



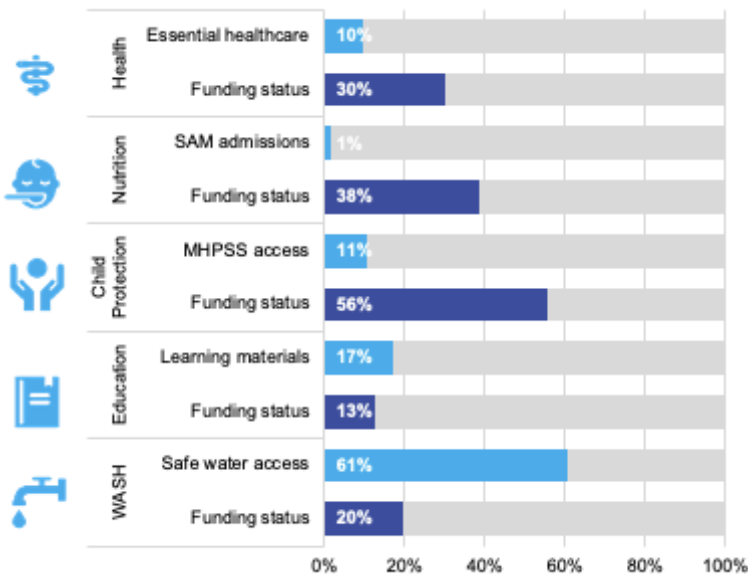
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14 October 2021

Highlights

- Access to basic healthcare, nutrition, and safe water, sanitation, and hygiene services are still critical needs after the devastating earthquake that hit southwestern Haiti. According to assessments, 90 health facilities have been damaged or destroyed, 56 water supply piped systems have been severely damaged, and more than 1,800 water supply systems endured minor damages; 212,000 people have lost access to their drinking water source with 500,000 people needing immediate/long term support to access water.
- With the new school year started on 4 October, and [906 schools](#) completely or partially destroyed,¹ support to providing essential learning opportunities and rehabilitating or rebuilding damaged school infrastructures is critical; an estimated 230,000 children are at risk of losing out on education.
- UNICEF equipped a total of 24 mobile clinic teams with essential medical equipment/medicines, providing integrated primary health care, including nutrition and psychosocial support, at the community level, in 18 remote communes.
- Due to the current deepening political crisis and raising social unrest situation, including a drastic shortage of fuel around the country due to insecurity, additional challenges and delays are foreseen for the response, especially for the sectors demanding transportation of supplies and materials.

UNICEF's Response and Funding Status*



*By the time of this report, progress on some targets is partial due to several factors. In Health and Nutrition, for instance, data collection from the mobile clinics remains a challenge as there are often delays in the receiving consolidated reports. In Child Protection, agreements with partners are being finalized to scale up activities, results will be reflected in upcoming SitReps. In Education, results from reconstruction activities will be reported at a later stage, while there is progress in the planning process. Access constraints have also impacted delivery in the field, as well as low funding levels in some sectors. Detailed information on targets, results and constraints are available in [Annex A](#).

¹ Education Sector Assessment (UNICEF and MoE); 692 schools (52%) were assessed as partially destroyed with 214 (16%) schools assessed as totally destroyed, out of a total of 1,323 schools assessed; for a total of 906 hpm.lacro.info/emergencydashboard1.html.

Earthquake Haiti Humanitarian Situation Report No. 7

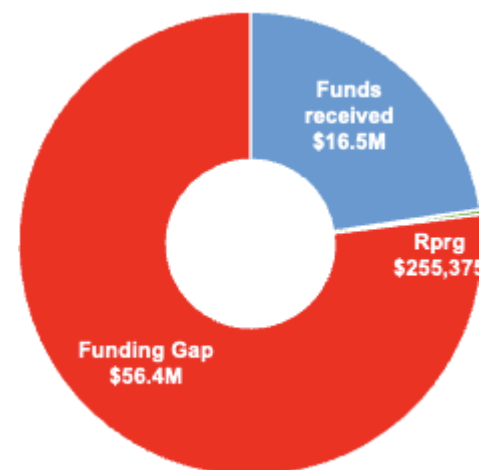
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Situation in Numbers



Sources: Government of Haiti/COUN, OCHA Haiti.

UNICEF Appeal US\$ 73,3 million



Funding Overview and Partnerships

In its revised [Humanitarian Action for Children \(HAC\)](#),² UNICEF is requesting an additional US\$73.3 million (out of US\$122.2 million) to deliver lifesaving support to people affected by the earthquake, in line with the Inter-Agency Flash Appeal (25 August 2021). These funds will allow UNICEF to further scale up immediate actions in critical sectors such as WASH, health, education, nutrition, child protection and gender-based violence (GBV), while ensuring coordination support across UNICEF-led sectors, at both field and national level. It will also allow UNICEF to ensure that emergency response will lead to the long-term sustainability and system strengthening.

