

UNICEF Humanitarian Action 2010

HAITI

After the 12 January 2010 earthquake in Haiti, an inter-agency Flash Appeal was launched covering the main humanitarian needs, including US\$222,757,000 for UNICEF's immediate response. This document highlights requirements above the ones outlined in the Flash Appeal, linking preparedness, recovery, disaster risk reduction and residual humanitarian needs for the medium response in Haiti with additional needs of US\$127,243,000. This Humanitarian Action and Recovery update spans a timeframe of 24 months, and updates the Haiti chapter in the 2010 Humanitarian Action Report, which detailed humanitarian needs prior to the massive earthquake of early January.

SITUATION UPDATE

The earthquake that devastated Haiti on 12 January 2010 killed over 220,000 people, injured over 300,000 and resulted in up to 4,000 amputations. Three million people, or 30 per cent of the population, have been affected; some 2.1 million Haitians, or 400,000 households, are reportedly displaced and living in over 1,300 spontaneous sites, of which around 900 are in Port-au-Prince. With 40 per cent of the population under fourteen in Haiti, children have been disproportionately affected by the earthquake and it is very clear that this has been – and continues to be – a children's emergency. Nearly 1.5 million children have seen their lives dramatically disrupted and many more remain at risk and continue to require assistance and protection.

The earthquake in Haiti has compounded the already very difficult humanitarian conditions in a country where 70 per cent of the population lives on less than US\$2 per day.¹ Already before the earthquake, Haiti's children were up against unfavourable indicators: one out of every 13 infants died before the age of five; over 30 per cent of children under the age of five were chronically undernourished; immunization levels were below 60 per cent, 55 per cent of school-aged children were out of school; 50,000 were in some 600 residential care facilities; an estimated 225,000 children were in domestic service or other form of servitude² and an estimated 2,000 girls and boys were trafficked across borders annually. Approximately 120,000 people were living with HIV in Haiti, 7,000 of whom were children age 0-14; HIV prevalence in young people age 15-24 was higher for girls, at 1.6 per cent, while 0.6 per cent for boys.³

The earthquake dramatically increased the risk of infection and communicable diseases, significantly disrupted feeding practices and nutrition-related services and consequently has placed very large numbers of infants, young children, pregnant and lactating women at increased risk of mortality and malnutrition. The entire health system has been deeply affected in its infrastructure and organisation, decreasing its capacity to respond to the pressing health needs of the population. The heavy rains that have started and the upcoming hurricane season further complicate an already disastrous situation. Children are at higher risk of dehydration, mortality and morbidity due to diarrhoea and waterborne diseases. The population has been strongly affected and also requires mental health and psycho-social support. The current emergency has further exacerbated child protection concerns significantly. Immediate issues include the safety and well-being of children in residential care facilities, the needs of separated children and unaccompanied minors, the threat of child trafficking and other forms of exploitation, and the general gaps in social protection and welfare for affected children. These issues have also placed children, particularly adolescents, at increased risk of HIV. There is also an overwhelming need for psychosocial assistance to children affected by the earthquake. The education sector was particularly hard-hit by this crisis. Since schools across the country closed after the earthquake, up to 2.9 million children either experienced an interruption in their studies or a continued lack of access to basic education. The earthquake affected some 4,992 schools, of which 3,978 were destroyed or damaged (revised figures from Ministry of Education), as well as the Ministry of Education building itself, and led to the deaths of around 38,000 students, 1,347 teachers and 180 education personnel (Initial Situation Assessment).

¹ According to the Post Disaster Needs Assessment (PDNA), the total value of damage and losses is estimated at US \$7.86\$7.9 billion. This is equivalent to more than 120 per cent of Haiti's 2009 gross domestic product (GDP).

² Demographic and Health Survey (EMMUS) VI, 2005-2006.

³ Epidemiological Fact Sheet on Haiti 2008, WHO, UNAIDS, UNICEF.
http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_HT.pdf

KEY RESULTS FOR CHILDREN

UNICEF, in line with its Core Commitments for Children and with its partners and cluster structures has been delivering emergency assistance to Haitian children in the sectors of water, sanitation and hygiene (WASH), nutrition, and health. As part of its commitments, UNICEF has also been striving to provide children with a sense of safety and normalcy through designated spaces and materials for education, recreation, and early childhood development. UNICEF has also been working towards building and strengthening systems to protect girls, boys and women from violence, exploitation, abuse and neglect as well as HIV prevention, care, treatment and support.

