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**CHILDREN IN HAITI**  
one month after...

# CHILDREN IN HAITI

## ONE MONTH AFTER...

On the evening of 12 January, just one month ago, the strongest earthquake to hit Haiti in more than 200 years struck the Western Province, with its epicentre some 17km south-west of the densely populated capital, Port-au-Prince. According to the Haitian Civil Protection Unit, 20 communes of the West Department, (especially the communes of Cabaret, Cite Soleil, Croix-de Bouquets, Tabarre, Carrefour, Grand-Goave, Gressier, Leogane, Petit-Goave, Delmas, Petion-Ville), were affected, along with 10 communes in the South-east Department, with the worst damage occurring in Jacmel. There was minor damage and impact in the departments of Nippes and Grande-Anse. (see map on the following page). The magnitude and severity of this sudden-onset crisis, and its devastating impact on the government institutions and social protection mechanisms for children, cannot be under-estimated.

The quake, measuring 7.0 on the Richter scale, lasted only for a few seconds – but the impact will be remembered for the lifetime of Haiti's children. While it is possible to repair damaged and destroyed infrastructure over the coming years, addressing the psycho-social impact on children and re-building the capacity of caregivers and other duty-bearers (including the Government of Haiti) is challenge that will likely last the decade. According to the Government the earthquake has led to the deaths of at least 212,000 people (2% of the population of Haiti) with 300,000 reported as having suffered injuries of various kinds, including at least 1,000 people who had at least one limb amputated. During the emergency phase, it is impossible to estimate the number of orphans – but with such significant death toll this earthquake has undoubtedly rendered many children without the support of primary care-givers.

### HUMANITARIAN NEEDS

While the search-and-rescue phase has definitively past, the life-saving element of humanitarian response remains immediate and pressing. Over 1.26 million children are estimated to be directly affected (approximately 700,000 are school-aged), out of an overall directly affected population of three million. There are three categories of vulnerable groups by location:



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On 28 January, 10-year-old Caleb Louis and another child sit outside his family's makeshift shelter in Port-au-Prince, the capital. Caleb's leg is in a cast. He broke it, and also injured his jaw, when a cinder block wall of his home collapsed during the earthquake.

#### 1. Children and caregivers in temporary settlement sites

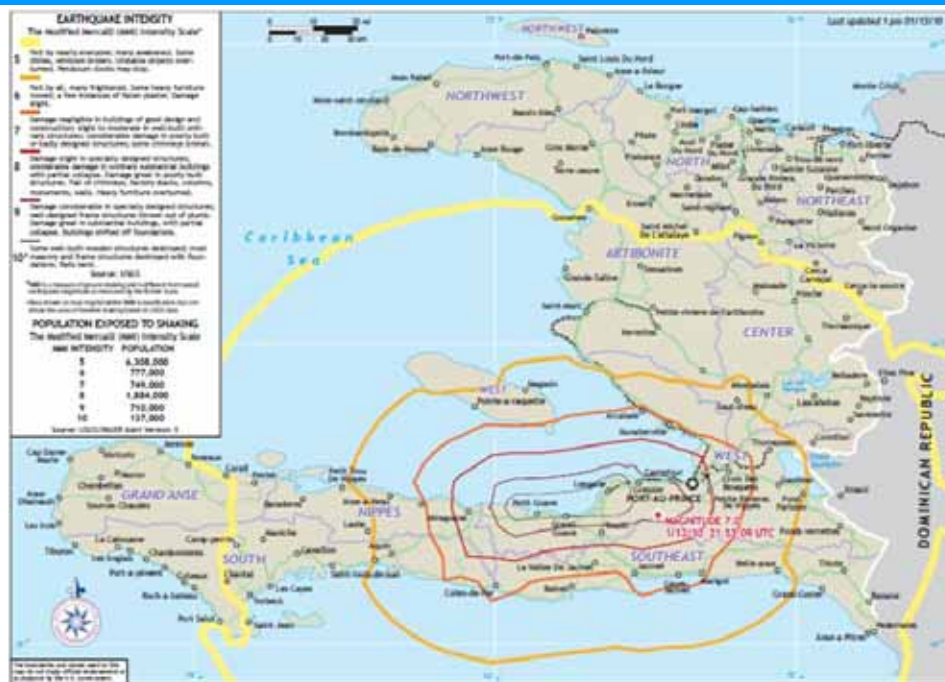
Over 1.1 million persons are estimated to be homeless, of which, over 692,000 are displaced in the Port-au-Prince area and 482,350 have moved to rural areas. According to the CCCM Cluster, there are now approximately 315 temporary settlement sites (of various size and population density) identified in Port au Prince, housing estimated 500,000-692,000 persons. Only ten are organised settlements with proper site planning, meaning that the vast majority of displaced are living in crowded, unsanitary conditions which still lack basic social services and sanitation schemes. In Jacmel, there are approximately 20 temporary settlement sites, one with approximately 5,000 persons and another with 2,000 persons. In Leogane, there are two major settlements, each of them housing less than 1,000 families. Children are estimated to comprise approximately 46% of the camp population.

#### 2. Vulnerable children and care-givers in the border-area and inside Dominican Republic

The situation of Haitian children along the border with the Dominican Republic is even more concerning as the communities already were the poorest in Haiti before the earthquake. With the arrival of wounded and additional affected persons from Port-au-Prince, the coping mechanisms of these communities are now stretched to the limit. UNICEF's emergency programmes in the immediate border area will be supported by the team based in the Dominican Republic for logistical purposes.