As of 11 October, UNICEF had received US\$16.5 million for the earthquake response in Haiti (33% of its funding requirement), including recent contributions, received during the reporting period, from the Lego Foundation and UNICEF National Committees. With a significant funding gap of 77%, resources are urgently needed to scale up response across all sectors, including for the reconstruction of schools (87% funding gap for education).

Situation Overview and Humanitarian Needs

Nearly two months after a 7.2 magnitude earthquake rocked south-western Haiti on 14 August 2021, severely impacting the South, Nippes and Grand'Anse departments, humanitarian and early recovery needs remain immediate and pressing. Latest figures show that at least 800,000 people – about 40% of the population of the three affected departments, including 340,000 children, have been affected by the earthquake,³ which left more than 2,246 deaths and more than 12,763 people injured.⁴

The earthquake has worsened the already difficult humanitarian situation in the country with already 4.4 million people in need of humanitarian assistance (HRP 2021), including 2.2 million children, a deepened socio-political crisis and escalating gang violence causing more than 19,000 internally displaced people (IDPs) as well as raising insecurity and kidnapping (747 since January 2021, with 119 only in the first half of October, including 17 missionaries from USA and Canada), with an average in 2021 of almost 30% children.⁵

Post-earthquake assessments⁶ have shown more than 137,000 homes destroyed or damaged. Estimates of damages and economic losses amount to at least US\$1.5 billion, about 10 per cent of the country's gross domestic product⁷ with devastating effects on assets and livelihoods among vulnerable families with children. With the additional risk, being still in the tail end of the hurricane season, of heavy rains and associated flooding and landslides.

Affectations to homes, infrastructures and livelihoods have been five to seven times harder in rural areas (with up to 80% of the affected population) than in urban centers.^{8 9} At least 26,245 displaced people have been identified in 65 displacement sites across affected areas, with 70 per cent located in 40 sites across the Sud Department.¹⁰

Access to health and water and sanitation facilities remain an important challenge. Among the highest priorities, emergency nutrition assistance, the scale-up of protection mechanisms to prevent family separation, GBV and exploitation and abuse of children, including children with disabilities—and the resumption and expansion of learning opportunities for affected children, will be crucial in the coming weeks and months.

Safety and security remain significant operational challenges, with regular looting of humanitarian relief supplies and persisting access constraints along the main supply route (RN#2) linking Port-au-Prince to the South. Just like the pandemic, armed gangs' clashes have heavily limited movement and accessibility. Women and girls are locked in their homes or temporary shelters preventing them to have access to information and services available. GBV survivors cannot ask for help and access to GBV response services. Additionally, the current drastic shortage of fuel around the country due to insecurity (petrol companies cannot transport the fuel due to the risk of looting and kidnapping), represents an additional challenge and further delays are foreseen on the response delivery, especially for the sectors demanding transportation of supplies and materials. The overall UNICEF operations are facing limitations as fuel consumption has to be reduced due to the mentioned shortage.



Source: Interagency Flash Appeal, 25 August 2021. This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers.

² UNICEF Revised 2021 Haiti HAC, August 2021, <<https://www.unicef.org/media/106321/file/2021-HAC-Haiti-August-Revision.pdf>>. UNICEF HAC appeal for Haiti has been revised to a total of US\$ 122.2 million to meet the humanitarian needs of Haitian children and their families. This includes US\$ 73.3 million for the earthquake response and US\$48.9 million to cover other humanitarian needs in the country.

³ This includes an estimated 650,000 people, including 260,000 children in dire need of humanitarian assistance. See IA Flash Appeal, Haiti Earthquake Response (August 2021), <<https://reliefweb.int/report/haiti/haiti-flash-appeal-earthquake-august-2021>>.

⁴ Ibid.

⁵ Source: BINUH and CARDH.

⁶ Haitian Civil Protection Agency (DGPC) (As of 4 September).

⁷ Haiti: Earthquake. Situation Report (As of 7 September 2021); OCHA.

⁸ Ibid.

⁹ Haitian Civil Protection Agency (DGPC) (As of 4 September).

¹⁰ DGPC and IOM estimate.

Beyond immediate needs, the government-led **Post Disaster Needs Assessment (PDNA)** exercise is anticipated to address longer term recovery needs and priorities. With support from the UN system, the European Union, World Bank and the Inter-American Development Bank, a detailed PDNA exercise has been launched focusing on 11 major sectors: housing, health, education, WASH, electricity, transport, agriculture, tourism, culture, and commerce, together with critical cross-cutting issues namely gender, disabilities, Communication With Communities (CWC) and Accountability to Affected Populations (AAP), governance, employment and livelihoods, environment and disaster risk reduction. The PDNA results will be officially presented in a high-level event planned for mid-December.