Six months on, the following results have been achieved by UNICEF and its partners:

Water, Sanitation and Hygiene

- UNICEF along with the *Direction Nationale de l'Eau Potable et de l'Assainissement* (DINEPA); NGOs and the private sector, provided water to 1.2 million displaced people through water trucking to camps and kiosks. UNICEF's supply operation supports 333,000 persons out of the total number of persons reached.
- UNICEF, through implementing partners, has installed 9,000 latrines out of the total 11,000 installed by the WASH Cluster, benefitting around 1.6 million people, with a ratio of one latrine for every 145 persons. UNICEF has supported training on promotion of key hygiene practices for some 2,200 hygiene promoters and community mobilisers and some 213,240 persons have also benefited from UNICEF's distribution of personal hygiene kits.

Child Protection

- Over 62,800 children and youth are benefitting through structured activities for youth that include child friendly spaces (some 225 supported by UNICEF) and recreational and sport activities in camps and neighbourhoods in 25 different communes of Port-au-Prince, Léogane, Petit Goave, Jacmel and Les Cayes.
- Over 2,047 separated children have been registered of which 337 have been reunited with their families.
- The quality of care in 359 residential childcare centres—hosting approximately 25,300 children—has been evaluated, and immediate needs of children have been addressed in half of the centres with UNICEF support.
- Over 100 staff from the *Brigade de Protection des Mineurs* (BPM), the *Institut du Bien Etre Social et de Recherches* (IBESR), and the *Ministère des Affaires Sociales et du Travail* (MAST) received training on the prevention of child trafficking and other forms of violence, as well as direct financial, technical and supply support to enhance their capacity to expand child protection systems in locations relevant to each.

Education

- UNICEF and Cluster partners, with the Ministry of Education, have worked on a 'movement for learning' to promote the gradual enrolment of all children and adolescents in Haiti. Some 80 per cent of schools in Port-au-Prince and all schools in Petit and Grand Goave and Jacmel have reopened, most of them in temporary structures. UNICEF has been supporting the process by working with actors to prioritize schools for rubble clearance – and through the delivery of 1,297 school tents, which will act as temporary learning spaces in 225 different locations.
- UNICEF provided technical assistance to the Ministry of Education to develop an adapted curriculum for a condensed second semester so that children do not have to repeat their studies. Some 2,300 teachers and 3,000 education personnel have been trained in the new curriculum and on the provision of basic psycho-social support in school.
- To encourage enrolment, some 185,616 school-aged children have been provided with basic educational materials (out of 500,000 learners supported by the Education Cluster)—while 45,520 pre-schoolers received learning and recreational materials through the distribution of Early Childhood Development kits.

Nutrition

- Over 550,000 children under five and pregnant and lactating women have received ready-to-use supplementary food through the blanket feeding coordinated by WFP and members of the Food Security and Nutrition Clusters to prevent the deterioration of nutritional status.
- UNICEF and partners are supporting 28 in-patient stabilisations centres, and 126 outpatient therapeutic feeding programmes for the management of severe acute malnutrition without medical complications. To date, some 2,000 severely malnourished children have received life-saving treatment.
- Some 23,000 mothers and baby pairs have been supported through a network of 107 "baby-friendly tents" that provide counselling on proper infant and young child feeding such as exclusive breastfeeding. Some 3,000 babies for whom breastfeeding is not possible have been receiving ready-to-use infant formula (RUIF) through the baby-friendly tents, with guidance on proper use and practices.

Primary health care

- In support of the Health Cluster and the Ministry of Health, UNICEF has provided vaccines, injection devices and cold chain materials for the emergency vaccination campaign. To date over 228,000 children aged 9 months to 7 years have been vaccinated.
- In support of the Health Cluster and the Ministry of Health, UNICEF is supporting the expansion of decentralized public health system for maternal, neonatal and child health services. Over 177 Emergency Health Kits and health basic units have been supplied to provide the minimum package of health services to approximately 1,177,000 people for three months.

