The situation for women and children in Haiti was defined in 2010 by catastrophic emergencies that raised extreme challenges for the population. The earthquake on 12 January killed more than 220,000 people and displaced 2.3 million. At the end of 2010, an estimated 1 million people, including 400,000 children, were still living in crowded temporary settlements that elevate health and protection risks. After the onset of the cholera outbreak in mid-October, cholera quickly spread and sickened more than 117,580 people by the end of the year, causing the deaths of 2,481, including 169 children under age 5. The impact of these crises was particularly severe due to the already deep vulnerability of children; the major emergencies further exacerbated food insecurity, degraded water and sanitation infrastructure, elevated protection risks for children, decimated the school system and led to disruptions in a weak health sector.

When cholera emerged in the rural Artibonite region, it rapidly gained a foothold and spread nationwide, confirming that stark disparities in access to social services across the country represent a real and pressing threat to the health and stability of the nation as well as a denial of children’s basic rights. The humanitarian response rapidly introduced life-saving services and interventions designed to meet basic needs of earthquake- and cholera-affected children – but the challenge is ensuring that these services are decentralized and firmly rooted in sustainable community-based structures.

The passage of Hurricane Tomas in November, just as the cholera epidemic was expanding, resulted in flooding that caused 21 deaths, left 6,810 people homeless and led to the temporary evacuation of more than 48,000.1 The hurricane likely accelerated the transmission pattern for cholera and other water- and sanitation-related diseases in affected areas. It also destroyed 75–90 per cent of harvests in Grande-Anse, Nippes, Nord-Ouest, Sud and Sud-Est Departments, which will likely have a detrimental impact on food security and children’s nutritional status in these areas.

Finally, violent protests and social unrest associated with hotly contested elections resulted in restricted movement for people seeking life-saving services and restricted access to project sites for humanitarian workers.

Return and/or resettlement processes are also complicated by the fact that more than 64 per cent of displaced persons in camps were tenants before the earthquake and already among the poorest of the poor.2 Dependency among this vulnerable group, combined with the challenges of private or ambiguous land ownership, rubble removal and the need for proper urban planning for reconstruction, means that return and/or resettlement requires not only political commitment and additional funding but also innovative development-oriented solutions to shift the balance of services from camps to communities, empower vulnerable children and build resilience for recovery, especially in relation to preventing cholera infection.

To create favourable conditions for return, UNICEF will support reconstruction, restoration and expansion of such basic community services as water, sanitation, education and primary health care, including HIV and AIDS services, as well as nutrition programmes and community-based protection systems in return areas.

In 2011, UNICEF is requesting US$156,967,000 for its humanitarian work in Haiti. This request exceeds the Consolidated Appeals Process (CAP) requirements because it includes commitments related to the expanded cholera response. Immediate and adequate funding is needed to avoid further degradation of the humanitarian situation in Haiti and to build on the resilience already demonstrated by the country’s women and children.
Prior to the earthquake, more than 4 out of 10 Haitian children were living in absolute poverty, $^{3}$ 10,000 were living with HIV, fewer than half attended primary school, and just over half had access to primary health care. The earthquake exacerbated these gaps and disparities.

Undernutrition levels prior to the earthquake were also grim, with one-quarter of children under age 5 chronically undernourished, $^{4}$ and 9 per cent suffering from acute malnutrition and 2.2 per cent from severe acute malnutrition. $^{5}$ Although emergency interventions such as blanket feeding, micronutrient supplementation and WASH prevented further deterioration of the nutrition situation, the phase-out of this blanket feeding, combined with the impact of cholera, social unrest and flooding could result in a degradation of the nutritional status of children. Meanwhile, more than one out of five children in rural areas have no access to sanitation facilities $^{6}$ and approximately one in five lack access to a safe drinking-water source. $^{7}$ Thus, the vast majority of Haiti’s children remain vulnerable to the spread of cholera and other water- and sanitation-related diseases.

