Highlights

- By 31 December 2020, UNICEF Haiti was facing a major shortfall of US$10.5 million for its 2020 HAC appeal and US$29.7 million for its COVID-19 Response Plan to meet the basic needs of children and their families amid multiple on-going crisis, including a protracted socio-political crisis, rising food insecurity and malnutrition, the Haitian-Dominican migration situation, as well as the COVID-19 pandemic.
- COVID-19 has further exacerbated existing humanitarian needs. Up to 4 million children missed out on their education due to school closures and an estimated 167,000 children were suffering from acute malnutrition. Children were at heightened risk of abuse, exploitation, and violence, while economic shutdowns, physical distancing and confinement measures also pose serious threats to children’s health, wellbeing, and protection.
- Despite severe disruptions due to COVID-19, UNICEF Haiti has been engaged since day one in supporting the Government of Haiti and developed a US$51.7 million COVID-19 Response Plan focused on emergency WASH and public health response, and continuity of basic services in Health, Nutrition, WASH, Education, and Child Protection.
- UNICEF has been at the forefront of Risk Communication and Community Engagement (RCCE) interventions, including through massive communication campaigns reaching around 8 million people (radio, TV and social media). Working alongside and engaging some 10,000 community and religious leaders, UNICEF has been mobilizing communities around COVID-19 prevention including hand washing, hygiene promotion, physical distancing, and prevention of stigma. More than 5.4 million persons have been sensitized at community level on COVID-19 risks and prevention measures and more than 10,000 handwashing stations have been installed.

UNICEF’s Response and Funding Status**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Activity</th>
<th>Funding Status</th>
<th>Funding Status</th>
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<tbody>
<tr>
<td>Health</td>
<td>Measles vaccination</td>
<td>78%</td>
<td>77%</td>
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<tr>
<td>WASH</td>
<td>Safe water access</td>
<td>45%</td>
<td>80%</td>
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<tr>
<td>Prevention</td>
<td>Case management</td>
<td>14%</td>
<td>30%</td>
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<tr>
<td>Education</td>
<td>Education access</td>
<td>53%</td>
<td>137%</td>
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<td>COVID-19</td>
<td>Prevention messaging</td>
<td>48%</td>
<td>42%</td>
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<tr>
<td>Nutrition</td>
<td>SAM admissions</td>
<td>36%</td>
<td>10%</td>
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*See result table/footnotes for clarifications on performance levels against targets for each sector.

**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

The UNICEF 2020 Haiti Humanitarian Action for Children (HAC) appealed in January 2020 for US$18.6 million to address the needs of 648,200 people, including 366,000 children and adolescents. To address worsening malnutrition rates, the 2020 HAC was revised up to US$24.5 million in September. By December 2020, only US$7.9 million had been raised against the HAC to support implementation of child protection, education, health, nutrition, water, sanitation and hygiene (WASH) and cholera interventions, as well as to cover operational and logistics support costs related to delivery of this assistance. In the meantime, the Humanitarian Response Plan (HRP) for Haiti has been revised twice due to increased needs in all humanitarian sectors in 2020. To address the immediate health risks and negative impacts of the COVID-19 pandemic on Haitian children and their families, UNICEF Haiti appealed for US$51.7 million under the UNICEF Global COVID-19 HAC.

UNICEF Haiti expresses its sincere gratitude to all public and private donors for the contributions received so far under its 2020 HAC and Global COVID-19 HAC. UNICEF has received generous contributions from Canada, Japan, the Central Emergency Response Fund (CERF), ECHO, and UNICEF’s Global Humanitarian Thematic funds for the overall humanitarian response. In addition, emergency funding was received for the COVID-19 response from CERF, Germany, the Global Partnership for Education, the Inter-American Development Bank, the World Bank, USAID, as well as individual and private donors through UNICEF National Committees. To meet the immediate response needs, UNICEF has reallocated US$200,000 from regular resources to procure urgent emergency supplies and received an internal loan of US$100,000 from the UNICEF Emergency Programme Fund.

Despite these efforts, at year end UNICEF Haiti was still facing a major shortfall of US$10.5 million for its 2020 HAC appeal and US$29.7 million for its COVID-19 Response Plan. Moving forward into 2021, potential prolonged funding gaps could hinder UNICEF’s capacity to respond to pre-existing and urgent needs emerging from the pandemic, and to ensure continuity of essential services for children, women and vulnerable populations.

Situation Overview & Humanitarian Needs

Haiti continues to face multiple ongoing crises, including a protracted socio-political crisis, rising food insecurity and malnutrition, and the Haitian-Dominican migration situation, all of which have been further exacerbated by the COVID-19 pandemic. While the number of COVID-19 cases had reached 10,127 cases (236 deaths) as of 31 December, the number of reported cases has increased steadily since then, and there is serious concern that the caseload may explode in the near future instantly overwhelming the health system. Health infrastructures in Haiti remain limited and underfunded, with few qualified personnel and significant shortages in materials and equipment. Denial and stigmatization remain a major concern, with some communities refusing to host COVID-19 health care facilities in their areas. Physical distancing and quarantine have been very challenging and virtually impossible in urban setting, given the living conditions of many Haitians, who reside in communities with congested housing, have inadequate access to potable water and sparse economic means to go without working for extended periods of time. This affects particularly the most vulnerable groups such as women head of household.