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(USAID Haiti Map to the right)



### 3. Displaced children and caregivers in rural areas and their vulnerable host communities

While comprehensive assessments are pending, it is clear that the majority of those displaced to rural areas are sheltering with relatives or friends – but many are left squatting in critical community spaces (such as schools). The unprecedented influx therefore, is already stretching scarce infrastructure (such as water and sanitation schemes) and services (such as health centres) to their limit. There is a risk that if these communities are not supported, displaced people will return in search of assistance, thereby putting renewed pressure on damaged infrastructure and scarce resources in Port au Prince. This highlights the importance of early recovery action beginning now, to help stabilize the situation, prevent further deterioration of local capacity, and shorten the need for humanitarian assistance.

### HUMANITARIAN PRIORITIES

The most urgent priorities for the humanitarian mission as a whole are shelter (only 23% of the estimated needs is currently covered through the Shelter Cluster partners), sanitation (with a coverage rate of only 5-10%), and food. However, for UNICEF, continued provision of safe water, rapid vaccination of children against measles, the scale-up of protection mechanisms to prevent exploitation and abuse of children—and the resumption and expansion of learning opportunities are also critical.

Continued scale-up and decentralisation of emergency coordination mechanisms and resources (both human

and supply) to coordination hubs in Jacmel and Leogane will be critical to reaching affected children in West and South-east and remote rural communities beyond.

### SENSE OF URGENCY FOR CHILDREN’S SURVIVAL

The sense of urgency is emphasised by the fact that the Government of Haiti, supported by the humanitarian mission, has a short window of opportunity not only to address immediate life-threatening needs of children – but provide a protective safety-net of support for vulnerable communities before the challenges of displacement are combined with external environmental threats. The rainy season, which usually starts in March, consistently increases morbidity rates for Haiti’s top childhood killers such as diarrhoea, acute respiratory illness (ARI), malnutrition, dengue and malaria – making it urgent now to address gaps in sanitation, hygiene and preventative and curative primary health care services.

Fortunately for those sheltering in camps, the rainy season is predicted to be lighter than usual – but unfortunately for the nation as a whole, less rain means a smaller harvest, particularly in the Gonaives area, which usually accounts for up to 60% of the country’s yield. The May-July “hunger-gap” (the time between planting and harvest) therefore, is anticipated to be particularly severe. Following harvest is the dreaded hurricane season – which can rock communities throughout the island of Hispaniola, regardless of the condition of their infrastructure or emergency response services.



The sense of urgency therefore, is driven not only by the humanitarian imperative (to save lives and alleviate suffering) – but by the recognition of a concrete timeline to prevent a further deterioration in the situation. For UNICEF, this also means ensuring contingency stocks and emergency preparedness.

## A RETURN TO NORMALCY IS NOT ENOUGH...

Although a quake of this magnitude is bound to have serious implications for any country, Haiti's political fragility, pervasive and extreme poverty, rapid population growth and urban overcrowding, explain why this quake had such a particularly disastrous impact on communities. It is very clear that a return to normalcy is not actually enough to enable a meaningful recovery and ensure survival and development of children.

In 2009 the United Nations Human Development Index ranked Haiti 149th out of 182 countries, making it possibly the poorest country in the western hemisphere, characterised by weak institutions and governance structures. Social safety nets and other social protection instruments were virtually non-existent before the crisis, with the allocation to the Ministry of Social Affairs at an abysmal 0.55% of the national budget in 2010. Basic social services such as education continue to be almost entirely run by non-state actors and the private sector, posing serious challenges for the education sector. Meanwhile in a country in which almost one in every 13 children dies before the age of five, the national budget for 2010 for the Ministry of Health decreased of 50% in comparison with 2009.

Any reconstruction plan that considers the needs of children will need to aim higher than the status quo if children are to progressively realise their rights to survival,

### MEETING THE DEMANDS OF HAITI'S CHILDREN

“What do you want most right now?”

“I want to go to school.”

“Were you in school before the quake?”

“No. But I want to go now”

“Why?”

“Because my country is broke and I want to fix it”

Conversation with Marie-Ange, 11 years old in Champs de Mars, one of the largest temporary settlement sites in Port-au-Prince. For a generation of children that will most likely “mark time” by this cataclysmic event, it is important that they remember the “post-quake” era show tangible evidence not just of recovery, but of development.



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On 27 January, a woman holds a toddler, standing in a tent encampment on the golf course of the Pétionville Club in Port-au-Prince, the capital. Several thousand people are living in this hillside camp covered with makeshift tents. Water is distributed in the camp by the international NGO Oxfam, from a UNICEF-provided bladder. UNICEF-provided bladder.

education and protection in Haiti, and be protected against future economic, environmental and/or social shocks. The Post Disaster Needs Assessment and Recovery Framework (PDNA/RF) is anticipated to address longer term recovery needs and priorities. It is a government-led exercise, (governed by institutional agreements with the WB, IADB, UN system and the EC), that pulls together information into a single, consolidated report detailing information on the physical impacts of a disaster, the economic value of the damages and losses in terms of infrastructure, institutions and social systems. The Ministry of Planning has been designated as the lead government institution for the PDNA. The Head of UNICEF Canada, Nigel Fischer, has been appointed as the Representative of the UN to the process.

It is clear that what Haiti needs most now is strong and effective institutions that can manage the recovery process. As the overarching duty bearer for the protection and progressive realisation of children's rights, it is absolutely critical that emergency service delivery efforts are fully integrated within the Government's plans. The Humanitarian Community must support the Government to fulfil its intention to drive, manage, monitor and hold international organisations and well as the political, business and civil society actors in the field accountable for the delivery of project results.

## SCALING UP

### UNICEF'S EMERGENCY RESPONSE CAPACITY

UNICEF has had a presence in Haiti for decades and is currently in the second year of its new three-year Country Programme of Cooperation (CP) with the Government of Haiti (2009-2010), which focuses on increasing government capacity to meet its commitments under the Convention on the Rights of the Child. However, UNICEF has recently scaled up its operational presence and capacity to meet current needs.