Despite progress made on enhancing community-based child protection systems and strengthening mechanisms to prevent trafficking and illegal adoption, children continue to face these threats. In addition, the risk of violence and other forms of exploitation, such as gender-based violence, can also increase HIV transmission. More than 60,000 children live in residential child-care centres and some 173,000 in situations of domestic service. $^{8}$

**KEY ACHIEVEMENTS IN 2010**

In the immediate aftermath of the disaster, UNICEF appealed for US$222,757,000, adding US$127,243,000 in requirements through the Humanitarian Action Report over a two-year time frame. As of October, US$66,992,052 had been received against the report requirements. With the generous funding of donors, UNICEF was able to contribute to immediate and effective responses to the country’s emergencies including the coordination of over 400 partners in the UNICEF-led WASH, education and nutrition clusters, as well as the child protection sub-cluster.

Close to 1.94 million children were immunized in successive accelerated campaigns since January 2010, and during the Child Health Week in November, some 1.35 million children received vitamin A capsules and deworming tablets in addition to the catch-up vaccinations. Immediately after the earthquake, nearly 1.8 million people gained access to basic health-care services after 177 emergency kits were distributed to health facilities through partners. More than 163,000 households benefited from distribution of 360,000 mosquito nets for malaria prevention in four departments in the south.
Nutritional needs for many were already extreme before the earthquake and intensified in the wake of the January disaster. UNICEF supported the establishment of 107 baby-friendly tents, where 48,900 mothers and pregnant women received advice and assistance related to proper infant and young child feeding, including exclusive breastfeeding. The tents were also able to welcome more than 102,000 children under age 1. More than 1,250 children with severe acute malnutrition received life-saving treatment in one of 28 stabilization centres supported by UNICEF, and another 10,000 children who were severely malnourished but without complications received treatment in 159 outpatient therapeutic feeding programmes.

More than 680,000 people had access to safe drinking water via water trucking during the early recovery phase (January through May), and the installation by partners of 11,300 latrines provided access to emergency sanitation for 804,000 people. UNICEF’s support to water trucking was gradually phased over to partners and replaced by investments in more sustainable options. Repair of water pipes has restored access to safe water for 100,000 people in earthquake-affected urban areas, and another 5,000 people regained access to safe water after springs were disinfected and rehabilitated. Water and sanitation improvements benefited 76,000 children in 150 schools.

For the return to school in April, more than 1,600 tents were used to erect more than 225 temporary learning spaces, and 138 schools were given table benches. By the end of the year, about half of the 720,000 targeted primary school children and 2,000 teachers received teaching and learning materials, and by the end of the year 94 out of a planned 200 semi-permanent schools were completed, with the remainder to be completed in the first quarter of 2011. More than 11,300 teachers and education personnel were reached with a combination of trainings on the adapted and detailed curriculums and psychosocial care for children.

More than 100 staff members of local non-governmental organizations received training on how to prevent child exploitation and trafficking, and UNICEF facilitated registration of over 4,950 separated children. More than 1,265 were reunited with their families, and the rest were accommodated with safe temporary care. The quality of care in 360 residential child-care centres hosting 25,300 children was evaluated, and immediate needs were addressed in half of the centres. Approximately 94,800 children continue to benefit from recreation and psychosocial support in 369 child-friendly spaces.

Cholera prevention efforts include distribution of over 10.9 tons of chlorine and more than 45 million water purification tablets to progressively reach 3 million people with safe water. To reach children in 5,000 schools, 865,000 bars of soap have been distributed, and 90,000 hygiene kits have been distributed to families affected by cholera or the earthquake in displacement sites. Cholera treatment efforts include UNICEF’s support to 24 cholera treatment centres and 48 smaller treatment units as well as a network of oral rehydration points where children can access oral rehydration therapy (ORT). By the end of the year, more than 3.8 million ORS sachets had been distributed, along with enough diarrhoea disease kits to treat up to 4,900 severe cases and 19,600 moderate cases. Some 450 tents have also been distributed to all 10 departments to facilitate expansion of cholera treatment centres and units.

HUMANITARIAN ACTION: BUILDING RESILIENCE

Haiti celebrated Global Handwashing Day on 15 October 2010, and UNICEF worked in partnership with the ministry of health, the ministry of education, the water and sanitation directorate and 70 non-governmental organization partners to reach displaced persons living in 42 camps and 16 rural communities in Grand-Goâve, Gressier, Léogâne, Petit-Goâve and Port-au-Prince. A month-long radio programme was launched in advance of the celebrations and was combined with hygiene kit distribution and sensitization activities in 110 schools. Global Handwashing Day helped place the importance of proper health and hygiene practices in the forefront of children’s minds.

