmental education authorities to ensure programme continuity. In 2024, cluster members drew on their experience in responding to the security crisis to strengthen the protective environment for learners by investing more in mental health and psychosocial support (MHPSS) and safe school protocols. Collaboration between the education and child protection clusters was reinforced in temporary learning spaces, enabling skills-based learning, catch-up classes and recreational activities to support the emotional wellbeing of children.

Key lessons learned include the importance of community engagement in delivering Education in Emergencies (EiE) services and fostering peace and social cohesion. Strengthening the technical and operational capacities of community actors is vital, not only to compensate for the absence of institutional services in remote areas but also to promote ethical and behavioural change within the population. Preventive measures are essential to mitigate violence against children and safeguard schools from closure. To this end, the training module for education authorities, international NGOs and community actors incorporates immediate actions to ensure the continuity of education, tools for crisis-affected school reporting and referral pathways for displaced out-of-school children. Local associations have proved valuable in reaching isolated communities, while capacity-building for these organisations remains a priority to maintain and expand their impact.

From January to December 2024, the Education Cluster reached 1,190,732 conflict-affected children (49 per cent girls) with educational services and learning support —154 per cent of its annual target. This includes 1,190,732 children (49 per cent girls) supported with school meals; 452,856 children (49 per cent girls) benefitting from mental health and psychosocial support; 49,139 children aged 3-17 (48 per cent girls) receiving essential teaching, learning and recreational materials; and 178,000 children (49 per cent girls) in repaired learning facilities or improved safe learning environments. The cluster conducted a secondary data review in October and November 2024 to inform a Joint Education and Child Protection Needs Assessment (JENA), including focus groups on child participation. Three quarterly reports on schools affected by the security crisis were produced, with the final quarterly report (covering late 2024) expected in January 2025. These efforts aim to improve evidence-based programming and coordination for the cluster's 18 implementing partners.

## Child protection and GBV:

December 2024 saw a continued deterioration of the protective environment for children in Haiti. UNICEF and its partners worked prevent, mitigate and respond to multiple cases of abuse, neglect, exploitation and violence against children and their families in an increasingly volatile context.

In response to family separation at the border with the Dominican Republic, UNICEF, together with the Institute of Social Welfare and Research (IBESR) and the Research and Action Group for Collective Welfare (GRABEC), provided alternative care and family reunification services for 29 unaccompanied and separated children (UASC), including 11 girls and 18 boys, in Port-au-Prince and at border crossings such as Belladère and Ouanaminthe. This brings the total number of unaccompanied and separated children supported with alternative care or reunited since January 2024 to 1,595.

To support children's mental health and psychosocial well-being, UNICEF supported both fixed and mobile child-friendly spaces managed by Citoyenne des Droits de l'Homme (ICDH)/KPTSL, Organisation des Cœurs pour le Changement des Enfants Démunis d'Haïti (OCCEDH), and Action Pastorale pour le Développement Humain (APADEH), to deliver collective and individual psychosocial support and mental health activities. In total, 6,394 individuals were reached, including 2,462 girls, 1,903 boys, 1,600 women and 429 men in internally displaced persons sites and hard-to-reach areas in metropolitan Port-au-Prince. This increases the total number of children reached with MHPSS nation-wide in 2024 to 103,320.

During the reporting period, 1,402 people (257 girls, 32 boys and 1,113 women) received messages on gender-based violence and risk mitigation including prevention of sexual exploitation and abuse. A further 4,179 people (1,464 girls, 913 boys, 1,305 women and 497 men) were provided access to safe and accessible channels for reporting cases of sexual and economic exploitation. In the same period, 1,535 child survivors of GBV, including 1,343 girls and women, received individual case management services through Organisation Fanm Vanyan an Aksyon (OFAVA), Centre d'Animation Paysanne et d'Action Communautaire (CAPAC) and RAPHA HOUSE. This brings the total number of children and women reached with GBV response, prevention and risk mitigation interventions in 2024 to 38,471.