Following the destruction of the UNICEF office in Port-au-Prince, UNICEF relocated to the MINUSTAH Logistics Base, which continues to be used as a staging base for all operations. UNICEF also has Zonal Offices in Jacmel and in Leogane. The pre-crisis staffing structure was composed of 51 established posts of which 43 were filled as of 15 December 2009. As of 6 Feb, UNICEF has over 106 staff inside Haiti, primarily focused on emergency response. The medium term plan for human resource management is to ensure recruitment of an additional 88 staff members during the next 1.5 months to enable a successful transition from relief to early recovery for Haiti's institutions and communities.

UNICEF in Dominican Republic (DR) is also providing operational support to the Haiti Operation and meeting the needs of displaced Haitians across the border, and of vulnerable children in the border area. UNICEF DR therefore coordinates 'shadow/mirror' clusters and acts as the operational centre for Haiti assuming the responsibility of managing the emergency funds, HR related issues and coordinating offshore supplies, logistics, warehousing, road and air transport and ICT.

There has also been a rapid scale-up in logistics capacity for emergency response in Haiti since 12 January. Before the quake, warehouse capacity was 1,700 meters squared. In the 10 days following the quake, a second site was located and six additional rubb halls erected, adding 1,440 meters squared to the supply capacity. Before the quake, the supply component to the UNICEF Haiti Country Programme represented just over three million USD in 2009. Over the last three weeks only, programme-related stocks valued at over 5 million have been procured and are either in stock or distributed to partners. Stocks in on the pipeline are not included in this measurement and are substantial.



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At the airport in Port-au-Prince, Haiti, UNICEF reviews a list of newly arrived supply packages from the US Fund for UNICEF, along with Sister Marleine Joseph (centre), director of the Foye Zanmi Jezi orphanage.

### INTERAGENCY COLLABORATION AND COORDINATION

UNICEF's emergency response is fully integrated in the Interagency Standing Committee's cluster approach to coordination of humanitarian actors (see table below).

UNICEF and the Haiti Cluster System		
Sector/Cluster	Government Ministry/ Body	IASC Cluster Lead
Education	MEFP	UNICEF
Nutrition	MSPP	UNICEF
Protection (and Child Protection Sub-Cluster)	IBERS (Ministry of Social Affairs)	OHCHR (and UNICEF for Child Protection)
WASH	DPSPE, DINEPA	UNICEF
HEALTH	MSPP/MoH	WHO (with UNICEF co-leading working group on immunisation)

## REACHING OUT

### TO MEET CHILDREN'S NEEDS

UNICEF's response in emergencies is guided by the Core Commitments to Children (CCC), which outline the organisation's operational and programmatic commitments to upholding children's rights during emergencies. The following outline of programmatic achievements is structured by key commitment (CCC).

## WATER, SANITATION AND HYGIENE

### Situation Affecting Children

Water, sanitation and hygiene is absolutely critical to sustaining life and maintaining personal hygiene – however, for persons rendered homeless and displaced, access is not guaranteed. Children are therefore at a higher risk of dehydration and mortality and morbidity due to water-related disease, such as diarrhoea. Ensuring sufficient quantities of safe water, safe excreta disposal, bathing facilities, containers for water storage and sufficient quantities of hygiene items is critical to child survival in this crises.

The headquarters building of the government counterpart DINEPA (Direction de l'eau potable et de l'assainissement), did not suffer serious damage through the earthquake and the Directorate was therefore able to mobilize immediately to meet the emergency needs. However, they lack the capacity to meet needs at scale and are therefore seeking the assistance of the WASH Cluster. UNICEF is investigating ways to enhance technical capacity through the recruitment and support to DINEPA staff for each affected municipality.

### CCC: Effective leadership is established for WASH-Cluster/Interagency coordination

UNICEF is the cluster lead agency together with the national water supply and sanitation directorate DINEPA in partnership with over 50 international and national partners, including private sector firms. Coordination clusters have also been decentralised to Leogane (encompassing the municipalities of Leogane, Gressier, Petite Goave and Grand Goave- led by DINEPA and UNICEF) and to Jacmel (originally led by Ministry of Environment but soon to be chaired by UNICEF and DINEPA). Coordination meetings have also take place in Carrefour and Delmas. Given the close partnership, a MOU has been signed between DINEPA and UNICEF.

### CCC: Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

The emergency response to reach affected persons began immediately following the quake and by 7 February, DINEPA, with support from UNICEF and WASH Cluster partners, has gradually increased coverage of safe water to 83% of the targeted communities (1.1 million per-

sons). Now, over 911,200 people receive approximately five litres of safe water per persons per day in Port-au-Prince, Leogane and Jacmel. While this volume of water is small, the overall achievement in coverage has been a life-saving element of the overall emergency response. Needs in the rural areas receiving displaced persons—and along the border with Dominican Republic still need to be addressed.

A range of activities/techniques were used by WASH Cluster partners to ensure provision of safe water including water trucking from the various sites (boreholes approved by DINEPA) and from water treatment plants installed (mainly in Leogane, Gressier and Jacmel); rehabilitation of hand-pumps (primarily in Leogane); repair of the DINEPA water networks in Petit Goave and Port-au-Prince; distribution of water in bladders (plastic sachets) and bottles to hospitals and other critical community points for children UNICEF has provided technical and direct financial support (funding up to 50% of the emergency operation), in addition to provision of over 100 bladders (at 5,000 to 10,000 litre capacity), 30 India Mark III hand-pumps with pipes and 40,000 collapsible water containers and aqua tabs.

### CCC: Children and women access toilets and washing facilities that are culturally appropriate, secure and sanitary, user friendly and gender appropriate.

