

UNICEF Haiti

Consolidated Emergency Report

Reporting period: 1 January 2016 to 31 December 2016

UNICEF\Haiti 2016\Correia Walthier



2016

unicef  | for every child

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY	5
II. HUMANITARIAN CONTEXT	7
III. HUMANITARIAN RESULTS	12
A RESULTS TABLE	12
B NARRATIVE REPORTING	14
IV. CHALLENGES AND LESSONS LEARNED	20
V. SECTOR COORDINATION & LEADERSHIP	22
VI. MONITORING AND EVALUATION	23
VII. RESILIENCE	24
VIII. FINANCIAL ANALYSIS	26
IX. COMMUNICATION & VISIBILITY	31
X. FUTURE WORK PLAN	31
XI. ACKNOWLEDGEMENTS	33
XII. DONOR REPORT FEEDBACK FORM	33
XIII. CONTACTS	33
XIII. ANNEX	34
ANNEX 1. HUMAN INTEREST STORY	34

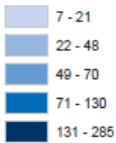
Abbreviations and Acronyms

CCPM	Cluster Coordination Performance Monitoring
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
DINEPA	Directorate of Water and Sanitation/ <i>Direction Nationale de l'EAU Potable et de l'Assainissement</i>
DPC	Directorate of Civil Protection/ <i>Direction de la Protection Civile</i>
DRR	Disaster Risk Reduction
EPF	Emergency Programme Fund
ERP	Emergency response preparedness
ERT	Emergency Response Team
GBV	Gender Based Violence
HAC	Humanitarian Action for Children
HPM	Humanitarian performance monitoring
HRP	Humanitarian Response Plan
IBESR	Child Protection Brigade and the Institute of Social Welfare and Research
MAM	Moderate Acute Malnutrition
MENFP	Ministry of Education and Professional Training/ <i>Ministère de l'Education Nationale et de la Formation Professionnelle</i>
MINUSTAH	United Nations Stabilization Mission in Haiti/ <i>Mission des Nations Unis pour la Stabilisation en Haiti</i>
MSPP	Ministry of Public Health/ <i>Ministère de la Sante Publique et de la Population</i>
NGO	Non- Governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OPSCEN	Operations Centre (UNICEF)
PBA	Programme Budget Allotment
PCA	Programme Cooperation Agreements
RED	Reach Every District
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
UASC	Unaccompanied and Separated Children
UNICEF	United Nations Children's Fund
UNOSAT	United Nations Institute for Training and Research Operational Satellite Applications Programme
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

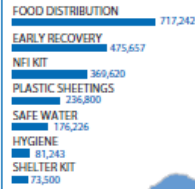
9 January 2017

Humanitarian activities and beneficiaries

Number of humanitarian activities



Number of beneficiaries - GRAND'ANSE



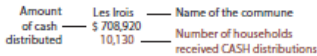
Number of beneficiaries - NIPPES



Cash assistance GRAND'ANSE, NIPPES and SUD



Legend



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Creation date: 5 Jan 2017 Sources: Humanitarian partners www.unocha.org www.reliefweb.int

Number of beneficiaries - SUD

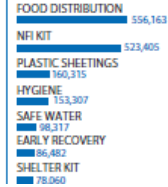


Figure 1 Haiti: Three months humanitarian response activities and beneficiaries, OCHA

I. EXECUTIVE SUMMARY

At the beginning of 2016, Haiti was already suffering from cholera, the binational crisis with the deportation of Haitians from the Dominican Republic, a three-year El Niño-induced drought, related food insecurity and malnutrition, Zika, child protection issues and infant morbidity and mortality. Meanwhile, the cholera crisis continued with an increase in cases since May 2016 after heavy rains and with a reduction in funding. On October 4th, category 4 Hurricane Matthew crossed over the southern peninsula of Hispaniola. The population's coping mechanisms and Governmental capacities were put to the test. According to the Directorate of Civil Protection of Haiti (DPC), over 500 people lost their lives and hundreds were injured. Hurricane Matthew affected an estimated 2.1 million people and put 1.4 million in need of humanitarian assistance, among which approximately 800,000 children.

The UNICEF targets initially set in the Humanitarian Action for Children plan (HAC) for 2016 were revised and new targets added in October 2016 to reflect the needs surging from this new emergency:

- The number of unaccompanied and separated children (UASC) and children in residential care centres to benefit from family tracing and reintegration support was revised from 800 to 5,800.
- The number of children under five suffering from malnutrition to receive treatment through a nutrition package at home was revised from 8,883 to 20,000.
- The number of pregnant or lactating women to benefit from a nutrition package was revised from 80,000 to 120,000.
- The number of people living in high risk areas, including hurricane affected areas, to receive cholera vaccine was increased from 105,000 to 750,000.
- The number of people to receive safe water for drinking, cooking and personal hygiene was increased from 70,000 to 400,000.
- The number of people in cholera-affected areas to benefit from a complete WASH response package was increased from 450,000 to 750,000.
- The number of internally displaced persons benefiting from alternative sustainable sanitation strategies was revised from 35,000 to 360,000.
- New targets were added: 20,000 children and families affected by the hurricane access recreational and/or psychosocial support activities, 160 hurricane-affected schools are repaired and equipped, 65,000 children aged 5-14 receive school and learning materials in affected areas, 45,000 children under five affected by emergencies receive micronutrients, and 127 hurricane-affected health centres have a functional cold chain.

In 2016, UNICEF continued its support to local public health actors through improved surveillance and rapid response to cholera alerts focusing on access to sustainable water and sanitation in areas most at risk and on strengthening community-based surveillance. Between January and September 2016, an estimated 9,800 rapid responses in communities had been implemented, and 30,597 cholera kits were distributed benefiting an estimated 152,000 persons.

UNICEF also responded to the bi-national crisis by supporting unaccompanied children with family tracing and prevention of exploitation and abuse. 737 children were assisted with interim

care including psychosocial support and medical care, and family reunification. UNICEF provided 500 returnee children who did not speak Creole or French with remedial classes during summer vacations and reintegrated them into the formal education system.

As part of the drought response, 15,260 children under five were treated for severe acute malnutrition using a community based approach. Care for uncomplicated SAM was decentralized with mobile outreach sites in remote and hard-to-reach communities, resulting in improved treatment coverage.

To respond to Zika, UNICEF developed a crisis communication plan and prepared a radio programme on Zika prevention, which was broadcast on 40 community radio stations. As a result, more than 1,700,000 people were informed on the Zika fever outbreak and preventive measures. Following Hurricane Matthew, UNICEF began the rehabilitation and equipping of 133 affected schools among which 14 were completed by end of December 2016. Schools materials were provided to 1,906 children alleviate them of the burden of school and related fees.

In cholera-affected areas, 477,270 persons benefited from a complete WASH response package including Aqua tabs and hygiene kits. UNICEF supported two National cholera vaccination campaigns in April and November, reaching an estimated 912,000 people, among which approximately 361,000 children 1-14 years old.

Despite achievements made, much remains to be done. UNICEF has finalized its 2017 Humanitarian Action for Children (HAC) for Haiti. The plan lays out UNICEF's proposed humanitarian response throughout the country for 2017 including continuing responses to cholera, hurricane Matthew, prolonged el-Niño induced drought, and cross border population returns. This plan has been also aligned with the 2017 Humanitarian Response Plan (HRP) to which UNICEF is contributing significantly in terms of planned activities and anticipated results for affected populations.

UNICEF's response takes an integrated approach, addressing the immediate basic needs of affected children and families and continuing response to the cholera outbreak. UNICEF's priority remains to provide safe water and sanitation to those affected by the hurricane, controlling cholera and ensuring dignity and protection, particularly to those displaced by the crisis. Bringing children back to school in a safe learning environment through rehabilitation of damaged schools, the provision of necessary supplies, support to unaccompanied children and prevention of family separation are also core objectives of UNICEF activities. UNICEF is scaling up activities to prevent and treat malnutrition and in close collaboration with government and PAHO/WHO, UNICEF is restoring health services.

II. HUMANITARIAN CONTEXT

Even before hurricane Matthew hit Haiti on 4 October 2016, children were suffering from high levels of vulnerability due to the three-year El-Niño-induced drought, related food insecurity and malnutrition, cholera, and child protection concerns.

The geographic location of Haiti makes it vulnerable to natural disasters and the negative impacts of climate change. The country is exposed to multiple hazards, including earthquakes, hurricanes, floods and droughts. According to the United Nations University, Haiti is the third country most affected by weather-related events in the last 20 years (Global Climate Risk Index 2016, <https://germanwatch.org/fr/download/13503.pdf>). It is ranked the fifth most vulnerable to disasters, and third least able to cope.

Since 2010, Haiti's already vulnerable population dealt with a series of devastating blows through a succession of natural and other disasters. On 12 January 2010, an earthquake measuring 7.3 on the Richter scale – the strongest in Haiti in over 200 years – rocked the impoverished nation. Following the earthquake, came a sudden outbreak and rapid spread of cholera through all ten of Haiti's departments. Hurricane Tomas in November 2010, Tropical Storm Isaac and Hurricane Sandy in 2012 as well as tropical storms and heavy rains in 2013 and have caused deaths, destruction of homes and displacement of the population. In May 2014, the presence of Chikungunya was confirmed in Haitian territory. In November 2014, heavy rainfalls caused flooding in the North and North-West departments, affecting 15,000 households. Since 2015, the Government of the Dominican Republic's implementation of its National Plan for the Registration of Foreigners, resulted in the deportation of people of Haitian descent, including both migrants and those born in the Dominican Republic. In January 2016, the presence of the Zika virus was declared in Haitian territory. 2016 marked three years of prolonged drought exacerbated by the El-Niño weather phenomenon.

After cutting a deadly swath across the Caribbean region, Hurricane Matthew, a Category 4 storm with sustained winds of 235 km/h, violently struck South-Western Haiti on 4 October 2016, causing widespread damage, flooding and displacement. Fierce winds knocked out communications with the southern part of the island for hours. According to the Directorate of Civil Protection of Haiti (DPC), over 500 people lost their lives and hundreds were injured, and an estimated 175,500 people had been displaced and were scattered in 224 temporary shelters and other buildings (schools and churches). Of the 2.1 million people affected by the hurricane, nearly 1.4 million were estimated to require humanitarian assistance, including 800,000 children. Hurricane Matthew has caused the largest humanitarian crisis witnessed in the country since the 2010 earthquake at a time when the country was already facing a significant increase in the number of cholera cases, severe food insecurity and malnutrition. Disruptions in access to safe drinking water, adequate hygiene and sanitation further increased the risk of waterborne diseases, including Cholera. In the weeks following Hurricane Matthew, the country witnessed a significant spike in the number of potential cases of cholera, with 500 potential cases in the week prior to Matthew and 1,500 cases within two weeks of Matthew. The protection situation of children deteriorated further, especially for 4,631 children at risk of separation in hurricane-affected zones,

and for 2,551¹ unaccompanied and separated children (UASC) of Haitian origin who are repatriated or deported from the Dominican Republic.