Movement restrictions and economic shutdown due to COVID-19 during the reporting period, have put greater pressure on the livelihoods of vulnerable families, and further exacerbating existing humanitarian needs. According to the latest revised Humanitarian Response Plan (May 2020), 4.1 million Haitians (nearly 40 per cent of the Haitian population) are estimated to be food insecure, and the estimated number of children suffering from acute malnutrition has risen to 167,000. Over 2.2 million persons are estimated to require emergency health care, including 1 million children and 351,000 pregnant women. The effects of the COVID-19 pandemic on healthcare are already visible: availability and

3 The Government of Canada generously agreed to reprogramme a portion of its HAC funding towards the COVID-19 response.
4 The Government of Japan generously agreed to reprogramme a portion of its HAC funding towards the COVID-19 response.
5 Funds have been received from both USAID HQ and USAID OFDA.
6 Bulletin panier alimentaire et conditions de sécurité alimentaire Coordination Nationale de Sécurité Alimentaire (CNSA), October 2020.
7 It is difficult to determine how widespread the virus is due to significant challenges with the scope of and access to testing due to limited testing sites.
9 Ibid.

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access to neonatal and child-care services has significantly decreased as the pandemic took hold in Haiti, with a 73% reduction of the number of monthly visits to children under 5 years old according to national data. Many governmental and humanitarian activities related to reproductive health and gender-based violence, including mobile clinics, have been completely suspended. Routine vaccination programmes for polio, measles and other fatal diseases have been interrupted causing a decrease in coverage of approximately 45% from March to April 2020. Rumours against vaccination and other health services are also leading to a drop-in service usage.

In addition to the 60 school days they lost during the country lock downs in 2019, 4 million children missed out on their education following a 4 months school closure due to COVID-19, especially in urban areas such as Port-au-Prince, Cap Haïtien, Cayes. As a result, over 70 per cent of school children lost a complete school year and activities on the ground have been suspended. Many children risk falling far behind in their learning and those who were already vulnerable may never return to school. School closure also entails the interruption of access to other important basic services provided by schools such as school feeding, water, sanitation, hygiene, recreational programs, as well as pedagogical and psychosocial support. While educational services must be made available to all children and adolescents, vulnerable groups such as migrants from the Dominican Republic, children with disabilities and children and adolescents at risk of dropping out and out-of-school children are of concern and call for special measures.

Children have been exposed to heightened risk of abuse, exploitation, and violence, including gender-based violence (GBV) and incidences may have been underreported due to children’s limited access to basic social services during shutdowns such as school closure, interruption of routine health services and suspended psychosocial and recreation activities for children. Children in institutions may be vulnerable to rapid spread of the virus should appropriate hygiene and prevention measures not be in place. The Haitian-Dominican migration situation remains a concern, as many of the returned and returning children arrive in Haiti under precarious conditions, without resources and separated from their families. An increase of Haitian returnees has also been observed at the Haitian-Dominican border, where an estimated 103,000 border crossings have been reported from October to November 2020. The negative socio-economic impacts and increased stress caused by COVID-19 have led to a growing number of individuals seeking out psychosocial support particularly through support groups. Interrupted and discontinued financial support from private donors abroad to institutions for children has created an opportunity for family reunification, however it is essential that this be done in a manner which optimises the protection and best interest if the child.

The cholera epidemic is now seen to be coming to an end, with no cases confirmed since February 2019, however ensuring continuity of surveillance and services is needed to keep the number of cases at zero and declare the end of the epidemic by 2022, as well as transferring surveillance, response and prevention of cholera and other diarrheal diseases to the Government. The fight against water-borne diseases remains a key priority, given the low coverage of water, sanitation, and hygiene services, and the persistence of open defecation.

Summary Analysis of Programme Response

**COVID-19**

In line with the global UNICEF Global COVID-19 Response, UNICEF Haiti has been engaged since day one working in support of the Government of Haiti COVID-19 National Response Plan. The UNICEF Haiti US$51.7 million COVID-19 Response Plan (12 months) is focused on supporting public health response to reduce coronavirus transmission and mortality (US$11.6 million) together with the continuity of life-saving services (health, nutrition, education, WASH, child protection, gender-based violence, and social protection) (US$40 million).

Together with the Ministry of Health, UNICEF Haiti co-chaired the COVID-19 response risk communication and community engagement working group including over 30 NGO partners that have been mobilized to track and respond

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10 UNISIS, January to May 2020.
11 In 2019, Haiti experienced several lockdowns throughout the year due to protests against the Government of Haiti and the ensuing civil unrest.
13 On average, 10,000 Haitians are either refused entry to the Dominican Republic or repatriated from the Dominican Republic every month (Office for the Protection of Civilians/Haiti Protection Group, ‘National Protection Strategy’, November 2018). This has created a significant protection challenge, with some migrants, particularly children, in need of specific protection services and attention.
14 COVID-19 Border Monitoring on 50 border crossing points between Haiti and the Dominican Republic, Haiti - 19 October to 1 November 2020.
15 60% of households without soap or water at home to wash their hands, 66% not treating the water before consuming it and 26% not having access to an improved water source (40% in rural areas) (2020 HNO/HRP).
16 Ministry of Health (MSPP), DINEPA (Water and Sanitation Authority), DPC (Civil Protection).
to misinformation, prevent stigmatization and violence, and ensure children and their families know how to protect themselves from COVID-19 and how to seek assistance.

To raise awareness on COVID-19 and fight stigmatization and violence, UNICEF Haiti supported the elaboration of the Government’s COVID-19 Communications Plan and the production of communications material: flyers, posters, leaflets, as well as mass communications through social media, TV, radio, sound trucks, etc. UNICEF has engaged since day one in the production of written, audio and visual communication materials for prevention. These products are being disseminated through a communication campaign reaching more than 8 million people through TV, radio, social media. Working alongside and engaging more than 10,000 community and religious leaders, UNICEF mobilized the Haitian population around COVID-19 prevention and control, by promoting hand washing, good hygiene practices, physical distancing and stigma prevention using group discussions, door-to-door awareness sessions, sound trucks, posters’ display, etc. Through these actions, some 5.4 million persons have been sensitized on COVID-19 risks and prevention measures and more than 10,000 handwashing stations have been installed at community level in all ten departments of the country.