Summary Analysis of Programme Response

Health

After about 8 weeks of health response on the field following the earthquake, the needs of the health services remain urgent. More than 90 health facilities, out of 137 assessed (66%), were damaged in the 3 departments affected by the earthquake. The priority needs of the health sector for this second phase of the post-earthquake response include: the resumption of primary health care services at institutional level and the offer of community health services, the reconstruction and rehabilitation of damaged/destroyed health infrastructures, adolescent and children mental health, WASH in health facilities, control of communicable diseases, and strengthening of the governance of departmental health directorates and district health units called UAS.

Since the occurrence of the earthquake, 400 new cases and 7 new deaths of COVID-19 have been so far reported by the Ministry of Health (MoH) epidemiological bulletin as of 4 October 2021, in the 3 departments affected (Grande-Anse, Nippes and South). Efforts are being made to introduce COVID-19 testing in the mobile clinics supported by UNICEF and increase community awareness, discussions are on the way with PAHO and the health departmental directorates to integrate this activity by early November 2021. UNICEF continue to support the 3 departments affected to intensify communication activities for the generation of demand for the COVID-19 vaccine.

As of mid-October, UNICEF has ensured essential healthcare to over 24,000 people, including through support to health centers and mobile clinics. In coordination with the local health authorities, key results and response actions include: (i) deployment of 24 mobile teams in the most affected 18 municipalities (communes). As per partial data reported as of 1 October, more than 9,600 people (including about 2,900 children under 5 years) have received medical care consultations and have been treated accordingly in integrated mobile clinics. The offer of care provided in these mobile clinics includes, among others: vaccination, nutritional screening and referral for treatment, antenatal consultation, community integrated management of childhood illnesses (IMCI). This strategy will be supported and scaled up by UNICEF during the next 3 months, to ensure proximity of care for vulnerable population in hard-to-reach areas; (ii) 30 tents (5 x 72 sqm and 25 x 42 sqm) have been installed for the resumption of basic services at 27 damaged health institutions; (iii) some 120 emergency medical kits (drugs, consumables, materials) were delivered to 28 health institutions, including to support the mobile clinics' operation. These emergency medical kits have been designed to meet the initial primary health care needs of the population (approximately 300,000 persons for 3 months). (iv) After assessing the cold chain installations, UNICEF has provided logistical support to the three departments to resupply health facilities with vaccines and devices to ensure continuity of vaccination services.

Pending the results of the 2nd comprehensive post-earthquake health assessment, supported by UNICEF and PAHO under the leadership of the central directorates of the MoH, UNICEF will position itself on the key actions according to the findings.

Nutrition

UNICEF is supporting the treatment of children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) through health facilities and mobile clinics. The mobile clinics offer integrated health and nutrition services in the affected departments. A total of 2,637 under-five children were screened in August 2021. Amongst them, 110 (55 girls and 55 boys) suffered from SAM and 150 (75 girls and 75 boys) from MAM.¹¹ The children diagnosed were admitted and received treatment. Technical support was provided to the Nutrition Direction of the MoH to elaborate the supply distribution plan, in addition to anthropometric equipment, and medicines for systematic treatment of acute malnutrition. The distribution plan includes 7,934 cartons of Plumpy Nut, 205 cartons of F-75, and 195 cartons of F-100 to treat around 4,000 cases of SAM and 7,869 cases of MAM. The 3 affected departments will be supplied with 249 cartons of Lipid-Based Nutrient Supplement (Plumpy Doz) to prevent malnutrition in 2,490 children aged 6-23 months.

UNICEF is collaborating with the Nutrition Unit in the MoH to establish an end user monitoring system to improve the management of nutritional supplies and ensure efficient use.

As co-lead of the Nutrition sector in Haiti, UNICEF is supporting the MoH to coordinate the emergency nutrition response in affected areas. UNICEF continues supporting national level coordination and is in the process of recruiting national and departmental nutrition sector coordinators. An Information Management Officer from the Global Nutrition Cluster has worked

¹¹ Data collection from the mobile clinics remains a challenge as there are often delays in the receiving the reports. The typical period of reporting is around 30 days (monthly), but in occasions the data submitted is late or partial. The country office is looking at how to reinforce and improve field monitoring. In addition, the nutrition programme is underfunded with resources needed to fund programme costs not related to supply. Actual results by the date of this report are expected to be higher and will be updated in upcoming SitReps.

with partners to develop 4Ws reports, as well as dashboard on the operational presence of partners.¹² A dashboard presenting the government data for treatment and screening is under development.