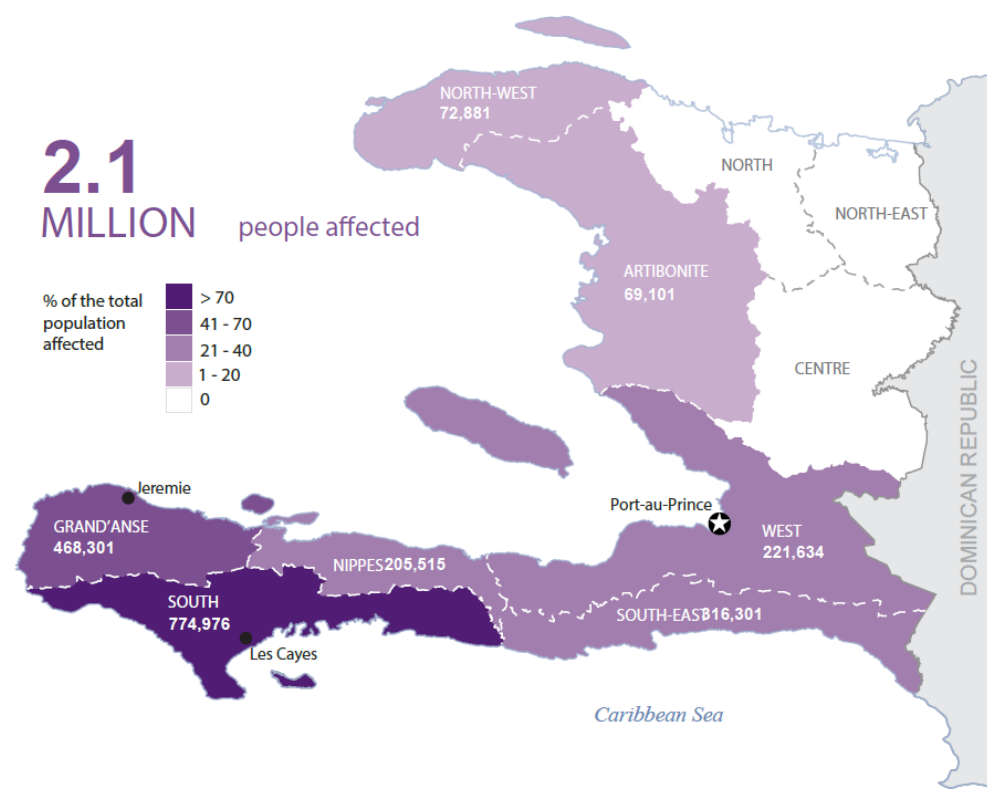


Figure 2 Hurricane Matthew affected People by Department, OCHA

¹ These represent cumulative numbers since the onset of the crisis in July 2015 and reflect information gathered by IOM on a voluntary basis, and hence may not reflect the totality of returns. IOM Border Crisis Situation Report, 29 Dec 2016.

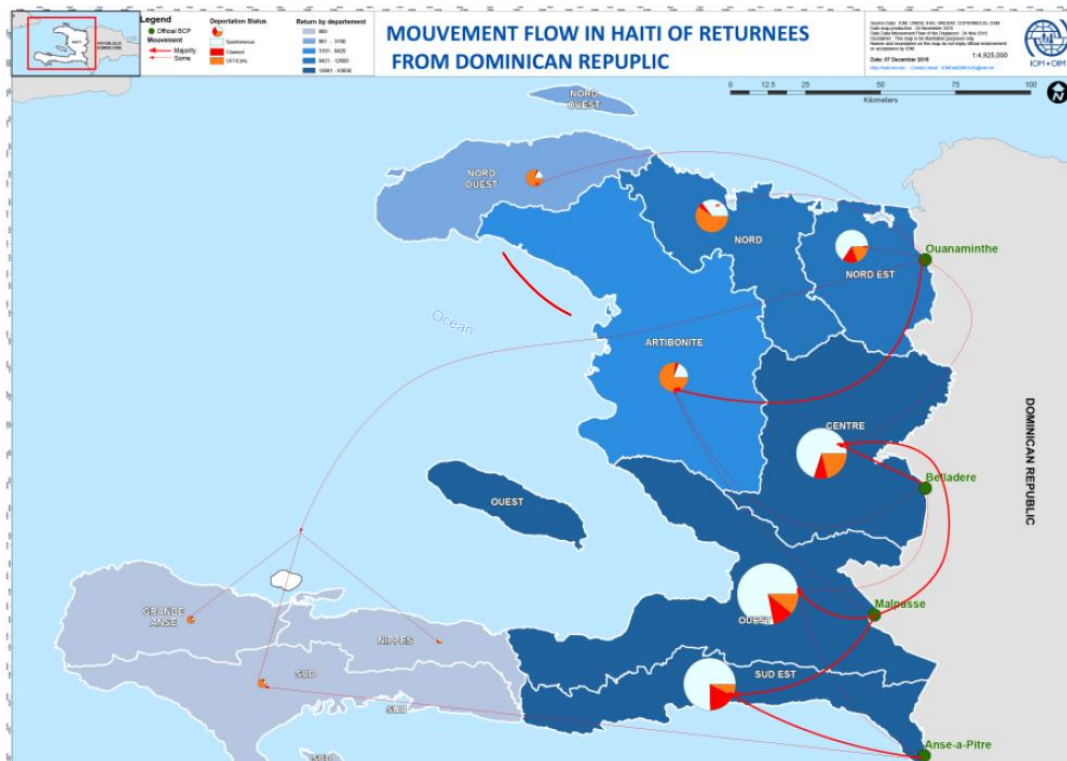


Figure 3 Migrant flux from Dominican Republic to Haiti since mid-2015 (scope, status and localization).
Source: IOM Border Crisis Situation Report, 29 Dec 2016.

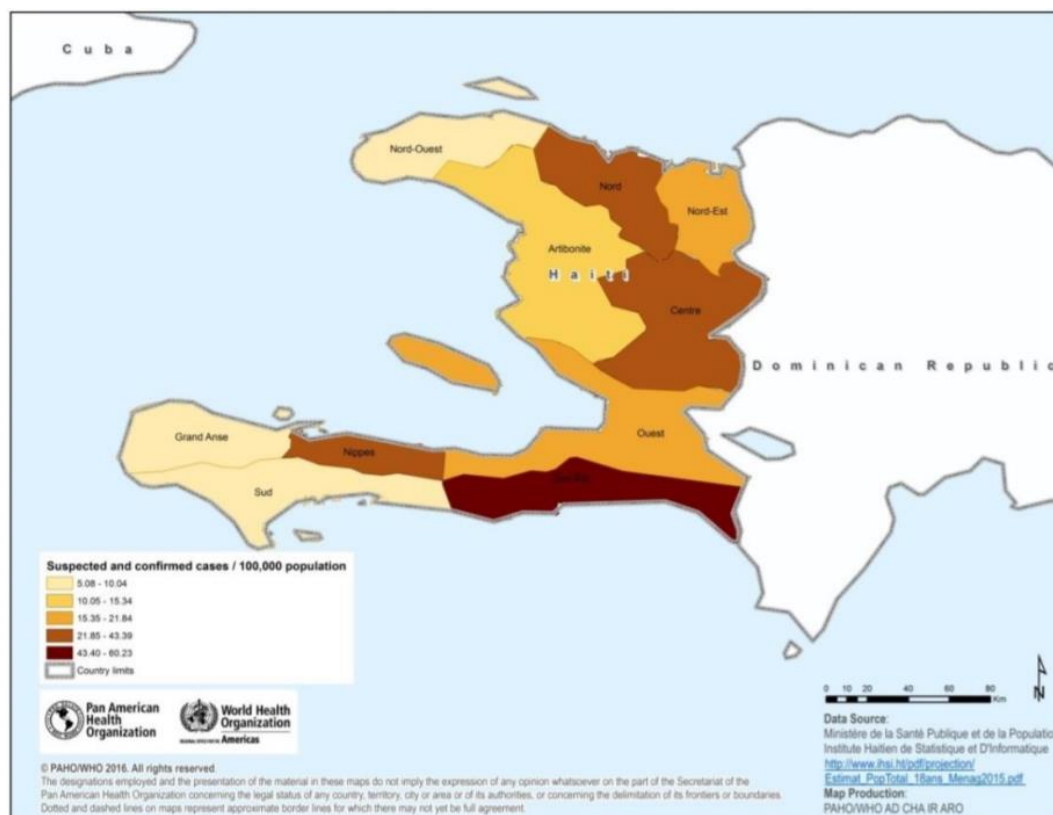


Figure 4 Cumulative suspected and confirmed Zika cases per 100,000 population by department. Haiti. EW 42 of 2015 to EW 21 of 2016.

Source: PAHO/WHO from Haiti Ministère de la Santé Publique et de la Population (MSPP), 10 June 2016.

The population's coping mechanisms and the government's capacities were stretched to breaking point. Presidential elections planned on 9 October 2016 were postponed. The country's authorities mounted a vast response operation and appealed for international assistance. The impact of the hurricane has to be viewed against the background of underlying and chronic risks and vulnerabilities throughout a country that is highly prone to natural hazards, as evidenced in the 2016 Humanitarian Response Plan (HRP) for Haiti.

Scope and magnitude of the hurricane

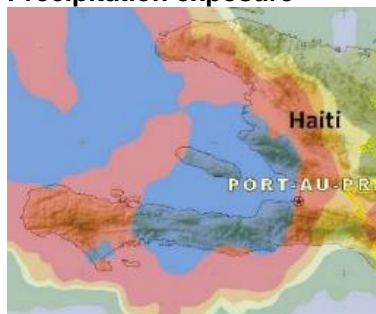
According to initial estimates by UNOSAT based on the track of the hurricane, more than 1.3 million people in Haiti have been exposed to winds in excess of 1.2 km/h. More than 200mm of rain fell in less than 24 hours in and around the Gulf of Gonaïves. The worst-hit areas in terms of rainfall are the South-Western departments, and particularly Grande Anse and South. Nippes and North-West departments were also highly affected. Particularly vulnerable were the plains around Les Cayes and those south of Gonaïves, where the risk of cholera spread and other waterborne diseases increased. Up to 98 per cent of the city of Jérémie, in Grande Anse department, have been partially destroyed. In these areas, the main livelihoods are small-scale farming and gardening, fishery and charcoal production. Initial areal footage reveals that gardens along the coast and fishery equipment suffered massive damage. The World Food Programme (WFP) estimates that up to 80 per cent of harvests were lost.

