



A UNICEF staff leads an awareness-raising session for dozens of displaced people in the Artibonite department.

unicef
for every child

Humanitarian Situation Report No. 2

Reporting Period
1 January to 30 June
2026

Haiti

HIGHLIGHTS

- A total of 1.5 million people, including 751,000 children are displaced. Some 5.8 million people, or about half of the Haitian population, faced high levels of acute food insecurity. 442 suspected cholera cases were reported, and 9 confirmed cases, including two deaths. Additionally, 11,550 children were forcibly returned to Haiti during the reporting period.
- UNICEF and its partners continued to provide critical life-saving assistance, treating 21,500 children for severe wasting, enabling healthcare access to 198,800 people and providing safe water to 336,400 people. Protection Cluster partners supported the reintegration of 118 children formerly associated with armed groups. UNICEF's IDP response in sites, including Health/Nutrition, WASH and Protection interventions, covered the needs of about 103,000 IDPs.
- With the 2026 Humanitarian Action for Children appeal only 21 per cent funded, urgent support is needed to sustain critical life-saving support.

SITUATION IN NUMBERS



2,800,000
Children in need of humanitarian assistance¹



751,000
Displaced children, out of 1.47M total displaced²



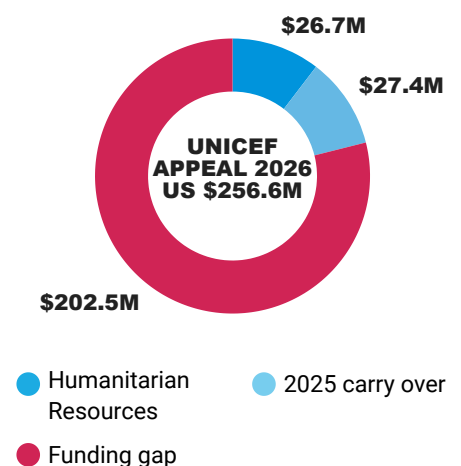
2,088
Grave violations against children in 2025³

UNICEF RESPONSE AND FUNDING STATUS*

	Health	PHC access	31%						
		Funding status	20%						
	Nutrition	Screened for wasting	40%						
		Funding status	36%						
	Education	Education access	1%						
		Funding status	12%						
	WASH	Safe water access	50%						
		Funding status	19%						
	Social protection	HCT (#households)	8%						
		Funding status	21%						
	Child protection and GBVIE	Care for UASCs	11%						
		Funding status	25%						

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US\$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

In 2026, UNICEF requires US\$256.6 million to respond to the escalating humanitarian needs of children and families in Haiti, where the combined effects of insecurity, political instability, forced displacement, food insecurity, and recurrent health emergencies continue to deepen nationwide. An estimated 6.4 million people, including 2.8 million children, are currently in need of humanitarian assistance, reflecting the increasingly protracted nature of the crisis.

UNICEF remains focused on delivering life saving assistance and resilience building interventions across critical sectors, including health, nutrition, water, sanitation and hygiene (WASH), education, child protection, and social protection, while strengthening emergency preparedness and shock responsive systems. Flexible and predictable funding remains essential to sustain operations, enable rapid scale up in response to evolving needs, and reach the most vulnerable children, including internally displaced populations.

As of 30 June 2026, the Haiti Humanitarian Action for Children (HAC) appeal remains underfunded, with a 79 per cent funding gap, significantly constraining UNICEF's ability to maintain essential services and respond to rising humanitarian pressures. Funding shortfalls persist across all programme sectors, with particularly critical gaps in education, emergency preparedness and WASH.

In 2026, the United States Government continues to be a key partner for UNICEF Haiti. In April, the country officeCO received US\$17 million through the US allocation to the OCHA-managed pooled funds, enabling the delivery of multi-sectoral, life-saving humanitarian assistance to internally displaced people and host communities in the Ouest, Centre, and Artibonite departments of Haiti.

UNICEF continues to engage closely with government donors, humanitarian pooled funds, National Committees, private sector partners, and multilateral stakeholders to mobilize additional resources and advocate for sustained international solidarity with the children of Haiti. Unearmarked and softly earmarked funding remains particularly impactful, allowing UNICEF to allocate resources where needs are greatest and to adapt programming rapidly in an increasingly volatile operational environment.

UNICEF expresses its sincere appreciation to all partners for their continued support and calls on donors to scale up flexible and predictable funding to safeguard the rights, wellbeing, and future of children in Haiti.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Persistent violence continues to drive displacement across the country. According to the IOM Displacement Tracking Matrix (DTM) Round 13, published in May 2026, a total of 1.47 million people (or 12 per cent of the Haitian population) were displaced. The number of internally displaced persons (IDPs) within the Port-au-Prince metropolitan area (ZMPP) exceeded 300,000 for the first time, driven partly by the armed clashes in Cité Soleil. Concurrently, the number of IDP sites in the ZMPP also saw a notable increase since the beginning of the year, of 18 per cent, from 95 sites to 112 sites. The number of displaced children has remained largely the same, at 750,000 children (accounting for 51 per cent of the displaced population). The number of IDP sites has increased, from 229 to 262, with the majority outside the capital (150 sites).

At the same time, the total number of returnees increased by 89 per

cent, from 87,600 in December 2025 to 165,937 in May 2026, indicating that about 78,000 people returned in between January to May 2026. The majority of returnees returned to ZMPP and elsewhere within the Ouest department. Nonetheless, the number of newly displaced people continues to outpace the returns (94,945 newly displaced compared to the 78,000 newly returned).

A further 15,721 people have been displaced over a period of one month (26 May to 24 June 2026) since the publication of the above-mentioned DTM figures, according to the IOM Emergency Tracking Tool (ETT)⁴. Of the newly displaced in this one-month period, 10,079 were displaced as a result of armed violence in the municipalities of Port-au-Prince and Cité Soleil, both within the ZMPP. The remaining 5,642 people were displaced in Artibonite, driven by armed clashes in the municipalities of L'Estère, Dessalines, Saint-Marc, and Gonaïves. The persistent increase in the number of displacements underscores the widespread security challenges particularly in ZMPP and Artibonite.

The humanitarian situation is exacerbated by a significant increase in forced returns to Haiti. According to IOM, during the reporting period, a total of 141,720 people, including 11,556 children (5,945 boys and 5,611 girls) were forcibly returned, mostly from the Dominican Republic (99%). This marks an 11 per cent increase in the total number of children forcibly returned over the same period in 2025 (from 10,426 children). Furthermore, the termination of the Temporary Protected Status (TPS) for Haitian national in the United States, effective 27 July 2026, is expected to further increase forced returns, including through Cap-Haïtien, placing additional strain on reception, family tracing and reunification capacities.

By June 2026, approximately 5.8 million people, or about half of the Haitian population, experienced high levels of acute food insecurity (IPC Phase 3 or above), according to the Integrated Food Security Phase Classification (IPC). This includes 4 million people in Phase 3 (Crisis) and 1.8 million in Phase 4 (Emergency). This represents a marginal improvement compared to the previous estimate of 5.91 million people in Phase 3 and above⁵.

Between January and June 2026⁶, a total of 442 suspected and nine confirmed cholera cases were reported, a major decrease from the 2,138 suspected and 93 confirmed cases from the same period in 2025⁷. Nonetheless, during the reporting period, active transmissions in the Ouest, Centre and Artibonite departments, but particularly in the Ouest department municipalities of Cité Soleil and Delmas, resulted in 250 hospitalizations and two deaths (one community death and one institutional death) were reported, highlighting the need for sustained access to hygienically safe toilet blocks, removal of major vectors of diarrhoeal diseases and promotion of hygiene best practices.

