Highlights

- Following the events of 28–29 February, Port-au-Prince witnessed a rapid increase in violence. This has disrupted livelihoods and economic activities, with the closure of banks, businesses and schools, and restricted civilian access to basic social services in already vulnerable areas. One school was attacked and burned down, compromising around 1,000 children’s access to education, while 362,500 internally displaced persons (IDPs) are reported across the country, representing a 15 per cent increase compared with December 2023. Airports and ports have closed or been taken under siege; 17 UNICEF containers were blocked at the port and two have been looted. A state of emergency has been declared, including state-imposed curfews.

- Despite limited funding and access constraints, UNICEF and partners have been able to assist over 130,000 people with critical water and hygiene supplies; over 42,100 children with screening for wasting – of which 8,265 cases were detected and treated; over 91,700 children and women with access to health-care services; over 2,000 children with education in emergencies; and over 14,000 children and families with psychosocial support.

- In 2024, UNICEF will require at least US$221.7 million to address the humanitarian needs of the most vulnerable women and children, while ensuring continued cluster and sector coordination and preparedness. UNICEF’s 2024 humanitarian appeal faces a 91 per cent funding gap of US$200.9 million.

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Cluster</th>
<th>PHC access</th>
<th>IYCF</th>
<th>MHPSS access</th>
<th>Education access</th>
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UNICEF Appeal 2024
US$221.7 million
Funding Status (in US$/ Million)

Funds received, $ 2.6M
Carry-forward, $18.1M
Funding gap, $200.9M
Funding Overview and Partnerships

In 2024, with exacerbated humanitarian needs, donors’ commitments will be crucial to implementing life-saving activities and paving the way for restoring basic services for all Haitian families. According to the inter-agency humanitarian planning process, over US$673.8 million would be needed in humanitarian assistance in 2024 across all sectors. UNICEF requires US$221.7 million to support the needs of children and their caregivers across its nutrition, education, water, sanitation and hygiene (WASH), child protection, health, gender-based violence, social behaviour change and humanitarian cash transfers programmes. By the end of March 2024, the appeal remains 91 per cent underfunded, although it should be noted that the Government of Japan, the Government of Cyprus and the Spanish Committee for UNICEF have generously contributed to ensuring UNICEF’s humanitarian response in Haiti. UNICEF Haiti has also received significant contributions from its internal Global Humanitarian Funds.

UNICEF expresses its sincere gratitude to all donors for the contributions received. While all funding is greatly appreciated and needed, in many ways flexible funding is the most powerful way to save lives. Unearmarked and flexible funding enables UNICEF Haiti to invest when and where it is needed most and in a timely and effective manner.

Situation Overview and Humanitarian Needs

Haiti is witnessing a continuous escalation in conflict dynamics, resulting in a rapidly deteriorating security situation. The first few months of 2024 have been marked by a significant decline in security conditions, sparked by a surge in countrywide protests and demonstrations. The compounded crises have impacts on distinct groups and regions: urban populations entrapped by armed violence; families displaced by violence; food-insecure and marginalized communities outside the capital; and repatriated migrants. An estimated 5.5 million Haitians, nearly half of the population, including 3 million children, will require humanitarian assistance and protection in 2024.

A Displacement Tracking Matrix¹ released in March 2024 by the International Organization for Migration reports that there are over 362,500 internally displaced persons across the country (a 15 per cent increase compared with December 2023), 182,259 of whom are children. The majority reside in West department, notably the metropolitan area of Port-au-Prince which hosts over 160,000 internally displaced persons. More than 60 per cent (88,743) are spread across 86 informal spontaneous sites.² Meanwhile, the latest monitoring of flows towards the provinces registered some 53,125 people leaving Port-au-Prince during the data-collection period (8–27 March 2024) – mainly to the departments in the south of the country in search of safety, noting that this region already hosts more than 116,000 people, most of whom left Port-au-Prince in recent months.³