Wind speed exposure



Areas most affected by extreme wind (around 1.2 m people)

Precipitation exposure



Areas exposed to extreme rainfall (around 2 m people)

Flood risk



Areas at medium and high risk of floods (around 780,000 people)

Figure 5 Areas most at risk and affected by Hurricane Matthew

The sudden onset emergency necessitated a corresponding emergency response scale-up, as shown in the below infographic. Up to September 2016, UNICEF Haiti had a total of 57 partnerships with governmental institutions and NGOs². Most partners had a long-standing partnership with UNICEF, or had developed new partnerships in 2015-2016 to expand activities, particularly in response to the migration crisis at the border with the Dominican Republic, and to expand work in areas where previously UNICEF Haiti had no partners. In October 2016, Hurricane Matthew triggered the need for more emergency response partnerships, and UNICEF Haiti signed an additional 36 partnerships with governmental institutions and international and national NGOs.

² Taking into account both regular and humanitarian programmes

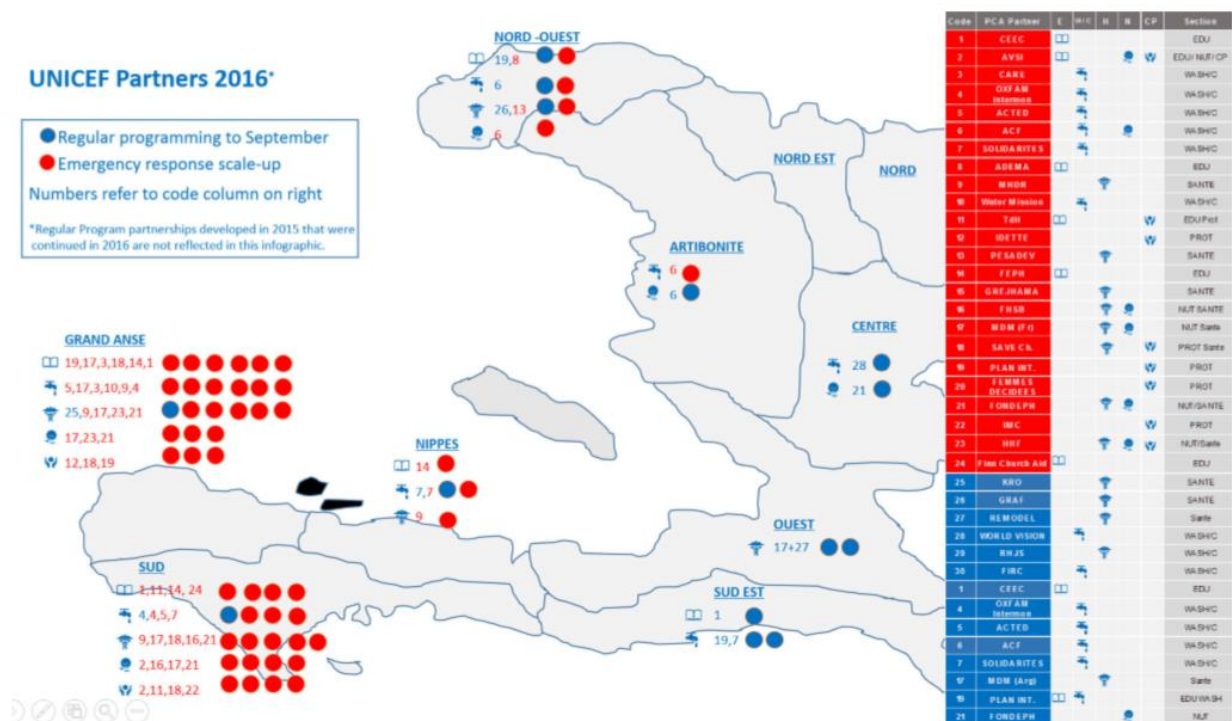


Figure 6 UNICEF response and scale up following Hurricane Matthew in 2016, UNICEF Situation Report

As can be seen in the infographic above, most partnerships cover the most affected areas of Grande Anse and South. Although to a lesser extent, the affected areas of Nippes and North-West are also covered. Initial aerial footage reveals that gardens along the coast and fishery equipment suffered massive damage. The World Food Programme (WFP) estimates that up to 80 per cent of harvests were lost.

Vulnerable population

According to the Directorate for Civil Protection (DPC), Grande Anse, South and Nippes departments were the departments with the highest number of population affected by Hurricane Matthew, as below:

Table 1 Estimated population affected by the Hurricane Matthew, DPC

Affected Population			
Department		Department Capital	
Grande Anse	468,301	Jérémie	134,314
South	774,976	Les Cayes	151,696
Nippes	342,525	Baradères	24,747

24 per cent of the population in Grande Anse and South Departments live in urban centres (Jérémie, Les Cayes). The majority are in rural areas that are harder to reach, adding to the challenges of accessing them with lifesaving supplies and services. 40 per cent of the population in Grande Anse and South is under 18 years old. Without strong family support, children and the elderly required assistance. According to the MENFP, 716 schools were damaged, mostly in these three departments. Estimates by NGOs and humanitarian actors indicate to figures beyond

1,500 schools in Grande Anse and South alone³. Moreover, an estimated 65 schools in Grande Anse and South were used as temporary shelters, disrupting schooling even in areas where schools were not structurally damaged/affected⁴. Many families faced difficulty in finding drinking water and access to proper sanitation facilities. Where cholera was already active, the heavy rains throughout most of the country resulted in a multiplied risk of its propagation, in addition to many other waterborne diseases with the potential to affect thousands of families and children.

III. HUMANITARIAN RESULTS

In 2016, UNICEF continued supporting the Government of Haiti's long term Strategy for the Elimination of Cholera (2012-2022) as well as midterm strategy (2016-2018) through: coordination and decision making support; access to preventive care and treatment; and fight against transmission, mechanism alert.

UNICEF also responded to the bi-national crisis by supporting unaccompanied children with family tracing and prevention of exploitation and abuse, and provided technical support to the national Child Welfare Service.

In response to the effects of the El Niño-induced drought, UNICEF offered a minimum package of interventions: management of moderate and severe acute malnutrition in children under five through a combination of outpatient and inpatient care; promotion of recommended Infant and Young Children Feeding (IYCF) and care practices in children under two; provision of essential micronutrients (Multi-Micronutrient Powders for children 6-23 months and Iron/Folic acid for pregnant and lactating women); and nutrition surveillance through active community screening.

To respond to Zika, with the Ministry of Public Health, UNICEF developed a crisis communication plan and prepared a radio programme on prevention broadcasted on 40 community radio stations. Within six weeks of Hurricane Matthew, UNICEF contributed to cholera prevention by almost doubling the number of response teams to 88. In the highly affected departments of South and Grande Anse, this number was scaled up from five to 36. UNICEF also rehabilitated and equipped affected schools, and provided school materials to children so as to ensure their return to school. Below are the results that were achieved in 2016.

A RESULTS TABLE

The below table presents the 2016 initial planned targets prior to Hurricane Matthew and revised targets following the hurricane, as well as cumulative results achieved at end 2016.

³ This results from the Haitian school systems, which is predominantly composed of private schools (estimated as 80 per cent), and therefore many schools are yet to be recognized and taken into account in governmental estimates.

⁴ According to the civil Protection Agency (DPC) data. Situation Report, 19 November 2016.

2016 Results by Sector	UNICEF 2016 targets (As of August 2016)	UNICEF 2016 targets (Revised on Oct 2016)	UNICEF results ⁱ
CHILD PROTECTION			
UASC as well as children in residential care centres benefited from family tracing and reintegration support	800	5,800	5,340 ⁱⁱ
Children and families affected by Hurricane Matthew who received recreational and/or psychosocial support activities	*	20,000 ⁱⁱⁱ	19,993
EDUCATION			
Schools affected by Hurricane Matthew repaired and equipped	*	160	14 ^{iv}
Children aged 5 to 14 years receiving school and learning materials in areas affected by Hurricane Matthew	*	65,000	1,906 ^v
NUTRITION			
Children under 5 suffering from malnutrition received treatment through a nutrition package at home	8,883	20,000	15,260
Pregnant or lactating women benefited from a nutrition package	80,000	120,000	85,000
Children under 5 affected by emergencies receiving micronutrients	*	45,000	23,193
HEALTH			
People living in high-risk areas, including the hurricane zone, received cholera vaccine	105,000	750,000	807,395 ^{vi}
Health centres affected by Hurricane Matthew have a functional cold chain	*	127	37 ^{vii}
WATER, SANITATION AND HYGIENE			
People provided with safe water for drinking, cooking and personal hygiene	70,000	400,000	300,241
People in cholera-affected areas benefiting from a complete WASH response package	450,000	750,000	477,270
Internally displaced persons benefiting from alternative sustainable sanitation strategies	35,000	360,000	52,625

* These are new indicators introduced following Hurricane Matthew.

- (i) Prior to Hurricane Matthew, there were no sectoral coordination mechanisms or clusters. All sectoral coordination groups were formed after Hurricane Matthew. Humanitarian Action for Children 2016 covers all of UNICEF's humanitarian action, and as such, no cluster or sectoral targets exist.
- (ii) The target for this indicator was initially 800 children and was focused on children being forcibly repatriated from the Dominican Republic. 709 children from this caseload received family tracing support. The remainder of children reached are from the Matthew caseload and mainly from residential care centres. Support consisted in documenting children and re-establishing family links for children placed in those centres prior to the hurricane and at risk of losing contact with their parents in areas directly affected by Hurricane Matthew. The number of UASC resulting from Hurricane Matthew, however, was considerably lower than anticipated, with only seven cases of UASC in affected areas being identified.
- (iii) This target has been increased from 10,000 to 20,000 to match the 2016 Hurricane Matthew Emergency Response Plan, which was amended after the completion of the 2016 HAC.
- (iv) The level of destruction of the schools selected by UNICEF was greater than initially anticipated. The time required to rehabilitate the schools increased accordingly. This target will be met in 2017.
- (v) The children targeted for the distribution of school and learning materials are the same children who will benefit from rehabilitated schools. They will not receive the materials until the schools officially reopen. This target is anticipated to be reached in the final month of 2016 and first month of 2017.
- (vi) Actual total figures are 912,000 people including 361,000 children of 1-14 years old. UNICEF contributed to cholera vaccination campaigns in April and November 2016. 807,395 represent November figures.
- (vii) Progress towards this indicator was made through repairs to existing cold chain systems. Procurement of new systems, however, was dependent on donor financing, which was not made available. Future progress will depend on donor commitments.