Overall, the humanitarian action taken over the past six months has contributed to averting a post-earthquake crisis. There have been no outbreaks of diseases or epidemics so far and the much anticipated malnutrition crises has not manifested, indicating that the humanitarian mission has indeed, contributed to a stabilisation of the situation. Much, however, remains to be done, including mitigating the risk of hurricanes. UNICEF has supported the interagency efforts to relocate displaced persons from areas that face rain related hazards and UNICEF taken measures to ensure readiness to respond to a potential second disaster. UNICEF is pre-positioning supplies to cover the basic needs of approximately 83,000 affected persons for one month, and an emergency field-support team has been set-up and maintains readiness to deploy anywhere in the country within 72 hours. In the medium to longer term, these preparedness efforts will be coupled with support to foster safer, more resilient communities through disaster risk reduction, mitigation and adaptation measures.

KEY CHALLENGES – NEW VISION: BEYOND SURVIVAL, A TRANSFORMATIVE AGENDA FOR THE CHILDREN OF HAITI

Beyond humanitarian relief, UNICEF is reconfiguring and expanding its programme and commitments to contribute to Haiti's transformation – since it is the country's political fragility, pervasive and extreme poverty and urban overcrowding, that explain why this quake had such a particularly disastrous impact on children and communities. It is clear that a return to normalcy is not enough for Haiti's children. The challenge lays in taking a step further from the 'building back better' approach: as an example, UNICEF is moving beyond the "back to school" approach to an "all children in school" approach. Only with children and their communities at the centre of the reconstruction effort we can build a new Haiti—a Haiti Fit for Children.

The overarching framework that will guide the recovery and transformative agenda is the **Haitian Action Plan for National Recovery and Development**, released at the end of March 2010, built upon a participatory Post Disaster Needs Assessment (PDNA). The plan outlines a basic roadmap for territorial, economic, social and institutional rebuilding during three phases: an emergency period (which is used to address immediate needs for shelter, basic education and preparation for shocks); an implementation period of 18 months for projects to "kick-start"; and a longer ten-year period, during which the reconstruction and recovery of Haiti will become a reality. The total value of requirements of the Action Plan for National Recovery is US\$3,864 billion. The social sector has the largest needs, estimated at US\$ 1,430 billion, including US\$780 million under Education for reconstruction of affected zones.

UNICEF is working jointly with the rest of the UN system to define its concrete contribution to the Government's recovery plan through the revision of the integrated strategic framework for Haiti, based on the Country Team's shared vision and the recommendations made recently by the Secretary-General to the Security Council on the future role of MINUSTAH. The linkages between the political process, security, humanitarian response and longer-term recovery interventions will be ensured through this framework. As a long-time partner in Haiti, UNICEF stands ready to build on its existing partnerships with the Government and local communities to help rebuild social services, such as health, water and sanitation, education and child protection, in a country struggling to put to rest decades of conflict and instability. One of the main challenges during the next months will be to concentrate efforts in capacity development, for both government and civil society, ensuring that Haitians are empowered to be the architects and drivers of their own reconstruction efforts. Political and social tensions remain a potential risk that needs to be factored into programmes and plans.

INTER-AGENCY COLLABORATION

In accordance with its inter-agency commitments UNICEF, in partnership with UN Agencies and in close collaboration with respective Ministries, has lead and co-lead roles in several Clusters or Sub-Clusters.

- In WASH, UNICEF co-leads the Cluster with the Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA);

- In Nutrition, UNICEF co-chairs the Cluster with the Ministère de la Santé Publique et de la Population (MSPP) in close collaboration with WFP;
- In Education, UNICEF co-leads the Cluster with Save the Children and in close collaboration with the Ministry of Education and UNESCO;
- In Child Protection, UNICEF leads the Sub-Cluster with a wide range of partners in support of and the Ministère des Affaires Sociales et du Travail (MAST); the Institut du Bien Etre Social et de Recherches (IBESR), and the Brigade de Protection des Mineurs (BPM).
- In GBV, UNICEF co-chairs the Working Group with UNFPA.

UNICEF is also working with the World Health Organization (WHO) and the Ministry of Health on resuming and expanding primary health care services, and is coordinating the humanitarian efforts in Mental Health and Psychosocial Support. UNICEF programmes and clusters are conducting contingency preparedness plans and interventions to mitigate the impact of the rains and the upcoming hurricane season. Funding to support the cluster coordination work is included in both the Flash Appeal and this mid-year Humanitarian and Recovery update for Haiti.