As part of the Handover Protocol signed in January 2024 between the United Nations and the Government of Haiti, UNICEF supported the Transitional Authorities to organize a workshop in December on preventing child recruitment and use by armed groups. This one-day session prepared the groundwork for a high-level workshop planned for February 2025, aimed at developing a national strategy and effective response approaches for children who have left armed groups. To ensure the protection of children during police and military operations, UNICEF trained an additional 18 members of the Multinational Security Support (MSS) on grave child rights violations and the Handover Protocol. UNICEF also engaged with the Haitian National Police Child Protection Brigade to strengthen the legal protection of children leaving armed groups. This is designed to make the Haitian police system safer for children and more responsive to their specific needs. 14,199 children, parents, caregivers and community leaders have been sensitised on the risks of child recruitment and use by armed groups.

In the face of escalating insecurity and low funding for child protection, UNICEF and its partners have adopted a mobile approach, localising the response and reinforcing both national and community systems. This approach aims to address the growing needs of vulnerable children and build local capacity for sustainable protection services.

In December, the CP AoR launched its Cluster Coordination Performance Monitoring (CCPM) process. A briefing session was organised for partners to explain the process, objectives and roles of each stakeholder. The survey is underway and will conclude by the end of January 2025, followed by a validation workshop and planning for the year ahead.

In December, child protection actors continued to respond to urgent needs in the Port au Prince metropolitan area, marked by escalating violence, and in border regions. A total of 9,598 children (5,299 girls) received psychosocial and mental health support, raising the number reached since January 2024 to 117,441 children —approximately 21 per cent of the annual target. Of these, 4,344 IDP children (2,294 girls) accessed fixed and mobile psychosocial support services in displacement sites. In addition, 29 unaccompanied and separated children (11 girls) were identified and placed in alternative care or reunited with their families, bringing the total to 2,253 - 30 per cent of the annual target.

### Protection from Sexual Exploitation and Abuse (PSEA)

In December, UNICEF's child protection partner, CAPAC, sensitised 2,736 displaced persons (505 girls, 58 boys, 1,914 women and 259 men) on PSEA in Palmes, Ouanaminthe and the metropolitan area of Port-au-Prince. Three training sessions were conducted for two contracting service providers from the health section (Best Construction and BROCK) in collaboration with the construction team. Additionally, three partners (OCCEDH, ACODEP and Fanm Decide) received targeted support, including assessments, action plans and technical assistance, to strengthen their PSEA implementation capacity.

From January to December 2024, the PSEA Unit re-evaluated 24 partners and monitored 56 organizations, of which 50 were assessed as having "full capacity," one as having "moderate risk," and five as having "low capacity." These organizations received targeted support, including assessments, action plans, and technical assistance, to strengthen their PSEA implementation capacity. Five allegations were reported through the "Space Mwen" discussion groups. Additionally, 239 people, including education actors, national and community police members, and child protection actors, benefited from PSEA training. A total of 365,719 people benefited from PSEA awareness-raising across various programmatic sectors such as WASH, Health, Nutrition, Child Protection, SBC, and Communication – note, the WASH section reached 15,165 children in 35 schools with hygiene kits distribution and PSEA messages. UNICEF funded the interagency hotline (8811) and launched a communication mechanism in RapidPro (Msg - SEA8090).

## WASH

In December 2024, UNICEF and its partners supported 54,847 people with 2.8 million liters of drinking water and provided water treatment products to an additional 13,250 people in five municipalities in the Centre Department. Out of these new beneficiaries receiving drinking water, 43,847 individuals resided in 32 displacement sites in the Metropolitan Area of Port-au-Prince, Léogâne and Saint-Marc. Alongside water distribution, people in these sites benefited from hygiene services, including the promotion of safe practices, handwashing, solid waste management, latrine access and sensitization on protection against sexual exploitation and abuse. Overall, in December, UNICEF reached 273,928 people - including new and old caseloads – with safe drinking water.

Note that following armed attacks in May 2024, more than 15,000 families from the commune of Gressier fled to Léogâne, where many remain in displacement sites to date. In partnership with the Centre pour l'Education Communautaire et la Culture (CEDUCC), UNICEF provided 753,972 litres of drinking water to 5,600 of these displaced people across seven sites in December – the support was multifaceted, including direct connections to public water systems where possible, supplemented with water trucking in areas where connections can be intermittent.