While all schools remained closed as a preventive measure from March to August 2020, UNICEF Haiti supported the Ministry of Education (MoE) in the elaboration of a national response plan and the development of sanitary measures for schools to reopen. Handwashing equipment was distributed to 2,000 schools, the MoE was supported to organize catch-up classes for 58,000 students to prepare them for national exams, and school supplies were ordered for 100,000 students to be distributed in 2021. Furthermore, a cash transfer program is in the works to support vulnerable families to prevent massive school dropout.

Health

Despite COVID-19 related restrictions, UNICEF Haiti remained actively engaged in promoting and delivering key health services with a focus on maintaining routine immunization through support to vaccine coverage and strengthening of the cold chain for vaccine conservation.

With support from the Government of Japan, GAVI and the World Bank, UNICEF Haiti worked to provide immunization services to those hardest to reach in 38 targeted communes of the West and South department. Over 210,000 doses of measles and rubella vaccines and miscellaneous equipment were procured, 132,000 children under one year received a dose of measles, over 159,000 received the first dose of rotavirus vaccine, and 137,000 received a third dose of pentavalent. The solarization of the cold chain continued with 288 solar refrigerators purchased as part of the Cold Chain Equipment Optimization Platform (CCEOP). Over 260,000 people were sensitized on the importance of vaccination, the vaccination schedule, and key barrier measures against COVID-19.

UNICEF Haiti has been working closely with the Ministry of Health -MoH (Directions Sanitaires), National Epidemiologic Direction (DERL) and the General Directorate for Civil Protection (DGPC) to strengthen coordination and surveillance at departmental level. With technical support from UNICEF, the MoH is conducting a rapid assessment of the impact of COVID-19 on vaccination services. Vaccination communication and training tools have been developed and a recovery plan for routine immunization is in the works.

With support from USAID/OFDA, the Germany National Committee for UNICEF and UNICEF thematic funds, UNICEF Haiti provided emergency logistical support to 15 public referral hospitals across the country, and distributed emergency kits, equipment, drugs and consumables to maintain access to primary health care for approximately 10,000 persons (including pregnant women and children under 5) over the initial three months of the COVID-19 crisis. Over 8,600 oxygen cylinders were distributed to maintain lifesaving assistance to hospitalized patients. To support surveillance efforts and awareness raising among vulnerable communities, over 2,800 Community Health Workers (CHWs) were trained and equipped with Personal protective Equipment (PPE) and Information, Education and Communication (IEC) materials. Furthermore, maternal and community health projects were launched in partnership with NGO partners to minimize the collateral impact of COVID-19 on mental, maternal and child health in the South and North of the country.

Nutrition

Amidst growing food insecurity in Haiti, the SMART survey conducted in December 2019 by the Ministry of Health with UNICEF and ECHO support, pointed to a significant degradation of the nutritional status of children, with up to 134,000
children estimated to be suffering from acute malnutrition, especially in the metropolitan area where severe acute malnutrition level reached 2.1 per cent. This estimate was raised to 167,000 children in May 2020\textsuperscript{17}.

Faced with a significant funding shortfall, UNICEF Haiti received flexible thematic funds and regular resources to maintain its support to the MoH to ensure the continuity of critical nutrition services across all ten departments and meet nutritional therapeutic supply requirements (therapeutic milk, Ready-to-Use Therapeutic Food - RUTF and medicines).

With support from the Government of Canada, CERF funds and its own resources, UNICEF Haiti supported the MoH to provide an integrated package of services to prevent and treat malnutrition. Out of 444,300 children aged 6 to 59 months screened, 14,800 children were treated for severe acute malnutrition, and 19,500 children for moderate acute malnutrition. Micronutrient supplementation reached over 2,500 children between 6 and 23 months. Over 270,000 children 6 to 59 months received at least one capsule of Vitamin while 6,800 mothers received advice on good practices on infant and young child feeding including in the context of COVID-19. UNICEF worked closely with WFP and FAO on the Integrated Phase Classification on food security to strengthen data availability on malnutrition. This collaboration has strengthened communication and coordination among nutrition stakeholders in the field.

UNICEF Haiti and its partners have been working to raise awareness on COVID-19 prevention measures and scale up family-based malnutrition surveillance in children, to promptly detect and refer the most serious cases to adequate treatment. While admissions of acutely malnourished children for treatment have decreased due to the negative impact of COVID-19 on access and availability of nutrition services in health institutions,\textsuperscript{18} nutrition supplies and medicines for the management of acute malnutrition have been prepositioned across all 10 departments. UNICEF has been closely monitoring and supporting the continuity of nutrition services,\textsuperscript{19} and the stock of nutrition commodities and medicine.

\textbf{WASH}

Despite delays caused by lock downs in 2019 as well as COVID-19 related restrictions, UNICEF Haiti worked with partners to strengthen disaster preparedness and disaster risk reduction in four at-risk municipalities: Port de Paix, Cap Haitian, Croix de Bouquets and Jacmel. While planned simulation \textit{exercises} were canceled, over 198,000 vulnerable people improved their capacity to face emergency situations through the contingency planning and training of over 140 volunteers on the national WASH Response Pack. WASH infrastructures were upgraded in 14 temporary shelters covering over 6,000 persons.