Following the 28 February announcement that elections would take place in 2025 and that the current government would stay in power in the meantime, civil unrest unfolded in the capital, spearheaded by armed groups. In March, Port-au-Prince witnessed a rapid increase in violence. This has disrupted livelihoods and economic activities, with the closure of banks, businesses and schools, and restricted civilian access to basic social services in already-vulnerable areas. Airports and ports have closed or been taken under siege, 267 humanitarian containers at the port remain unreachable, including 17 UNICEF containers, of which two were looted of life-saving nutrition, health and emergency-response supplies. Heavily armed groups entered a school in Port-au-Prince and set fire to 23 classrooms, depriving over 1,000 children (in addition to the 200,000 already affected) of their right to education.

To date, medical services across the metropolitan area of Port-au-Prince continue to be disrupted and are largely limited to emergency care services only. Three out of four women and children do not have access to basic public health and nutrition interventions in Port-au-Prince, and 60 per cent of hospitals are not functional. At the end of March, an armed-group-coordinated assault downtown forced one of the capital’s major public hospitals (Haiti State University Hospital) to close its doors – leaving hundreds of patients with no alternative. The only public university hospital still in operation is La Paix Hospital, which is under immense pressure with only limited resources. It has received over 190 patients with gunshot wounds since 29 February. Only two surgical facilities are functioning in Port-au-Prince.

Recent findings from the Integrated Food Security Phase Classification (IPC) analysis indicate an alarming 19 per cent increase in the number of children estimated to suffer from severe acute malnutrition in Haiti in 2024, and that 1.64 million people are facing emergency levels of acute food insecurity (IPC Phase 4). Such insecurity increases the risk of child wasting and malnutrition, especially in eight municipalities.⁴

Furthermore, while no official cholera SitReps have been published by the Ministry of Health in the last two months, departments and health cluster partners continue to flag suspected cases, including in sites for internally displaced persons. Due to underreporting caused by the existing security conditions, the number of suspected and confirmed cases is likely higher. There are concerns that there will be an increase in cases ahead of the upcoming cyclone season. For the month of March, 46 samples for suspected cases of cholera were taken, of which 10 were confirmed and 18 results are still pending.

³ See https://dtm.iom.int/reports/haiti-populations-flow-monitoring-impact-insecurity-movements-people-capital-provinces-4-08?close=true.
The Office for the Coordination of Humanitarian Affairs (OCHA) reports that over 300 access-restricting incidents have been recorded in Haiti since the start of the year, with the number of incidents quadrupling between December 2023 and March 2024. Health facilities and schools are particularly affected.5

Humanitarian Leadership, Coordination and Strategy

In 2024, following the activation of the cluster approach, as endorsed by the Emergency Relief Coordinator in June 2023, UNICEF’s leadership continues as follows: education cluster (UNICEF–Save the Children/Ministry of Education co-leadership); WASH sector (UNICEF/national water and sanitation agency – DINEPA co-leadership), Nutrition Cluster (UNICEF/Ministry of Health– MoH co-leadership), and Child Protection Area of Responsibility (UNICEF/Institute of Social Welfare and Research co-leadership). For WASH, Nutrition, and Child Protection, both the Coordinator and Information Management (IM) are in country; for Education, while the coordinator is in country, IM recruitment is ongoing.

In addition, UNICEF continues co-leading Protection against Sexual Exploitation and Abuse (PSEA) engagement and compliance alongside the United Nations Integrated Office in Haiti (BINUH). UNICEF actively participates in humanitarian intersectoral and inter-agency coordination platforms led by OCHA, in coordination with the Haitian Civil Protection General Directorate (DGPC) and other Haitian government institutions.

Summary Analysis of Programme Response

Education

Following the unrest of 29 February, UNICEF continued to provide safe spaces in the form of schools for children to ensure continuity of learning during March. Through its local partner APADEH, it reintegrated 746 children (311 girls and 435 boys) located in two sites for internally displaced persons in the metropolitan area of Port-au-Prince. This new figure brings the number of children supported by UNICEF in their access to formal education to 2,046 (311 girls and 1,735 boys) since January 2024.