B NARRATIVE REPORTING



UNICEF provided over 300,000 people with safe water for drinking, cooking and personal hygiene. UNICEF continued to build the coordination and planning mechanisms of the Directorate of Water and Sanitation (DINEPA) at national, departmental and communal levels. It supported DINEPA in the dissemination of the National Sanitation Strategy and the technical guidelines for the WASH sector. The latter is being widely used among WASH actors as well as technical and financial partners. UNICEF is also hosting the Secretariat of the working group of WASH sector technical and financial partners.

In particular, to reduce the risk of waterborne and hygiene related diseases, as a consequence of water shortage and contamination, in drought affected areas, UNICEF together with DINEPA and in collaboration with the World Bank, targeted improvement of water access in Anse a Pitre and Tête a l'Eau, two localities in the drought-affected South-East department. In Anse a Pitre, UNICEF supported an initial rapid assessment on urgent needs of the water network and supported the local Committee for Water and Sanitation Provision (CAEPA) for better management of service delivery. The World Bank works on system rehabilitation. The situation in Anse a Pitre worsened due to the deportation crisis from Dominican Republic, as the increasing number of deportees accentuated tensions around water resources.

In Tête à l'Eau, UNICEF supported DINEPA to undertake a technical assessment of the targeted water spring. The local DINEPA technician noticed very low yield and was unsure the protection of this spring remained relevant. A new assessment will be done by mid-2017 to enable taking a decision. UNICEF also supported DINEPA in protection works and reforestation activities upstream of a source located in Fond Jeannette, another drought-affected locality nearby and with high migrant population.

The first phase of the rehabilitation of Thiote's drinking water supply system in South-East department was initiated in May 2016 in partnership with DINEPA, the Town Council and local

partner CODAB⁵. The technical and design study led to the priority rehabilitation of the pumping station and the distribution network as well as the construction of six water kiosks supplying downtown Thiotte. Two chlorination chambers have also been installed, enabling the distribution of quality water. Moreover, from May to December 2016, UNICEF supported CODAB, the Town Council and DINEPA to set up and train the local water management committee (CAEPA) and carry out a pilot study on water pricing in early 2017.

Cholera

In 2016, UNICEF continued its support to local public health actors through improved surveillance and rapid response to cholera alerts, focusing on access to sustainable water and sanitation in areas most at risk and on strengthening community-based surveillance. From January to September 2016, an estimated 9,800 rapid responses in communities had been implemented. In particular during the second quarter of 2016, this was done with a limited number of teams (32) due to funding shortages, which reduced UNICEF partners' capacity to control localized outbreaks. 30,597 cholera kits were distributed benefiting an estimated 152,000 persons. UNICEF also carried out social mobilization for the cholera vaccination campaign that reached more than 100,000 people in Archaie.



Figure 7 Suspected cholera cases from January 2015 to December 2016
Source: Haiti Cholera figures, OCHA, 23 December 2016

In the weeks following Hurricane Matthew, the country witnessed a significant spike in the number of potential cases of cholera, with 500 potential cases in the week prior to Matthew and 1,500 cases within two weeks of Matthew. UNICEF contributed to cholera prevention by almost doubling the number of response teams to 88 in support to the 12 MSPP rapid response teams. In the highly affected departments of South and Grande Anse, this number was scaled up from five to 36. Since Hurricane Matthew, 9,199 suspected cholera cases were responded to through 5,868 rapid responses in communities. The suspected cases responded to in less than 48 hours increased from 40 per cent to 85 per cent after Hurricane Matthew. UNICEF contributed to a second cholera vaccination campaign in November 2016 bringing the total number of persons vaccinated to 912,000 people, among which estimated 361,000 children between the ages of 1 and 14, and disseminating information to raise awareness on cholera prevention at the same

⁵ Coordination of organizations for the Development of the Commune of Belle-Anse.

time. In order to respond to increased needs caused by the disruptions of access to safe drinking water and adequate hygiene and sanitation, which further increases the risk of waterborne diseases including cholera, UNICEF reoriented part of its programme and resources to focus attention on ensuring access to safe water and prevent cholera outbreaks by scaling up the number of cholera rapid response teams and distribution of Aqua tabs and hygiene kits. Over 477,000 people in cholera-affected areas benefitted from the distribution of these kits. These likely contributed significantly to the considerable drop in potential cholera cases witnessed within six weeks of the hurricane. As a matter of fact, there was no spike in confirmed cholera cases following Matthew, only increase in acute diarrhoea cases, due to worsened living conditions for the displaced.

Despite these achievements, major challenges remain including the persistence of cholera being reported throughout the country. It is concentrated in eight type A urban or peri-urban communes categorized as “source” and high priority persistence hotspots, seven communes categorized as second priority type B, and three communes of third priority type C⁶. UNICEF supports research to understand the main risk factors of cholera transmission that will enable defining specific action plans, and supports the rehabilitation and protection of priority water systems in target areas. The studies are ongoing and results are expected by mid-2017. In addition to the challenge of bringing cholera under control, the current unavailability of predictable and flexible funding results in an inability to effectively plan and develop programming. On 19 August 2016, the Secretary-General announced a new approach⁷ by the United Nations to cholera in Haiti. He expressed a deep regret for the terrible suffering the people of Haiti have endured and indicated to the moral responsibility of the United Nations to the victims. He urged Member States to demonstrate their solidarity with the people of Haiti by increasing their contributions to eliminate cholera and provide assistance to those affected.

Education

2016 was marked by two major crises in the education sector. The first was the deportation process from the Dominican Republic, which displaced since June 2015 an estimated 96,476 households representing 160,452 individuals, among which 30 per cent children (an estimated 48,136) below 18 years of age. The second was Hurricane Matthew that caused heavy damage, putting at stake the right to education of more than 800,000 children as 716 schools were destroyed nationwide. Many of the remaining standing schools were used as shelters, further delaying school year start. The Hurricane Matthew response took up most of the last quarter of 2016.

In contributing to the binational crisis response, UNICEF combined its programme in the South-East department (in Anse-à-Pitres) benefitting 5,000 children with the support of the Ministry of Education to organize remedial classes during summer vacations, among which around 500

⁶ Type A communes have: existence of important urban settings with limited access to drinking water and sanitation, located on main roads, presence of public markets and bus stations with intense population movement and five of them are located on coastal flood plains associated with brackish water easily contaminated with faecal matters. Type B communes consists of potential expansion sources, and Type C are those considered with potential threat due to their geographical location.

⁷ The new approach has two Tracks: 1) Intensifying the organization’s support to reduce and ultimately end the transmission of cholera, improve access to care and treatment and address the longer-term issues of water, sanitation and health systems in Haiti; and 2) Developing a package that will provide material assistance and support to those Haitians most directly affected by cholera.

returnee children who did not speak French. They have been subsequently integrated in the formal education system.

Regarding disaster risk reduction and management, UNICEF supported the Ministry of Education with the finalization of the report by Miyamoto (a specialized engineering firm) on 131 schools assessed in the West department for potential risks and possible impact in case of an earthquake. The report was also distributed at a regional conference on disaster risk reduction (DRR) in the Caribbean, which took place in Port-au-Prince in September 2016.

The tense situation throughout the country due to the postponed elections impacted education programme implementation and was a major constraint in the implementation of DRR activities as well. Moreover, the decrease in funding has considerably reduced the scope of activities that were planned with the MENFP. Only after Matthew was UNICEF able to mobilize additional funds for the emergency response to repair and equip 14 affected-schools and ensure minor rebuilding/re-roofing of 80 schools in coordination with MENFP⁸, and provide school materials to alleviate the burden of school and related fees on affected families. These interventions enabled the return to school of an estimated 5,900 children in 14 schools as of December 7, 2016. UNICEF also delivered learning materials including ECD kits, benefiting 9,057 children and 227 teachers and educators in Les Cayes and Jeremie.

In addition, UNICEF provided 186 blackboards and desks as part of the back-to-school strategy benefiting 3,720 students in 23 schools, which had served as shelters to the displaced populations in Grande Anse and South departments. These interventions were implemented in coordination with the protection and WASH sectors to ensure the safe return of affected families to their initial communities as well as cleaner schools for students. As a result, more than 3,720 affected children were able to return to more appropriate learning environments.



2016 was particularly challenging for nutrition as the country faced a significant reduction in the availability of local food products, combined with substantial price increases and reported shortages at household level of main staple foods as a result of reduced rainfall over three years and heavy rains and floods related to hurricane Matthew. The impact of the drought affected more than 1.5 million people who were severely food insecure and 38 communes were classified as severely affected by the drought. In addition, 25 communes were classified as severely affected by Hurricane Matthew and another 16 as highly affected with 100 per cent and 80 per cent of livelihood damaged, respectively.

In response to El Nino drought and hurricane Matthew, the nutrition sector offered a minimum package of interventions to affected communes and populations that was implemented by national and international Non-Governmental Organizations with prior experience in Haiti and expertise in the field of nutrition. This package included four elements:

1. Management of moderate and severe acute malnutrition in children under five through a combination of outpatient and inpatient care.
2. Promotion of recommended Infant and Young Children Feeding (IYCF) and care practices in children under two.
3. Provision of essential micronutrients, i.e. Multi-Micronutrient Powders (MNPs) for children

⁸ In total there are 133 schools that will be rehabilitated. As of 20 March 2017, UNICEF has completed rehabilitation works in 75 schools, 29 are in process of rehabilitation, and 29 more are going to be initiated.

6-23 months and Iron/Folic acid for pregnant and lactating women.

4. Nutrition surveillance through active community screening.

A total of 76 communes were covered by the nutrition emergency response throughout the ten departments of Haiti. Of these, 40 communes were affected by Matthew, 17 by the drought, and 19 by both disasters. As part of the drought response, 15,260 children under five were treated for severe acute malnutrition (SAM) using the community-based approach. Capacity of community agents was built in early identification and referral of children with acute malnutrition. SAM cases without medical complications were referred for outpatient care with ready-to-use therapeutic food (RUTF), while those with medical complications were treated in inpatient care until they were well enough to continue with outpatient care. Capacity of health workers was strengthened through training on the national Community-based Management of Acute Malnutrition (CMAM) protocol, and supportive supervision was conducted to ensure that case management meets minimum quality standards. Care for uncomplicated SAM was decentralized with mobile outreach sites in remote and hard-to-reach communities, resulting in improved treatment coverage. Furthermore 23,193 children under two received multiple micronutrients along with promotion of adequate age-specific feeding practices and care to prevent deterioration of their nutritional status while 85,000 pregnant and lactating women received iron/folate or multiple micronutrients.