UNICEF Haiti provided technical support to the National Water and Sanitation Authority (DINEPA) Emergency Response Department (DRU) and the newly established \textit{General Directorate for Civil Protection} (DGPC) to strengthen coordination of the WASH sector in response to COVID-19. UNICEF also contributed to the development of a National Information System for the WASH sector with a view to strengthen monitoring and visibility of emergency interventions. Over 30 national coordination meetings were held in 2020.

UNICEF Haiti contributed to the upgrade of a contingency warehouse in the South Department, maintained contingency stand-by agreements with six NGO partners, and pre-positioned stocks of emergency WASH supplies (including family hygiene kits, including infection Prevention and Control (IPC) items, WASH & dignity kits, tarpaulins, and water tanks) to cover around 50,000 people as first rapid response.

UNICEF Haiti and its partners provided over 200,000 persons with drinking water, out of which some 188,000 (93%) benefited from sustainable solutions (rehabilitation and/or construction of water infrastructures) to ensure durability and nexus between emergency and development solutions. Pre-positioned WASH mobile teams were deployed to conduct 8 emergency evaluations, 5 emergency responses (Isaias and Laura Storms responses, epidemic alerts, droughts alerts), and 3 training sessions and disaster preparedness related missions.

UNICEF Haiti and partners embarked on a nationwide handwashing campaign working in partnership with other UN Agencies, and Haitian leaders/influencers to raise awareness on COVID-19 with a focus on public spaces (markets, bus stops, and in institutions). Additionally, UNICEF supported the Ministry of Health in the development and dissemination of a National Information System for the WASH sector to enhance monitoring and visibility of emergency interventions.

\textsuperscript{17} Revised COVID-19 HRP, May 2020.
\textsuperscript{18} Since April 2020, there was a decrease in admissions of malnourished children for treatment from January to March 2020 a total of 9,536 (SAM 4,395 and 5,141 MAM) were admitted while from April to June, a total of 6,460 (SAM 2,757 and MAM 3,703) acute malnourished children were admitted.
\textsuperscript{19} Since the onset of COVID-19 cases in Haiti, UNICEF has monitored on weekly basis the nutrition supplies and medicines within each of 10 departments. UNICEF has provided a monthly formative supervision in the targeted departments. Thus, joint supervision is carried out with the Departmental Nutrition Focal Point, UNICEF staff and National level.
stations, churches, etc.). Activities were also conducted at community and household level. Over 40 sector partners have been mobilized to conduct hygiene promotion activities reaching 5.4 million people, and over 10,000 handwashing stations have been installed in public spaces and institutions.

Over 240,000 persons received water and hygiene kits, and WASH infrastructures were built/rehabilitated in 23 health care facilities handling COVID-19 cases, including in 3 border entry points (Quanaminthe, Belladere and Malpasse). Following a first HRP revision in February 2020, people in need of WASH support increased by up to 1 million, and another 2 million people may lack the capacity to pay for drinking water due to the negative impact of COVID-19 movement restrictions and economic shutdown resulting from COVID-19. UNICEF is currently working in more than 200 schools to improve water and sanitation facilities and enhance hygiene routine.

**Education**

As chair of the *Groupe Sectoriel de l’Education* (GSE) and co-chair of the Education in Emergencies (EiE) local group, UNICEF Haiti worked closely with the Ministry of Education (MoE) and technical and financial partners in coordinating preparations for the reopening of schools scheduled in mid-August. UNICEF provided technical support to MoE to develop learning materials for home-based learning and catch-up activities, as well as guidelines for safe school operations during COVID-19. While the MoE launched an online platform integrating learning resources for teachers, an estimated 30,000 children (0.75% of total number of students) might have been able to connect.

To increase access to educational reading materials to students during school closures, UNICEF Haiti has been working with the MoE to provide no-tech learning materials that can meet the learning needs of 85,000 vulnerable students. In partnership with the daily newspaper *Le Nouvelliste*, UNICEF supported the distribution of a children’s magazine to over 25,000 children aged 5 to 15 years old deprived of any access to formal or non-formal learning opportunities. This magazine allowed these children to continue reading and learning in an informal way, while awaiting the reopening of schools. In October, UNICEF provided technical and financial support to the MoE to organize catch-up classes for over 58,000 children, to prepare them to take the national exams for 9th and 13th grades.

With support from the Global Partnership for Education (GPE), a cash transfer programme initiative is in the works to support more than 7,000 vulnerable families over a 9-months period to mitigate the impact of the COVID-19 crisis on their livelihoods and food insecurity, and to facilitate access to education and prevent school dropout. A special assistance package (cash transfer, distribution of education material, psychosocial support) will also be provided to 1,000 families with children with disabilities. To prepare safe school reopening, UNICEF ensured access to water and hand washing in 2,000 schools through the distribution of essential supplies. 72,000 students were sensitized and benefitted from basic hand washing stations and soap.

**Child Protection and GBV**

UNICEF Haiti worked with partners to provide protection assistance to 13,217 children experiencing or at risk of violence including gender-based violence (GBV) and family separation due to COVID-19, insecurity and migration.

The Child Protection (CP) sub sector working group within the humanitarian coordination structure was reactivated in April 2020 under the national institute responsible for child protection (IBESR) and UNICEF co-lead. The sector is focused on maintaining essential child protection services, supporting the implementation of the IBESR’s COVID-19 emergency plan including provision of hygiene materials to facilities hosting groups of children, ensuring that affected children have access to adequate alternative care arrangements, providing psychosocial support to children and families, and maintaining ongoing essential child protection services for the most vulnerable children, including unaccompanied children and child victims of violence, including GBV survivors. Psychosocial support activities included organized sessions comprised of play, recreation and discussion activities.