Given the ongoing situation, UNICEF is collaborating with the Ministry of National Education and Professional Training to strengthen access to online learning. Critical support will be provided to help crisis-affected Haitian school-aged children access a national platform for distance and blended learning. This will be achieved through support for the Education Management Information System (EMIS),6 which has 1.7 million registered users (Haitian students and teachers). EMIS helps collect data on schools and accredit private schools; makes it easier to certify teachers and identify displaced students; improves cash transfers with an education outcome and will assign a unique school identification number to students. Given the closure of several schools in the departments of West and Artibonite, the Ministry of National Education’s priority is to ensure educational continuity for children enrolled in public schools by supporting the enrolment of internally displaced children in any nearby public school and relocating certain closed schools to safer areas. UNICEF has pre-positioned 100 tablets ready for distribution to inspectors in West department. These devices will support data collection on the situation of crisis-affected schools.

Since January 2024, the education cluster has reached 4,095 crisis-affected children (1,171 girls and 2,924 boys) with education services and learning support. This includes supporting all 4,095 of these children with essential teaching, learning and recreational materials, repaired learning facilities or improved safe learning environments (distribution of recreational materials for inclusive recreational activities at school, light rehabilitation of a dozen damaged school buildings). The children supported by the cluster (including UNICEF, Save the Children and Plan International) are located mainly in the departments of West, Artibonite, Grand’Anse, South and Nippes, where there are many affected households, including internally displaced persons affected by the violence of armed groups.

The education cluster generated two flash reports on school functionality nationwide in relation to the events of 29 February. The reports revealed that most of the departments affected by the unrest in the metropolitan area of Port-au-Prince experienced short-term school closures. Long-term school closures and attacks on education were limited solely to the metropolitan area of Port-au-Prince. Two schools were burned down by armed groups in West department. Data collection on attacks is ongoing and an ad hoc report will be published.

Following the escalation of violence, in collaboration with the global education cluster and UNICEF Haiti’s communication and partnership sections, the education cluster developed an advocacy strategy that aims to provide a succinct contextual analysis with sustainable solutions to support the most-affected populations in the education sector. It highlights particular vulnerabilities in the departments of Artibonite and the metropolitan area of Port-au-Prince, as these are some of the most-affected households in terms of unmet education and protection needs.7

Health

In March, UNICEF supported several implementing partners in the continuity of care delivery to internally displaced persons and communities (Médecins du Monde Argentina, Ministry of Health West Department Directorate, supported health-care facilities). Consequently, 51,041 children and women have received health-care services through mobile health clinics. In collaboration with the implementing partners, a referral plan was operationalized to ensure the care of children requiring hospitalization and also to promote safe deliveries and caesarean sections among internally displaced

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6 The Education Management Information System (EMIS or Système d’information sur la gestion de l’éducation /SIGE in French) is the Haitian Ministry of Education’s main tool for managing data on schools, pupils and teachers.
7 See https://www.unicef.org/haiti/rapports/plaidoyer-du-cluster-%C3%A9ducation.
persons. Two health-care facilities (Cazeau health centre and Eliazar Germain Hospital) were designated, in order to facilitate referrals. In addition, 14,420 children under one year were vaccinated against measles.

To help the health system cope with the ongoing situation, UNICEF also prioritized medical supplies for 67 health institutions. These supplies ensure continuity of integrated management of childhood illnesses and basic emergency obstetric care for children and women in the departments of West, Artibonite, North and North-East. In some institutions in Artibonite and South departments, additional support in the form of human resources was provided through the deployment of 83 health professionals.