While provision water supply has been more or less rapid and smooth, this is not the case with sanitation where so far only 5% of the needs of persons in affected Departments have been met in term of latrines. As of 10 February, close to 1,000 latrines have been reported as constructed, leaving a gap of at least 21,000 latrines to be constructed to meet the emergency needs of the 1,100,000 people targeted, (assuming a basic ratio of 1 latrine for 50 people, which is still more than twice below agreed standards). The sanitation response was delayed by a number of factors including high water table in some areas and general coordination challenges.

An urgent "first phase" of sanitation scale-up before the rainy season has been put forward by the WASH Cluster partners – to rapidly erect 9,000 latrines in Port-au-Prince and about 2000 outside of the metropolitan area in Jacmel, Gressier, Leogane, Petite Goave and Grand Goave. Of the 9,000 a procurement plan for procurement and distribution of 3,000 portable and/or "emptiable" latrines (which enable maintenance) in Port-au-Prince along with necessary dislodging/vaccum trucks, within the coming weeks. Oxfam; Care; CRS; ACF and IFRC will be contributing, in addition to UNICEF's provision of two dislodging trucks, 500 portable

latrines and is ordering 600 “emptiable” latrines. For latrine construction in other areas, UNICEF has distributed 1,200 latrines slabs (with 24,000 slabs in the pipeline) and 1,000 portable toilets (including cleaning services) and provision of plastic sheeting (50 rolls of 4X50 meters, 500 of 4X5 meters). UNICEF partnership agreements are also being finalised with seven major WASH partners, with a value over 5.8 million USD, covering the needs of close to 450,000 persons.

This however, is only an interim plan. Compiling the immediate commitments from 25 key WASH Cluster key players, a gap of at least 4,000 portable latrines is identified, along with a need for 40 dislodging trucks. UNICEF and DINEPA are working on a plan of acceleration and supplementation of gaps that the WASH cluster partners will not be able to feel. Such a plan may include a rental by UNICEF of up to 1000 portable latrines along with dislodging facilities for a limited duration.

Although the focus is now on latrines, sanitation also includes bathing facilities, washing areas, drainage and waste collection and disposal (UNICEF is support solid waste collection while UNDP is supporting removal). Learning from the latrines experience, WASH Cluster partners have been urged not to delay these activities. To provide guidance on this, a standardized comprehensive sanitation package to be implemented in each site has been agreed upon.

### **CCC: Children and women receive critical WASH related information to prevent child illness**

Communication messages on proper health and hygiene practices are being broadcasted through radio stations in affected areas and two sound trucks in Port-au-Prince, two in Gressier-Leogane-Grand Goave-Petit Goave and one in Jacmel, with financial and technical support from UNICEF. DINEPA has produced billboard on basic hygiene practices focus on water treatment and use that will be soon displayed in affected areas. A WASH Cluster working group on hygiene promotion agrees on messages to be used, in coordination with the Ministry of Health, and ensures adequate communication/social mobilization approaches and required sensitization materials. Most WASH Cluster partners have started community-based sensitization processes, including distribution of leaflets on hygiene practices.

As of 10 February, 65,377 Hygiene kits have been distributed by WASH Cluster partners to about 327, 000 people in the various affected areas, representing 30% coverage of the target. UNICEF has 21,000 hygiene kits in country or already distributed and has ordered 98,000 additional.



A girl, held by her father, cries as a health worker vaccinates her, at Sylvio Cator Stadium in the centre of Port-au-Prince, the capital. The stadium is serving as a temporary settlement area and is the site of the initial pilot vaccination round, carried out by the Ministry of Health and members of the Health Cluster.

## **PRIMARY HEALTH CARE**

### **Situation Affecting Children**

One month after the earthquake, many women and children are at an increased risk of various health threats, particularly communicable diseases. The stress of displacement, combined with lack of proper shelter, safe water and adequate nutrition, and close proximity of persons in overcrowded shelters has increased children’s susceptibility to acute respiratory infections and deadly childhood diseases such as measles and diarrhoea. At the moment there are no official reports of increased childhood diseases. (To date, seven suspected cases of measles have been reported. None of these cases have been confirmed as measles, although the results of three are pending laboratory confirmation).

Monitoring of child health issues is conducted through different activities (vaccination, nutrition, and infectious disease surveillance). Information regarding the six priority diseases/syndromes that require immediate reporting has been distributed to sentinel site hospitals and clinics in French and Creole. However, laboratory capacity for collecting specimens and confirming cases (especially of measles, hemorrhagic fever and diphtheria) remains limited and CDC; WFO/PAHO and MoH are addressing the issue.

There is no verifiable data on the count of child injuries in Haiti, although the Dominican Republic reports ac-

cepting some 2,200 injured haitians for treatment, out of which some 200 were children. Three centers were approved by CONANI (the Dominican Republic National Children's Council) as temporary rehabilitative centres for amputee and disabled children and their families in Santo Domingo and Jimani.

The building of the Ministry of Public Health and Population was completely destroyed during the quake and as a result, there is no real office space for staff. The devastation has also impacted on health institutions, many of them were completely or partially destroyed, and in the majority of the cases patients are relocated in the yard of these institutions under the tents or on the ground. In many instances, yards of health facilities have become camps for displaced people who have lost their houses. Given the extensive loss of infrastructure children and mothers have extremely limited access to services for common illnesses, post-trauma care, emergency obstetric care, and preventive services such as EPI. Humanitarian organisations therefore, have been requested to fill the gap temporarily.

**CCC: Interagency coordination mechanism are supported and enhanced**

WHO is the IASC Cluster-lead agency for Health UNICEF is an active member of the Cluster and co-leads a working group on immunisation. Ministry of Health has stressed the importance re-establishing the committee on HIV/AIDS, for which UNICEF will play a key role in PMTCT. UNICEF is also supporting the development of the health cluster work plan and participates actively in the maternal health working group.