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22 This programme is still in discussion with the MoE and important delays were registered in receiving the funds.

23 Strategies to ensure continued learning for all children may not work for vulnerable and marginalized children who do not have access to technology nor electricity, including those experiencing disabilities, struggling learners, children in the most rural hard-to-reach and poorest communities and girls tasked with household chores.

24 IBESR (Institut du Bien Etre Social et de Recherche) participation is irregular thus the weekly meeting is facilitated by UNICEF in their absence.
In response to the migrant situation at the Dominican-Haitian border, to ensure child migrants can continue to access safe transit care while awaiting family reunification, UNICEF, IBESR, MoH and a local civil society partner (Soeurs de Saint Jean Evangeliste -SSJE), established a quarantine transit centre at the most frequented border of Ouanaminthe. With UNICEF support, SSJE was able to assist a total of 111 children (60 girls and 51 boys) in the temporary emergency transit centre. In total, 1,075 unaccompanied children received temporary alternative care assistance while awaiting reunification with family. 65% of the children were reunified with family prior to the end of the reporting period.

UNICEF Haiti has significantly stepped up its efforts on Protection against Sexual Exploitation and Abuse, both internally and externally. Internal activities consist in building staff capacity, improving reporting mechanisms and HR procedures; while external activities revolve around assessing partners’ capacity and providing them with tools and technical guidance needed to improve their PSEA strategy, in addition to coordination. During the COVID-19 response, UNICEF Haiti developed a guidance note detailing the specificities of PSEA work during a pandemic, and tools to help partners adapt their activities towards prevention of SEA, increased protection and access of beneficiaries to reporting mechanisms during the pandemic, especially in case of lockdown. Partners were virtually trained on the guidance note, and on how to assess their organizations’ capacity on PSEA. The results of the self-assessment fed into the elaboration of a tailored PSEA action plan, with technical support from UNICEF.

Cholera

To consolidate the gains made in 2018-2019 (with no confirmed cholera cases since February 2019), UNICEF Haiti has maintained its support to epidemiological surveillance, response and WASH preventive activities. All 83 suspected cases of cholera in 2020 were responded at community level, 92% of which in less than 48 hours. Based on the positive evolution of the epidemic and as a result of the review of the response strategy, UNICEF-supported response teams have been reduced progressively while reinforcing the surveillance system for cholera and for other water-borne diseases, and implementing WASH preventive activities to support the Haitian Government’s efforts towards the complete elimination of cholera (which will be officially declared 3 years after the last confirmed case, according to WHO standards) and further document and capitalize on the success story of the fight against cholera in Haiti.

As a result of the cholera response experience’s capitalization, the surveillance and alert-response mechanisms has been quickly adapted immediately in response to the COVID-19 crisis and the cholera rapid response teams (increased from 10 to 40) have been engaged on risk communication, community engagement, surveillance and response activities at community level, in support of MoH, to reduce the impact of the pandemic.

Planning, Monitoring and Evaluation

In line with the Harmonized Approach to Cash Transfers (HACT), UNICEF Haiti works with partners under rigorous partnership procedures to ensure quality programme delivery, mitigate financial risks, and address capacity gaps. A comprehensive assurance plan that incorporates spot checks, programmatic visits and scheduled audits are in place for each implementing partner.

In 2020 however, UNICEF field monitoring teams and partners in the field have had to cope with severe movement restrictions due to growing insecurity and COVID-19 related confinement measures. As a result, a flexible performance monitoring system based on real-time partner reporting and monitoring of specific priority indicators has been established using online (google sheets) and paper-based monitoring tools. UNICEF also invested in strengthening the capacity of implementing partners in data collection and reporting.

UNICEF has expanded its operational footprint to meet rising humanitarian needs, 40 implementing partners are overseen by 5 sub-regional UNICEF teams with 15 UNICEF Programme Officers providing supervision, technical support, and field monitoring, as well as strengthening community-based accountability. UNICEF Haiti is currently tracking 13 progress indicators on the COVID-19 response. To better understand the impact of COVID-19 on communities, two surveys have been completed through U-Report (A free SMS-based platform with about 16,800 U-Reporters) while a third one has been conducted focused on the North. In a recent survey, 33% of 3,599 respondents (15-30 years) reported feeling nervous and 19% reported feeling anxious; especially due to COVID-19 pandemic (36%) and the socio-political situation of the county (32%).

Supply and Logistics
UNICEF Haiti procured approximately 652 tonnes of supplies including medical, nutrition and WASH supplies. Since the beginning of the COVID-19 response in mid-March, over 450 tonnes of supplies worth over US$ 1.4 million were distributed including: over 194,000 protection masks, 230,000 posters with COVID-19 messages; some 50,000 buckets with tap and lid (for handwashing stations), more than 43,000 soap bars, over 2,600 litres of hand sanitizer; over 765,000 litres of liquid chlorine as well 151,000 cubic feet of oxygen for 60 hospitals and 20 Oxygen concentrators.

Humanitarian Leadership, Coordination and Strategy

Disaster response and management in Haiti is coordinated by the General Directorate for Civil Protection (DGPC), under the Ministry of Interior and Territorial Communities (MICT). The UN Resident Coordinator and UNOCHA support humanitarian coordination within the UN Country Team (UNCT), and UNICEF is a key member of the Humanitarian Country Team (HCT).