Women and children continue to bear a disproportionate burden of the crisis, facing violence on a scale that demands urgent attention. According to the UN Secretary General's Annual Report on Children and Armed Conflict published in June 2026, a total of 2,088 grave violations against 1,661 children (951 boys, 383 girls and 327 unknown) were verified in 2025 (a slight decrease from 2,269 in 2024). The recruitment and use of children increased dramatically in 2025 (892 children in 2026 vs. 302 in 2024), as well as the killing and maiming of children (620 children in 2025 vs. 351 in 2024).

Furthermore, according to the Protection Cluster, between January and May 2026, a total of 2,888 cases of Gender-based Violence (GBV) were reported, which is at similar alarming levels as in 2025 (8100 from January to November 2025). Women and girls accounted for 84 per cent and 11 per cent of GBV survivors, respectively. Approximately 68 per cent of reported GBV cases involved rape cases, followed by physical aggression (16 per cent). The disproportionate level of violence against women and children highlights the urgent need for sustained child protection efforts and

GBV protection and response interventions.

During the second quarter, some 740 troops of the Gang Suppression Force (GSF) deployed from Chad, El Salvador, Guatemala, Jamaica, and Mongolia, and the UN Support Office (UNSOH) was also established. Several high-level UN visits took place during the second quarter as well, including the UN Secretary-General (June), OCHA (March), and representatives of the IASC Emergency Directors' Group, including UNICEF (July).

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

In the first half of 2026, the deployment of mobile clinics coupled with the provision of essential medical inputs to health institutions allowed access to healthcare for vulnerable populations, such as IDPs, populations living in isolated and hard-to-reach communities, and the wider host population across the Artibonite, Centre, and Ouest departments. The integrated package of services via mobile clinics included curative consultations, antenatal and postnatal care, routine immunization, screening and reproductive health services. All medical consultations included the management of common illness and cases requiring referral to specialized structures. Through this approach, UNICEF health interventions not only delivered direct healthcare services at community level but also strengthened the capacity of health facilities to provide continuous and quality care. In total, 74 healthcare facilities received essential support through the provision of medicines, medical supplies, and other critical health inputs, contributing to improved service availability, continuity of vital health services and operational readiness.

During the reporting period, a total of 198,795 people (56,001 girls, 46,800 boys and 95,994 women) across four departments (Ouest, Artibonite, Centre and Northeast) benefited from access to primary healthcare through the integrated approach, reflecting 31 per cent of the annual target reached. The support enabled vulnerable populations, particularly those affected by insecurity, displacement, and limited access to health services, to receive timely consultations, treatment, and referrals while strengthening the ability of local health facilities to respond to increasing healthcare needs.

In Artibonite, 31,571 individuals were reached, including 9,128 girls, 7,238 boys, and 15,205 women. In the Centre department, mobile clinics and supported health institutions provided services to 11,669 beneficiaries, including 2,332 girls, 1,681 boys, and 7,656 women. The intervention played a critical role in bridging healthcare gaps for communities facing geographical barriers and limited access to essential services. Support to health facilities ensured the availability of key commodities required for the delivery of primary healthcare services and maternal and child health interventions.

The highest number of beneficiaries was recorded in the Ouest department, where 125,439 people benefited from health interventions, including 37,632 girls, 30,314 boys, and 57,493 women. Mobile clinics provided a vital lifeline for displaced populations and vulnerable communities affected by ongoing insecurity and disruptions to routine healthcare services. Simultaneously, support provided to health facilities strengthened their capacity to manage increased patient loads and maintain essential healthcare delivery.

As part of the integrated package of services, in terms of preventative measures a total of 81,325 children (42,862 girls and 38,463 boys) across all ten Haitian departments were vaccinated with a measles supplemental dose, representing 33 per cent of the

annual target. The plurality of measles vaccinations occurred in the Ouest department (28,314 children) and in the Artibonite department (12,503 children).

Despite the achievements recorded during the first half of the year, several implementation challenges affected the delivery of activities. Persistent insecurity, particularly in parts of the Ouest and Artibonite departments, continued to restrict movement of healthcare teams and supplies, resulting in occasional delays in planned outreach activities. Access constraints and the remote location of some communities also limited the frequency and coverage of mobile clinic deployments. In addition, the growing number of displaced persons increased demand for health services and medical supplies, placing additional pressure on already fragile health facilities. Logistical challenges related to the transportation of medical inputs and fluctuating fuel availability further complicated operations in some areas. Nonetheless, through close coordination with local authorities, community leaders, and health partners, the intervention was able to maintain service delivery and ensure that critical healthcare assistance reached the most vulnerable populations.

Overall, the combined strategy of deploying mobile clinics and reinforcing 74 healthcare facilities with essential health inputs contributed to improving healthcare access, strengthening service continuity, and enhancing the resilience of the health system. The intervention provided critical support to IDPs, isolated communities, and host populations, ensuring the continued delivery of essential health services during a period marked by significant humanitarian and operational challenges.

Nutrition

The deterioration of the security situation during the first half of 2026 posed a major challenge to the implementation of nutrition interventions. Growing insecurity across several parts of the country disrupted the delivery of nutrition supplies, limited field supervision and monitoring activities, and affected the functioning of some health facilities, thereby constraining vulnerable populations' access to essential nutrition services.

To ensure the continuity of nutrition services despite ongoing humanitarian and logistical challenges, UNICEF supported the pre-positioning of 34,222 cartons of Ready-to-Use Therapeutic Food (RUTF) including those sourced by local partner Meds and Foods for Kids (MFK) and essential medicines across the country's ten Supply and Input Distribution Centers (CDAs), followed by their onward distribution to health facilities to prevent stockouts. Of this total stock, 19,909 cartons were strategically pre-positioned in priority locations across the country based on humanitarian and climate-related risks, while the remaining quantities were retained to support ongoing supply needs and replenishment efforts.

As part of preparedness, risk mitigation, and response efforts, 9,750 cartons were strategically pre-positioned in the departments of Ouest, Artibonite, and Centre, which continue to face significant access constraints and humanitarian needs due to insecurity. In parallel, 10,159 cartons were pre-positioned across the four departments of the Grand Sud (Grand'Anse, Nippes, Sud and Sud-Est) and the Northwest department in preparation for the hurricane season and other climate-related emergencies, ensuring the timely availability of life-saving nutrition supplies in areas most vulnerable to natural hazards. UNICEF also renewed its partnerships with several national and international NGOs and private health institutions, while maintaining direct support to departmental health authorities. Finally, UNICEF supported the sustained implementation of malnutrition screening, management, and prevention activities through 126 trained Community Health Workers (ASCPs) in the highly insecure municipalities of Cité Soleil (42) and Croix-des-Bouquets (84), where the closure of nearly all health facilities has

severely constrained access to health and nutrition services. These approaches helped both expand access to nutrition services and strengthen the quality of care at facility and community levels through the deployment of mobile clinics and the community-based management of uncomplicated severe acute malnutrition (SAM) cases by Community Health Workers (ASCPs). Key implementing partners included Médicos del Mundo Argentina (MDM-A), GHESKIO Centers, the Organization of Hearts for Change for Underprivileged Children in Haiti (OCCEDH), and Foyer Saint Camille Hospital (CHFSC) in the West Department; Zanmi Lasante (ZL) in the Artibonite and Centre departments; Albert Schweitzer Hospital (HAS) in the Centre Department; and Mercy Corps in the Ouanaminthe border area in the North-East.