**CCC: Children and women access life-saving interventions through population-based/community based activities.**

WHO and UNICEF have provided technical and operational support for Government-fielded health teams dispatched to the affected areas, and are supporting the establishment of temporary health facilities. Working closely with the Ministry of Health and WHO, UNICEF will help assess the damage to health facilities to determine what longer-term actions may be necessary, based on the one-year mitigation plan and the five-year development plan being developed by the Ministry of Health in line with the PDNA.

The distribution of UNICEF medical supplies to basic care facilities and mobile clinics in hard-hit areas is now accelerating. A distribution plan of cold chain equipment and medical is developed and being implemented. UNICEF has also distributed over 731 Hygiene Baby Kits to

21 residential child centers, with the potential to reach approximately 1,435 children.

In 2007-08, Haiti conducted a national vaccination campaign with Measles and Rubella vaccine targeting all children and young adults 1 – 19 years of age, regardless of previous vaccination status. Nationally, coverage was estimated at 80%, but only roughly 70% in Cite Soleil. This same survey estimated routine coverage for children 12 – 23 months of age with a measles containing vaccine at roughly 42%, among children with vaccination cards. Routine coverage in the impacted areas ranged between 37% and 71%. There was an urgent need therefore, in the post-quake context, to protect children from vaccine –preventable disease.

The immunization response plan developed by the Ministry of Health with technical support from UNICEF and WHO, has been endorsed by the National Crisis Committee for Health. Integral in this plan is the immunisation campaign, targeting 500,000 children under seven years old in three affected Departments, which started on 2 February in collaboration with the Ministry of Health, WHO/PAHO, UNICEF and other cluster partners. To date, at least five sites have been reached but preliminary results are pending. UNICEF has ordered vaccines and supplies required vaccination campaign and is sharing the operational costs of the activities with WHO/PAHO. Current partners include the Federation of Red Cross and Red Crescent Societies, MINUSTAH Cuban Brigade, and Brazilian NGO "Viva Rio". Future partners include MDM France, MSF, MDM Canada, and AMI (Assistance Medical International).

**CCC: Children, young people and women access HIV and AIDS prevention, care and treatment during crisis**

The Ministry of Health has stressed the importance of re-establishing the committee on HIV/AIDS, for which UNICEF will play a key role in PMTCT. The first meeting was held on 5 February, with some 15 organizations participating. Four subcommittees were formed focusing on a) assessments of persons living with aids; b) evaluation; c) surveillance in the institutions and the settlements; d) treatment issues. Over 3% of the adult population (pre-crisis) was estimated to be living with HIV and, according to pre-quake statistics, only one in five HIV-positive pregnant women has access to ARV therapy to prevent mother-to-child transmission. Approximately 5,000 babies are born every year with HIV.

## NUTRITION

### Situation Affecting Children

The underlying causes of child malnutrition include inadequate safe water, improper health and hygiene practices, poor infant and young child feeding practices, lack of food and of diversity in diet, as well as the burden of disease. It is therefore a critical indicator of the vulnerability of children and often manifests itself as acute malnutrition, in the wake of disasters. In Haiti the prevalence of Global Acute Malnutrition (GAM) is expected to rise in the coming months due to the stress of displacement (on both IDPs and host communities), the rainy season and the seasonal hunger gap. The rainy season (March–April) will likely increase morbidity rates for childhood disease (ARI, diarrhea) while the hungry season (May–July) is anticipated to be particularly severe as the Gonaïves area is expected to receive less rainfall than usual, thereby diminishing harvests (which usually account for up to 60% of the country's yield).

Although post-crisis nutritional surveys and assessments are pending – pre-crisis GAM was estimated at 4.5% for the affected areas, with severe acute malnutrition (SAM) at 0.8%. At these levels, 17,500 of Haiti's affected children are suffering acute malnutrition and 3,100 of these are severely malnourished and in need of life-saving assistance. Using recent CDC demographic calculations against the affected population however, a projected yearly GAM caseload of 27,200 children under-five might be used for interim planning purposes, of which 4,850 cases will be severe. Preliminary analysis using this number of children indicate that the nutrition interventions will need to double their coverage to meet current needs.

Malnutrition has always been a serious concern for Haiti's children, with an estimated one in three children under-five chronically malnourished, and one in twenty suffering from acute malnutrition prior to the quake. Despite these concerns, serious technical gaps in the capacity of health workers to identify refer and manage acute malnutrition.

Recognizing the challenge, the Government, UNICEF and Nutrition sector partners, only weeks before the quake, agreed on the Haitian Protocol for Community

The Nutrition Cluster has launched an independent coordination website through the OneResponse forum which includes the latest technical guidance notes, policies, coordination tools and mapping of nutrition partners and services. See: [www.oneresponse.info/Disasters/Haiti/Nutrition/Pages/default.aspx](http://www.oneresponse.info/Disasters/Haiti/Nutrition/Pages/default.aspx)



On 23 January, a woman bathes her baby daughter in a plastic basin, in the Pinchinat camp for people displaced by the earthquake, on a football pitch in the city of Jacmel.

Management of Acute Malnutrition (CMAM). Extensive training workshops were scheduled for the third week of January, but they were obviously not held – therefore a serious gap in technical capacity exists in this sector to identify, refer and properly treat children in need of life-saving assistance.

#### **CCC: Effective leadership is established for Nutrition Cluster Interagency Coordination**

UNICEF is co-chairing the Nutrition Cluster with Ministry of Health and strong support from the coordination unit of the national program of food and nutrition, (MSPP), who chairs coordination meetings. There are now 45 registered Cluster members but over 100 different partners have attended Cluster meetings.