As part of the Hurricane Matthew response, Nutrition surveillance was established as an integral part of the emergency response through rapid screening of acute malnutrition using Mid-Upper Arm Circumference (MUAC) at institutional and community level. A total of 25,500 children under five were screened: 426 cases of SAM (2.8%) and 1,156 cases of MAM (7%) were identified in Grande Anse, and 220 SAM cases (2.1%) and 522 MAM cases (5%) in South. Furthermore, a mass screening exercise was incorporated into the extra-ordinary Child Health Week conducted in December 2016 in Grande Anse, which identified 233 cases of SAM (1.6%) and 554 cases of MAM (4%) out of 13,947 children screened. UNICEF adopted a hybrid approach to respond to the nutrition crisis including outpatient care through mobile clinics, opening of additional institutional and community sites, and restoration of services in health facilities.



The child protection sector responded to two primary emergencies—the deportation process from the Dominican Republic and Hurricane Matthew. In response to the former, UNICEF child protection evolved from an institutional support profile towards increased field presence including programmes addressing the consequences of cross border movements of children (737 children assisted with interim care and family reunification), formal foster care (methodology adopted by the government, 28 certified families, 17 children placed in families), prevention of prolonged pre-trial detention (project aiming at developing the capacities of the Corrections Service legal assistants, developed in coordination with the International Committee of the Red Cross (ICRC) and targeting 75 children) and support to facilitate the access to birth certificates for 500 children (240 girls) in the border town of Belladère in Centre department. Foster care families were formally registered and provided with training on child rights, relations with biological families, communication, hygiene, adolescent development, psychosocial support, conflict management, and IBESR's role, so as to ensure quality care for children. Children deported from the Dominican

Republic who were provided with interim care received psychosocial support to address the emotional consequences of the deportation process, and medical care and treatment as needed. Additionally, 2,035 persons directly affected by deportations including 270 at risk of statelessness received assistance and were supported to address the immediate consequences of the deportation and to access UNHCR's status determination processes. They were also included in advocacy initiatives targeting both the Dominican and Haitian authorities.

Following hurricane Matthew, UNICEF reoriented part of its programme and resources to respond to this emergency. As the Hurricane hit Grande Anse and South, two of the departments most vulnerable to family separation, child labour and institutionalization⁹, the toll on families' livelihood prospects could lead to an upsurge in child placement/voluntary family separation. UNICEF's response consisted primarily of: (i) setting-up systems in order to rapidly identify unaccompanied and missing children, (ii) assessing the situation of children living in institutions, (ii) providing emergency assistance to 3,785 children in residential care centres located in areas directly affected by the Hurricane and initiating processes to re-establish family links, and (iv) undertaking interventions aimed at supporting 1,000 families at risk of separation and psychosocial interventions through Child Friendly Spaces (CFS) including mobile CFS targeting 20,000 children. More than 19,000 people were reached with information on violence, child abuse and GBV. Protection response also addresses GBV risks and response through an integration of GBV response within UNICEF supported mobile clinics, strengthening of community based referral systems and capacity building of service providers. 56 SGBV survivors received medical and psychosocial care, and 116 families evicted from public shelters received supplies such as hygiene kits, food, and other essential supplies.



UNICEF contributed to the cholera vaccination campaigns in April and November 2016 reaching an approximate 912,000 people, among which estimated 361,000 children between the ages of 1 and 14, and disseminating information to raise awareness on cholera prevention at the same time. Following hurricane Matthew, UNICEF restored 37 cold-chain systems in affected health facilities. To ensure coverage and facilitate reach to the affected populations, UNICEF also supported 178 and 110 mobile clinics in South and Grande Anse respectively. This enabled treating 44,626 patients, vaccinate 5,605 children, and provide 2,644 prenatal consultations. In collaboration with the Health Directorates, UNICEF organized a week of Intensive Child Health Work from 12-18 December in order to provide preventive care to children under five and pregnant women in the departments of the departments of South, Grande Anse and Nippes. This resulted in 41,042 children under five vaccinated against measles and rubella; 38,537 children under five vaccinated against diphtheria, tetanus and pertussis; 18,947 children under five were provided with first dose of vitamin A supplements and 34,852 children under five received their second dose.

⁹ Based on the study on the dynamics of child placement and child domestic work, which generated evidence on patterns of violence and drivers of child placement and child domestic work in Haiti, revealing these two departments are most vulnerable to family separation, child labour and institutionalization according to vulnerability criteria and lack of social services. Child Placement and Domestic Work in Haiti, Fafo, 2015.

Zika

In January 2016, the presence of the Zika virus was declared in Haitian territory. Since then, 3,035 cases of Zika had been reported in all departments of Haiti, with the highest number in West, North, Artibonite and Centre. There were 22 microcephaly cases and 8 Guillain-Barre Syndrome cases reported. As prevention and control are based on reducing the number of mosquitoes at the source through the elimination or modification of breeding sites, and reducing contact between insects and humans, UNICEF supported the Ministry of Public Health (MSPP) in the implementation of the social mobilization component of the crisis prevention and response plan. Activities mainly focused on departments with the highest prevalence of the virus, namely Artibonite, Centre, North, Southeast and West. Other departments were also reached through mass media.

A crisis communication plan, social mobilization guide, and a Zika care manager guide were developed; 470,000 posters and 10,000 flyers developed, printed and disseminated; A social drama radio programme on Zika prevention was produced and broadcasted through 40 community radio stations ([listen](#)); a documentary on Zika prevention was produced; training of trainers in Zika management was organized; and focus groups were conducted among pregnant women on knowledge, attitudes and practices on Zika prevention.

As a result, 1,777,095 people were informed about the Zika fever outbreak and preventive measures through radio and television broadcasts, 2,950 families reached through social mobilization and interpersonal communication Zika prevention door-to-door sessions, 283 of the most disadvantaged communities protected against Zika infection, and the capacity of 263 health workers strengthened to promote and report on Zika and refer patients to health services.

IV. CHALLENGES AND LESSONS LEARNED

Cholera

- As the Cholera experience reveals, despite its persistence in the country, investigation capacity remains weak and need to be strengthened. Overall, there is a lack of understanding on the dynamic of Cholera with confusing messages on the persistence of the disease and on the number of suspected vs. confirmed cholera cases. Also, the epidemiological surveillance requires a more effective laboratory confirmation system, especially at the onset and at end of an outbreak in order to distinguish Cholera from other acute diarrhoeal diseases. To address this, discussions are ongoing among UNICEF, the World Bank, and MSPP, toward adopting a new and more effective technology.

Zika

- As witnessed through the Zika programme, participatory and entertaining methods, such as drama and role play, helped raise awareness among the population toward positive behaviour change and could also be the basis for social change in communities.
- The Zika programme social mobilization component should have been complemented by vector control activities but the latter was not included in the response part and thus limited the effectiveness of the programme.

Hurricane Matthew

- Lack of partners with adequate capacity and present in hurricane-affected areas constituted a major challenge. As mitigation measures, UNICEF: (i) opened two sub-offices in Les Cayes and Jérémie to support and strengthen rapid response to the affected

population, and (ii) identified new partnerships¹⁰ for quick response and to cover the affected populations.

- Weak health and nutrition care system prior to hurricane with limited capacity to respond to increased post-hurricane needs and demands.
- Lack of intersectoral collaboration in the response limited intersectorality of response, and rapid response was required not to contradict the humanitarian imperative. To address this, UNICEF coordinated with sectors, seeking complementarity with existing interventions. Where possible, such as in the binational response, UNICEF also pursued collaboration with UNHCR and IOM as well as the UNICEF office for Dominican Republic for synergy.
- Insecurity faced such as looting during the distribution of essential life-saving supplies by UNICEF and partners contributed to delays and higher cost of aid delivery. To address this issue, UNICEF collaborated with MINUSTAH and UNPOL to strengthen security measures, i.e. through escort.
- Reaching remote areas was a major challenge, in particular as an estimated 75 per cent of hurricane-affected population of Grande Anse and South live in rural and hard-to-reach areas. Efforts to access the worst-affected areas were hampered by flooding, collapse of communications networks, and destruction of vital infrastructures. Crucial road areas were inaccessible due to trees or debris blocking the roads, and the main bridge linking the capital with the southern peninsula had collapsed. As mitigation measures, during the height of the emergency, UNICEF: (i) pushed for the use of helicopters to assess and intervene in difficult to access areas; and through its role as co-lead in four sectors (WASH, Education, Nutrition, Child protection, Cholera), UNICEF (ii) identified gaps and reoriented partners to complement one another and work in areas yet to be served.
- Recognizing the lack of timely accurate information and global coordination, UNICEF mobilized contracted information management specialists to collect data on ongoing activities, partners, to compile lists of actors, and presence in the fields, as well as 4Ws (Who, What, Where, When) maps of response by sector for all UNICEF co-lead working groups (WASH, Education, Nutrition, Child protection, Cholera), and to share this information with OCHA. UNICEF also delegated staff to government offices such as DINEPA to maintain information database updated during October/November 2016.
- Emergency response needs to be gender sensitive so as to ensure that protection, safe spaces, supplies for nursing mothers, etc., are provided for women and girls who are often faced with greater vulnerability and risks in post-disaster situations. Engaging women's groups and leaders as first responders and to identify specific needs in outreach to affected women and girls is essential.

¹⁰ Up to September 2016, UNICEF Haiti had a total of 57 partnerships with governmental institutions and NGOs. Most partners had a long-standing partnership with UNICEF, or had developed new partnerships in 2015-2016 to expand activities, particularly in response to the migration crisis at the border with the Dominican Republic, and to expand work in areas where previously UNICEF Haiti had no partners. In October 2016, Hurricane Matthew triggered the need for more emergency response partnerships, and UNICEF Haiti signed an additional 36 partnerships with governmental institutions and international and national NGOs.

V. SECTOR COORDINATION & LEADERSHIP

At the onset of 2016, few sectors benefited from regular emergency sectoral coordination mechanisms. Generally, sectoral coordination was focused on regular programming and development interventions. With the arrival of Hurricane Matthew, however, Government led emergency sectoral coordination groups were launched, with UNICEF co-leading with the government on WASH, Nutrition, Child Protection, Education and Cholera. As co-lead, UNICEF was able to successfully identify gaps and reorient partners such as in terms of coverage, to ensure areas not yet served are covered. UNICEF mobilized information management specialists in all UNICEF co-lead working group to collect pertinent information for decision making that was shared with all partners and OCHA.