Following the agreement of the Transformative Agenda, in Haiti the sectorial coordination is led by the government (DGPC, DINEPA, MoH, child protection authority - IBESR, Ministry of Education -MoE). UNICEF Haiti is co-leading four sectors or sub-sectors: WASH, Education, Child Protection and Nutrition. For instance, in the WASH sector the response protocols and technical tools are developed, kept updated, shared and used by all actors involved in the country. UNICEF is also actively participating in the Health sector coordination (led by PAHO/WHO) for the child and maternal care aspects, as well as in several working groups including the cash/voucher and Prevention of Sexual Exploitation and Abuse (PSEA). UNICEF is playing an important role in the inter-sectoral coordination led by OCHA, both for preparedness and response activities; regular (be-weekly) meetings are organized by OCHA with the participation of all agencies lead or co-lead of the different sectors, to discuss and share information on different subjects and ensure coordination among the sectors, on preparedness and response.

In the context of COVID-19 response, UNICEF Haiti has been co-leading the “Communication and Community mobilization” working group, together with the MoH, and has been very active in the coordination of actions for patients’ medical care, points of entry (border) and supplies/logistic activities. UNICEF has worked closely with the Ministry of Education to support the safe reopening of schools in August 2020.

Human Interest Stories and External Media

UNICEF overall humanitarian response HAC videos
- Je vaccine mes enfants parce que je les aime
- I get my children immunized because I love them
- Fighting malnutrition with European Union – Civil Protection and Humanitarian
- Fighting malnutrition with European Union – Civil Protection and Humanitarian
- Sanitation and access to improved water sources in Artibonite
- Assainissement et accès à des sources d’eau améliorée en Artibonite
- Immunization Campaign
- Nutrition en Haïti - Prévention
- Nutrition in Haiti - Prevention
- Devenir plus fort grâce à une bonne nutrition
- Growing strong through good nutrition
- Choléra prévention
- Malnutrition - Portrait of a mother

UNICEF COVID-19 response videos
- Mother seeks to protect daughter from new coronavirus
- Une mère cherche à protéger sa fille du nouveau coronavirus
- Mete kach-nen nou chak fwa nou soti lakay
- Jean Jean Roosevelt nous montre pourquoi il faut se laver les mains
- L’artiste BIC nous montre comment nous laver les mains
- - "Corona, li ka fè anpil deyò" -
- Jean Jean Roosevelt : Le COVID-19 ne cible pas de population ou de peuple en particulier.
- « Ma perle » poème gagnant du concours
- Anne Thaalie, 13 ans, appelle à la solidarité et l’entraide
- Gaétan rappelle ce qu’il faut faire si vous ne vous sentez pas bien
- Angel nous montre comment effectuer un bon lavage des mains
• Loudhanca explique comment le virus entre dans notre corps
• Mettre un masque, c’est un geste d’amour
• Programme Porte-voix

Featured stories

• I get my children immunized because I love them
• Mother seeks to protect daughter from new coronavirus
• Une mère cherche à protéger sa fille du nouveau coronavirus
• L’oxygène est arrivé à point nommé pour sauver des vies
• L’UNICEF et ses partenaires se mobilisent contre le COVID-19
• Les jeunes chanteurs haïtiens préconisent le lavage des mains pour combattre le COVID-19
• L’appui psychosocial a beaucoup aidé les enfants après le séisme de 2010 en Haïti
• Nous étions déterminés à voir les enfants retourner à l’école
• Sans les chauffeurs, il est impossible à l’UNICEF de fonctionner
• La vaccination des enfants a permis d’éviter une catastrophe sanitaire
• Il y a des progrès notables après dix ans, mais les efforts doivent continuer

Media coverage

• RTVE - UNICEF: "En Haití, una situación sanitaria muy difícil" – Entrevue de Maria Luisa Fornara
• Reuters : ‘Gathering to kill me’: Coronavirus patients in Haiti fear attacks, harassment
• Le Nouvelliste : Oxygène : l’Unicef approvisionne les hôpitaux en première ligne contre la Covid-19
• Le Nouvelliste : L’aide autemps du coronavirus
• Le Nouvelliste : Je crois à 100% que les cas de Covid-19 sont sous-estimés en Haïti », déclare le chef de mission de l’OIM en Haïti
• https://www.loophaiti.com/content/loccedh-et-lunicef-se-joignent-pour-la-cause-des-enfants-de-bas-delmas

Next SitRep: 30 June 2021

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

Who to contact for further information:

<table>
<thead>
<tr>
<th>Who to contact for further information</th>
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</tr>
</thead>
<tbody>
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<td></td>
</tr>
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</tr>
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</table>
## Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2020 target</th>
<th>Total results*</th>
<th>2020 target</th>
<th>Total results*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 1 year vaccinated against measles&lt;sup&gt;25&lt;/sup&gt;</td>
<td>--</td>
<td>35,400&lt;sup&gt;26&lt;/sup&gt;</td>
<td>27,612&lt;sup&gt;27&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women who attended at least two prenatal visits&lt;sup&gt;28&lt;/sup&gt;</td>
<td>--</td>
<td>37,000</td>
<td>18,596&lt;sup&gt;29&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[COVID-19] Healthcare workers within health facilities and communities provided with personal protective equipment</td>
<td>--</td>
<td>1,000</td>
<td>2,807</td>
<td>1,000</td>
<td>2,807</td>
</tr>
<tr>
<td>[COVID-19] Healthcare facility staff and community health workers trained in infection prevention and control (IPC)</td>
<td>--</td>
<td>1,000</td>
<td>2,807</td>
<td>1,000</td>
<td>2,807</td>
</tr>
<tr>
<td>[COVID-19] Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>--</td>
<td>130</td>
<td>117</td>
<td>130</td>
<td>117</td>
</tr>
<tr>
<td>[COVID-19] Children and women receiving essential healthcare services in UNICEF supported facilities</td>
<td>--</td>
<td>203,500</td>
<td>295,990</td>
<td>203,500</td>
<td>295,990</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6 to 59 months treated for severe acute malnutrition</td>
<td>41,000</td>
<td>14,877&lt;sup&gt;30&lt;/sup&gt;</td>
<td>41,000&lt;sup&gt;31&lt;/sup&gt;</td>
<td>14,877&lt;sup&gt;32&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

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<sup>25</sup> Vaccinations include measles and rubella, polio, Bacillus Calmette-Guérin, diphtheria, tetanus and pertussis, poliomyelitis and haemophilus influenza, Rota virus and Pneumococcal Conjugated Vaccine (PCV).