An Infant and Young Child Feeding in Emergencies (IYCF-E) expert has been deployed through the Global Nutrition Cluster-Technical Alliance. Training materials have been developed to conduct training of a national pool of trainers from government and NGOs that will in turn train health workers and community agents. The IYCF-E advisor is supporting the process of establishing spaces to provide counseling, and support mothers to breastfeed their babies or support replacement feeding when infants cannot be breastfed– PCNB (Point Conseil Nutrition pour Bebe). UNICEF will support the PCNB financially and technically. Due to limited funding for the Nutrition response, the establishment of PCNBs has not started, leaving children at great risk of diseases, malnutrition and death as breastfeeding practices are often disrupted in emergency situations and replacement feeding is not always safe.

The Nutrition Program remains underfunded with resources needed to fund programme costs not related to supply, such as strengthening the supply monitoring system, the IYCF-E programme, and nutrition sector coordination and information management.

WASH

According to the initial damage assessment conducted by the National Water and Sanitation Directorate (DINEPA), with UNICEF support, 56 water supply piped systems out of 212 (25,7%) were reported severely or moderately damaged with 212,000 people losing durable access to drinking water due to damages. In total, 500,000 people remain in need of WASH support, including emergency water supply, repairs and rehabilitation, hygiene promotion and sanitation.

As part of its response strategy, from the earliest days of the earthquake, UNICEF supports DINEPA and sector partners for emergency water supply services delivery as first response, through the installation of water treatment units, bladders and water trucking, and through the distribution of household water treatment products and hygiene kits. The response also includes repairs and rehabilitation of water and sanitation supplies in communities and institutions, emergency sanitation services to displaced populations, with gender and disability considerations, and handwashing facilities, hygiene promotion and hygiene supplies distribution including soap, water treatment products and menstrual hygiene products. UNICEF and the WASH sector response is focused on the prevention of public health risks including the spread of infectious diseases such as diarrhoea, other waterborne diseases, malaria and COVID-19. Key results and response actions to date include the following:

- Sector Response Result: With UNICEF support and co-leadership, DINEPA and sector partners have reached over 350,000 affected people with 14 million litres of safe drinking water through water-trucking.¹³
- Through support of UNICEF and partners to date, 303,283 persons have access to water for drinking, cooking and personal hygiene through water trucking.
- UNICEF plans to distribute a total of 50,000 hygiene kits to cover 250,000 people for 3 months, out of which 48,200 were ordered and 21,000 hygiene kits have been distributed, covering over 92,000 people.¹⁴
- In addition to 2 water treatment units prepositioned at DINEPA level, UNICEF supported DINEPA with 3 new water treatment units with a capacity of 5m³/h each and 21 new bladders with a volume of 160,000 liters to increase the production and storage capacities. Furthermore, UNICEF supported DINEPA with 10 additional trucks to reinforce the water trucking capacities.
- UNICEF facilitated the transportation of partners' water treatment plants, and supported DINEPA and partners for the installation of 18 water treatment plants and 96 bladders, with total volume of 755,000 litres, as well as the provision of fuel for water trucking.
- UNICEF engaged with the national NGO IDEJEN to produce and install an initial batch of 70 blocks of removable and reusable latrines and handwashing facilities, completed with hygiene promotion and vocational training. The prototype of the latrines and Bill of Quantities (BoQs) were shared with sector NGOs for implementation at scale.
- UNICEF supported DINEPA for the repair of its 8 vacuum trucks that will enable the emptying of the latrines used by displaced people.

Besides immediate WASH services, UNICEF supports DINEPA to establish Water Supply Brigades (which consist of a team of skilled plumbers, technicians, engineers, and diggers, equipped with tools, materials and cash in hand) to rehabilitate moderately damaged WASH infrastructure, to reestablish the functionality of the infrastructure and the continuity of the services. The deployment of the brigades, delayed by the purchase of the necessary hydraulic materials and spare parts, is planned to be operational by the end of October. In addition, sanitation brigades composed of men and women will be deployed for the installation, cleansing and maintenance of the latrines, monitoring of their emptying and hygiene promotion, with gender and disability lens.

¹² Operational presence dashboard available here: <https://www.humanitarianresponse.info/en/operations/haiti/nutrition>

¹³ Water trucking is a short-term and limited duration activity. DINEPA, with the support of UNICEF and sector partners, is ensuring water-trucking to provide safe drinking water to earthquake-affected people in parallel, as more durable solutions work is in progress to rehabilitate and repair damaged/destroyed water systems in the same area.

¹⁴ In terms of results, since the onset of the crisis, with the resources available, priority has been given to ensure access to water interventions given the urgent needs (life-saving). Sanitation and hygiene implementation will catch up once additional resources are available to bring these to scale.

In view of the rehabilitation of the heavily damaged water supply systems, UNICEF and the World Bank supported DINEPA and sector partners for conducting the comprehensive technical assessment of these systems, with 2 UNICEF staff involved. With regards to schools reopening in the South, UNICEF is supporting the rehabilitation works of WASH infrastructures in a number of schools and health centers (including accessibility for people and children with disabilities).