For cholera, UNICEF supported 10 cholera treatment centres in Artibonite, West and South departments through medical supplies and human resources; 115 health-care professionals were deployed to these treatment centres to support case management. UNICEF also provided acute watery diarrhoea kits and related medical supplies to treat cholera patients. The integrated mobile clinic interventions made it possible to trace 57 suspected cases of cholera, of which 10 cases came back positive in the sites for internally displaced persons.

Nutrition

During the reporting period, UNICEF continued its efforts to strengthen response implementation, working closely with the Ministry of Health and its partners. Emphasis was placed on promoting best practices and implementing preventive activities, as well as providing treatments for wasting. Simultaneously, UNICEF provided vital technical assistance to field actors and enhanced the supply chain to ensure efficient programme delivery.

As part of the management of acute malnutrition, activities coordinated by implementing partners led to the screening of 42,158 children under 5, comprising 20,134 boys and 22,024 girls. Among them, 487 children were identified as suffering from severe wasting (253 girls and 234 boys). Community-level service providers, mobile clinic teams, and community health workers managed cases of uncomplicated severe wasting on-site. However, complicated cases were referred to nutritional stabilization units to ensure comprehensive care.

There was a focus on promotional and preventive interventions, such as social and behavioural change in infant and young child feeding, along with micronutrient supplements (including vitamin A, deworming for children under 5, and iron and folic acid supplements for pregnant and breastfeeding women). Through implementing partners, 8,265 caregivers received education and guidance on infant and young child feeding, as well as maternal nutrition in emergency contexts, with a focus on exclusive and continued breastfeeding, and the introduction of complementary foods. A further 37,541 children aged 6 to 59 months received vitamin A supplements (19,521 girls and 18,020 boys).

UNICEF supported the Ministry of Health in bolstering supply chain continuity by procuring, transporting and distributing nutrition inputs, including ready-to-use therapeutic food and therapeutic milk products to health departments and non-governmental organization (NGO) partners (Médecins du Monde Argentina, GHESKIO, Fontaine Hospital, Organisation des Coeurs pour le Changement des Enfants Démunis d’Haïti [COEDH]). These nutritional inputs covered the treatment needs of severely acutely malnourished children admitted to health facilities during the reporting period. UNICEF also supplied health facilities and its partners with vitamin A supplementation for children under 5.

In collaboration with the Ministry of Health, three coordination meetings were organized: one at the national level for the nutrition technical coordination group and two focused on the department of West in response to the displacements in the metropolitan area of Port-au-Prince. The emergency response nutrition meetings in West are now taking place on a weekly basis.

As part of the emergency response for internally displaced persons in the metropolitan area of Port-au-Prince, the nutrition cluster partners screened 1,262 children and provided quality nutrition care to 431 children suffering from wasting (99 severe wasting and 332 moderate wasting). Additionally, 337 pregnant and breastfeeding women benefited from awareness-raising programmes promoting breastfeeding, and 116 children received vitamin A supplements. Moreover, a total of 3,778 children aged 6–23 months in the displacement sites were provided with specialized hot meals.

Water, sanitation and hygiene (WASH)

In March, UNICEF and implementing partners provided access to safe drinking water to 30,567 people across 17 sites for internally displaced persons through the tracking and distribution of 707,153 gallons of chlorinated water. These included 639,653 gallons by NGO partner Solidarités International® and 67,500 gallons by NGO partner Acted. In addition, 10,778 internally displaced persons gained access to hygiene kits through UNICEF and its implementing partners ORRAH and Acted in six sites for internally displaced persons.

Furthermore, 20m³ of waste was removed from the sites for internally displaced persons at the Applied Linguistics Faculty and the École Nationale Argentine Bellegarde, improving the sanitary conditions of 2,518 people.