#### **CCC: Timely nutritional assessment and surveillance systems are established**

The nutrition cluster are discussing a working arrangement with CDC and the Health cluster (and Health and Nutrition Tracking System) to develop an initial nutrition surveillance system for the emergency phase and to use this system to form a basis of a longer term National Nutrition Surveillance system.

**CCC: Relevant information about nutrition programme activities is available and support for appropriate infant and young child feeding is accessed by women and affected children**

To address Infant and Young Child Feeding (IYCF) needs of communities around Port au Prince, a community based package utilising baby friendly tents in 18 of the more substantial spontaneous settlements have been established to provide counselling, advice on feeding practices and preventive measures.

To feed the relatively small but critically at risk number of children who do not have ready access to breastfeeding, provision of Ready to Use Infant Formula (RUIF) has been included in the package. Distribution and use of RUIF is closely monitored by INGO partners to avoid spill-over in the general population. In the next few weeks 41 more Baby friendly tents will be established throughout the affected areas. Guidance and tools for managing these “baby-tents” have been issued to ensure they are mother and child friendly, and link mothers with the supportive counselling to optimize child nutrition.

In Leogane, Children’s Nutrition Programme (CNP), in partnership with Save the Children and supported by UNICEF, has trained community health workers (70 men and 70 women) to access the mountain villages around Leogane, and provide pregnant women and mothers with infants with counselling on proper feeding practices.

UNICEF has also supported the broadcasting of radio messages in French and Creole in affected areas since the first week after the quake and a “helpline” on infant formula has been established to guide operations. The Nutrition Cluster has also disseminated the locations of the health structures for referral of severely acute malnutrition cases (with or without complications) to the outpatient and inpatient sites within and outside of Port au Prince.

**CCC: Children and women with acute malnutrition access appropriate acute malnutrition management.**

As of 7 February, 22 nutrition stabilization centres for the management of acute malnutrition are operating within Haiti, and 12 more are planned in the near future.

Despite the interruption of the CMAM training programme in January, a combination of the capacity built previously and increased training activities in the last 3 weeks, have allowed the opening of 88 village and town-based static Outpatient Therapeutic Programs (OTP) for the treatment of severe acute malnutrition (SAM) are open in Haiti, while 6 mobile teams have reported they offer the program. An additional 81 static sites and six mobile sites are also planned in the affected area and IDP receiving towns and villages. UNICEF has signed agreements with two nutrition NGO's to support the

management of 25 centres. UNICEF has provided therapeutic and supplemental feeding products and anthropomorphic equipment to enable identification of malnutrition, and technical assistance to many of these nutrition programs.

Reports from partners indicate that at least 398 children under-five have been enrolled in targeted supplementary feeding programs to date, and 131 children afflicted with severely acute malnutrition have been admitted to the outpatient care centres (as per nine reports out of 40 Cluster partners). The cluster is completing a gap and risk analysis to prioritize areas of mid-term (6-12 month) need, and is identifying candidate health facilities and partners for scale-up in towns currently not covered or that fall within the areas of high nutritional risk. UNICEF is providing technical and logistical support.

Blanket supplementary wet feeding (on-site meal preparation and cooking) started in Jacmel within a week of the quake and continues now. Blanket supplementary dry feeding in Port au Prince has started through WFP.

**CCC: Children and women access micro-nutrients from fortified foods, supplements or multiple micro-nutrient preparations**

Vitamin A is being distributed to all children to 6-59 months as part of the rolling vaccination campaign targeting 500,000 children.

## PRIMARY EDUCATION

### Situation Affecting Children

The Education sector, similar to other sectors, has been hard hit by the crises. The Ministry of Education announced a revised estimate of 80% destroyed or severely damaged schools for the West –and 35-40% destroyed for the South-East on 11 February. This could mean as many as 5,000 schools were destroyed – but a rapid needs assessment of over 5,000 primary schools led by the MoE, and logistically supported by UNICEF and partners, (from 28 January until 2 February) should provide a more accurate figure. Results of the final analysis have not been released yet.

Ministry of Education and Ministry of Public Works are also conducting a more “in-depth” evaluation of the school buildings in the affected areas in mid-February, in coordination with UNOPS. This will be the basis from which to decide on reconstruction requirements. Schools across the country closed with the onset of the

earthquake. Schools in non-affected areas were originally meant to open on the 1 of February, but anecdotal reports from the field indicate that only trickle of students are returning, primarily due to parental fears for their safety and the presence of IDPs sheltering in school facilities.

Although it is impossible to estimate at this time, this could mean that as many as 2.9 million children are not accessing their right to education throughout the country, including around 70,000 children in the Dominican Republic and the border areas of Jimani, Djabón, Elias Piña. It is now anticipated that schooling in the affected areas will restart throughout March 2010 in order not to lose valuable time in the current school year. However, due to the high likelihood of imminent natural disasters in Haiti (including hurricanes), the Government is cautioning schools not to start repair works or open schools until they have been given the go ahead following certification by experts.

The Ministry of Education Headquarters in Port-au-Prince was also completely destroyed and the Ministry lost five senior advisors, in addition to other staff. UNESCO has offered limited office space to the Minister and his team to conduct operations – and UNICEF has provided a 72m<sup>2</sup> tent to increase safe office space. UNICEF will continue to support the MoE in re-establishing their workspace and is mobilizing technical assistance/experts for the MoE in urban planning, architecture and engineering to support the MoE in terms of evaluation of infrastructure, temporary learning spaces and reconstruction efforts.

The Haitian education system however, has a history of exclusion and structural difficulties which underline these immediate challenges. According to PRSP and the National Education for All Strategy there was 76% net enrolment rate for primary school in 2008. However, the EMMUS report for the same year (Enquete de morbidite, mortalite et utilization des services), records that 55% of school-aged children were out of school in Haiti. Monitoring has been complicated by the fact that public primary schools account for only 8% of all facilities and host only 20% of the total students.