As a result of these efforts, during the reporting period 243,473 children aged 6–59 months (125,257 girls and 118,216 boys) were screened for acute malnutrition, including 12,479 by trained Community Health Workers (ASCPs) in the municipalities of Cité Soleil and Croix-des-Bouquets, representing 40 per cent of the annual target. Among those screened, 21,514 children (11,229 girls and 10,285 boys) diagnosed with SAM were immediately admitted for treatment through community health workers, mobile clinics, or functional health facilities, representing 17 per cent of the annual target. Despite the increasingly challenging security environment, programme performance improved with increase of recovery rate from 76 per cent to 80 per cent, and a decrease in the default rate from 24 per cent to 20 per cent. The mortality rate remained at zero. These achievements not only reflect the sustained efforts of the Ministry of Public Health and Population (MSPP), UNICEF, and partners to maintain access to quality nutrition services in the most affected areas, but also UNICEF efforts to strengthen institutional capacities through training on SAM management and advocating for sustainable funding for essential nutrition interventions.

On the prevention side, 132,529 children aged 6–59 months (68,917 girls and 63,612 boys) received vitamin A supplementation, while 31,901 children aged 6–23 months received micronutrient powders (MNPs) through the home fortification programme. In addition, 194,735 pregnant women received iron and folic acid (IFA) supplementation to prevent anemia, and 174,003 pregnant and lactating women with children under 24 months were reached with counselling on Infant and Young Child Feeding in Emergencies (IYCF-E) practices. The National Vitamin A Day celebrated on April 9th during the National Health Week – 2026, held from 7 to 12 April, provided an opportunity to further strengthen preventive nutrition interventions, with particular attention to populations affected by humanitarian crises. Compared to the first quarter of 2026, the percentage of coverage increased significantly across all key interventions: from 16 per cent to 33 per cent for vitamin A supplementation, from 33 per cent to 62 per cent for IFA supplementation among pregnant women, and from 22 per cent to 44 per cent for IYCF-E counselling activities.

Education

During the first half of 2026, UNICEF supported children affected by violence and forced displacement through interventions aimed at ensuring learning continuity. Through its partners, UNICEF distributed a total of 50 Early Childhood Development (ECD) kits across 34 preschool centers in Saint-Michel-de-l'Attalaye, improving learning conditions for 3,000 children, including displaced children from Marchand-Dessalines hosted in these establishments. UNICEF also supported the Departmental Directorates of Education (DDE) of Artibonite and Centre departments to facilitate the participation of approximately 37,551 9th-grade students, including displaced children, in the 2026 official examinations.

During the reporting period, UNICEF enabled 4,465 children (2,422 girls and 1,943 boys) in seven of the ten Haitian departments access

to education, representing 4 per cent of the annual target. Furthermore, 1,149 children (577 girls and 572 boys) in four departments (Artibonite, Nippes, South and Ouest) received individual learning materials and school supplies to support continuity of learning (1 per cent of annual target). Finally, 4,100 children (2,200 girls and 1,900 boys) were enabled access to mental health and psychosocial support (MHPSS) in their learning programmes, representing 1 per cent of the annual target. These results reflect severe funding constraints that have limited the expansion of education programmes at scale.

On the other hand, the reporting period was marked by the joint inauguration by UNICEF and the Government of Haiti (with funding from the Multi-partner Trust Fund (MPTF) and the Government of Canada) of two national schools: the Ecole Nationale de Ducis in the South department and the Ecole Nationale de Plaisance in the Nippes department. The former accommodates 391 children, while the latter accommodates 358 children. In addition, the rehabilitation of nine schools, as part of the SLIM project, were completed in the South, Nippes, Southeast and Grand'Anse departments. These schools received a full provision of administrative furniture, including nine desks, 45 office chairs, nine fans, and nine metal filing cabinets. Finally, efforts also focused on the psychosocial and pedagogical dimensions, with the organization of psychosocial support activities for 1,100 children in Grand'Anse, coupled with the distribution of the textbooks (Liv Inik). These interventions allowed for the strengthening of educational infrastructure and continuity of education.

In the Ouest and Artibonite departments, UNICEF mobilized Central Emergency Response Fund (CERF) and European Civil Protection and Humanitarian Aid Operations (ECHO) funding to strengthen the education response for internally displaced children and host communities. These resources will enable the implementation of remedial learning activities, accelerated learning programs for children who have experienced prolonged school interruptions, and the distribution of school kits. All operational planning is already completed, and humanitarian program documents are currently in the signing phase, paving the way for the upcoming launch of field activities to meet the growing needs generated by the displacement crisis.

Child protection and GBViE

During the reporting period, UNICEF continued to support the delivery of critical child protection services, reaching 1,148 children (478 girls and 670 boys) through individual case management, representing 57 per cent of the target, and reaching 755 (266 girls and 509 boys) unaccompanied and separated children (UASCs) with alternative care and/or family reunification services, representing 11 per cent of the annual target, demonstrating the continued functionality of family tracing, alternative care and reunification systems. Notably, the Protection Cluster provided 118 children (47 girls and 71 boys) formerly associated with armed forces and groups with protection or reintegration support, of whom UNICEF directly supported 52 children (16 boys and 36 girls). Since the signing of the Protocol for the Handover of Children Associated with Armed Groups in 2024, 691 children received reintegration support, including at the transit center in Port-au-Prince.

The provision of access to mental health and psychosocial services (MHPSS) remains limited relative to needs. Since January 2026, UNICEF provided a total of 14,339 people (4,159 girls, 6,912 boys, 2,372 women and 896 men) with access to community-based MHPSS services, representing 4 per cent of the annual target. This low coverage highlights persistent gaps in service availability, particularly in hard-to-reach and high-risk areas.

In response to rising protection risks, 12,148 people (3,668 girls,

1,648 boys and 6,832 women) were enabled accessed to gender-based violence (GBV) risk mitigation, prevention and response services, representing 5 per cent of the target. Despite these efforts, GBV services remain insufficient compared to the scale of needs, particularly in displacement sites, violence-affected urban areas and hard-to-reach areas.

During the reporting period, Protection Cluster partners provided essential services, reaching a total of 1,953 children (830 girls and 1,123 boys) through individual case management, representing 46 per cent of the target. Furthermore, cluster partners reached 845 unaccompanied and separated children (300 girls and 545 boys) with alternative care and/or family reunification services, representing 11 per cent of the annual target. Furthermore, as previously noted, Protection Cluster partners collectively reached 118 children (47 girls and 71 boys) with protection or reintegration support, reaching 15 per cent of the annual Cluster target. Finally, the Protection Cluster provided a total of 19,516 people (6,294 girls, 10,387 boys, 2,066 women and 769 men) with access to community-based MHPSS services, representing 4 per cent of the annual target.

Overall, while partners continue to deliver life-saving services, progress remains uneven, with stronger performance in case management and reunification of UASCs, critical gaps remain in MHPSS services, GBV response, and reintegration. These limitations are primarily driven by severe underfunding, insecurity, and access constraints, underscoring the urgent need for increased resources and the scale-up of interventions.

Protection from Sexual Exploitation and Abuse (PSEA)

During the first half of 2026, UNICEF accelerated its PSEA efforts by strengthening access to safe reporting mechanisms and building the capacity of key stakeholders. Awareness-raising activities conducted in the Ouest, Centre and Southeast departments enabled a total of 71,475 people (15,341 girls, 14,976 boys, 20,828 women and 20,330 men) to access safe and accessible channels to report cases of sexual exploitation, while in parallel strengthening their understanding of SEA prevention principles, expected behaviors of implementing partners, and safe reporting channels. This result reflects 11 per cent of the annual target reached.

At the same time, during the reporting period UNICEF trained 393 individuals, including representatives from civil society organizations, 8 UN agencies, public institutions, health professionals, and young community leaders, on PSEA principles and the Victim Assistance Protocol (VAP). Additionally, 46 support staff, including housekeepers and security guards, were trained in general safeguarding. These sessions helped improve practices related to prevention, reporting, and referring survivors to appropriate services, while promoting a victim-centered approach.