8 Solidarités International covered the following sites for internally displaced persons: the former premises of the Lycée Jeunes Filles, Collège Dei Virtus, Darius Denis, École Colbert Lochard, Fort National (Église Assemblée Chrétienne, Building UNOPS, Place Sapatann/Mambo Guetty), Lycée Antenor Firmin, Montfort, Rex Theatre, and Terrain Baskel (Corridor Lumière).
9 Acted covered the following sites for internally displaced persons: École Nationale de Frères, Institut supérieur Banatte de Communication (ISBACOM), École Nationale Argentine Bellegarde, École Nationale de la République de Colombie, the former premises of the Lycée Marie Jeanne, Collège Dei Virtus, the former premises of the Lycée Jeunes Filles, Applied Linguistics Faculty
10 Each UNICEF hygiene kit includes: 1 x 20L bucket, 1 x 20L jerrycan, 4 sets of 10 menstrual hygiene pads, 5 bathroom soaps, 5 laundry soaps, 5 toilet paper rolls, 5 toothbrushes, 2 tubes of toothpaste, 1 bottle of chlorine
For the WASH sector, five sectoral coordination meetings were held, including one meeting at the subnational level (Artibonite department). The national meetings focused on cholera, internally displaced persons and general coordination, whereas the Artibonite meeting discussed the response to cholera and the evaluation of collective shelters in preparation for the upcoming cyclone season. Key achievements at the national level are: (1) the establishment of a daily activity tracker to monitor and report on the sector’s post-29 February response in sites for internally displaced persons and host communities (Cité Soleil); (2) increased capacities and scale-up of response, with five organizations (ICRC- DGPC, UNICEF-ACTED and UNICEF-ORRAH) effectively starting new operations in 15 sites for internally displaced persons hosting 23,509 people. At the subnational level, two UNICEF-funded cholera response projects will be implemented in various hotspot municipalities in Artibonite by ACTED and OREPA CENTRE in partnership with UNICEF.

Child Protection and Gender-based Violence

During March, UNICEF and partners including OCEDH, APADEH and ICDH supported activities for child protection in emergencies within the metropolitan area of Port-au-Prince. Their mobile teams set up 10 child-friendly spaces in sites for internally displaced persons and hard-to-reach areas, providing 1,817 children (929 girls and 888 boys) with mental health and psychosocial support in March. In addition, 2,215 adults (1,342 women and 873 men) received mental health and psychosocial support; of these beneficiaries, 30 women, 43 girls and 27 boys were reached through the distribution of dignity kits.

Meanwhile on the border, returnee children from the Dominican Republic were supported through strengthened collaboration with partners Fondation Zanmi Timoun (FZT) and Groupe de Recherche et d’Actions pour le Bien-Etre Collectif at two official crossing points (Ouanaminthe and Belladère). Specifically, 42 unaccompanied and separated children (7 girls and 35 boys) were identified and received a full humanitarian package including psychosocial support, alternative care, and family reunification.

In March, UNICEF and its partners (OFAVA, CAPAC, Rapha House) faced operational, logistical and access challenges in responding to the needs of children and families in a context of prolonged crisis. As such, efforts to provide essential services to survivors of gender-based violence were hampered. Specifically, access to affected communities, and in turn their access to services, remains limited due to ongoing insecurity, clashes and other armed-group-related barriers. The security and safety of partners is at times compromised due to the insecurity, limited supplies as ports are closed, as well as limited access to cash due to banking challenges.

One of UNICEF’s partners, CAPAC, has taken steps to assist displaced women and girls in the metropolitan area of Port-au-Prince in accommodation sites by preparing awareness-raising sessions against sexual violence, holding focus groups and setting up well-being areas in the camps to listen to them, share their experiences and support them with emergency hygiene kits and edutainment activities.

In the South department, the construction of the Safe Park for psychosocial support activities was temporarily suspended due to insecurity compromising the construction firm’s ability to transport supplies to the south. Construction resumed in March, and the park is now 85 per cent complete. When finished, it will benefit at least 1,000 children.