Concurrently, in collaboration with the regional office of the National Directorate of Drinking Water and Sanitation's (DINEPA) in the West Department (OREPA Ouest), UNICEF also supplied 500,850 litres of drinking water to 20,000 of the most vulnerable people in Cite Soleil, one of Haiti's largest and most violence-affected informal settlements.

Within central ZMPP, UNICEF's partnerships with GOAL and L'Organisation de Rapprochement Aide Humanitaire (ORRAH) delivered a complete WASH package to 33,147 IDPs across 22 sites. The package included drinking water for domestic use (totalling of 1,557,195 litres), waste management, sanitary block latrine access, promotion of good hygiene practices (including menstrual hygiene) awareness, and solid waste management. In the latter half of November, 698 newly arrived families (3,490 individuals) also received standard UNICEF hygiene kits.

During joint evaluation visits by UNICEF-DINEPA, preliminary feedback indicated a positive impact on beneficiaries' lives. One example is Anise Fauchère, who fled Savane Pistache in Carrefour Feuille on 13 August 2023 due to armed threats and sought refuge at the former Lycée Marie Jeanne site. Fauchère described how open defecation and limited privacy were major concerns before ORRAH, in partnership with UNICEF and DINEPA, intervened to improve access to water, sanitation blocks, hygiene products and cleaning materials.

In Artibonite, insecurity and humanitarian needs have surged. UNICEF continues to assist displaced person from Pont-Sondé, who have been living in refugee camps in Saint-Marc since a massacre by the "Grand Griff" gang that claimed over 130 lives. Through the Central regional office of DINEPA (OREPA Centre), 195,370 litres of drinking water were delivered to 1,200 IDPs in Saint-Marc and Ticitron, and 1,000 local residents near the displacement sites, The Hôpital Albert Schweitzer (HAS), operating under a multisectoral partnership with UNICEF, distributed 403 hygiene kits to 2,015 IDPs in three new displacement sites in the commune of Verrettes. In the Centre Department, UNICEF and Deep Springs International continued a water chlorination programme coupled with household training in five vulnerable municipalities. December achievements included producing and distributing 16,200 bottles of Gadyen Dlo (chlorination products for families) and sensitisation of 35,250 people.

In 2024, UNICEF collaborated with the Ministry of Health (MoH/MSPP) and DINEPA to implement a rapid cholera WASH response. UNICEF worked with local and international NGOs, focusing on the most-affected departments (North, North-East, West, Artibonite, Centre). A total of 11 case-area targeted interventions (CATI) teams, supported by 6 nurses, were mobilized with three UNICEF-supported NGOs (ACTED, ACF, HI) and two Departmental Investigation and Response Teams (EDIR) teams in the Centre – UNICEF supported the EDIR teams to include the WASH CATI response component following their investigations. Over the year, these teams responded to 737 alerts for 885 suspected cases, established 656 CATI, and reached 5,914 households (48,156 people), distributed 4,242 cholera kits, and decontaminated 5,901 houses and 2,622 latrines.

In December, three national coordination meetings addressed response strategies, gaps and challenges across two operational areas (IDPs and flooding). Throughout December, the WASH Cluster reached 79,864 people with 8.8 million litres of potable water distributed across 65 IDPs sites in ZMPP, Léogâne and Saint-Marc through eight partners. In addition, 11,864 members of host communities in ZMPP and Saint-Marc received drinking water via water trucking (Saint-Marc) and the rehabilitation of 18 hand pumps (ZMPP) by three partners. A total of 4,393 hygiene kits and other hygiene supplies were distributed to 21,965 people in ZMPP, Léogâne and Saint-Marc through five partners.

As part of the flood response, 80,000 litres of potable water were distributed to 2,700 affected people in North-West Department by one partner, while 9,387 hygiene kits were distributed to 46,935 people in the South, Grand'Anse, North West and North Departments by ten partners. Debris clearing through a high-intensity labour approach was implemented in Grand'Anse Department, led by the respective civil protection authorities, although access to flooded areas remained a major challenge. The cluster contributed to a multi-sector Damage and Needs Assessment (DNA) in the South and Grand'Anse Departments, led by the respective civil protection authorities, although access to flooded areas remained a major challenge.

In December, the WASH Cluster initiated its CCPM process, preceded by a briefing to partners on objectives and procedures. The survey will close in January 2025, with results to be analysed and discussed as part of the 2024 review and 2025 planning.