Since 14 August 2021, UNICEF continues to support the National Water and Sanitation Directorate (DINEPA) and sector partners for a strong WASH coordination of the assessments and response. In addition to the regional coordination, UNICEF supported the setup and co-lead of the facilitation of sectoral coordination mechanism in each affected department.

UNICEF has initiated discussions with Protection against Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP) partners to ensure an AAP mechanism is implemented, for WASH as well as for the other sectors.

Child Protection

UNICEF's priorities in Child Protection, include reinforcing coordination of the sub-sector, including at subnational level, reinforcing GBV prevention and response, strengthen psychosocial support, and related case management for the identification, referral and service provision for vulnerable children (including separated and unaccompanied children, and children at risk), as well as community and family sensitization on the risk of child exploitation and trafficking.

With the collaboration of the government counterpart (Institute du Bien-Etre Social et de la Recherche - IBSER), UNICEF and partners have reunified 14 unaccompanied children (8 girls and 6 boys) and provided support to 150 foster families that are hosting 600 children through the provision of supplies (cloths, blankets, hygiene kits); 41 adolescents in damaged institutions were also relocated and provided with basic needs (food); 13 children referred by IBSER, with support of UNICEF, to health services were evacuated to Port au Prince for urgent medical treatment; 96% (75/78) of children homes/orphanages assessed were assisted with immediate protection and psychosocial support needs.

In order to strengthen the resilience of vulnerable children victims of the earthquake and their caregivers, implementing partners Foundation Zami Timoun (FTZ) and Centre de Formation et de Recherche en Psychosocial (CFRAPS) established 12 Child Friendly Spaces (CFS) during the reporting period, in the municipalities of Les Cayes, Torbeck, Chantal, Camperin, la Saline and Plaisance. A total of 74 psychosocial support sessions were conducted in the 12 CFS. During the reporting period, 2,844 children (including 1,432 Girls and 1,412 boys) as well as 389 caregivers (248 women and 141 men) participated in these activities. In total, 21 CFS have been established through the support of UNICEF to its partners (9 in Sud/3 in Nippes/9 in Grande Anse), reaching in total 3,233 children and caregivers. UNICEF also distributed a total of 155 recreation kits to its partners Care, FZT and CFRAPS.

Within the framework of the reinforcement of the community mechanism of child protection, 2,720 beneficiaries (including 630 girls, 405 boys, 1,026 women and 659 men) benefited from awareness raising on prevention of separation, GBV and risk of child exploitation and trafficking. UNICEF is currently supporting the sub sector in harmonizing the tools and curriculums for Mental Health and psychosocial support as well for the collection and monitoring tools for all child protection actors. Capacity building and/or refresher trainings are ongoing to strengthen the capacities of various partners for qualitative response to the emergency.

Since the beginning of the response, UNICEF and its implementing partners FTZ, CFRAPS and CARE, with the support of IBSER, trained 450 U-reporters and 67 caregivers (39 women and 28 men) on child protection and GBV.

As co-lead of the child protection sub-sector, UNICEF co-chairs on a weekly basis the Child Protection Working Group (CPWG) in the three most affected departments by the earthquake (South, Nippes and Grande Anse). UNICEF is also supporting the sub-cluster in establishing a service mapping and clear referral pathway for children in need of case management, specialized services and cross-sectorial referrals.

Apart from funding, access to damaged areas mainly in Grand' Anse department remains one of the biggest challenges that UNICEF partners are facing due to the destruction of a bridge on the main access road and the poor condition of other roads, as well as for the fuel shortages, making it harder for partners to reach the most vulnerable beneficiaries.

Education

Due to the complex socio-political context affecting the country with continued social unrest and high insecurity in the capital city, as well and in the main urban centers, the consequent fuel cuts and the increased transport costs are heavily affecting the distribution of school kits and furniture delivery. The current percentage of functioning schools varies among the 3 affected departments between 40% and 70%, meaning that 30% to 60% of the children are still out of school. As a consequence, continuity of the education service remains challenging and the Ministry of Education (MoE) is implementing in some school's double shift to accommodate children from damaged/destroyed schools. Moreover, at least 10 schools are still used as shelters by the affected population, hampering the reopening of classes. The MoE departmental authorities have escalated the issue to the national authorities at the highest level, to find a cross-sectoral solution for the schools reopening.

Despite the persisting problems of lack of data and disaggregated information, according to preliminary results of the rapid assessment,¹⁵ led by the MoE with UNICEF support, out of 1,323 schools assessed, 906 have been partially or totally destroyed (214 schools totally destroyed and 692 schools partially destroyed/damaged). Enabling water and electricity systems is identified as one of the most important challenges in terms of physical infrastructure of schools. More than 230,000 children are at risk of losing out on education (including risk of dropping out of school in these areas) although information is still incomplete on school conditions and needs on some remote rural areas including Cayemites and Il-a-Vache islands.