The Government of Haiti through the Directorate of Civil Protection (DPC), activated the National Emergency Coordination Centre (COUN), the coordination mechanism among central, departmental and communal level of the DPC, as well as its ten departmental emergency coordination centres (COUD), and partially activated the communal centres (COUC) in the most vulnerable areas.

Coordination efforts in sectors lead by UNICEF continue to strengthen response. In addition to the field office in Les Cayes, UNICEF has opened the Jérémie field office and is in the final stages of adding human resource capacity. UNICEF's response greatly benefited from the strategic decision to send senior level emergency coordinators directly to the affected zones immediately following the hurricane. The expanded presence in the hurricane-affected areas is leading to stronger field-level coordination of activities, including reporting.




Sector Coordination Milestones:

- a) Sector coordination function was filled in various ways depending on the sector. WASH/Cholera had a long-term coordinator at national level and decentralized departments. Nutrition and Child Protection had periods of fully dedicated staff at national level combined with periods during which UNICEF as working group lead filled the gap. Education has been mainly coordinated by staff from the Ministry. Where UNICEF was co-leading, the division of labour was discussed and agreed to.
- b) Sector partners convened. Frequency of meetings varied depending on the volume of activities and presence of humanitarian actors.
- c) Agreement for coordinating mechanism has been established for all sectors.
- d) Programme standards were established and promoted, following sphere standards, which in certain cases had to be adapted to national standards, capacity and context.
- e) Information management (IM) capacity has been established at different levels depending on the sector and situation. In WASH, Nutrition, Child Protection and Education sectors, the IM responsibilities were covered by sector dedicated IM secondments who occasionally had double hatting responsibilities. A longer term presence is needed to build the capacity of government institutions and staff.
- f) Basic IM systems mapping coverage established 3Ws (Who is doing what and where). IM staff in all sectors were able to upgrade the level of details to 4Ws (Who is doing, what, where, when) and use it as planning, monitoring & reporting tool.
- g) Performance management systems were not sufficiently equipped. The volume of interventions and number of sites compared to the capacity, allowed to monitor

performance mainly in terms of cover, pertinence and priority. Field monitoring and evaluations to measure the quality in all sector interventions are envisaged for 2017 depending on funding availability.

- h) Action taken to “fill identified gaps” to address duplication. All cluster/sector mechanisms and meetings had the capacity when resourced and staffed to: a) identify needs, b) identify sector capacity, c) identify gaps, d) identify priority gaps to be covered, and e) agree to the main actions needed to cover the gaps before the next meeting.

Table 2 Sector coordination milestones

Sector Coordination Milestones	WASH	EDUCATION	NUTRITION	CHILD PROTECTION
1. Sector Coordinator function filled; and where co-lead and division of labour agreed	Y	Y	Y	Y
2. Sector partners convened	Y	Y	Y	Y
3. Agreement/ToR for Coordinating Mechanism established	Y	O	O	O
4. Sector Operational Strategy/ Action Plan established	Y	Y	Y	Y
5. Programme Standards established and promoted	Y	X	Y	Y
6. IM capacity established	Y	Y	X	Y
7. Basic IM systems mapping coverage established (3W)	Y	Y	Y	Y
8. Performance management systems in place	X	X	X	X
9. Action taken to "fill identified gaps", address duplication	Y	Y	Y	Y
<p> Established</p> <p> *3. EDU, NUT, CP = No official ToR doc. Verbally agreed</p> <p> Not established</p>				

VI. MONITORING AND EVALUATION

As highlighted in the real-time evaluation of UNICEF’s preparedness, measures that had been put in place contributed to a better state of disaster preparedness, especially when compared with times of similar disasters in the past. This was a positive factor in the success of UNICEF’s first wave of response. However, as the response carried on, UNICEF and its partners suffered from a lack of both human resources and financial resources, while in many sectors not enough partners were present to effectively respond.

A Humanitarian Performance Monitoring (HPM) consultant was contracted to help with monitoring mechanisms, tools and train on HPM at three different levels: a) UNICEF Staff at Port-au-Prince office; b) UNICEF field office staff; and c) Programme Cooperation Agreement (PCA) partners in the field on how to better measure programme progress and analyze its performance against results, identify bottlenecks and find long last solutions to address the challenges. The result is an increase in common understanding on the key high frequency

indicators, ownership of field monitoring tools and strengthening of a programme performance culture to maximize: a) quantity, b) quality, c) speed, d) pertinence, and e) cost-efficiency.

Accountability Mechanisms: UNICEF believes in the importance of accountability towards beneficiaries, and promotes among its partners claim and action mechanisms to identify priority challenges that direct decision making along the life of a project. An internal analysis at the end of 2016 revealed there was a significant room for improvement to scale up the use of these mechanisms, in a systematic manner. After meetings with UNICEF PCA partners in the field, it was agreed to install or strengthen their claim and action mechanisms.

Needs Assessments: UNICEF was part of the Interagency and Sectorial Initial Needs Assessments to prioritize and measure as best as possible needs related to emergencies. This allowed the team to quantify and geo strategically locate priority interventions and update the Humanitarian Action for Children (HAC).

Monitoring & Reporting: following the Grand Bargain objectives, UNICEF Haiti ensured substantial programmatic reporting while also optimizing resources utilization. Qualitative reporting for very short duration emergency projects remains a challenge. The following measures were taken:

- UNICEF PCAs have very clear performance indicators with a reporting frequency agreed to, based on the type of intervention/activity.
- Indicators were harmonized with UNICEF HAC and ERP.
- To maximize information sharing and minimize reporting for implementing partners, UNICEF used in sectors where it is the Cluster Lead, the 4W tool (Who does what, where, when) as quantitative reporting reference to monitor sector and programme progress against performance indicators.
- 47 UNICEF staff directly involved in the emergency (22 from two field Offices + 25 from Port-au-Prince office) received a training on HPM to master its basics.
- Implementing partner managers or monitoring focal points from 25 different projects on the field were trained on HPM, identifying amendments in plans, and monitoring tool strengthening.

VII. RESILIENCE

The geographic location of Haiti makes it vulnerable to natural disasters and the negative impacts of climate change. The country is exposed to multiple hazards, including earthquakes, hurricanes, floods and droughts. Accordingly, UNICEF Haiti is moving towards building resilient systems across sectors to increase preparedness and reduce the impacts of future disasters.

Child Protection: The child protection response was articulated around an integrated approach addressing both the specific child protection needs identified and interventions with as objective to address risk factors at the family level, including socio-economic ones. It aims to support families in identifying critical support areas, which could minimise their use of coping mechanisms such as child abandonment, institutionalisation, child labour and school drop-out. Immediately after the hurricane, psycho-social support in the form of standard and mobile child-friendly spaces

incorporating parents' groups, combined with targeted shelter intervention was provided to address specific drivers of violence, abuse, neglect and exploitation. Strengthened coordination with shelter actors enabled protection actors to incorporate this approach in their response and make strategic use of the shelter response for the most vulnerable households as well as provide proximity social work to families most at risk.

EDUCATION: UNICEF supported the MENFP with the finalization of the report by Miyamoto (a specialized engineering firm) on 131 school buildings assessed in the West Department for potential risks and possible impact in case of an earthquake. The report was also distributed at a regional conference on disaster risk reduction (DRR) in the Caribbean that took place in Port-au-Prince in September 2016.

To ensure sector awareness of DRR and preparedness, support will be provided to the Ministry of Education for the inclusion of DRR concerns and environmental education in the curricula and carrying out activities at departmental and school levels to increase knowledge and familiarity at national, departmental and school level.

WASH: UNICEF is preparing to support the city councils and DINEPA in developing clear action plans for affected areas to advocate and mobilise resources toward building the resilience of cities against cholera and other infectious diseases related to poor hygiene and sanitation.

A systematic and comprehensive approach is taken as observed through the below figure on preventing and addressing cases of Cholera and other waterborne diseases.