Regarding coordination of the child protection Area of Responsibility (AoR), during the reported period, child protection actors continued to respond to various child protection needs in the metropolitan area, characterized by the increase in violence, and in the border areas. Partners provided 4,560 children (2,763 girls) with psychosocial and mental health support activities. This brings the number reached since January 2024 to 14,440 children (8,168 girls), representing around 2 per cent of the annual target. In addition, 2,366 (54 per cent girls) internally displaced children benefited from fixed and mobile psychosocial support activities at the sites, while 109 (54 girls) unaccompanied and separated children were identified and either benefited from alternative care or were reunited with their families.

The child protection sub-cluster organized a session to brief partners on the identification and reunification process for unaccompanied and separated children, as well as the tools to be used in the process. Twenty-seven people (11 women) from 12 organizations participated in this activity.

Protection from Sexual Exploitation and Abuse (PSEA)

During March, through its partner ICDH, UNICEF reached 1,000 people through awareness-raising activities on PSEA at Carrefour, and 1,000 pamphlets and 100 posters were distributed. Furthermore, 40 U-Reporters in Port-au-Prince and Gonâives were trained in PSEA, and an awareness-raising plan for sites for internally displaced persons was developed. In collaboration with social behaviour change teams, a PSEA flow in RapidPro was established to be used to report cases via SMS (by sending the word ‘SEA’ to 8090).

Through WASH activities (with partners ORRAH and Acted) in six sites for internally displaced persons (Port-au-Prince), PSEA awareness messages reached 10,778 internally displaced persons.

Social Protection (Humanitarian Cash Transfers)

In March, in support to the health system, a payment was made to 40 health workers in the South department, along with a value transfer of US$76,000. This amount covers two months’ salary, providing support during these challenging times in Haiti. This initiative aims to strengthen the medical human resources in the department, where the demand for health care is particularly high.
During the reporting period, the social policy section was involved in emergency response efforts in Port-au-Prince, ensuring that operations were carried out across 10 critical sites for internally displaced persons. Coordination activities were finalized with other actors: World Food Programme (WFP), Save the Children, and Plan International. It was decided that UNICEF should complete food security interventions in priority sites by implementing a cash transfer programme. Each household received US$150 for two months. This initiative underscores UNICEF’s commitment to addressing critical gaps and ensuring that vulnerable populations have access to essential resources during this challenging period.

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

UNICEF intensified the provision of critical life-saving information, especially in Port-au-Prince where the humanitarian situation and needs were exacerbated. Crucial life-saving information and messages promoting good hygiene practices, cholera prevention, and awareness of available services reached over 10,500 people in sites for internally displaced persons in Port-au-Prince. UNICEF intensified community engagement, with a focus on security-affected areas where 1,799 children (including 129 from sites for internally displaced persons) had been identified and referred for vaccination by U-Reporters and community mobilizers. Meanwhile, engagement activities carried out in sites for internally displaced persons engaged 500 adolescents and youth in social cohesion activities, including skills development, culture and sports, and 1,000 children participated in daily fun (recreational) activities in these sites.

UNICEF continued to support the promotion of cholera prevention and key family practices, reaching over 155,000 people through community dialogues, home visits, educational talks and engagement in other public places. Additional permanent vaccination points have been established in West department as a result of engagement and dialogues sessions in communities. In sites for internally displaced persons, deployed U-Reporters and community mobilizers are engaged in the search, signposting and referral of suspected cholera cases. In a context of cholera outbreak, UNICEF continued providing support to manage misinformation. Hence, a total of 106 rumours and misinformation on cholera were collected by the Ministry of Health through various channels, including social media and on-the-ground monitoring. Radio programmes and videos were developed and aired to address these rumours.