¹⁵ 1,323 out of 2,500 schools were evaluated in the three most affected departments <http://hpm.lacro.info/emergencydashboard1.html>

Since 4 October, the MoE launched a symbolic event of “rentree scolaire” with UNICEF Representative in les Cayes, while about 300,000 children are starting to gradually resume schooling in the three earthquake-stricken departments.

UNICEF’s priority in three departments is to ensure that 100,000 children¹⁶ have access to quality education and early learning, and to support extremely vulnerable children to stay in school, including children with disabilities. UNICEF started the distribution of school materials to 17,066 children (out of 100,000 targeted) in the 3 departments. UNICEF also started constructing secure semi-permanent learning spaces (classrooms) with accessible WASH facilities; with aim to construct 900 classrooms (150 schools). Currently, UNICEF is conducting the evaluation of 38 schools envisaged for the first phase of the construction to confirm that these school locations are ready to start construction activities. School furniture has arrived at Les Cayes (South) and distribution has started, 10 schools have already received school furniture despite the current fuel cut situation.

Leveraging its technical expertise across Education, Child Protection and Social Protection, UNICEF will support the provision of mental health and psychosocial support to students; a two-day teacher training took place directed to 160 teachers in 9 communes of the South (Les Cayes, Torbek, Cavaillon, Camp-Perrin, Port Salut, Ducisse, Maniche, St-jean du Sud, Arniquet). Teachers will be asked to provide information on the difficulties on implementing psychosocial tools and resources with their students; based on this information a reinforcement session will take place with the same teachers at the end of November. Also, cash transfers to 1,000 teachers is planned for November prior identification of public school teachers based on vulnerability criteria, with the support of the MoE.

Finally, UNICEF is supporting strengthening the capacity of departmental education authorities to carry out sector coordination and data management.

Social protection

In collaboration with the Ministry of Social Affairs and Labour, UNICEF will provide emergency cash transfers to support up to 20,000 of the most vulnerable families with children and/or pregnant women to access essential services and non-food items, linking assistance to referrals to available services as well as communication for development (C4D) messaging. UNICEF is supporting needs and feasibility assessments, in collaboration with the Government, WFP, FAO and other partners working on cash-based transfers, and plans to closely coordinate with partners the identification and support of beneficiaries. Due to lack of resources, including funding for this activity, UNICEF has not been able to start this intervention. Additional humanitarian cash expertise, surge support, will be coming into the country.

Communication & C4D

When the earthquake hit, youths who signed up on U-Report were among the first to bring assistance to their families, providing them with training on basic emergency response. Support their ongoing engagement in the response will be critical. U-Report Haiti counts with 35,000 U-Reporters (mostly between 15 and 24 years old), including 9,239 U-Reporters in the three affected departments.

At least 150 U-Reporters from the South department and 150 from Grand’Anse have been trained on PSEA, GBV, and hygiene in emergency. U-Reporters’ trainings will continue in Les Nippes in the coming days.

In terms of Communication for Development (C4D), UNICEF developed key messages on the prevention of family separation, hygiene, the use of basic health services, post-earthquake behaviors, including children supervision, that are being broadcasted through the network of community radios (SAKS). Ad-hoc training sessions on the “essential family practices” (intersectoral C4D) are held at the start of the mobile clinics realized by the health and nutrition sections. A Hotline for better information and support is being put in service with the support of the MoH, as well as focus groups activities. A strategy on Communication with communities is being designed with the National Emergency Operations Center and partners. In addition, UNICEF GBV prevention key messages have been validated by the GBV sub-sector and released. Sensitization and behavior change materials on GBV are being produced in regard to the Spotlight initiative and will be primarily dispatched in the South and Grande-Anse departments.

Accountability to Affected Populations (APP) and PSEA

A survey focused on community engagement, AAP and PSEA is being organized by UNICEF in coordination with OCHA and other specialized stakeholders (GTS), including 12 municipalities of the 3 EQ affected departments, targeting key informant groups such as community leaders and community-based organisations, women head of households, children and disabled people, among others. The results of this survey (that should be available by end November – early December) will show a better and more detailed picture of the affected population’s needs and of their level of satisfaction with the aid received (or not) so far, facilitating adjustments of the response activities for the second phase of the response and the recovery phase planning. The results will be shared with the local authorities, the government and NGOs partners, with the same affected population, as well as with all UN agencies involved in the earthquake response. GBV questions have also been included in order to assess reporting on the matter.