Overall significant achievements were made in 2024 by the WASH cluster in terms of partner mobilisation and response despite the multiplicity, complexity and intensity of crises in the country, specifically: 43 partners including 4 Govt, 3 UN,

25 INGOs, 7 NGOs, 4 Red Cross Movement contributed in WASH cluster response across one or several of 4 operational thematic areas: displacement, cholera, flooding, peri-urban marginalized neighbourhoods. This represents an increased operational capacity with 13 additional partners in the cluster response as compared to last year.

In 2024, 730,000 people were reached with one or several WASH interventions and notably partners were able to increase the speed and scale of response notably IDPs in newly established sites in Metropolitan area of Port au Prince and the West Department through a UNICEF-ORRAH rapid response approach called "WASH Service Center".

Furthermore, in the marginalized and armed group-controlled neighbourhood of Cite Soleil, the mechanical cleaning of 5 km across major drainage canals enabled the prevention of major flooding in this area, sparing thousands of families from a yearly disaster. Key contributing elements to this included using lessons learned from 2023, triple nexus approach in support of authorities, support from UNICEF leadership, the Humanitarian Country Team buy-in and the work of the Inter cluster Access Working Group.

Last but not least, the country experienced a significant downward trend in the cholera outbreak thanks to collaborative efforts of UNICEF and OPS/OMS in supporting NGOs and Government (MoH/MSPP and DINEPA) with resources to carry-out integrated Health-WASH responses in hotspots areas.

## **Social Protection - Humanitarian Cash Transfers**

In December 2024, UNICEF, in collaboration with the World Food Programme and the Ministry of Social Affairs and Labour (MAST), made significant progress in strengthening social protection in Haiti. A joint initiative culminated in the development of an operational plan for shock-responsive social protection, designed to address crises more effectively and bolster the resilience of vulnerable populations, including internally displaced persons in Port-au-Prince. This plan incorporates immediate assistance for crisis-affected communities, particularly displaced families, with the long-term reinforcement of social protection mechanisms to promote inclusion and resilience.

In 2024, UNICEF sent \$1.5 million to 5,597 displaced households in ZMPP and the South for the multipurpose cash assistance program. UNICEF also sent \$2 million for incentive payments + 2,000 teachers, about 800 health professionals, about 100 people from the child protection sector were able to benefit from this support to avoid the collapse of the health system, the education system. UNICEF also undertook cash + education for + 4,000 households in Artibonite and the West for an amount of about USD 350,000.

In 2024, we experienced several challenges in setting up a payment system for internally displaced persons (IDPs). The first challenge was to find a mechanism to pay beneficiaries without ID. Although this mechanism was identified, security constraints limit the opening windows needed to complete all stages of the process. The second challenge is distribution of beneficiary cards, this mechanism is based on the distribution of beneficiary cards to displaced persons. However, their constant mobility complicates this distribution. In addition, payments must be made via community's cash, the opening of which depends on the security context, which disrupts the implementation of the system.

However, UNICEF managed to distribute the money to more than 80 per cent of the beneficiaries targeted by the projects and to make payments via mobile money without risk for the beneficiaries. In addition, the use of U-Report was a real asset for beneficiary registration and monitoring on sites. This made it possible to ensure the continuity of activities without long periods of inactivity linked to security constraints.

Concurrently, UNICEF's Social Policy team finalised a rapid emergency response document focused on children, in line with the priorities of the Humanitarian Action for Children (HAC). This plan seeks to provide direct assistance to 50,000 children, demonstrating UNICEF's commitment to placing the rights and well-being of children at the forefront of both of humanitarian and social interventions. On the operational side, significant efforts addressed challenges related to beneficiary identity verification (KYC). Among the 1,960 households (481 women-headed households in ZMPP, 164 women-headed households in Leogane and 295 women-headed households in the South) affected, representing approximately 25 per cent of identified beneficiaries in Port-au-Prince, targeted solutions were implemented to ensure their inclusion in interventions. Payments for these households will be processed in January 2025 through the financial service provider LEVIER, ensuring efficiency and transparency. These achievements from part of a broader vision to transform social protection systems into inclusive, responsive and child-centred mechanisms.