As part of efforts to strengthen the feedback mechanism, UNICEF and implementing partner Haitian Health Journalism Network are conducting a weekly interactive live radio programme across five stations on the humanitarian situation and the services available (especially mobile clinics). Over 20 people have been able to share their concerns and opinions. The 60 pieces of feedback collected during the first radio programme included: advocacy for more and urgent assistance from NGOs and government services; community engagement and ownership; concerns over the fact that displaced people are seen as a threat; insufficiency of WASH services (including for women’s specific needs); family separation and psychological impact on people; difficulty accessing food distribution due to conflicts in some sites for internally displaced persons; and insufficiency of health-care services for women giving birth in sites for internally displaced persons. During the reporting period, 6,710 young people were newly registered to the U-Report platform, thus increasing the potential reach in information provision and engagement with adolescents.

Human Interest Stories and External Media

Web articles:
04 March 2024: Breaking the chains of an age-old practice to preserve public health
14 March 2024: EFACAP de Cap-Haïtien, une école qui offre un espoir aux enfants d’Haïti
18 March 2024: Another trial for Haiti’s children

Press releases:
16 March 2024: Critical supplies for children looted at the armed-group-controlled main port of Port-au-Prince
26 March 2024: Armed violence deepening malnutrition crisis for children in Haiti
26 March 2024: UNICEF condemns school arson by armed groups in downtown Port-au-Prince
UNICEF Executive Director tweets: https://twitter.com/unicefchief/status/1773105689650442429 and https://x.com/unicefchief/status/1772612944167145960; and statement:
Statement by UNICEF Executive Director Catherine Russell on the situation in Haiti

External media:
Haiti : dans l'enfer des groupes armés, les enfants vivent l'indescriptible
Haiti appeal: donate to help children in Haiti
Haiti est en proie à une situation "cataclysmique", alerte l'ONU • FRANCE 24
Haitian students turn to poetry as conflict grips their homeland
Humanitarian crisis in Haiti/ Bruno Maes
UNICEF says Haiti’s nutritional crisis could cost the lives of thousands of children
UN humanitarian agencies continue aid efforts amidst surge in gang violence in Haiti
Bold action needed now to address ‘cataclysmic’ situation in Haiti
UN continues aid deliveries despite Haiti gangs targeting schools, health centers
Haiti has good reason not to trust the international community
Hunger deepens as relentless gang violence targets Haiti’s capital
Videos:
Les femmes d’Haïti veulent la paix | Femmes en Force | UNICEF
Chrisjordan’s poem for peace in Haiti
Laurent Duvilier on the situation of children in Haiti

Next SitRep: April 2024

UNICEF Haiti: https://www.unicef.org/haiti

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Annex A

Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
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<td>Humanitarian resources 2024</td>
<td>Resources available from 2023 (carry-over)</td>
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<td>Health</td>
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<td>Child protection &amp; gender-based violence</td>
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<td>Education</td>
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<td>WASH</td>
<td>43,810,800</td>
<td>448,753</td>
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<td>Cross-sectoral12,13</td>
<td>36,772,384</td>
<td>162,502</td>
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<td>Total</td>
<td>221,650,212</td>
<td>2,630,043</td>
<td>18,081,790</td>
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11 The health carry-over amount was readjusted to include carried-over Act-A fundings that were not reported in the previous SitRep.
12 The cross-sectoral budget includes costs related to social and behaviour change, risk communication and community engagement and accountability to affected populations (US$22,250,000); gender (US$470,000) and humanitarian cash transfers (US$14,052,384).
13 The cross-sectoral carry-over amount was readjusted to include carried-over social policy fundings that were not reported in the previous SitRep.
Annex B