As a follow-up to the donor conference which took place in New York on 31 March, UNICEF is collaborating with partners to support the establishment of the Haitian Interim Reconstruction Commission and finalisation of the Haiti Reconstruction Fund (HRF). UNICEF is committed to continue coordinating closely with international and national partners through these new structures.

FUNDING REQUIREMENTS

As part of the inter-agency Flash Appeal for Haiti launched at the onset of the emergency in January and revised in February 2010, UNICEF requested **US\$222,757,000** for immediate needs. Thanks to the extraordinary support of donors from UNICEF National Committees, Governments and the general public, UNICEF's acute, life-saving and immediate interventions are reaching the most affected children and women.

Building on humanitarian principles in natural disasters and sustainable recovery, and on the Haiti 2010 Humanitarian Action Report⁴, which included preparedness and disaster risk reduction elements for chronic and recurrent emergencies, UNICEF is in the process of developing a longer-term plan, which will extend the emergency and recovery response for a period of 24 months (until 31 December 2011). Using the Haitian Action Plan for National Recovery as the guiding framework, UNICEF has initially revised the Haiti 2010 Humanitarian Action and Recovery requirements to a total amount of US\$127,243,000 for 24 months, in order to respond to the remaining humanitarian needs and recovery requirements in Education, WASH, Nutrition, Health and Child Protection for the medium and longer terms. Once a full inter-agency plan for Haiti is developed further revisions to the programme and funding adjustments may be required.

Funds against the Haiti Humanitarian Action and Recovery (US\$)				
Sector	Original 2010 HAR requirements	Revised HAR requirements (24 months)	Funds received	Funding gap
Education	2,800,000	31,443,000	1,000,000	30,443,000
Child Protection	2,100,000	18,300,000	500,000	17,800,000
Nutrition	5,400,000 (includes Health)*	26,500,000	500,000	26,000,000
Water, Sanitation and Hygiene	2,200,000	27,800,000	820,312	26,979,688
Health	***	23,200,000	500,000	22,700,000
HIV/AIDs	500,000	-		
Total**	13,000,000	127,243,000****	3,320,312	123,922,688

*Prior to the earthquake, Health and Nutrition activities were part of an integrated programme with total requirements at US\$5.4 million.

** The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

*** In the current programme HIV/AIDS is integrated into the sectors plans and budgets.

**** The requirement for year 2010 is US\$63,621,500.

⁴ The 2010 Humanitarian Action Report went to press just prior to the earthquake and thus includes pre-earthquake needs only.

EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

UNICEF, with its partners, will continue to support the relief operations while engaging in recovery and long-term support to Government efforts. The country remains vulnerable to natural disasters with the forthcoming hurricane season and therefore requires ongoing contingency planning and preparedness. Although longer-term objectives are starting to emerge from the PDNA and government plans, UNICEF is currently focusing on a two year work plan which will set the foundations towards those objectives and for sustainable development in general.

Education

The key to the overall transformation of Haiti is education. Sectoral needs identified under the Haitian Action Plan for National Recovery for Education are indeed the single largest component with an estimated US\$ 2,599.8 billion in requirements. Since the agenda is transformation, pre-earthquake challenges related to access, quality and lack of regulation are taken into account and require an extraordinary long-term response. Before the earthquake, public primary schools—many of low quality—accounted for only 8 per cent of all facilities and hosted 20 per cent of the total number of students. Non-public schools were running largely without supervision and many operating far below minimum standards. Direct and indirect costs presented a major obstacle to access and retention. The system was also starting to recover from the effects of three cyclones and a hurricane between August and September 2008.

Faced with these challenges, the potential for transforming the education system remains enormous. It is not enough to speak of a high demand for education in Haiti; there is a thirst for learning. Studies and surveys have shown that parents value education far above any other service for their children. However, there is much to be done to restore confidence in the education system, from the safety and security of school buildings and learning spaces, to the creation of a fully inclusive, regulated, free and effective education system. With this in mind, a nationwide **movement for learning** will be launched in September 2010 and will form the centrepiece of the education response to ensure equitable access to quality education for all Haitian children. In line with the Ministry's strategy for short-term response and long-term transformation under the Haitian National Plan, the Haitian Pact for Education, UNICEF will actively engage all partners including UNESCO, NGOs and civil society in a social movement which will empower parents and children. The movement will be a multi-layer, inter-sectoral initiative with three key components:

- *Education for All Children – “Metè men pou tout timoun ale lekòl” / Joining Hands to get all Children in School*
 - To allow children to return or move into a rhythm of learning (through provision of temporary learning spaces, early childhood development spaces, supplies for children and teachers, psychosocial support, recreation, non formal and pedagogical interventions) before the end of the current school year;
 - To support a massive enrolment drive for September 2010 and follow-up into 2011.
- *Equitable Access to Quality Education*
 - To ensure free and equitable access to quality primary education for all children, including through the elimination of direct and indirect costs to education and support through school-feeding programmes;
 - To assist with the rehabilitation and expansion of public school facilities – facilitating adoption of improved standards for a safer and healthier school environment that includes adequate gender-segregated, age appropriate WASH facilities, nutrition, health and child protection services, and innovative building technologies.
- *Regulation and Transformation*
 - To assist with the long-term expansion of the education system, through strategies that address capacity development of teachers and education personnel, and that advance qualitative interventions, including child and community participation;
 - To enhance the regulatory role of the Government in the transformation of the education system.
 - To assist the Ministry of Education's Civil Engineering team on defining standards and guidelines on the construction of schools and selecting prototypes for semi-permanent and permanent schools. In total, UNICEF will support the construction of 60 semi-permanent schools and 10 permanent schools.

UNICEF will also continue to provide technical and financial assistance to ensure adequate information management, situation analysis and coordination for the Education Cluster at both national and sub-national levels, in partnership with Save the Children.

Child Protection

The protection of children from violence, abuse and exploitation is another pressing need and long-term challenge. Protection problems directly created by the earthquake, such as children separated from their parents or psychosocial distress, are well known and immense. No less important, however, are the secondary effects of the earthquake which has further undermined fragile child-protection mechanisms and exacerbated the widespread forms of violence, abuse

and exploitation affecting children. In Haiti, violence against children was already rampant, including sexual violence against women and girls, large numbers of separated children living in residential care centres or on the streets, weak regulation of international adoption, and widespread child labour. An estimated 225,000 children were in domestic service (also known as *restavek*⁵), and at least 2,000 children were estimated to be trafficked annually to the Dominican Republic.

The unprecedented level of resources pledged to support Haiti in the wake of this disaster may provide the best opportunity yet to address these protection problems. International, government and community attention to child protection can help create the political will, Government commitment, technical capacity and community mobilization required to begin the process of reforming protection systems for children in Haiti. These joint efforts by UN partners, government institutions, NGOs, civil society and others will be articulated around two key components that permeate Haiti's Action Plan for National Recovery in sectors ranging from social services and governance, to cross-cutting themes on social protection, vulnerability, youth and gender:

- *Strengthening the Protective Environment for Children*
 - Coordination and advocacy on child protection with government, civil society, UN and other actors;
 - Prevention and response to separated children and promotion of family based care;
 - Strengthening child protection systems and government capacity on child protection through support to the *Ministère des Affaires Sociales et du Travail* (MAST); the *Institut du Bien Etre Social et de Recherches* (IBESR) and Child Protection Brigades; support to legal and policy reform on alternative care, adoption and trafficking; support in assessments, data collection, management and monitoring and reporting of child protection issues; and development of a capacity building plan for key government ministries on child protection;
 - Provision of child protection services including for victims of gender-based violence and trafficking;
 - Mobilising civil society, communities and families to protect children and adolescents through the development of child friendly spaces; messaging and information provision on child protection issues; and provision of community-based psychosocial support and gender-based violence prevention and response including HIV prevention, care, treatment and support.
- *Multi-sectoral services for children and families*
 - Priority areas will be identified, and an integrated package of services will be provided to children and their families including health, water and sanitation, nutrition, education and child protection;
 - Household economic and material support, including cash transfers;
 - Community and children participation in the identification and provision of these services;
 - Advocacy to leverage resources to address issues such as income generation and general social policy.

UNICEF will continue to provide technical and financial assistance to ensure adequate information management, situation analysis and coordination for the Child Protection Sub-Cluster at both national and sub-national levels.

Nutrition

Before the earthquake, over 30 per cent of Haitian children under five were chronically undernourished. Unless this is addressed, a substantial number of children will continue to die unnecessarily of nutrition-related causes, children will not be able to perform well in school, and those who survive will face reduced income and livelihood opportunities. Nutrition has thus been recognised as another key pillar in the Government's strategy as well as in the Haitian Action Plan for National Recovery.