As part of its support for implementing partners, UNICEF assisted 23 partner organizations (including 22 CSOs and one public institution) in strengthening their PSEA mechanisms, improving complaint management, and ensuring compliance with United Nations minimum standards. In addition, 8 partners were evaluated via the Un partner portal to identify gaps in their procedures and develop targeted corrective action plans.

Finally, awareness-raising efforts were supported by the distribution of 2,425 communication materials (including 1,793 brochures, 600 stickers, 20 flyers, and 12 caps) in the Central and Western departments, helping to increase the visibility of reporting mechanisms and the dissemination of prevention messages within communities.

Water, sanitation and hygiene

During the reporting period, UNICEF, in partnership with ORRAH, ACF, CEDUCC, Handicap International, OREPA Centre, OREPA Ouest, and DINEPA, provided access to safe water to a total of 336,431 people, including 73,935 girls, 70,033 boys, 98,456 women and 94,007 men, across the Artibonite, Centre, Southeast and Ouest departments, representing 50 per cent of the annual target. Through this multi-partner collaboration, 108.1 million litres of safe water were distributed for drinking, hygiene, and domestic use. An innovative dual-treatment approach was implemented, combining reverse osmosis technology for drinking water production with community-based chlorination systems managed by trained and equipped volunteers in IDP sites and host communities. This approach strengthened both water quality assurance and local ownership of service delivery.

Complementing emergency water trucking activities, UNICEF expanded its WASH response through more sustainable interventions, including the rehabilitation of 12 hand-pump boreholes, the extension of two mini water supply schemes in the municipalities of Léogâne and Gressier, and the promotion of C-TED, a household-based water chlorination and safe storage approach. A total of 110 young people were trained to support community-level implementation of these interventions. Implemented in partnership with CEDUCC, these activities form part of UNICEF's Nexus approach, aimed at improving sustainable access to safe water for both internally displaced people (IDPs) and host communities in rural areas.

In parallel, UNICEF continued to strengthen community capacities for water quality management through the training of a 351 young people in water chlorination techniques and water quality monitoring across selected IDP sites in the Port-au-Prince Metropolitan Area (ZMPP) and the Artibonite department. By increasing access to safely chlorinated drinking water at the household level, these initiatives contributed to reducing the risk of waterborne diseases while promoting community engagement, local ownership, and the long-term sustainability of water services.

In terms of the provision of critical WASH supplies and services, UNICEF and its partners reached a total of 268,657 people (including 113,644 children, 78,179 women and 76,834 men) through the distribution of more than 60,000 hygiene kits, which include menstrual hygiene management (MHM) kits, across IDP sites in the Ouest, Centre, Southeast and Artibonite departments, representing 49 per cent of the annual target as of June 2026. The distributions were complemented by hygiene promotion sessions focusing on handwashing, personal and environmental hygiene, disease prevention, and Protection from Sexual Exploitation and Abuse (PSEA), helping to reinforce positive hygiene behaviours and reduce public health risks.

UNICEF and its partners also continued to improve access to safe sanitation services in displacement-affected areas. During the reporting period, a total of 327 latrines and bathing facilities were rehabilitated, with handwashing stations installed adjacent to sanitation facilities to encourage good hygiene practices. The response further included desludging operations, repairs to damaged sanitation infrastructure, and solid waste collection and disposal in displacement sites across the Ouest and Artibonite departments. As a result, a cumulative total of 71,475 people, including 30,317 children, 20,828 women and 20,330 men, have benefited from improved sanitation services and environmental conditions since the beginning of the year, representing 67 per cent of the annual target. These interventions have contributed to reducing environmental health risks, enhancing dignity and safety for affected populations, and improving overall living conditions in displacement settings.

To enhance the safety and protection of users, particularly women and girls, solar-powered lighting systems were installed around toilet and bathing facilities in selected displacement sites. This helped reduce protection risks, including harassment and gender-based violence concerns associated with accessing sanitation facilities after dark, while promoting the safe and dignified use of WASH services.

Despite the achievements recorded by UNICEF and its implementing partners during the reporting period, program implementation was adversely affected by insecurity in the Artibonite and Centre departments. Security-related constraints resulted in substantial delays in the municipalities of Belladère, Lascahobas, Petite-Rivière de Artibonite, L'Estère, and Verrettes. Furthermore, in the West department, repeated displacement movements caused by the volatile situation in Cité Soleil required UNICEF and its partners to reallocate some resources and adapt their response to meet increasing humanitarian needs.

Cholera

During the first half of 2026, the cholera outbreak in Haiti continued its downward trend. However, active transmission persisted in three of the country's ten departments (Ouest, Centre, and Artibonite), with the majority of suspected cases concentrated in the Ouest department, particularly in the municipalities of Cité Soleil and Delmas, which have been heavily affected by armed violence and population displacement. While the decline in the number of cases is encouraging, the situation continues to reflect persistent transmission hotspots among the most vulnerable populations. As of epidemiological week 26 (28 June 2026), a cumulative total of 442 suspected cases, 250 hospitalizations, 9 confirmed cases, and 2 deaths (one community death and one institutional death) had been reported since the beginning of the year. The deaths were recorded in the Ouest and Northeast departments.

Despite persistent funding constraints, UNICEF maintained its support to the health authorities to ensure the continuity of the cholera response. In collaboration with PAHO/WHO, technical assistance was provided to the Departmental Health Directorates (DDS) to strengthen response coordination, enhance local operational capacities, and improve the timeliness of interventions. In addition, UNICEF continued to provide technical, financial, and logistical support to the Centre Health Directorate (DSC), particularly through support to the Departmental Investigation and Response Teams (EDIR), which play a critical role in the early detection of cholera alerts and the rapid implementation of response activities.

During the reporting period, a total of 115 alerts were investigated, 111 suspected case and 57 response interventions were conducted, resulting in the establishment of 98 sanitary cordons and the implementation of Case Area Targeted Interventions (CATI). These interventions reached 7,872 people (1,732 girls, 1,697 boys, 2,480 women and 1,972 men), reaching 4 per cent of the annual target. In addition, 1,812 cholera kits were distributed and 1,120 community awareness sessions were conducted. UNICEF's cholera response was implemented in partnership with Handicap International (HI) and Action Against Hunger (ACF), through the deployment of six CATI rapid response teams and two WASH monitoring teams, helping to sustain rapid response capacity in the areas most at risk.

Social protection

Between 1 January and 30 June 2026, UNICEF Haiti implemented seven cash-based projects across four sectors: Social Policy, Health, Education and Child Protection. The portfolio combined direct cash assistance to vulnerable households with incentive payments to government frontline personnel, including healthcare workers and child protection staff, as well as U-Reporters supporting community engagement activities.

During the reporting period, UNICEF processed 4,384 payments and disbursed US\$329,299.39. The interventions reached a total of 3,701 households (representing 8 per cent of the annual target) across eight of the ten Haitian departments; furthermore, programme records reported 8,516 individuals, and 189 persons with disabilities benefiting from cash assistance or related programme support.

The main interventions included multipurpose cash assistance for vulnerable households, emergency assistance to families affected by Hurricane Melissa, Cash Plus programmes supporting children's education, and incentive payments to government personnel delivering essential health and child protection services. Health incentive payments represented the largest share of disbursements, followed by multipurpose cash assistance, education-related transfers and the Hurricane Melissa response.