Summary of Humanitarian Response Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>HAC 2024 Target</th>
<th>Total Result 2024</th>
<th>Change (since the last SitRep)</th>
<th>% Progress</th>
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<tr>
<td></td>
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<td>TOTAL</td>
<td>Girls</td>
<td>Boys</td>
<td>Women</td>
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<tr>
<td>Nutrition</td>
<td># Children aged 6 to 59 months screened for wasting</td>
<td>600,000</td>
<td>22,024</td>
<td>20,134</td>
<td>98,019</td>
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<tr>
<td></td>
<td># Children aged 6-59 months with severe acute malnutrition admitted for treatment</td>
<td>104,427</td>
<td>2,801</td>
<td>2,586</td>
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<tr>
<td></td>
<td># Primary caregivers of children 0-23 months receiving infant and young child feeding (IYCF) counselling</td>
<td>430,884</td>
<td>-</td>
<td>20,363</td>
<td>20,363</td>
</tr>
<tr>
<td></td>
<td># Children aged 6-59 months receiving vitamin A supplementation</td>
<td>600,000</td>
<td>33,551</td>
<td>30,971</td>
<td>64,522</td>
</tr>
<tr>
<td>Health (Including public health emergencies)</td>
<td># People vaccinated against measles, supplemental dose</td>
<td>223,052</td>
<td>25,428</td>
<td>21,628</td>
<td>47,056</td>
</tr>
<tr>
<td></td>
<td># Children and women accessing primary health care in UNICEF-supported facilities</td>
<td>652,400</td>
<td>27,295</td>
<td>26,960</td>
<td>37,501</td>
</tr>
<tr>
<td></td>
<td># New health professionals recruited and deployed in health institutions</td>
<td>250</td>
<td>-</td>
<td>56</td>
<td>27</td>
</tr>
<tr>
<td>Water, Sanitation, and Hygiene</td>
<td># People accessing a sufficient quantity of safe water for drinking and domestic needs</td>
<td>884,000</td>
<td>10,225</td>
<td>8,180</td>
<td>12,269</td>
</tr>
<tr>
<td></td>
<td># People accessing appropriate sanitation facilities</td>
<td>176,400</td>
<td>630</td>
<td>503</td>
<td>755</td>
</tr>
<tr>
<td></td>
<td># People reached with critical WASH supplies (including hygiene items) and services¹⁴</td>
<td>884,000</td>
<td>32,581</td>
<td>26,064</td>
<td>39,096</td>
</tr>
<tr>
<td>Education</td>
<td># Children accessing formal or non-formal education, including early learning</td>
<td>502,123</td>
<td>311</td>
<td>1,735</td>
<td>2,046</td>
</tr>
<tr>
<td></td>
<td># Children receiving individual learning materials</td>
<td>120,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td># Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support</td>
<td>500</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td># Children accessing mental health and psychosocial support in their schools/learning programmes</td>
<td>25,000</td>
<td>350</td>
<td>270</td>
<td>620</td>
</tr>
<tr>
<td>Child protection, gender-based violence in emergencies (GBVIE) and PSEA</td>
<td># Children, parents and caregivers accessing community mental health and psychosocial support</td>
<td>336,557</td>
<td>4,653</td>
<td>3,321</td>
<td>3,613</td>
</tr>
<tr>
<td></td>
<td># Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
<td>181,200</td>
<td>1,671</td>
<td>765</td>
<td>3949</td>
</tr>
<tr>
<td></td>
<td># People with access to safe channels to report sexual exploitation and abuse</td>
<td>1,623,584</td>
<td>-</td>
<td>87</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td># Unaccompanied and separated children provided with alternative care and/or reunified</td>
<td>5,979</td>
<td>21</td>
<td>-</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td># Children, youth, parents and community leaders sensitized on recruitment and use of children by armed groups</td>
<td>448,743</td>
<td>-</td>
<td>-</td>
<td>307</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, CBC, RCCE and AAP)</td>
<td># Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)</td>
<td>39,696</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td># People reached through messaging on prevention and access to services</td>
<td>4,500,000</td>
<td>-</td>
<td>-</td>
<td>3,440,000</td>
</tr>
<tr>
<td></td>
<td># People with access to established accountability mechanisms</td>
<td>150,000</td>
<td>-</td>
<td>-</td>
<td>23,850</td>
</tr>
</tbody>
</table>

¹⁴ The target includes people assisted using 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 awareness-raising and local solutions for oral rehydration salts where cholera kits do not suffice to address needs.