## **Social and Behaviour Change (SBC), Accountability to Affected Population (AAP), and Localization**

In December 2024, UNICEF led community engagement and lifesaving information campaigns in IDP sites and other crisis-affected areas, reaching 48,000 people with key messages on healthy and protective practices, including cholera prevention, immunisation, nutrition, child protection and education. This brought the total number of people reached with critical information and positive practice promotion to 6.2 million, representing 137 per cent of the initial annual target. From November to December 2024, UNICEF's implementing partners continued activities in 27 IDP sites in West Department, engaging 16,757 children through educational activities, 5,837 adolescents (total of 7,000 to date) in social cohesion initiatives, including 1,147 who received skills development and introduction to technical competences.

Over 2,000 people participated in a social cohesion day for IDPs and host communities in Léogâne, which also focused on water treatment and key family practices. In parallel, U-Reporters led engagement activities in IDP sites, reaching 33,000 people with cholera prevention messages, referring 3,028 under-vaccinated children, 857 suspected malnutrition cases and 875 pregnant and lactating women to relevant vaccination, nutrition and prenatal services. In Léogâne and Petit Goâve municipalities, 1,100 families were visited for the first time in the past two months to promote essential

family practices and to support a vaccination campaign, which covered over 100 under-vaccinated children, including 20 zero-dose children.

Throughout 2024, community engagement interventions reached 6,500 under-vaccinated children, 1,300 pregnant and lactating women in IDP sites, as well as 5,850 suspected malnutrition cases (identified and referred across the 10 departments).

During November and December, 684 incidents of violence against children and 866 incidents of violence against women (Sexual violence, physical violence and GBV) were reported bringing the total to 1,858 cases for children and 1,600 cases for women (March to December). An estimated 11,000 additional people gained access to established feedback mechanisms, increasing the cumulative reach to 130,500 people (87 per cent of the HAC initial target) in security-affected areas. Approximately 575 feedback entries were collected through interpersonal activities, group sessions and information centres, raising the total to 2,170 in 2024. Key concerns included the non-receipt of humanitarian cash transfers, requests for financial assistance to leave the camps, lack of sanitation, inadequate lighting, shortages of safe water, food and hygiene materials, as well as incidents of malnutrition, cholera, tuberculosis and various forms of violence, particularly affecting children, girls and women.

Major challenges in 2024 included escalating transport costs, limited fuel availability and road blockages, which hampered monitoring activities and the distribution of essential materials to communities. Despite these hurdles, investing in adolescent, youth and women's engagement has added significant value to the humanitarian response by increasing service uptake in marginalised and remote communities. Adolescents and youth have played a pivotal role, advocating for community needs and reporting feedback to local authorities, while existing community platforms have fostered dialogue, acceptance and access for programmes interventions.

## Communication and advocacy

Multimedia contents:

- This is the story of 11-year-old Junior (name changed), recruited by armed groups in Haiti. [Watch more](#)
- Violence in Haiti has escalated again in recent weeks, forcing over 22,000 children to flee their homes in search of safety. [Read more](#)
- Children in Haiti are bearing the brunt of yet another wave of brutal armed violence in Port-au-Prince recently. [Watch more](#)
- Children in Haiti are facing a worsening health and nutrition crisis. Years of violence and instability are making it increasingly difficult for families to access healthcare, safe water and basic sanitation. [Watch more](#)

Donors' visibility:

- Thanks to the generous support of Government of Canada through Canada's Global Initiative for Vaccine Equity (CanGive), a large-capacity cold room (30m<sup>3</sup>) has been installed in Cap-Haitian, paving the way for uninterrupted vaccine access for children in the Northern Department. [Watch more](#)
- Violence, poverty, and hunger are endangering children in Haiti, with over 120,000 facing severe malnutrition in 2024. Through the EU-@unicefhaiti partnership, we deliver life-saving support, giving children like Christopher hope and health. [Watch more](#)

Articles:

- The attacks on November 11 in the metropolitan area of Port-au-Prince displaced several families. UNICEF was on the ground to respond to the escalation of violence and provide support to those affected. [Read more.](#)
- Emmanuel, champion in the fight against child malnutrition in his community. He walks through the poorest neighborhoods of Gonaïves, educating parents, training healthcare providers, and delivering life-saving nutritional supplements to children suffering from malnutrition. [Read more](#)
- A joint initiative by UNICEF and OCCED'H offers hope and a future to young Haitians through vocational training, empowering them to rebuild their lives. [Read more](#)

**Report:** Snapshot of key results for 2024. What UNICEF achieved in Haiti over the past year. [Download the report here.](#)

Next SitRep: January 2025

UNICEF Haiti: [www.unicef.org/haiti/](http://www.unicef.org/haiti/)

UNICEF Haiti Humanitarian Action for Children Appeal: [www.unicef.org/appeals/haiti](http://www.unicef.org/appeals/haiti)

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## Annex A

### Funding Status

| Sector           | Requirements       | Funds available             |                                            | Funding gap        |            |
|------------------|--------------------|-----------------------------|--------------------------------------------|--------------------|------------|
|                  |                    | Humanitarian resources 2024 | Resources available from 2023 (Carry-over) | \$                 | per cent   |
| Health           | 26,500,000         | 6,415,577                   | 3,092,076                                  | 16,992,347         | 64%        |
| Nutrition        | 33,224,240         | 15,240,261                  | 3,899,742                                  | 14,084,237         | 42%        |
| Child Protection | 48,704,793         | 4,273,540                   | 1,803,345                                  | 42,627,908         | 88%        |
| Education        | 32,637,995         | 5,770,822                   | 3,472,058                                  | 23,395,115         | 72%        |
| WASH             | 43,810,800         | 7,392,581                   | 4,621,528                                  | 31,796,691         | 73%        |
| Cross Sectoral   | 36,772,384         | 4,445,844                   | 1,193,041                                  | 31,133,499         | 85%        |
| <b>Total</b>     | <b>221,650,212</b> | <b>43,538,624</b>           | <b>18,081,790</b>                          | <b>160,029,798</b> | <b>72%</b> |

## Annex B

### Summary of Humanitarian Response Results

| Sector   Indicator                                                                               | HAC 2024 Target | UNICEF and IPs Response 2024 |         |         |         |         |                   | Cluster/Sector Response |                      |                   |
|--------------------------------------------------------------------------------------------------|-----------------|------------------------------|---------|---------|---------|---------|-------------------|-------------------------|----------------------|-------------------|
|                                                                                                  |                 | Girls                        | Boys    | Women   | Men     | Results | per cent Progress | HNRP 2024 Target        | Total Results        | per cent Progress |
| Nutrition                                                                                        |                 |                              |         |         |         |         |                   |                         |                      |                   |
| # Children aged 6 to 59 months screened for wasting                                              | 600,000         | 234,966                      | 223,571 |         |         | 458,537 | 76%               | 750,000                 | 458,537 <sup>4</sup> | 61%               |
| # Children aged 6-59 months with severe wasting admitted for treatment                           | 104,827         | 25,109                       | 23,176  |         |         | 48,285  | 46%               | 104,857                 | 48,285               | 46%               |
| # Primary caregivers of children 0-23 months receiving IYCF counselling                          | 430,884         |                              |         | 329,765 |         | 329,765 | 77%               | 574,512                 | 329,765              | 57%               |
| # Children 6–59 months receiving vitamin A supplementation                                       | 600,000         | 180,543                      | 166,648 |         |         | 347,191 | 58%               |                         |                      |                   |
| Health (including public health emergencies)                                                     |                 |                              |         |         |         |         |                   |                         |                      |                   |
| # Children vaccinated against measles, supplemental dose                                         | 223,052         | 110,546                      | 96,392  |         |         | 206,938 | 93%               |                         |                      |                   |
| # Children and women accessing primary health care in UNICEF-supported facilities                | 652,400         | 71,542                       | 40,630  | 93,976  |         | 206,148 | 32%               |                         |                      |                   |
| # New health professionals recruited and deployed in health institutions                         | 250             |                              |         | 341     | 202     | 543     | 217%              |                         |                      |                   |
| Water, sanitation and hygiene                                                                    |                 |                              |         |         |         |         |                   |                         |                      |                   |
| # People accessing a sufficient quantity of safe water for drinking and domestic needs           | 884,000         | 67,951                       | 55,316  | 81,715  | 68,946  | 273,928 | 31%               | 1,700,000               | 616,387              | 36%               |
| # People accessing appropriate sanitation facilities                                             | 176,400         | 19,430                       | 15,576  | 23,321  | 19,442  | 77,769  | 44%               | 300,000                 | 185,390              | 62%               |
| # People reached with critical WASH supplies (including hygiene items) and services <sup>5</sup> | 884,000         | 100,050                      | 80,179  | 120,087 | 100,198 | 400,514 | 45%               | 1,700,000               | 685,060              | 40%               |
| Education                                                                                        |                 |                              |         |         |         |         |                   |                         |                      |                   |
| # Children accessing mental health and psychosocial support in their schools/learning programmes | 25,000          | 22,033                       | 21,822  |         |         | 43,855  | 175% <sup>6</sup> |                         |                      |                   |
| # Children accessing formal or non-formal education, including early learning                    | 502,123         | 63,094                       | 59,685  |         |         | 122,779 | 24%               | 772,496                 | 178,111              | 23%               |
| # Children receiving individual learning materials                                               | 120,000         | 27,007                       | 24,488  |         |         | 51,195  | 43%               | 772,496                 | 49,139               | 6%                |