UNICEF continued to prioritize digital and scalable delivery mechanisms, with 77 per cent of payments delivered through mobile money and 23 per cent through cash-on-site arrangements. Activities were implemented across all ten departments, with the largest volumes recorded in the West and Artibonite departments.

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

During the first half of 2026, Social and Behavior Change (SBC) interventions primarily contributed to strengthening communication efforts aimed at fostering behavior change, community engagement, and Accountability to Affected Populations (AAP). These interventions promoted essential practices related to nutrition, WASH, immunization, protection, and social cohesion in regions affected by the humanitarian crisis. Through a combination of interpersonal communication, community mobilization, and mass communication activities, these interventions helped increase public knowledge and encourage the adoption of preventive behaviors that support health and hygiene, particularly among the most vulnerable communities and displaced populations. Awareness-raising sessions were organized in communities, markets, sites for internally displaced persons (IDPs), and other public spaces, reaching 484,438 people across the West, Artibonite, and South departments.

Outreach activities focused primarily on promoting essential hygiene practices and preventing waterborne diseases. In IDP camps, key messages emphasized handwashing with soap at critical times, household water treatment and safe storage, the proper use and maintenance of latrines, safe solid waste management, menstrual hygiene management, good family hygiene practices, and the prevention of cholera and other water, sanitation, and hygiene-related diseases.

To expand the reach of cholera prevention messages, two radio spots were produced and broadcast on 14 radio stations, for a total of 228 airings. In addition, 144 interactive radio programs were produced with the participation of health professionals, local government representatives, and community leaders. These programs provided listeners with opportunities to access reliable information, ask questions, and address rumors and misconceptions. The various broadcasts reached an estimated audience of 185,210 people in the areas covered by the partner radio stations.

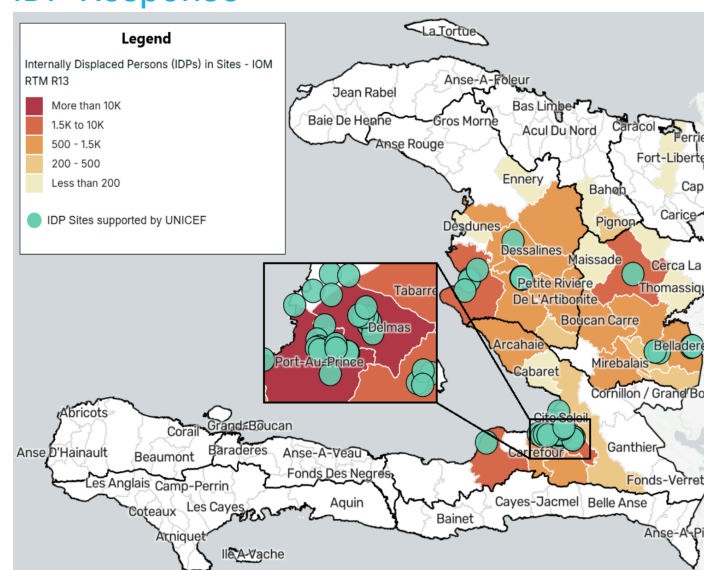
In IDP sites, social cohesion activities focused on children as agents of community building and resilience. Recreational, educational, and awareness-raising activities, including games, contests, drawing sessions, and cultural competitions, were organized to promote good hygiene practices while providing children with safe spaces for learning, self-expression, and interaction. These activities brought together displaced children and, where possible, more than 10,000

children from host communities, thereby fostering coexistence, solidarity, mutual respect, and positive interactions. They also helped reduce tensions, strengthen children's psychosocial well-being, and encourage their active participation in promoting good WASH practices among their families and peers. By strengthening social ties among children and within their communities, these interventions contributed to creating a more inclusive, protective, and resilient environment for affected populations.

More than 200 community workers, mobilizers, and representatives of community-based organizations were trained to promote essential family practices and provide timely information to affected communities. In line with the principles of Accountability to Affected Populations (AAP), the interventions incorporated mechanisms that promoted active community participation throughout implementation. Communities were regularly informed about key messages and available services and were provided with opportunities to express their concerns, expectations, and suggestions. To promote continuous dialogue with communities, several feedback mechanisms were utilized, including community discussions held after awareness-raising sessions, interactive radio programs, exchanges with community health workers and volunteers, home visits, and consultations with community leaders and community-based organizations.

During the reporting period, 7,522 feedback/concerns were collected from communities. This feedback primarily concerned information needs, concerns related to WASH services, rumors, complaints, and suggestions for improving interventions. The information gathered was analysed and used to adapt communication activities, improve the quality of interventions, and strengthen trust between communities and implementing partners.

IDP Response



UNICEF Operational Presence at IDP Sites

UNICEF's response in displacement sites continued to deliver critical life-saving assistance to populations displaced primarily by armed violence. As of 30 June 2026, UNICEF and its partners were providing at least one programmatic intervention in 61 IDP sites across three departments, reaching approximately 109,000 people—equivalent to 47 per cent of the 232,396 IDPs living in sites, according to IOM DTM Round 13.

An added dimension of UNICEF's IDP response is the provision of multisectoral response across 21 IDP sites primarily in ZMPP, covering the needs of about 65,000 IDPs.

Health/Nutrition interventions were implemented across 23 IDP sites

in ZMPP, reaching about 79,000 IDPs with services such as screening of and treatment of malnutrition, provision of primary healthcare and measles vaccination. Child Protection interventions were present across 29 sites in the Ouest and Centre departments, reaching 71,000 IDPs with the provision of collective and individual MHPSS, individual case management and GBV, among others. In addition, WASH interventions were implemented 33 IDP sites in the Ouest, Artibonite and Centre departments, reaching 96,000 IDPs. WASH activities in IDP sites included water trucking, the provision of hygiene kits, emptying of septic tanks and the installation/rehabilitation of toilets/showers/handwashing stations, among others.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continues to lead or co-lead the WASH, Nutrition and Education clusters. During the reporting period, the Nutrition Cluster enabled the treatment of 21,514 children (11,229 girls and 10,285 boys) with severe wasting (17 per cent of the annual target) and 37,555 children (19,580 girls and 17,975 boys) with moderate wasting (23 per cent of the target). In parallel, 243,473 children (125,257 girls and 118,216 boys) were screened for wasting, reflecting 36 per cent of the target reached and 189,068 primary caregivers of children under two years received IYCF counselling (29 per cent of the target).

The first half of 2026 was marked by the effective launch of the SMART nutrition survey. Thirteen national supervisors and 504 enumerators were trained, and field data collection started on June 30th. Data collection is expected to conclude on 18 July, with preliminary results scheduled for presentation on 30 July. The survey will generate updated evidence to inform strategic planning, geographic targeting, and prioritization of nutrition interventions across the country.

The Nutrition Technical Committee (CTN) held six monthly coordination meetings, bringing together an average of 50 partner representatives to facilitate information sharing, coordination, and joint planning. During these meetings, partners were introduced to the response monitoring matrix, which expanded the 5W to 6W (Who does what, Where, When, for Whom and with What Funding), to ensure transparency and enable the systemic tracking of partner funding. Furthermore, in preparation for the cyclone season 2026 (1 June to 30 November), nutrition partners participated in the pre-positioning of nutrition supplies to ensure a rapid response in the event of an emergency. The Nutrition Cluster is committed to producing quarterly bulletins to strengthen information sharing, enhance accountability, and increase the visibility of partners' contributions.

The first quarterly nutrition bulletin aimed at nutrition partners, the Nutrition en Chiffres et en Lettres, was published, providing a comprehensive overview of key achievements, response coverage, funding status and operational presence, while highlighting partner contributions and reinforcing accountability and information sharing across the Nutrition Cluster. The second quarter edition of the bulletin is currently being finalized and will be shared during July cluster meeting.