For the past decades there has been virtually no regulation or control of the growing private sector, which has resulted in the vast majority of these schools operating far below minimum standards. The majority of schools (both public and private) present deplorable infrastructural and environmental conditions, lack of basic services, and insufficiency of furniture and school facilities. For this reason, even before the quake, Haiti was



On the morning of 2 February, (left) Sister Marleine Joseph and another nun from the UNICEF-assisted Foye Zanmi Jezi orphanage unpack a box of newly arrived care packages for children, in the Lilavois neighbourhood of Port-au-Prince, the capital.

unlikely to achieve neither the “Education For All” goals in 2015 nor the MDGs.

### **CCC: Effective Leadership is established for Education Cluster/Interagency Coordination (with co-lead agency)**

The Education Cluster is co-lead by UNICEF and Save the Children, in support of the Ministry of Education, who will often chair meetings in Port-au-Prince. UNICEF and Save will also coordinate Education Cluster meetings in Jacmel and Leogane but need to scale-up presence to ensure this. In addition, the Cluster Group together is feeding into the Sectoral Education Group (already established before the crisis with participation from WB, AU, and major development partners) in order to ensure harmonized and aligned programming for the medium and long-term.

### **CCC: Children access quality education Opportunities**

The overall goal of the Education Cluster is support the continuity of education in affected areas and those receiving displaced persons, with a gradual focus on expanding education opportunities for all children. Priority needs within the education sector within the next three months are as follows: i) opening of primary schools in all non or in-directly areas (foreseen during March 2010); ii) ensuring availability of temporary learning spaces for children and youth directly and indirectly af-

ected by the earthquake; iii) coordination and planning for reconstruction of school buildings both in affected and non-affected areas; iv) psychosocial support for teachers and from teachers to learners; v) support to education authorities and administrators tasked with the national coordination of the response and the eventual reconstruction of the system and vi) needs assessment and analysis to gain a fuller picture of the prioritized education-related needs for the Haitian population and to inform medium to longer-term planning.

Within the last four weeks, UNICEF ordered tents for temporary learning spaces, teaching and learning materials to cover the needs of 720,000 children. Some 150 72m<sup>2</sup> school tents will be distributed in non-/indirectly affected areas in the second week of February targeting at least 10,000 pre- and primary school aged children. This will be accompanied with the distribution of teaching and learning materials (360 school-in-a box kits, 390 recreation kits). Distribution plans for additional materials are being discussed within the MoE and the Education Cluster.

In addition to covering the “hard-ware” needs for learning, the Education Cluster, in support of the MoE, is working on the identification of over 4,400 additional teaching personnel to cover overcrowded schools in indirectly affected areas as well as for damaged/ destroyed schools in affected areas. An accelerated training programme for new and existing teaching personnel is under development. Finally, UNICEF is assisting the MoE with efforts to develop a country-wide “Go-to-School, Back-to-School” campaign, designed to mobilise children, through their communities and caregivers, not just to return to class – but to go for the first time.

UNICEF is supporting the MoE in these efforts and in passing key messages to communities on the importance for children to return to school. The latest date to reopen schools is 31 March 2010 in order not to lose the current school year. The MoE is aware of this huge challenge and the cluster is supporting the MoE in these efforts. Catch-up classes for children having missed out schools will be put in place under the leadership of the MoE.

UNICEF will also target 70,000 children on both sides of the Haiti-Dominican Republic border and will focus on immediate needs of rebuilding security and confidence in children, their families and their teachers/caregivers, including structures and mechanisms for psycho-social recovery and life skills building, as well as on ensuring the right of every girl and boy to access quality education.

### **CCC: Psycho-social and health services for children and teachers is integrated in education response.**

Psychosocial support and training for over 10,000 teachers is being planned by UNICEF, MoE and Education Cluster partners. Modules (including psycho-social support, SGBV, disaster risk reduction and other emergency themes) and dates for the training are being discussed.

## **EARLY CHILDHOOD DEVELOPMENT**

Young children (from birth to age 6) are particularly vulnerable in situations of crisis, instability and violence – and need access to a minimum level of quality services that promote and enable their continued overall development. To address the basic needs of 226,000 young children, an Early Childhood Development (ECD) task team was formed on 10 February and is headed by the UNICEF ECD Specialist, in coordination with Education, Child Protection, Health and Nutrition.

Over the past four weeks approximately 541 ECD kits have been distributed to residential child care centres, child-friendly spaces and infant and young child feeding programmes. Each kit contains materials for care givers to set-up the safe environment; age-appropriate early learning, play and simulation materials; basic items for hygiene (soap and water containers) and an activity guide in French to enable caregivers to organise basic structured play. Each kit can address the needs of 50 children.

## **CHILD PROTECTION**

### **Situation Affecting Children**

The protection risks on children following the 12 January earthquake are multiple. Children have lost parents or other care-givers. Adults and children were evacuated to hospitals, sometimes abroad, without necessarily being properly registered. In the panic following the disaster, other children became separated from their primary care-giver. Some were temporarily cared for by neighbours or other members of the community. Some were simply dropped at orphanages and crèches. Reports of children being illegally displaced across borders ostensibly for inter-country adoption, care (including medical care) or for exploitation notably in the Dominican Republic, have continued unabated since the very first days.

As the weeks pass by and if the humanitarian assistance provided to families doesn't cover their needs, risks of secondary separation increase. Temporary caregivers who, out of solidarity, have taken on a separated child are more likely to drop these children into children residential care facilities or hand them over to Haitian social services, the NGOs or to representatives of unregulated groups. Some might be at increased risk of exploitation. The earthquake and its consequences also resulted in great distress for children. Schooling has been interrupted as have been all forms of "normal" structuring activities. Finally, violence, in particular gender-based violence, is likely to increase further in the weeks and months following the earthquake, in the crowded temporary shelters.