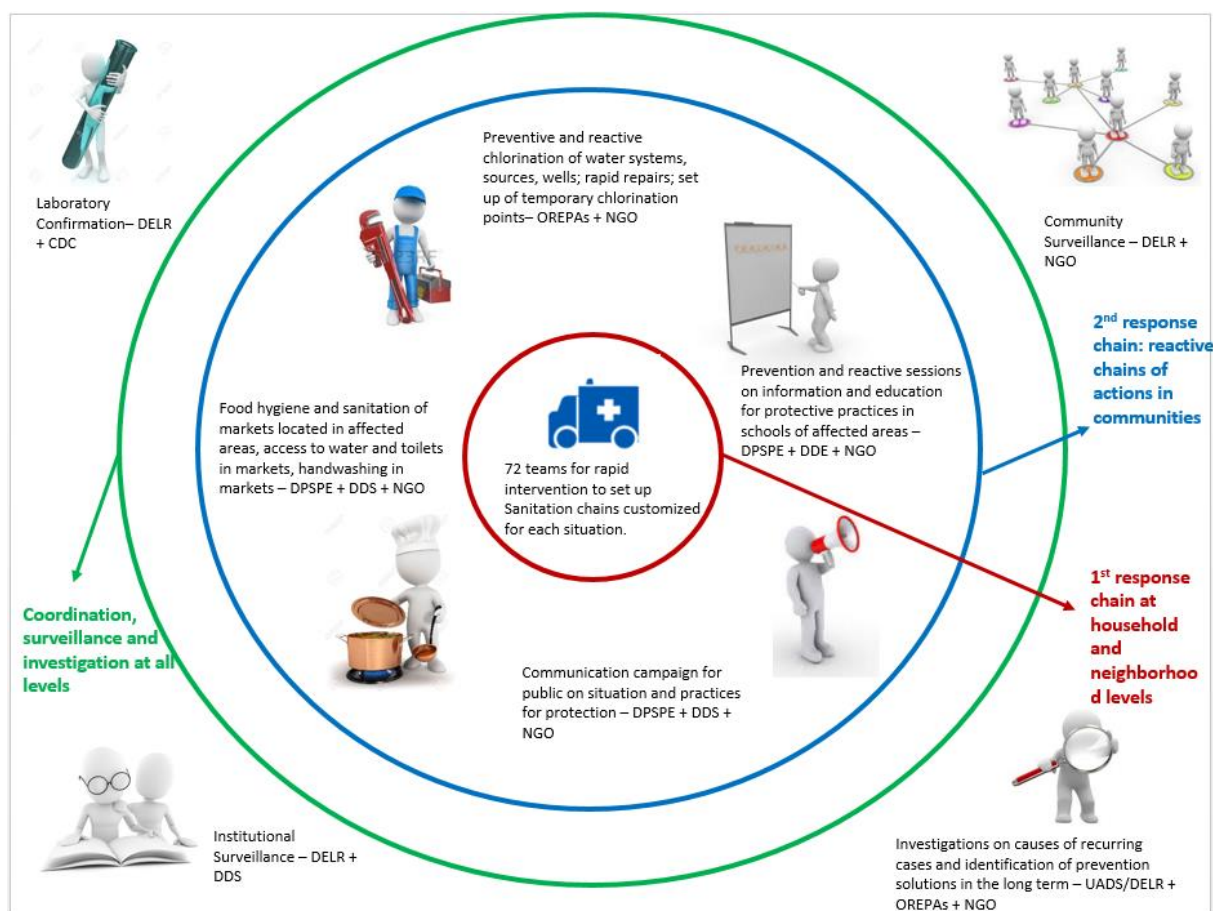
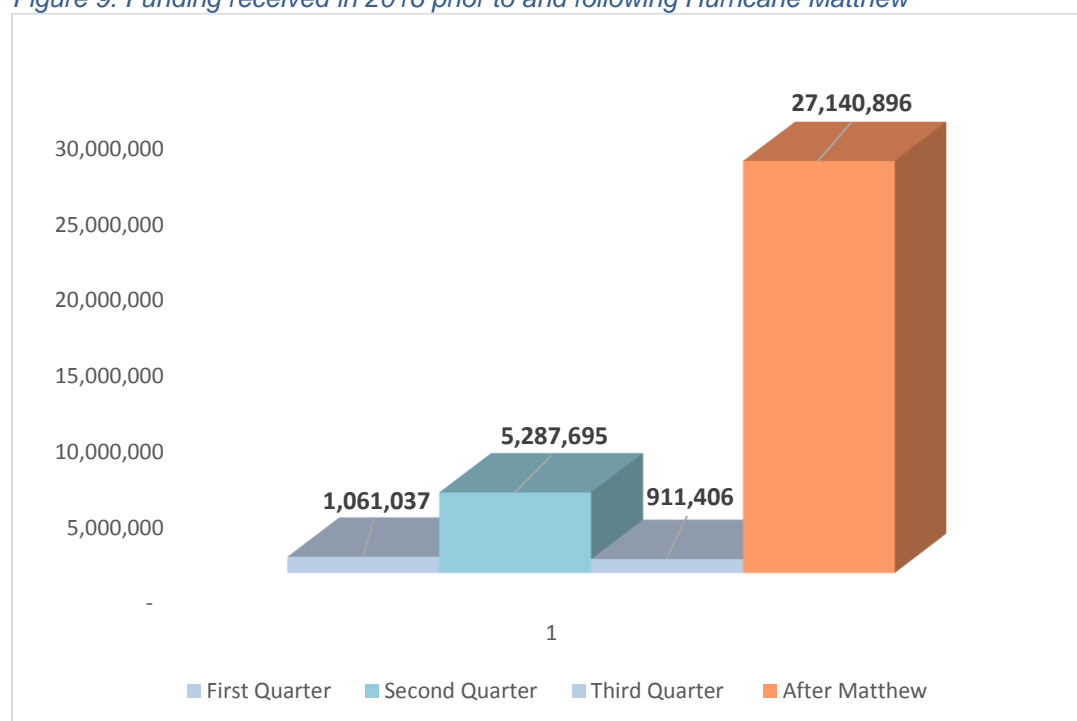


Figure 8. Preventing and addressing cases of Cholera and other waterborne diseases

VIII. FINANCIAL ANALYSIS

In 2016, UNICEF initially estimated that US\$ 13,400,000 was needed for its humanitarian work in Haiti. However, following the devastations caused by Hurricane Matthew in October 2016, the funding requirement to respond to the added humanitarian needs was revised and estimated at US\$ 36,567,532. As of December 2016, a total of 87 per cent of the goal was reached as detailed in table 1 per sector. Figure 9 below shows funding received throughout 2016 by quarter. As figure 9 and table 1 reveal, the distribution of funding was uneven. Funding peaked following Hurricane Matthew compared to the first three quarters in 2016, and the level of funding by sector also vary. For example, the generous response of donors to Cholera response/WASH allowed the programme to scale up in the face of deteriorating situation following Hurricane Matthew, adding beneficiaries and reaching out to vulnerable population. Other sector sectors, such as Health and Child Protection remained underfunded, which compromised UNICEF's ability to treat a significant caseload of children in need. The need for flexible funding for development and humanitarian programme delivery is critical.

Figure 9. Funding received in 2016 prior to and following Hurricane Matthew



*Figures represent total contribution

TABLE 1: FUNDING STATUS AGAINST THE APPEAL BY SECTOR

Appeal Sector	Original 2016 HAC Requirement (US\$)	Revised 2016 HAC Requirement (US\$)	Funds Available* (US\$)	Funding Gap (US\$)	% Unfunded
Nutrition	3,200,000	4,400,000	4,209,151	190,849	4%
Health	800,000	9,034,000	3,829,825	5,204,175	58%
WASH	6,100,000	14,073,532	15,458,255	-1,384,723	-10%
Child Protection	1,734,406	3,149,496	2,446,535	702,961	22%
Education	1,265,594	3,465,594	3,354,663	110,931	3%
Cluster transition support and emergency preparedness	300,000	2,445,000	2,445,000	0	0%
Total	13,400,000	36,567,532	31,743,428	4,824,194	15%

* Funds available include funding received against current appeal, 10 million in loans from the EPF and CERF that are to be reimbursed, as well as US\$ 4.9 million carried forward from previous year.

N.B. Figures in Table 1 are in line with the end of year Situation Report 2016 and represent figures as of 14 December 2016.

TABLE 2: FUNDING RECEIVED AND AVAILABLE BY DONOR AND FUNDING TYPE

This table includes all resource partners and all types of funding received and available for emergency activities in the 2016 humanitarian appeals.

Table 2 -Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment (PBA) reference	Overall Amount*
I. Humanitarian funds received in 2015		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/14/9910	6,328,544
Total Thematic Humanitarian Funds		6,328,544
b) Non-Thematic Humanitarian Funds		
German Committee for UNICEF	SM/16/0230	272,291
UNICEF China	SM/15/0439	18,613
Australia	SM/16/0495	1,049,010
Canada	SM/16/0148	478,692
Canada	SM/16/0503	628,931

Haiti ¹¹	SM/16/0628	3,706,130
Italy	SM/16/0471	622,820
Japan	SM/16/0505	925,926
New Zealand	SM/16/0582	164,873
Norway	SM/16/0515	782,409
SIDA – Sweden	SM/16/0490	1,049,089
The United Kingdom	SM/14/0179	1,068,910
The United Kingdom	SM/16/0537	3,500,452
USA USAID	SM/16/0554	481,667
USA USAID	SM/16/0555	1,375,000
USA (USAID) OFDA	SM/16/0211	1,111,111
USA (USAID) OFDA	SM/16/0235	231,460
USA (USAID) OFDA	SM/16/0543	520,370
European Commission/ ECHO	SM/16/0199	419,445
European Commission/ ECHO	SM/16/0206	2,296,547
European Commission/ ECHO	SM/16/0428	825,798
European Commission/ ECHO	SM/16/0533	1,509,662
Total Non-Thematic Humanitarian Funds		23,039,208
c) Pooled Funding		
(i) CERF grants (Put one figure representing total CERF contributions received in 2015 through OCHA and list the GRANTS below)		
(ii) Other Pooled funds – including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2015 through these various pooled funding mechanisms.		
UNOCHA	SM/16/0042	116,390
	SM/16/0489	477,340
	SM/16/0491	235,904
	SM/16/0507	922,201
	SM/16/0610	541,814
Total Pooled funding		2,293,649

¹¹ World Bank

d) Other types of humanitarian funds		
US Fund for UNICEF ¹²	KM/16/0066	388,889
Total Other types of humanitarian funds		388,889
Total humanitarian funds received in 2016 (a+b+c+d)		32,049,774
II. Carry-over of humanitarian funds available in 2017		
e) Carry over Thematic Humanitarian Funds (Take the 2015 allotment for the thematic humanitarian GRANTS. If you have more than one of these GRANTS, add up all the 2015 allotments and then subtract this total from the programmable amount in Table 3 and insert this number here as carryover). For example: If total 2015 allotment is USD 7 million, then subtract the USD 5.8 million from Table 3 and you have USD 1.2 million as carry-over)		
Global – Thematic	SM/14/9910	4,102,339
Total carry-over Thematic humanitarian funds		4,102,339
f) Carry over of non-thematic humanitarian funds (List by donor, GRANT and programmable amount being carried forward from prior year(s) if applicable)		
UNICEF – China	SM/15/0439	33,734
The United Kingdom	SM/13/0487	57,689
Total carry-over non-thematic humanitarian funds		91,423
Total carry-over humanitarian funds (e + f)		4,193.762
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
EPF Loan***	GE/16/0025	2,000,000
UN OCHA CERF Loan	GE/16/0027	8,000,000
Total other resources		10,000,000

* Programmable amounts of donor contributions, excluding recovery cost.

** 2016 loans have not been waived; COs are liable to reimburse in 2017 as donor funds become available.

*** Only US\$ 78,479.31 remain to be reimbursed.

TABLE 3: THEMATIC HUMANITARIAN CONTRIBUTIONS RECEIVED IN 2016

Donor	Programmable amount (US\$)	Total Contribution Amount (US\$)
Belgian Committee for UNICEF	50,551	53,079
Canadian UNICEF Committee	178,105	187,012

¹² UPS in-kind contribution of cargo plane of emergency supplies for the Hurricane Matthew response

Danish Committee for UNICEF	282,802	296,946
Danish Committee for UNICEF	339,744	356,735
French Committee for UNICEF	1,441,346	1,513,431
UNICEF Ireland	202,201	212,314
Japan Committee for UNICEF	14,346	15,063
Netherlands Committee for UNICEF	51,759	54,348
Spanish Committee for UNICEF	527,241	553,609
Spanish Committee for UNICEF	62,177	65,287
Spanish Committee for UNICEF	49,053	51,506
US Fund for UNICEF	2,453,125	2,575,811
German Committee for UNICEF	547,886	575,287
UNICEF Argentina	5,286	5,550
UNICEF Brazil	82,818	86,960
UNICEF Colombia	928	974
UNICEF Dominican Republic	20,605	21,636
UNICEF Mexico	3,949	4,146
UNICEF Thailand	510	536
International Online Donations	14,112	14,818
Total	6,328,544	6,645,048

IX. COMMUNICATION & VISIBILITY

UNICEF Haiti was able to provide humanitarian assistance to children and women in the Hurricane affected districts, and to raise awareness on the impacts and aftermaths. This was done through various means to the global audience, including reaching out to existing and new potential donors, in order to assist fundraising by UNICEF as well as its donors.