The Education Cluster continues to support children's access to formal and non-formal education in a context marked by a difficult funding landscape. During the reporting period, a total of 18,101 children (8,931 girls and 9,170 boys) gained access to education, amounting to 2 per cent of the annual target. The interventions focused on the provision of safe and inclusive learning environments, particularly for displaced children, allowing for the resumption of structured learning. Additionally, a total of 2,888

children (1,320 girls and 1,568 boys) received individual learning materials (1 per cent of the annual target), while 242 teachers were trained in basic pedagogy and/or MHPSS (1 per cent of the annual target). Finally, 8,074 children (4,389 girls and 3,685 boys) were enabled access to MHPSS in their learning programmes (1 per cent of the annual target).

Notable gaps in reaching children continue to persist as the scale of needs continue to outpace current response capacity, underscoring the need for sustained support and increased resource mobilization efforts to address key funding gaps.

The WASH Cluster partners provided access to safe water for 802,757 people, representing 58 per cent of the annual cluster target. This includes 344,778 children, 236,504 women and 221,476 men across five of the ten Haitian departments (Artibonite, Centre, Grande-Anse, Southeast and Ouest departments). Additionally, 210,596 people (including 88,919 children, 62,580 women and 59,097 men) benefited from sanitation services, contributing to 96 per cent of the annual sanitation target. Furthermore, a total of 300,018 people were reached with critical WASH supplies (122,246 children, 93,721 women and 84,051 men), through the provision of hygiene and menstrual kits, among others, achieving 29 per cent of the annual target.

In response to the rapidly evolving humanitarian situation, the WASH Cluster intensified coordination, advocacy and partner engagement efforts to facilitate a timely and coordinated scale-up of life-saving assistance for newly displaced populations. Key actions included supporting partners in mobilizing resources, particularly hygiene kits through the UNICEF and IOM common pipelines, harmonizing response priorities, mapping gaps and coverage, and developing response plans to ensure a coordinated and effective response.

In this light, to strengthen response quality and accountability, the WASH Cluster, UNICEF and implementing partners conducted joint monitoring and assessment missions in two displacement sites (MTPTC and Missionnaires de la Charité) and one host-community neighbourhood (Delmas 32). The missions assessed service delivery, identified operational gaps and provided technical recommendations to improve the effectiveness and quality of WASH interventions.

To improve the quality and safety of WASH services in IDP sites and address protection concerns identified through field visits and safety audits, a joint mission was conducted at two IDP sites (Site Kid and Eglise de Jesus-Christ des Saints des Derniers Jours / Mormon) located in the Port-au-Prince Metropolitan Area, bringing together the Protection, CCCM, Shelter and WASH clusters/sectors, government counterparts (DINEPA and DGPC), operational partners (SI and ICDH), and UN agencies (IOM and UNICEF). The mission assessed practical and technical options to enhance the availability, quality and safety of WASH services in these highly congested sites, where overcrowding and limited space constrain the expansion of essential infrastructure. The mission identified and validated suitable space for the construction of additional sanitation facilities and fostered consensus on key technical, operational and coordination improvements. Partners also agreed to establish a structured coordination mechanism, including monthly joint site visits, monthly site-level coordination meetings led by site management partners, and monthly inter-sector meetings to strengthen communication, coordination and support to operational partners.

In preparation for the hurricane season, the WASH Cluster strengthened sectoral and inter-sectoral preparedness efforts through partner mobilization, awareness-raising, and coordination activities. Key actions included the mapping of contingency stocks and pre-positioned emergency supplies to enhance readiness and support a rapid response in the event of a cyclone-related emergency.

The WASH Cluster also supported the Country-Based Pooled Fund (CBPF) Standard Allocation for Cyclone Preparedness, which allocated US\$1.15 million to NGO partners to strengthen preparedness and response capacities. The allocation aims to support the pre-positioning and rapid deployment of emergency WASH supplies while allowing operational flexibility to respond to cyclone-related emergencies in other parts of the country as needed. It also includes early recovery interventions to help affected populations recover from cyclone-related shocks and facilitate a timely transition from emergency response to recovery. The WASH Cluster contributed to the development of the allocation strategy and actively participated in the strategic and technical review of project proposals to ensure alignment with sector priorities, operational feasibility and response quality standards.

In terms of challenges, the WASH Cluster experienced discontinuity of funds in the Artibonite and Centre departments, which affected the continuity of humanitarian interventions. Several partners, including three national UNICEF partners (ORRAH, Les PENSEURS and DSI) that played a key role in the humanitarian response during the first quarter of 2026, faced funding constraints that forced them to temporarily suspend or scale back their operations. This reduction in operational capacity negatively impacted on the coverage of humanitarian needs in some of most affected areas, at a time when the deteriorating security situation continued to drive increased needs among crisis-affected populations.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Multimedia content:

- La Vaccination : une décision simple, un enfant protégé. [Watch More](#)
- After Cyclone Melissa: Emergency cash support brings relief to families. [Watch More](#)
- Peter retrouve son sourire grâce à un nouvel Espace Ami des Enfants. [Watch More](#)
- Ali (name changed), 15, and his friends were threatened by armed groups in Haiti trying to recruit them. He recounts his experience and how a UNICEF-supported space is helping him heal. [Watch More](#)
- Avant l'ouragan Melissa, l'action anticipatoire a permis d'agir avant l'impact. [Watch More](#)
- Journée internationale de l'éducation, l'UNICEF réaffirme son engagement à ne laisser aucun enfant de côté. [Watch More](#)
- Due to armed violence, children in Haiti have faced displacement, causing them to face situations no children should ever experience. [Watch More](#)
- By choosing to vaccinate her daughter, Ollanda protects the future of her family and community. [Watch More](#)
- Discover Marie-Guerda in this first 'Health Fair' episode as U-Reporters give participants a voice. [Watch More](#)
- In Haiti, thousands of children still lack vitamin A, an essential nutrient for healthy vision and for boosting their immune systems against infections. [Watch More](#)
- As over 1.4 million people are displaced in Haiti, UNICEF and the European Union support children at the KID site, though massive health and education gaps remain. [Watch More](#)
- Dieuvens is one of 55 IBESR interns deployed by UNICEF to support social workers in identifying and protecting vulnerable children on the ground. [Watch More](#)

- In Haiti, child recruitment by armed groups has risen nearly 200% in one single year. These are children, are victims with the right to a future and are not criminals. Hear UNICEF Representative's message on International Day of Innocent Children Victims of Aggression! [Watch More](#)
- On National Haitian Children's Day, UNICEF reminds us that every child like Peter deserves the support and opportunity to reach their dreams despite the odds. [Watch More](#)
- The Brazil-Haiti match is bigger than football: despite a severe humanitarian crisis, it brings hope and pride to Haiti's children, reminding the world to protect their rights and future. [Watch More](#)

Human interest stories:

- When Vaccination Reaches the Hardest-to-Reach Places. [Read More](#)
- Kenson, a witness to the cholera crisis in Haiti's South-East. [Read More](#)
- After the hurricane, Maxo rebuilds his life. Financial assistance, a lifeline for families in the South after Hurricane Melissa [Read More](#)
- "When I play football, I forget everything": Peter finds his smile again. Fleeing insecurity in Port-au-Prince, Peter found refuge in the South-East. [Read More](#)
- Vaccination: a simple decision, a child protected. With the MSPP and the support of UNICEF and its partners, parents like Ollanda can protect their children through vaccination. [Read More](#)
- What Violence Reaches First. Ali's journey back to safety and hope [Read More](#)
- Serving with purpose, growing through experience. Through an IBESR-UNICEF internship programme, Dieuvens Vendredi is supporting children affected by crisis while gaining practical experience. [Read More](#)
- Grand Sud: new school infrastructure to support learning. In Haiti's Grand Sud, two new schools were inaugurated in April 2026, thanks to Canada and the MPTF, making learning possible for more than 740 children. [Read More](#)
- Belle-Anse: Where Cholera Still Hides in Silence. In the Southeast of Haiti, shame and distance delay access to care. UNICEF supports health authorities to save children and break the taboos. [Read More](#)
- With funding from Sida, UNICEF and the MENFP are enabling displaced children in the Centre region, like Djocinsky and Djocinson, to continue their education and keep their dreams alive. [Read More](#)
- In Les Cayes, the MSPP and UNICEF continue to vaccinate children through Nurse Néhémie's welcoming approach, building trust with parents and helping mothers like Cefaneffe fulfill their promise to raise healthy babies. [Read More](#)

External media (national):

- **23 January 2026:** Crise humanitaire en Haïti : l'urgence grandit entre faim, violences et déplacements. *Juno 7* [Read More](#)
- **26 January 2026:** UNICEF Haïti met en garde contre des tentatives de fraude *Vant Bèf Info* [Read More](#)
- **26 January 2026:** Coopération Haïti-UNICEF : échanges entre Jean-Victor Harvel Jean-Baptiste et Geeta Narayan. *Le Nouvelliste* [Read More](#)
- **26 January 2026:** Plus de 243 000 enfants privés d'éducation, l'UNICEF appelle à agir en urgence. *Vant Bèf Info* [Read More](#)
- **26 January 2026:** Le MAE et l'UNICEF discutent du renforcement de la coordination humanitaire. *Vant Bèf Info* [Read More](#)

- **26 January 2026:** Des escrocs usurpent le nom de l'UNICEF : l'organisation appelle à la vigilance. *LeQuotidien509* [Read More](#)
- **12 February 2026:** Haïti : le recrutement d'enfants par des groupes armés a triplé en un an, alerte l'UNICEF. *Juno 7* [Read More](#)
- **12 February 2026:** L'UNICEF alerte sur l'explosion du recrutement d'enfants par des groupes armés en Haïti. *Vant Bèf Info* [Read More](#)
- **12 February 2026:** Criminalité : Le recrutement d'enfants par les gangs a triplé en 2025 en Haïti, alerte l'UNICEF. *Alter Presse* [Read More](#)
- **12 February 2026:** Haïti : le recrutement d'enfants par des groupes armés a triplé en 2025 sous la transition dirigée par le CPT / Alix Didier Fils-Aimé. *Rezo Nodwes* [Read More](#)
- **9 April 2026:** Haïti : Inauguration de l'École nationale de Ducis à Torbeck. *AlterPresse* [Read More](#)
- **9 April 2026:** En partenariat avec l'UNICEF et avec l'appui du Canada, le gouvernement a procédé à l'inauguration les 7 et 8 avril 2026, de deux écoles nationales à Torbeck (Sud) et Plaisance (Nippes). *Le Nouvelliste* [Read More](#)
- **15 May 2026:** Haïti : l'UNICEF et l'ONU renforcent leur plaidoyer en faveur des enfants détenus au CERMICOL. *Vant Bèf Info* [Read More](#)
- **18 May 2026:** Haïti : l'UNICEF appelle à appliquer le protocole de 2023 pour protéger les enfants liés aux groupes armés. *Vant Bèf Info* [Read More](#)
- **20 May 2026:** UNICEF : Visite en Haïti de la représentante spéciale du Secrétaire général des Nations unies pour la question des enfants et des conflits armés, Vanessa Frazier. *Le National* [Read More](#)

External media (international):

- **12 February 2026:** UNICEF warns that child recruitment by armed groups in Haiti tripled last year. *DailyMail* [Read more](#)
- **12 February 2026:** UNICEF alerta del aumento de las cifras de reclutamiento de niños soldado en Colombia. y Haïti *Infobae* [Read more](#)
- **12 February 2026:** Haiti's youth caught in gang violence. *France 24* [Read more](#)
- **12 February 2026:** UNICEF reports threefold rise in child recruitment in Haiti amid escalating violence. *AnadoluAgency* [Read more](#)
- **12 February 2026:** En Haïti, les enfants face à une violence omniprésente. *RFI*. [Read More](#)
- **12 February 2026:** UNICEF warns that child recruitment by armed groups in Haiti tripled last year. *Newsday* [Read more](#)
- **6 April 2026:** Children make up half of Haiti's gangs. They're about to face a new foreign force. *CNN* [Read More](#)
- **9 April 2026:** How Haiti's violent drugs gangs are recruiting hungry homeless children with promises of food. *The Independent* [Read More](#)
- **12 April 2026:** Haiti Faces Gangs as Childhood Becomes the Front Line Again. *LatinAmericanPost* [Read More](#)
- **15 May 2026:** U.S. sank \$970 million in mission that left Haiti worse off. It's trying again. *The Washington Post* [Read More](#)
- **15 June 2026:** UNICEF Haiti Representative Geeta Narayan briefs the Canadian Parliament on the worsening crisis facing children in Haiti. *Chambre des communes du Canada* [Read More](#)
- **30 June 2026:** Hablaremos de la situación de violencia en Haïti con un delegado de Unicef en el país. *Cinco Continentes* [Read More](#)