On PSEA, an in-person training session targeted 30 UNICEF staff involved in the earthquake response. Personnel including consultants, security guards and support functions were trained on PSEA principles and the obligation to report, following UNICEF procedures, through an interactive case study and roleplay. Additionally, a new group of 150 U-Reporters from Nippes department were trained on PSEA. A series of questions on community engagement, accountability and PSEA has been shared with programme sections as well as the M&E team to be included in all assessments. A U-Report survey and information bot have been designed

¹⁶ This target is being revised upwards to in the forthcoming 2022 HAC.

and will be launched before the end of October. On awareness raising, an animated video on PSEA has been produced, currently in the phase of integrating sign language. Additionally, child-friendly posters and flyers have been designed and will be integrated in distribution kits, mobile clinics and all sites of intervention.

UNICEF is also supporting PSEA interagency coordination, currently through the design and production of informative radio spots on PSEA and available feedback mechanisms, for broadcast within communities of interventions. Launching the interagency hotline in collaboration with WFP is planned for the end of October, internal SOPs are being developed in collaboration with program sections. The PSEA Specialist participated in an IASC mission in the South followed by meetings with the IASC team.

Monitoring and Evaluation

To reinforce the monitoring of needs of children and vulnerable population, as well as monitoring and evaluation of the humanitarian response performance, UNICEF is providing: (1) technical support to implementing partners (including government) on sectoral data collection and information management through deployment of information management specialists on key sectors (WASH, Nutrition, Education, Child Protection), in which the coordination is led/co-led by UNICEF. Also, (2) UNICEF supports the capacity building of implementing partners on data collection and analysis, through the development of real-time data collection and survey tools for sectoral needs assessments, particularly in education, nutrition and child protection sectors, as well as provision of training of field data collection personnel. The results of these assessments, resumed in an online dashboard, have been regularly fed into national level response tracking and mid/long-term needs assessment, including OCHA/DGPC situation updates and the government-led PDNA.

Nevertheless, challenges remain with timely provision and use of data, monitoring of changes in wellbeing of targeted population beyond supply and service provision reporting, as well as information sharing remains limited within each sector. Thus, UNICEF is currently working on the reinforcement of the response tracking mechanisms to ensure better alignment with performance indicators, namely HPM indicators (See Annex A). To enhance real-time information management and evidence-based response planning across different sectors, UNICEF is designing a consolidated GIS information platform which allows partners to refer to multi-sectoral data and information at different locations, to reduce duplications as well as enhance complementarity of responses provided by different partners. Finally, the above-mentioned AAP survey will give UNICEF a more detailed picture of the affected population's level of satisfaction, as a key insight to carry out an adjustment of the response activities for the coming months.

Humanitarian Leadership, Coordination and Strategy

The humanitarian response is led by the Haitian Civil Protection General Directorate (DGPC) through the National Centre for Emergency Operations (COUN) and the Departmental Centres for Emergency Operations (COUD). This coordination structure is replicated at local level, in the 3 affected departments. As sector co-lead in WASH, education, nutrition and the child protection subsector, UNICEF is working closely with the Haitian government and humanitarian partners to finalize needs assessments in these sectors, support data and information management therein, mapping and documenting operational presence as well as supporting the monitoring the response.

OCHA with DGPC leads weekly interagency meeting with all sector leads for information sharing/reporting. Regular coordination meetings are held at departmental level in the Nippes (Miragoane) and the South (Cayes). Currently the Civil Protection Agency of Les Nippes department is establishing a panorama of all partners willing to intervene on the emergency response to improve coordination and avoid duplication.

UNICEF contributed to the PDNA process as co-lead on WASH and Education sector groups and a member of the Health Sector working group and contributes to the Human Impact component (Life Conditions, Food Security, Gender and Social Inclusion); the final reports will be available in coming month or so.

Human Interest Stories and External Media

UNICEF – 24 October: [Haiti: Insecurity-triggered fuel shortage threatens newborns' lives in hospitals](#)

UNICEF – 21 October: [Alarming spike in abductions of women and children in Haiti](#)

UNICEF – 12 October: [Photo essays - Faces of the Returnees](#)

UNICEF – 10 October: [Nearly 170 children expelled back to Haiti from US and Cuba in one day](#)

UNICEF – 04 October: [Earthquake leaves nearly 70 per cent of schools damaged or destroyed in southwestern Haiti](#)

UNICEF – 23 September: [Education Everywhere | UNICEF Haiti](#)

UNICEF – 14 September: [They Were There. A MONTH OF EMERGENCY IN THE SOUTH](#)

UNICEF – 08 September: [10-year-old Bertrand was looking forward to school in September. Then an earthquake crushed everything.](#)

UNICEF – 01 September: [Help UNICEF deliver life-saving supplies by donating today](#)

U-Report Global - 01 September: [What are the U-Reporters in Haiti saying?](#)

UNICEF - 29 August: [All our possessions are underground now](#)