UNICEF collected and disseminated information regarding the situation of children and women in Haiti, and enabled UNICEF Haiti to go on high visibility mode highlighting the needs of children affected by the hurricane. Using multimedia communication channels, including human interest stories, compelling videos and photos, press releases, situation reports, interviews with national and international media, as well as media visits (in particular National Committees), etc. (see Annex 1), UNICEF Haiti was able to highlight the needs of children and gather international support from donors. Since October 3, 2016, UNICEF Haiti published daily posts, tweets, articles, videos and photos on its Country office website¹³, Twitter¹⁴ and Facebook¹⁵ pages, and its blog “Timounyo”¹⁶. A total of 19 Situation Reports (SitReps) were shared with external partners and published online through Reliefweb and Opscen. The proactive and purposive multimedia documentation of response activities helped UNICEF Haiti raise more than half of total appeal in the first month alone. Communications materials shared with National Committees provided fuel to raise and maintain support to the Hurricane Matthew response in Haiti. By the third month at end of December 2016, 87 per cent of the HAC appeal had been funded.

X. FUTURE WORK PLAN

In line with the forthcoming 2017 Humanitarian Response Plan (HRP), UNICEF is addressing the immediate basic needs of children and families affected by humanitarian crises, including those impacted by Hurricane Matthew and cholera. In order to sustain the expanded cholera response in Haiti and the response to hurricane-affected people, UNICEF is facilitating an integrated, multi-sectoral set of activities aimed at controlling the disease. This includes strengthening community-based surveillance, establishing rapid response alert systems, protecting at-risk water systems and restoring safe conditions in hurricane-affected treatment centres. Efforts will be made to integrate cholera and other humanitarian responses into existing programming, provide supplies, equipment, training and operational support to cholera treatment and response actors in hurricane-affected areas, and scale up responses to emerging needs. Further to this approach, UNICEF and the humanitarian community will continue its focus on cholera in the 2017 HRP, combining health, water, sanitation and hygiene (WASH), education and Communication for Development interventions all under one sectoral response. UNICEF will support the government by co-leading coordination in the WASH, education and nutrition sectors and the child protection sub-sector. UNICEF will support health related coordination led by the Pan American Health Organization (PAHO/WHO) and the MSPP.

¹³ <https://www.unicef.org/haiti/>

¹⁴ <https://twitter.com/search?q=UNICEF+Haiti>

¹⁵ <https://www.facebook.com/UNICEFhaiti>

¹⁶ <http://timounyo.com/>

In the nutrition sector UNICEF will continue supporting the Ministry of Health, communities and families in preparing and responding to the humanitarian needs specifically through capacity building of health care providers in community based management of acute malnutrition, empowerment of communities and families in improving children's diet quality, and nutrition surveillance for advocacy and resource mobilization.

UNICEF has finalized its 2017 Humanitarian Action for Children (HAC) for Haiti. The plan lays out UNICEF's planned humanitarian response throughout the country for 2017 including continuing responses to cholera, hurricane Matthew, prolonged el-Niño induced drought, and cross border population returns. This plan has been also aligned with the 2017 HRP to which UNICEF is contributing significantly in terms of planned activities and anticipated results for affected populations.

UNICEF's response takes an integrated approach, addressing the immediate basic needs of affected children and families and continuing response to the cholera outbreak. UNICEF's priority remains to provide safe water and sanitation to those affected by the hurricane, controlling cholera and ensuring dignity and protection, particularly to those displaced by the crisis. Bringing children back to school in a safe learning environment through rehabilitation of damaged schools, the provision of necessary supplies, support to unaccompanied children and prevention of family separation are also core objectives of UNICEF activities. UNICEF is scaling up activities to prevent and treat malnutrition and in close collaboration with government and PAHO/WHO, UNICEF is restoring health services.

2017 PROGRAMME TARGETS

Cholera <ul style="list-style-type: none"> 1.24 million people reached by rapid response teams and benefiting from the Sanitation chain/<i>cordon sanitaire</i> 770,000 people reached through the oral cholera vaccination campaign
Nutrition <ul style="list-style-type: none"> 13,000 children aged 6 to 59 months treated for severe acute malnutrition (SAM) 15,600 children aged 6 to 59 months treated for moderate acute malnutrition (MAM)
Health <ul style="list-style-type: none"> 34,100 children under one receiving routine vaccinations 39,200 pregnant women attending at least two pre-natal visits
WASH <ul style="list-style-type: none"> 150,000 people provided with safe water for drinking, cooking and personal hygiene 150,000 people reached with key hygiene behaviour messages including hand washing 40,000 people accessing safe sanitation
Child protection <ul style="list-style-type: none"> 4,000 UASC assisted with interim care and family reunification support 3,500 people accessing social work to prevent family separation
Education <ul style="list-style-type: none"> 85,000 children aged 5 to 14 received learning materials to access education

- 48,000 children's access to education supported through rehabilitation and/or equipping of schools

UNICEF urgently needs US\$ 42.4 million to meet the humanitarian needs of children and women in Haiti in 2017. The funding needs for 2017 are as follows:

Sector	2017 requirements (US\$)
Cholera ¹⁰	15,600,000
Nutrition	4,692,000
Health	6,820,000
Water, sanitation and hygiene	3,775,000
Child protection	3,710,000
Education	7,755,000
Total	42,352,000

XI. ACKNOWLEDGEMENTS

UNICEF Haiti would like to thank governments, National Committees, NGOs and UN partners for their generous support, which allowed UNICEF to achieve the above mentioned results for children and women in Haiti and look forward to continued partnership.

XII. DONOR REPORT FEEDBACK FORM

UNICEF Haiti is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions in the form at the link:

<https://www.surveymonkey.com/r/7KNKHGD>

XIII. CONTACTS

Jean Ludovic Metenier, Deputy Representative, jmetenier@unicef.org
 Antine Legrand, Chief of Monitoring and Evaluation, alegrand@unicef.org
 Yoon Jeong Na, Resource mobilization and reporting specialist, yjeong@unicef.org

XIII. ANNEX

ANNEX 1. HUMAN INTEREST STORY

The UNICEF Haiti website, Timounyo blog, Facebook and Twitter were used as platform to publish the following Human Interest Stories and videos shared below. More stories, photos and videos are also available at <http://unicef.org/haiti/>, <http://timounyo.com/>, <https://www.facebook.com/UNICEFhaiti>, and <https://twitter.com/search?q=UNICEF+Haiti>.

Videos

UNICEF. "Hope in Haiti after Hurricane Matthew" 2016. <https://www.youtube.com/watch?v=1xxxVwZtUfY>

Human interest stories

Alcantara, Pedro Yvo. "Back to school in the aftermath." 2016. <http://timounyo.com/back-to-school-in-the-aftermath/?lang=en>

Alcantara, Pedro Yvo. "We don't have a house anymore." 2016. <http://timounyo.com/5470/?lang=en>

Chandler, Francoise. "Water is source of life in Jeremie." 2016. <http://timounyo.com/water-is-source-of-life-in-jeremie/?lang=en>

Fanfan, Jean Panel. "Helping children get back to school quickly." 2016. <http://timounyo.com/helping-children-to-get-back-to-school-quickly/?lang=en>

Fanfan, Jean Panel. "The family, a protection rampart that survives the hurricane." 2016. <http://timounyo.com/the-family-a-protection-rampart-that-survives-the-hurricane/?lang=en>

Harlet, Julie. "Combating acute malnutrition: detecting and managing cases." 2016. <http://timounyo.com/combating-acute-malnutrition-detecting-and-managing-cases/?lang=en>

Harlet, Julie. "Domond, a city free of exposed defecation." 2016. <http://timounyo.com/domond-a-free-city-of-exposed-defecation/?lang=en>

Harlet, Julie. "Don Dario and Fatya, beneficiaries of the protection programme – Foster families at les Cayes." 2016. <http://timounyo.com/don-dario-and-fatya-beneficiaries-of-the-protection-program-foster-families-at-cayes/?lang=en>

Harlet, Julie. "Education is a haven of love." 2016. <http://timounyo.com/5780/?lang=en>

Harlet, Julie. "Haitian children at risk as Hurricane Matthew pummels Haiti." 2016. <http://timounyo.com/hurricane-matthew-pummels-haiti/?lang=en>

Harlet, Julie. "Making sure the littlest patients recover quickly from acute diarrhea and cholera." 2016. <http://timounyo.com/making-sure-the-littlest-patients-recover-quickly-from-acute-diarrhea-and-cholera/?lang=en>

Harlet, Julie. "Meanwhile in Port-au-Prince." 2016. <http://timounyo.com/meanwhile-in-port-au-prince/?lang=en>

Harlet, Julie. "The 4-wheel drive clinic that cares for communities in remote areas." 2016. <http://timounyo.com/5685/?lang=en>

Jackson, Ernsly. "Access to health for all children." 2017. <http://timounyo.com/access-to-health-for-all-children/?lang=en>

Mentor, Derline. "Testimony: the emergency kits save lives." 2016 <http://timounyo.com/testimony-the-emergency-kits-save-lives/?lang=en>

Walther, Cornelia. "A day in the sign of water." 2016. <http://timounyo.com/a-day-in-the-sign-of-water/?lang=en>

Walther, Cornelia. "After the storm is before the storm – Deye mon gen mon." 2016. <http://timounyo.com/after-the-storm-is-before-the-storm-deye-gen/?lang=en>

Walther, Cornelia. "Amidst chaos, Rosmala has a safe place to learn and laugh." 2016. <http://timounyo.com/amidst-chaos-rosmala-has-a-safe-place-to-learn-and-laugh/?lang=en>

Walther, Cornelia. "Les Cayes – A new home for Sabrina." 2016. <http://timounyo.com/cayes-a-new-home-for-sabrina/?lang=en>

Walther, Cornelia. "Lockdown but ready. The night before Matthew." 2016. <http://timounyo.com/lockdown-but-ready-the-night-before-matthew/?lang=en>

Walther, Cornelia. "Under Matthew – nou anba ouragan." 2016. <http://timounyo.com/under-matthew-nou-anba-ouragan/?lang=en>

UNICEF Haiti would like to thank Governments, National Committees, NGOs and UN partners for their continued support, which allowed UNICEF to achieve the above mentioned results for children and women affected by humanitarian crises in Haiti.