HAC APPEALS AND SITREPS

- Haiti Appeals
<https://www.unicef.org/appeals/haiti>
- Haiti Situation Reports
<https://www.unicef.org/appeals/haiti/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: JULY-SEPTEMBER 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	636,524	198,795	▲ 31%	-	-	-
	Girls	-	-	56,001	-	-	-	-
	Boys	-	-	46,800	-	-	-	-
	Women	-	-	95,994	-	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	248,434	81,325	▲ 33%	-	-	-
	Girls	-	-	42,862	-	-	-	-
	Boys	-	-	38,463	-	-	-	-
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	54,500	1,636	▲ 3%	-	-	-
	Girls	-	-	98	-	-	-	-
	Boys	-	-	135	-	-	-	-
	Women	-	-	774	-	-	-	-
	Men	-	-	629	-	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	-	129,638	21,514	▲ 17%	129,638	21,514	▲ 17%
	Girls	-	-	11,229	-	-	11,229	-
	Boys	-	-	10,285	-	-	10,285	-
Children 6-59 months screened for wasting	Total	-	613,416	243,473	▲ 40%	681,573	243,473	▲ 36%
	Girls	-	-	125,257	-	-	125,257	-
	Boys	-	-	118,216	-	-	118,216	-
Children 6-59 months receiving Vitamin A supplementation	Total	-	398,720	132,529	▲ 33%	-	-	-
	Girls	-	-	68,917	-	-	-	-
	Boys	-	-	63,612	-	-	-	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	391,369	174,003	▲ 44%	652,282	189,068	▲ 29%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
	Women	-	-	174,003	-	-	189,068	-
Pregnant women receiving preventative iron supplementation	Total	-	313,095	194,735	▲ 62%	-	-	-
	Women	-	-	194,735	-	-	-	-
Children 6-59 months with moderate wasting admitted for treatment	Total	-	-	-	-	164,338	37,555	▲ 23%
	Girls	-	-	-	-	-	19,580	-
	Boys	-	-	-	-	-	17,975	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	590,000	4,465	▲ 1%	1 million	18,101	▲ 2%
	Girls	-	-	2,522	-	-	8,931	-
	Boys	-	-	1,943	-	-	9,170	-
Children receiving individual learning materials	Total	-	180,000	1,149	▲ 1%	300,000	2,888	▲ 1%
	Girls	-	-	577	-	-	1,320	-
	Boys	-	-	572	-	-	1,568	-
Children accessing mental health and psychosocial support in their schools/learning programmes	Total	-	350,000	4,100	▲ 1%	900,000	8,074	▲ 1%
	Girls	-	-	2,200	-	-	4,389	-
	Boys	-	-	1,900	-	-	3,685	-
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	14,000	-	0%	23,000	242	▲ 1%
	Women	-	-	-	-	-	109	-
	Men	-	-	-	-	-	133	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	672,500	336,431	▲ 50%	1.4 million	802,757	▲ 58%
	Girls	-	-	73,935	-	-	179,383	-
	Boys	-	-	70,033	-	-	165,395	-
	Women	-	-	98,456	-	-	236,504	-
	Men	-	-	94,007	-	-	221,476	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
People accessing appropriate sanitation services	Total	-	106,000	71,475	▲ 67%	219,487	210,596	▲ 96%
	Girls	-	-	15,341	-	-	46,067	-
	Boys	-	-	14,976	-	-	42,852	-
	Women	-	-	20,828	-	-	62,580	-
	Men	-	-	20,330	-	-	59,097	-
People reached with critical WASH supplies	Total	-	550,000	268,657	▲ 49%	1 million	300,018	▲ 29%
	Girls	-	-	57,224	-	-	61,766	-
	Boys	-	-	56,420	-	-	60,480	-
	Women	-	-	78,179	-	-	93,721	-
	Men	-	-	76,834	-	-	84,051	-
People reached with cholera CATI response	Total	-	216,000	7,872	▲ 4%	364,160	19,297	▲ 5%
	Girls	-	-	1,723	-	-	3,049	-
	Boys	-	-	1,697	-	-	2,590	-
	Women	-	-	2,480	-	-	9,832	-
	Men	-	-	1,972	-	-	3,826	-
Social protection								
Households reached with UNICEF-funded humanitarian cash transfers (including social protection and other sectors)	Total	-	45,000	3,701	▲ 8%	-	-	-
Cross-sectoral (AAP, SBC, and PSEA)								
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	670,000	71,475	▲ 11%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	4 million	484,438	▲ 12%	-	-	-
People participating in engagement actions for social and behavioral change	Total	-	1 million	2,376	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	100,000	1,477	▲ 1%	-	-	-
Child protection and GBVIE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	400,000	14,339	▲ 4%	500,000	19,516	▲ 4%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
	Girls	-	-	4,159	-	-	6,294	-
	Boys	-	-	6,912	-	-	10,387	-
	Women	-	-	2,372	-	-	2,066	-
	Men	-	-	896	-	-	769	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	800	52	▲ 7%	800	118	▲ 15%
	Girls	-	-	16	-	-	47	-
	Boys	-	-	36	-	-	71	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	7,237	775	▲ 11%	7,500	845	▲ 11%
	Girls	-	-	266	-	-	300	-
	Boys	-	-	509	-	-	545	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	249,800	12,148	▲ 5%	-	-	-
	Girls	-	-	3,668	-	-	-	-
	Boys	-	-	1,648	-	-	-	-
	Women	-	-	6,832	-	-	-	-
Children who have received individual case management	Total	-	2,000	1,148	▲ 57%	4,250	1,953	▲ 46%
	Girls	-	-	478	-	-	830	-
	Boys	-	-	670	-	-	1,123	-
Children and caregivers sensitized on recruitment of children by armed groups	Total	-	400,000	216	0%	-	-	-
	Girls	-	-	113	-	-	-	-
	Boys	-	-	103	-	-	-	-
	Women	-	-	-	-	-	-	-
	Men	-	-	-	-	-	-	-

*Progress in the reporting period 1 January to 30 June 2026

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements ⁸	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	30,480,000 ⁹	3,278,314	2,669,334	24,532,352	80%
Nutrition	37,298,900 ¹⁰	2,891,059	10,454,276	23,953,565	64%
Child protection and GBViE	53,240,000 ¹¹	7,704,338	5,852,641	39,683,021	75%
Education	39,000,000 ¹²	2,723,017	1,858,535	34,418,448	88%
WASH	46,800,000	5,022,687	3,875,173	37,902,140	81%
Social protection	23,550,000 ¹³	4,726,846	261,873	18,561,281	79%
Emergency preparedness	12,000,000 ¹⁴	187,263	1,163,043	10,649,694	89%
Cross-sectoral (AAP, SBC, and PSEA)	14,230,000 ¹⁵	135,663	1,283,566	12,810,771	90%
Unallocated	-	-	-	-	-
Total	256,598,900	26,669,187	27,418,441	202,511,272	79%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
 Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
 Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

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ENDNOTES

1. HNRP 2026
2. IOM-DTM, May 2026
3. Annual Report on Children and Armed Conflict, June 2026
4. IOM ETT 94, 95, 96, 97 and 98
5. IPC: Haiti: Acute Food Security Situation Projection Update for March – June 2026 <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1162842?iso3=HTI>
6. As of epidemiological week 26, 2026
7. As of epidemiological week 25, 2025
8. The planning parameters for this 2026 appeal are based on the initial inter-agency targets established during the design phase of the Humanitarian Needs and Response Plan. While hyper-prioritization of the Humanitarian Needs and Response Plan ongoing, UNICEF maintains the targets noted in this 2026 Humanitarian Action for Children appeal to ensure programme predictability and avoid premature reductions in life-saving capacities. If there are major contextual shifts, UNICEF will revise this appeal as required, including adjustments to targets and budget envelopes.
9. Health funding requirements have increased from \$26.5 million in 2025 to \$30.5 million in 2026, a 15 per cent increase driven by: (i) increases in costs for inputs, consumables and medical kits, due to port closures/slowdowns and insecurity-related logistics surcharges; and (ii) intensification of the response, with more service delivery points (mobile teams, temporary clinics and reinforced fixed sites) to reach hard-to-access areas and displaced populations.
10. Nutrition funding requirements have increased by 7 per cent, from \$35 million in 2025 to \$37.3 million in 2026, reflecting expanded targets and higher caseloads in line with the 2026 Humanitarian Needs and Response Plan. This amount includes \$34,679,100 aligned with the Humanitarian Needs and Response Plan, plus an additional \$2,619,800 to scale up vitamin A supplementation, folic acid and multiple micronutrient supplements.
11. The funding requirement for child protection has decreased by 9 per cent, from \$58.5 million in 2025 to \$53.2 million in 2026, due to a reduction in the mental health and psychosocial support target, in line with the decrease in the provisional people in need figure for child protection in 2026. The budget includes \$24.98 million for prevention and response to gender-based violence in emergencies, while targets and budgets for protection from sexual exploitation and abuse are reflected in the cross-sectoral line item.
12. The education target has been revised from 600,000 to 590,000 children, a 2 per cent decrease compared with the 2025 appeal. Despite this adjustment, the budget has increased by 1 per cent to accommodate higher operational costs. This revision is fully aligned with the Education Cluster's provisional planning under the 2026 Humanitarian Needs and Response Plan.
13. A total of 45,000 households are targeted for cash transfers, including 35,000 newly displaced households receiving \$240 per month for two months and 10,000 households supported under preparedness and anticipatory response interventions.
14. Funds required for preparedness cover contingency planning, pre-positioning of emergency supplies (including for the hurricane season), capacity-building for counterparts and emergency logistics solutions. The impact of category 5 Hurricane Melissa highlights the urgent need to scale up preparedness and anticipatory action.
15. The cross-sectoral budget includes social and behaviour change, risk communication and community engagement and accountability to affected populations (\$11.45 million); gender equality programming (\$250,000); and protection from sexual exploitation and abuse (\$2.5 million).