Less than one week after Global Handwashing Day, however, cholera was confirmed in Artibonite Department. The outbreak spread quickly through the country, taking advantage of water and sanitation gaps in both urban and rural areas, where more than four out of five children have no access to proper sanitation facilities and approximately one in five children lack access to a safe drinking-water source. Despite record high case/fatality rates, there is some evidence that these rates in Port-au-Prince and Ouest Department were consistently lower than rural departments, most likely due to the relatively higher presence of services, humanitarian partners and supportive communications-related interventions, such as those offered during Global Handwashing Day. All children throughout the country, however, remain at grave risk, and it is clear that emergency response was not enough to protect children from cholera. Long-term programming to narrow the gaps in access to sustainable, basic social services across the country is key to reducing risks and building resilience.
UNICEF will provide leadership for the WASH, education and protection clusters in Haiti during 2011 and will continue to work with the Government of Haiti, other UN agencies and non-governmental organizations. A focus of UNICEF’s work will be cholera prevention and response to ensure that the most vulnerable children in urban slums, residential-care facilities and schools receive life-saving preventive and curative services. Enhancing disaster preparedness and undertaking contingency planning with the Government and communities to reduce risks for children and mitigate the impact of disasters is paramount. Capacity building both for government entities and local communities is designed to enhance provision of social services and reduce the vulnerability of children.

NUTRITION (US$19,653,000)

The overall goal for 2011 in the nutrition sector will be to ensure that the nutritional status of children is protected from the effects of humanitarian crisis. UNICEF will also provide effective nutrition cluster coordination in support of the ministry of health.

- 10,000 children aged 0–59 months suffering from severe acute malnutrition, will be treated with timely and quality care, representing 30 per cent of all children with severe acute malnutrition; 8,000 children with severe acute malnutrition will be screened for HIV.
- 50,000 pregnant women, or 17 per cent of all Haitian women who are pregnant, will have increased knowledge on infant feeding and nutrition including cholera prevention.
- 250,000 mothers, representing 43 per cent of pregnant and lactating women, will be supported and counselled on methods for breastfeeding, complementary feeding and cholera prevention.
- 286,535 children aged 6–59 months will be reached with vitamin A supplementation, and if necessary, oral rehydration salts with zinc– reaching 85 per cent of children in affected zones, aged 6–59 months.
- 253,470 children aged 12–59 months – 85 per cent of children in affected zones, – will be reached with albendazole for treatment of worms.
- 159,800 children aged 6–24 months will be reached with iodine supplementation (85 per cent of children in affected zones). In areas with food and nutrition insecurity, 70 per cent of children 6–23 months reached with micronutrient supplementation.
- 667,080 women of childbearing age will be reached with iodine supplementation (85 per cent of women 15–49 years old in affected zones), and 71,400 mothers reached with iron and folic acid supplementation prior to giving birth and with vitamin A supplementation after giving birth.

HEALTH (US$33,169,000)

The overall goal for UNICEF in the health sector will be to ensure that mortality among children and women is prevented, especially in the context of cholera. UNICEF will continue to work with the Ministry of Health and with members of the health cluster.

- Up to 3 million people will receive preventive and curative services, including distribution of critical health supplies. The capacity of nurses, auxiliary health-centre staff and community health workers will be improved in order to recognize and manage cholera cases.
- UNICEF will strengthen the capacity of community and health facilities to implement Integrated Management of Childhood Illnesses (IMCI) strategies, including family-care practices, inside and outside the camps.
- Three additional health-care facilities providing quality emergency obstetrics and neonatal care services – 24 hours a day, seven days a week – will be established, thereby contributing to a reduction in maternal mortality, while utilization of antenatal and post-natal health services is increased and access to child health care through IMCI services expanded.
- Children will be protected as an increased number of health facilities will offer prevention of mother-to-child transmission of HIV services and paediatric treatment for HIV and AIDS.

WATER, SANITATION AND HYGIENE (WASH) (US$39,463,000)

The overall goal for UNICEF in 2011 will be effective WASH cluster coordination with the Directorate for Water and Sanitation, at both the national and decentralized levels, and effective support to the health sector in tackling cholera, both in the immediate crisis and given the very high likelihood of this becoming an endemic problem in Haiti.