<sup>26</sup> Emergency vaccination targets cover the departments of South-East, Nippes, South and Grand Anse only because these 4 departments have been considered as emergency zones since Hurricane Matthew.

<sup>27</sup> Access to maternal and newborn health care services was significantly reduced because of COVID-19, notably due to lack of PPE for service providers, low visitation rates to health centers, and temporary suspension of monitoring activities by NGO and other community partners on the ground.

<sup>28</sup> These ANC data have been considered only in the departments of South-East, Nippes, South and Grand Anse only because these 4 departments are emergency zones since Hurricane Matthew.

<sup>29</sup> Screening activities were suspended at the community level because of COVID-19 restrictions, and visits to health centres by parents were reduced due to concerns over potential infection.

<sup>30</sup> The sector targets and results are the same as the UNICEF targets as UNICEF is the lead agency in support of the Government in the treatment of acute malnutrition.

<sup>31</sup> Screening activities were suspended at the community level because of COVID-19 restrictions, and visits to health centres by parents were reduced due to concerns over potential infection.
<table>
<thead>
<tr>
<th>Children aged 6 to 59 months treated for moderate acute malnutrition</th>
<th>94,000</th>
<th>19,504&lt;sup&gt;33&lt;/sup&gt;</th>
<th>94,000&lt;sup&gt;34&lt;/sup&gt;</th>
<th>19,504&lt;sup&gt;35&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH&lt;sup&gt;36&lt;/sup&gt; People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>450,000</td>
<td>203,910&lt;sup&gt;37&lt;/sup&gt;</td>
<td>450,000&lt;sup&gt;38&lt;/sup&gt;</td>
<td>203,910</td>
</tr>
<tr>
<td>People reached with handwashing behaviour change programmes</td>
<td>200,000</td>
<td>6,700,000&lt;sup&gt;39&lt;/sup&gt;</td>
<td>200,000</td>
<td>6,700,000</td>
</tr>
<tr>
<td>People accessing appropriate sanitation facilities</td>
<td>20,000</td>
<td>1,097&lt;sup&gt;40&lt;/sup&gt;</td>
<td>20,000</td>
<td>NA</td>
</tr>
<tr>
<td>[COVID-19] People reached with critical wash supplies (including hygiene items) and services.</td>
<td>250,000</td>
<td>428,413</td>
<td>250,000</td>
<td>428,413</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 5 to 14 years, including children repatriated from the Dominican Republic, receiving individual learning materials</td>
<td>30,000&lt;sup&gt;41&lt;/sup&gt;</td>
<td>16,000&lt;sup&gt;42&lt;/sup&gt;</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Children aged 5 to 14 years accessing formal education through rehabilitation and/or equipping of schools</td>
<td>5,000</td>
<td>16,000</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>[COVID-19] Children supported with distance/home-based learning</td>
<td>1,000,000</td>
<td>25,000&lt;sup&gt;43&lt;/sup&gt;</td>
<td>2,000,000</td>
<td>--&lt;sup&gt;44&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

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33 Screening activities were suspended at the community level because of COVID-19 restrictions, and visits to health centres by parents were reduced due to concerns over potential infection.

34 The sector targets and results are the same as the UNICEF targets as UNICEF is the lead agency in support of the Government in the treatment of acute malnutrition.

35 Screening activities were suspended at the community level because of COVID-19 restrictions, and visits to health centres by parents were reduced due to concerns over potential infection.

36 The sector target for WASH are the same as the UNICEF target as UNICEF is the only agency providing assistance.

37 This includes access to drinking water in three different contexts: 1) epidemiological response in areas affected by cholera and water borne diseases (163,649); 2) response to meteorological or socio-political events such as droughts, floods or displacements (14,926), and 3) disaster preparedness activities (25,335). Out of these persons, 188,984 (93%) benefited from sustainable solutions in terms of drinking water.

38 The sector targets are the same as the UNICEF target as UNICEF is the only agency providing assistance.

39 This includes people reached through COVID-19 response activities, such as sensitization and installation of handwashing stations.

40 This only includes beneficiaries from upgraded sanitation facilities in IDP’s camps. Beneficiaries from upgraded sanitation facilities in schools, churches, gymnasiums and other installations identified as temporary shelters which were accounted for in the Mid-year SitRep are no longer included in the result figure.

41 The sector targets for Education are the same as the UNICEF targets as UNICEF is the lead agency in support of the Government.

42 Activities were temporarily suspended due to the school closure caused by COVID-19 and security related restrictions. Activities resumed in late August following the reopening of schools.