These challenges must be considered in the context of an already weak social protection system with national authorities unable to provide a level of care and protection for children meeting international standards. Prior to the quake, some 173,000 (estimates) children called "Restavec" were working as domestic help (2002) in conditions that amounted to slavery; 50,000 children lived in institutional care facilities and 2, 3000-to 4000 lived on the streets, mainly in Port-au-prince.

Since the earthquake, the principal government institution for child protection, the "Institut du Bien Etre Social et de la Recherche" (IBERS), is working out of makeshift shelter with limited staff. Its capacity to manage the recovery efforts needs urgent strengthening. The emergency child protection response should reinforce national child protection authorities and lead to a longer term reform of the country's social protection, for a system based on family care rather than on the systematic institutionalisation or inter-country adoption of children.

**CCC: Effective Leadership is established for both Child Protection and GBV Cluster.**

UNICEF coordinates the Child protection Sub-cluster (which now has over 57 members) in support of IBERS and other government bodies to ensure that child protection concerns are taken into consideration in the planning, implementation and monitoring work of other clusters. UNICEF also coordinates the working group on Separated Children.

A mental health and psychosocial working group has been established under the co-leadership of UNICEF and IOM, to coordinate MHPSS activities within and across the clusters, and includes three tasks teams: education in psychosocial report, Child Friendly Spaces and Mental Health within Health. To date, there are 21 organizations conducting more than 50 mental health



On 25 January, (centre) seven-year-old Benoit eats his first meal at the L'Escale children's shelter on the outskirts of Port-au-Prince, the capital. The facility, with UNICEF support, is serving as an interim care centre for up to 100 unaccompanied children in the aftermath of the earthquake.

and psychosocial activities in 10 communes.

**CCC: Separation of children from families is prevented and addressed and family-based care is promoted**

Registration is crucial for separated children in order to reduce the vulnerability of children to illegal displacement and risks of exploitation. UNICEF, Save the Children US, IRC, World Vision, CRS and Heartland Alliance, operating under the overall authority of the IBERS officially started the registration process on 7 February registered 52 children in the first two days. Some 50 registers (out of a planned 150), including 11 from the IBERS, were trained in two separate sessions, supported by UNICEF. An inter-agency hub for the coordination of the three-month process and management of the tracing database, is being established at UNICEF's hub in MINUSTAH LogBase.

A comprehensive interim family care programme is being set up with support from UNICEF and Cluster partners. UNICEF is supporting IBERS and a community-based organisation to establish two short-term interim care facilities, and to ensure that they are adequately equipped and staffed to provide care and protection to children in the most dire of situations.

**CCC: Key Child Protection Mechanisms are strengthened in emergency affected areas.**

UNICEF has worked closely with IBERS and the “Brigades de Protection des Mineurs” (BPM) in order to improve the protection of children in residential care facilities and to prevent the illegal displacement of separated children through the border point of Malpasse. While effective border control is critical during both emergency situations and regular development contexts, in this particular context, a variety of challenges prevented the appropriate authorities from being able to fulfil their mandated responsibility.

With support from the Child Protection Cluster, CONANI wrote letter to Migration, the Military and Ministry of Health to warn about the child protection risks. UNICEF and Red Cross organize trainings on family tracing for Dominican government officials and NGO partners working in border areas. An initial 12 month Child Protection Strategy was developed for the cross-border activities in Haiti and the Dominican Republic as well as with Government officials in the Dominican Republic.

Child residential care facilities have been surveyed and, to date, 228 of them received child protection kits, consisting of clothes, blankets, shoes and hygiene supplies. Some 536 kits have been distributed in total, benefiting over 12, 867 children. UNICEF has also delivered 126, 070 litres of water to the same care facilities. When needed, these facilities were referred to other clusters for the provision of life-saving humanitarian assistance.

With the technical and financial support of UNICEF, IBERS and the BPM are stepping up their control of child residential facilities and are in the process of closing three in which abuse had been identified. They will also increase their prevention and investigation services in key sites/camps of Port-au-Prince, Jacmel, and two zones of IDPs (Artibonite, South).

Some 33 Child Friendly Spaces offering integrated care and referral services have been established in affected areas by Sub-Cluster partners. The second UNICEF-supported training on the basic structure and principles of child friendly spaces and was conducted on 8 February for 30 participants of community-based organizations that are managing spaces or will be expanding facilities.

**CCC: Psycho-social support is provided to children and their caregivers**

A great deal of psychological interventions have been conducted, but more attention needs to be paid to community mobilization and strengthening the capacity of existing resources such as communities, families and

service providers to conduct social interventions, as well as services for people with severe mental disorders. A technical guidance note has been produced and disseminated to all key partners, who have been “mapped” to identify gaps and avoid duplication. A strategic framework has been developed and agreed to with all partners and key messages are agreed to and will be disseminated in the coming days.

## THE FLASH APPEAL

### FUNDING AGAINST REQUIREMENTS

In the immediate aftermath of the earthquake, the UN and partners launched a Flash Appeal totaling US\$ 575,010,654. UNICEF’s portion was US\$ 127,975,000, representing 22% of the overall Flash Appeal (the second largest component next to WFP).

UNICEF’s response activities in the original Flash Appeal have received strong support, with over US\$121.8 million received to date, including generous contributions from private and public sector donors. The top three donors to UNICEF’s emergency response in Haiti are currently the US Fund for UNICEF, the Government of the Canada, and the Government of Norway, all of which have provided critical un-earmarked contributions.

The Flash Appeal is currently under revision and will be launched on 17 February by former US President Clinton, the United Nations Special Envoy to Haiti. UNICEF is sincerely grateful for all contributions to help support women and children in Haiti during this time of urgent need.

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