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Next SitRep: 12/11/2021

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Annex A

Sector Indicator Country	UNICEF Target 2021 (EQ response)	Total Result 2021					
		Girls	Boys	Women	Men	Results	% PROGRESS
Nutrition¹⁷							
# children aged 6-59 months with SAM admitted for treatment	8,100	55	55			110	1% ¹⁸
# children aged 6 to 59 months with MAM admitted for treatment	9,791	75	75			150	2% ¹⁹
# children 6-59 months screened for acute malnutrition	148,348	1,254	1,383			2,637	2% ²⁰
# primary caregivers of children 0-23 months receiving with IYCF counselling	62,730						0% ²¹
Health							
# children under one vaccinated against measles	35,000	649	663			1,312	4% ²²
# pregnant women who attended at least two prenatal visits	37,000					1,330	4% ²³
# healthcare facility staff and community health workers provided with PPE	3,000					244	8%
# children and women receiving essential healthcare services in UNICEF supported facilities	251,283	3,936	3,734	16,415		24,085	10%
# health centers supported by UNICEF providing maternal, child and adolescent health services	30					19	63%
Water, sanitation, and hygiene							
# people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	500,000	75,821	72,788	90,985	63,689	303,283	61%
# people accessing to appropriate sanitation facilities	150,000	2,367	2,273	2,841	1,989	9,470	6%
# people reached with hand-washing behaviour-change programmes	500,000	23,205	22,276	27,846	19,492	92,820	19%
# people reached with critical WASH supplies (including hygiene items) and services	500,000	23,205	22,276	27,846	19,492	92,820	19%
Education							
# children accessing formal or non-formal education, including early learning	100,000						0% ²⁴
# children receiving learning materials	100,000	8,704	8,362			17,066	17%
# of school-aged children in vulnerable households reached with humanitarian cash transfers for education	100,000						0% ²⁵
# of classes rehabilitated or reconstructed including temporary learning centers	2,772						0% ²⁶
Child protection, GBViE and PSEA							

¹⁷ While activities are ongoing, UNICEF is working with partners to strengthen monitoring capacities to enable real time monitoring of progress made on the ground.

¹⁸ The low achievement on the emergency nutrition response is due to severe underfunding which prevents the procurement of essential nutritional supplies and technical support to the nutrition sector. While UNICEF has relied on internal resources and existing stocks to jump start activities, funding is urgently needed to scale up the response.

¹⁹ Ibid.

²⁰ Data collection from the mobile clinics remains a challenge as there are often delays in the receiving the reports. The country office is looking at how to reinforce and improve the field monitoring. In addition, the Nutrition programme is underfunded with resources needed to fund programme costs not related to supply. Actual results by the date of this report are expected to be higher and will be updated in upcoming SitReps.

²¹ Due to insufficient funding, IYCF counselling has not started.

²² Low performance is mainly due to delays in data and information from MoH (updated once a month only); and logistics/fuel challenges affecting the mobile clinics.

²³ Ibid.

²⁴ Planning is still underway with the Government and partners to launch school rehabilitation and reconstruction under the leadership of the Ministry of Education.

²⁵ UNICEF is working with partners to secure funds required to implement the cash transfer component of the Education response.

²⁶ Planning is still underway with the Government and partners to launch school rehabilitation and reconstruction under the leadership of the Ministry of Education.

# children, parents and caregivers accessing mental health and psychosocial support	30,000	1,432	1,412	248	141	3,233	11%
# unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,500	8	6			14	1% ²⁷
# people with access to safe channels to report sexual exploitation and abuse	400,000	53,200	51,080	64,290	45,180	213,740	53%
# women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	23,000	630	405	1,026	659	2,720	12%

Annex B

Funding Status*

Sector	Estimated Requirements (US\$) *	Funds available		Funding gap	
		Humanitarian resources allocated	Resources reprogrammed	\$	%
Health	8,320,040	2,518,620.78	4,000	5,797,419	70%
Nutrition	6,000,000	2,322,110.34	4,000	3,673,890	61%
WASH	21,500,000	4,066,535.22	154,000	17,279,465	80%
Education	31,000,000	3,959,390.34	4,000	27,036,610	87%
Child Protection	6,000,000	3,357,680.04	4,000	2,638,320	44%
Cluster coordination**	500,000	372,364.21	85,375	42,261	8%
Total	73,320,040	16,596,701	255,375	56,467,964	77%

*As defined in revised Humanitarian Appeal of August 2021, for a 6-months period.

** For the purposes of these sitreps, this budget line includes funds received for Coordination; emergency funds are consolidated under the other budget lines. Does not include EFP (Emergency Programme Fund) allocations.

²⁷ Implementing partnerships were being finalized during the reporting period. Key activities have initiated since then and results achieved will be reflected in the next SitRep.