<sup>4</sup> UNICEF is supporting supplies for treatment of acute malnutrition; this is why all results related to treatment are the same for UNICEF and cluster.

<sup>5</sup> The target includes people assisted with cholera 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 sensitization and local solutions for oral rehydration salts where cholera kits are not sufficient to address needs.

<sup>6</sup> As part of Back to Learning, the Education Section has strongly supported psychosocial activities throughout the country, more specifically in the western departments, South and Artibonite department which are plagued by a wave of armed gang violence. Difficulties related to transportation (the main national roads are controlled by gangs) and armed violence delayed the implementation of these activities. They began at the end of the quarter (November). Thus, those data were reported at the end of the year.

|                                                                                                                         |           |        |        |        |       |           |      |         |         |                     |
|-------------------------------------------------------------------------------------------------------------------------|-----------|--------|--------|--------|-------|-----------|------|---------|---------|---------------------|
| # Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support                     | 500       |        |        | 352    | 667   | 1,019     | 204% | 1,700   | 30,730  | 1,808% <sup>7</sup> |
| Child protection, GBVIE and PSEA                                                                                        |           |        |        |        |       |           |      |         |         |                     |
| # Children, parents and caregivers accessing community mental health and psychosocial support                           | 336,557   | 48,626 | 37,293 | 13,560 | 3,841 | 103,320   | 31%  | 568,408 | 143,833 | 25%                 |
| # Unaccompanied and separated children provided with alternative care and/or reunified                                  | 5,979     | 377    | 1,218  |        |       | 1,595     | 27%  | 7,474   | 1,983   | 27%                 |
| # Women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions                         | 181,200   | 15,285 | 8,521  | 14,665 |       | 38,471    | 21%  |         |         |                     |
| # Children, youth, parents and community leaders sensitized on recruitment and use of children by armed groups          | 448,743   | 1,452  | 1,140  | 7,119  | 5,098 | 14,809    | 3%   |         |         |                     |
| # People with access to safe channels to report sexual exploitation and abuse                                           | 1,623,584 |        |        |        |       | 296,287   | 18%  |         |         |                     |
| Cross-sectoral (HCT, CBC, RCCE and AAP)                                                                                 |           |        |        |        |       |           |      |         |         |                     |
| # Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors) | 39,696    |        |        |        |       | 32,995    | 83%  |         |         |                     |
| # People reached through messaging on prevention and access to services <sup>4</sup>                                    | 4,500,000 |        |        |        |       | 6,171,754 | 137% |         |         |                     |
| # People with access to established accountability mechanisms                                                           | 150,000   |        |        |        |       | 130,500   | 87%  |         |         |                     |

<sup>7</sup> Note the overachievement stems from the acknowledgment that due to school closures and relocations, 6 months into the year, more teachers are in need of support requiring more training. Partners are mobilizing resources to address this additional need – as such there is an overachievement on this result as the HNRP 2024 has not been revised as we are close to the development of the HNRP 2025.