43 Data not yet available.

44 Ibid.
<table>
<thead>
<tr>
<th>Category</th>
<th>Target 1</th>
<th>Target 2</th>
<th>Target 3</th>
<th>Target 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child victims and/or children at risk receiving case management, mental health and psychosocial support</td>
<td>28,000</td>
<td>4,008</td>
<td>81,299</td>
<td>7,346</td>
</tr>
<tr>
<td>Unaccompanied and separated children accessing family-based care or appropriate alternative services</td>
<td>1,400</td>
<td>1,075</td>
<td>4,000</td>
<td>1,545</td>
</tr>
<tr>
<td>[COVID-19] Children reached through psychosocial support activities</td>
<td>1,000</td>
<td>8,134</td>
<td>7,500</td>
<td>8,456</td>
</tr>
<tr>
<td>[COVID-19] UNICEF personnel &amp; partners that have completed training on GBV risk mitigation &amp; referrals for survivors, including for PSEA</td>
<td>150</td>
<td>423</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cholera</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People reached by the cordon sanitaire provided by the rapid response teams</td>
<td>115,300</td>
<td>247</td>
<td>115,300</td>
<td>247</td>
</tr>
<tr>
<td>Cholera suspected cases identified are responded to within 48 hours with a complete WASH package</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Risk Communication and Community Engagement (RCCE)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[COVID-19] People reached on covid-19 through messaging on prevention and access to services</td>
<td>6,000,000</td>
<td>5,399,571</td>
<td>6,000,000</td>
<td>5,399,571</td>
</tr>
</tbody>
</table>

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45 Progress towards planned result has been timid due to limited funding available for emergency response services as well as to the COVID-19 pandemic and physical distancing measures put in place, limiting ability to deliver services.

46 Sub-sector has two separate indicators: one on individual support to children (Child victims and/or children at risk receiving case management, mental health and psychosocial support) and one on children reached through psychosocial support including group child friendly activities. Target on individual support was revised down to 12,000 and target on psychosocial services revised to 25,000 following the HRP 2020 revision to ensure a more realistic target in the context of COVID-19, and restrictions put on humanitarian and population movement to deliver services.

47 This number corresponds to the UNICEF total target for the number of children to be reached through the COVID-19 Response Plan.

48 The original target was identified based on the number of children anticipated to be affected directly by COVID-19. As the pandemic progressed around the world it became clear that the collateral impacts of COVID-19 (particularly worsening socio-economic situation and increase in stress potentially leading to violence) were the primary concern for children. Services were thus expanded to Port au Prince (the geographic area of Haiti most largely impacted by COVID), the border (exposed to the greater prevalence of COVID in DR) and to Grand Anse (a department like others significantly impacted by the worsening socio-economic situation) to increase reach to 8134 children.

49 Sub-sector target revised to 25,000 for overall delivery of psychosocial services to children including 7500 affected by the collateral impacts of COVID-19 following HRP 2020 revision to ensure a more realistic target in the context of the pandemic and limited humanitarian and population movement to deliver services.

50 The initial target was underestimated.

51 This is due to the persistently low occurrence of suspected cases.

52 The sector targets for cholera are the same as the UNICEF targets as UNICEF is the lead agency on the cholera rapid response in support of the Government.

53 The sector targets for RCCE are the same as the UNICEF targets as UNICEF is the lead agency on RCCE in support of the Government.
**Annex B**

**Funding Status***

**HAC 2020**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Humanitarian resources received in 2020</strong>*</td>
<td><strong>Other resources used in 2020</strong></td>
<td><strong>Resources available from 2019</strong></td>
</tr>
<tr>
<td>Nutrition</td>
<td>8,910,000.00</td>
<td>600,159.56</td>
<td>167,363.00</td>
</tr>
<tr>
<td>Health</td>
<td>2,200,000.00</td>
<td>751,029.37</td>
<td>292,527.00</td>
</tr>
<tr>
<td>WASH</td>
<td>4,400,000.00</td>
<td>626,404.85</td>
<td>97,591.00</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,986,000.00</td>
<td>784,357.60</td>
<td>101,932.00</td>
</tr>
<tr>
<td>Education</td>
<td>2,000,000.00</td>
<td>1,690,659.62</td>
<td>1,045,804.00</td>
</tr>
<tr>
<td>Cholera</td>
<td>4,000,000.00</td>
<td>3,469,629.00</td>
<td>766,154.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24,496,000.00</strong></td>
<td><strong>7,922,240.00</strong></td>
<td><strong>2,491,371.00</strong></td>
</tr>
</tbody>
</table>

*Out of the humanitarian resources received in 2020 under the Haiti HAC, US$1,417,233 have been reprogrammed to respond to the COVID-19 crisis.*

**COVID-19**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Humanitarian resources received in 2020</strong></td>
<td><strong>Other resources used in 2020</strong></td>
</tr>
<tr>
<td>Limit human-to-human transmission</td>
<td>5,000,000</td>
<td>7,191,000</td>
<td>3,009,000</td>
</tr>
<tr>
<td>Minimize morbidity and mortality due to COVID-19</td>
<td>6,600,000</td>
<td>4,200,000</td>
<td>--</td>
</tr>
<tr>
<td>Prevent and address the negative impacts</td>
<td>40,000,000</td>
<td>809,000</td>
<td>6,700,000</td>
</tr>
<tr>
<td>Risk reduction/preparedness &amp; data collection/analysis</td>
<td>100,000</td>
<td>30,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51,700,000</strong></td>
<td><strong>12,230,000</strong></td>
<td><strong>9,709,000</strong></td>
</tr>
</tbody>
</table>

*Other resources used include US$1,417,233 that have been reprogrammed from humanitarian resources received under the 2020 Haiti HAC appeal, US$1,138,000 that have been reprogrammed from humanitarian resources available from 2019, as well as UNICEF regular resources used to respond to the COVID-19 crisis.