To tackle chronic under-nutrition, programmatic efforts will focus on pregnant women and children up to 24 months, which is the period of the life cycle where nutritional deficiencies have irreversible impacts on growth and development. To implement an effective programme, UNICEF plans to deliver an integrated package of services and behaviour change messages to households and communities through a network of community-based workers. No such coherent, national network currently exists in Haiti, so efforts will be aimed at developing it in a way which is tailored to the country's needs. Integrated programming efforts will therefore focus on the following key actions:

- Improvement of maternal nutrition through micronutrient and/or food supplements during pregnancy/lactation;
- Improvement of early and exclusive breastfeeding for the first 6 months of life and the timely introduction of good quality complementary food while continuing breastfeeding until 24 months;
- Improvement of micronutrient intake through targeted supplementation of children aged 6-59 months, as well as nationwide food fortification of select staple foods and salt;

⁵ UNICEF-ILO supported study on children in domesticity, December 2002.

- Treatment of acute malnutrition using community as well as health centre based programmes;
- Prevention and treatment of communicable diseases through basic interventions such as deworming, treatment of diarrhoea, immunisation, and bed net distribution;
- Improvement of availability of clean drinking water, increased access to safe sanitation facilities, and improved hygiene behaviours, including the promotion of hand washing with soap.
- Establishment of a surveillance system to get nutrition data from feeding centres on a monthly basis.

UNICEF will continue to provide technical and financial assistance to ensure adequate information management, situation analysis and coordination for the Nutrition Cluster at both national and sub-national levels since effective action to improve nutrition in the aftermath of the earthquake is urgent. The programme will also combine immediate emergency interventions with a longer-term focus, bridged under the overarching principle of prevention, however, noting that nutrition needs identified in the Haitian Action Plan for National Recovery have thus been estimated at US\$ 1,060 million over three years.

Water, Sanitation and Hygiene

Even before the earthquake, WASH services in Haiti were poor. One in five people living in urban areas had access to piped water, dropping to only one in twenty in rural areas. The vast majority of the population relies on bottled water, private vendors at kiosks, or trucked supplies. Only 24 per cent of urban dwellers and 10 per cent of rural dwellers used improved sanitation facilities. One-half of the rural population (2.6 million people) practices open defecation. Total sanitation coverage is at a bare 17 per cent, far below the 2015 MDG target of 63 per cent. Household sanitation has been primarily through latrines and water flushed toilets with rudimentary septic tanks requiring de-sludging or discharging to hazardous open sewers. There is also little municipal capacity to manage solid waste. WASH facilities in both government and private schools as well as in health facilities were inadequate in quantity and quality.

The earthquake has exacerbated this situation by rupturing pipelines, destroying tanks, collapsing houses and toilet facilities, closing roads and generally disrupting systems and infrastructure. At the mid-year mark over 1.6 million persons continue to live in tented spontaneous settlement sites, the majority of which are dependent on trucked water and temporary sanitation solutions. Provision of adequate sanitation was a critical concern through the first three-four months of response -- now, maintenance and upgrading of existing facilities is the main challenge in the sanitation sector - to ensure that disease outbreaks are kept at a minimum. High water tables and lack of space for latrines complicates the sanitation response. In support of the priorities above and in line with the national plan, UNICEF has identified the following key actions:

- *Continued Cluster Coordination:* UNICEF will continue to provide technical and financial assistance to ensure adequate information management, situation analysis and coordination for the WASH Cluster at both national and sub-national levels.
- *Scale up WASH service delivery:* Support rapid repair of water production facilities; upgrade water supplies outside urban areas through repair and/or installation of hand pumps, gravity systems and protected wells; support NGO partners to install emergency and longer-term sanitation facilities and provide de-sludging services; and promote community involvement through user groups and cash-for-work schemes. Strengthen knowledge and practice of point-of-use water treatment and appropriate hygiene behaviours, including use and maintenance of sanitation facilities and hand-washing with soap.
- *Emergency preparedness and disaster risk reduction:* Integrate interagency preparedness measures into ongoing relief efforts to cater to the additional demands for the coming rains and hurricane season; incorporate and adopt disaster risk reduction measures into WASH reconstruction efforts and; ensure high levels of life-saving WASH supplies are available for rapid deployment.
- *Intersectoral coordination:* Work with Education, Health, Nutrition and Child Protection programmes to ensure that WASH contributions are well articulated and implemented throughout the three priority areas. All WASH interventions will by essence contribute to reducing malnutrition, by improving household and community hygiene and mitigating the spread of water-borne disease, and specific WASH improvements in schools, child friendly spaces and health facilities will ensure an overall healthier environment.
- *National WASH Sector Capacity Building:* Capacity building of government counterparts at national and sub-national level to enhance and sustain improvements in management of sector services, by providing support to the Direction Nationale de l'Eau Potable et de l'Assainissement and the Ministry of Health and other partners to fill critical gaps in planning, coordination and monitoring; development of national plans to address pre-existing vulnerabilities and accelerate action towards the MDGs on a nationwide basis, with a focus on town and rural water supplies, community approaches to sanitation, hygiene behaviour change and environmentally sustainable management of water resources.

Health

Haiti has the highest under-five mortality rate in the Latin American and Caribbean region (72 per 1,000 live births in 2008) and the highest maternal mortality ratio (670 maternal deaths per 100,000 live births). Measles and DTP3 vaccination coverage only reached 58 per cent and 53 per cent of the population respectively⁶; an estimated 120,000 people are living with HIV/AIDS.⁷ Health expenditures are estimated at 32 dollars per capita, and 50 per cent of the population does not have access to health care. Only 25 per cent of pregnant women deliver in health facilities. However the poorest women (in the lowest wealth quintile) have even lower access with less than five per cent of them delivering in health facilities.

The health system is also dominated by the private sector and suffers from weak regulation with low levels of support and supervision, lack of effective centralised medical warehousing capacity, and high turnover combined with inadequate training of staff. The sector is also chronically under-resourced, with the Ministry of Health's pre-earthquake allocation in the national budget decreasing by 50 per cent in 2010 compared to 2009. Efforts to increase capacity have been predominantly vertical in nature and have tended to neglect critical cross-sectoral systems which could enable an overall expansion of the public health system. The community-based health component is also weak, limiting potential outreach and geographical coverage. Coordination of this fragmented system has proved a recurrent challenge and has prevented a harmonised approach to quality service delivery.

The impact of the earthquake has rippled through the entire health system affecting its capacity to respond to pressing health needs of the population. The earthquake also further constrained the capacity of the health system to operate in a decentralised manner. Without critical and urgent support to health workers (including stipends and incentives) and decentralisation of supply and financial assistance, the health sector may see a dramatic "brain drain" of qualified technical personnel. The destruction and damage to facilities, breakdowns in electricity supplies, and disruptions to pharmaceutical procurement management systems has seriously undermined the cold chain and tremendously complicated access to essential drugs and medical supplies.

In support of the Government's Action Plan for National Recovery, UNICEF has developed a **two-pronged strategy** in the health sector. This strategy combines actions to (i) address the immediate, current and future needs of affected populations; and (ii) contribute to the rehabilitation and reconstruction of the health system at national and decentralised levels in order to promote universal access to a minimum package of quality health services. The process of (re)constructing the Haitian health system will need to start from the bottom-up. Emphasis will be placed on the provision of essential services at the first level of care, through community services and family practices. Decentralisation process will indeed be crucial to reach the most vulnerable. Under this strategy in the health sector, UNICEF will:

- Ensure key policy shifts and removal of system bottlenecks, identified in the Haitian Action Plan for National Recovery and guided by results-based planning and disaster risk reduction considerations;
- Support the Ministry of Health in partnership with WHO/PAHO/UNAIDS to assume leadership of the health sector; and the National AIDS Commission in building coordination mechanisms for response.
- Catalyse upstream policy dialogues and downstream commitments to expand the network of community health workers for increased delivery of high impact intervention at community level;
- Define partnership strategies for engaging with the wide range of partners providing services;
- Work with WASH, Nutrition, Education and Child Protection to ensure UNICEF Health is included and catered for in relevant plans.
- Support partners, NGOs, bilateral, Agencies and other stakeholders to ensure coordinated provision of HIV prevention, care, support and treatment.

⁶ World Health Organization/UNICEF.

⁷ UNAIDS, World Health Organization 2008.