- UNICEF will ensure that at least 2.5 million people at high risk of cholera infection will have access to safe drinking water as a result of improved surveillance and treatment and will be mobilized to adhere to safe hygiene practices. In close coordination with health cluster partners, more than 9 million will be reached with health and hygiene messages.
- 300,000 people living in 200 camps for those who are internally displaced will have access to sanitation facilities (1 latrine for 50 people) and clean water (10 litres per person per day), and will participate in hygiene and sanitation promotion events providing adequate hygiene materials.
- 315,000 people in poor urban and rural areas will have renewed access to sustainable, safe drinking-water.
sources, and 145,000 in poor urban and rural areas will gain new access

• Information on health risk reduction through improved hygiene practices will be provided for 300,000 people. Fifty schools and child-care centres will be provided with water, gender-appropriate sanitation and hand-washing facilities.
• WASH sector support will be ensured to the cholera treatment centres, and the mass promotion of oral rehydration salts will be used at the first sign of diarrhoea.

CHILD PROTECTION (US$23,912,000)
In 2011, UNICEF will work to ensure that children’s right to protection from violence, abuse and exploitation is progressively realized through expansion of the protective environment. UNICEF will ensure effective coordination of the child protection sub-cluster in support of government counterparts.

• 500,000 children in residential child-care centres, child-friendly spaces and other community spaces will be reached with cholera prevention and response interventions.
• More than 500,000 earthquake-affected and other extremely vulnerable children, and 20,000 women at risk or survivors of violence, will be better protected and will have access to essential services, including HIV-related prevention, care, support and treatment services.
• Children’s and women’s access to social and judicial services in all departments will be improved through better community-based child protection systems.

EDUCATION (US$20,390,000)
The overall goal for 2011 is to ensure children’s access to safe and secure learning opportunities and to crucial information for their well-being. Along with Save the Children, UNICEF will ensure effective coordination of the education cluster in support of the ministry of education.

• 1.5 million school children will enjoy a healthier school environment when 5,000 schools receive an integrated package of cholera prevention and response interventions.
• Children will access learning opportunities when 100 additional semi-permanent schools are built, therefore enabling continuity of education for 90,000 children; 400,000 children and 10,000 teachers will benefit from new learning and teaching materials; 100,000 children will have access to the Accelerated Learning Programme (ALP) and 10,000 displaced children will be reintegrated in schools or ALP.
• Safe learning environments will be fostered through training for 50 master trainers and 2,500 teachers on psychosocial support and disaster risk reduction (DRR); 50 local education officials will be trained on minimum standards of DRR in schools; 50 local education authorities and planners will receive training on emergency preparedness and response.
• 50 local education personnel will receive training on data collection and analysis, and seven local education departments will be equipped with computers to facilitate data analysis.

UNICEF MULTI-SECTORAL PILOT PROJECT IN ACCRA CAMP (US$10,000,000)
The overall goal for 2011 is to create a favourable environment for return, shift the balance of service provision from internally displaced person camps to the neighbourhood/community level, and provide sustainable livelihood solutions for people to relocate.

• UNICEF will ensure that 25,000 residents of Accra Camp have access to quality services in their neighbourhood/community level and will support housing and livelihood solutions.
• UNICEF will ensure that the model of return/reintegration is monitored and assessed in order to assist in relocation efforts in other settings for internally displaced people.

<table>
<thead>
<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
<th>ESTIMATED BENEFICIARY NUMBERS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>By sector</td>
<td>US$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>19,653,000</td>
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<tr>
<td>Health</td>
<td>33,169,000</td>
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<tr>
<td>WASH</td>
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<tr>
<td>Child protection</td>
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<tr>
<td>Education</td>
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<tr>
<td>Multi-sector returns pilot in Accra Camp</td>
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<tr>
<td>Cluster coordination</td>
<td>10,380,000</td>
</tr>
<tr>
<td>Total</td>
<td>156,967,000</td>
</tr>
</tbody>
</table>
CLUSTER COORDINATION (US$10,380,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs and incorporates capacity development of government counterparts to ensure gradual management of all actors through sector working groups (as opposed to emergency coordination mechanisms). In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided in support of national objectives and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and joint management and/or knowledge transfer with relevant ministries will be assured.

9. Total number of beneficiaries may not be equal the sum of sectoral beneficiaries by sector, due to overlap in services provision provided to individuals.