

## Haiti

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### Executive Summary

UNICEF Haiti continued to deliver tangible results for children as defined in the Government of Haiti-UNICEF Country Programme of Cooperation 2013-2016.

First among the achievements is the progress made in evidence-generation and knowledge management, an area of critical importance given the lack of data in Haiti. A study on public expenditure for children highlighted a significant reduction of investment for children between 2008 and 2013, and the need for increased public expenditure to improve the efficiency and effectiveness of service delivery, notably in health, nutrition and child protection. The study on child domestic workers in Haiti estimated that there are some 407,000 children engaged in child domestic labour, 70 per cent of whom work in unacceptable conditions.

National capacity was increased to treat severe acute malnutrition (SAM), with the Ministry of Public Health and Population (MSPP) now directly managing 245 (70 per cent) of all outpatient care units. A total of 560 health workers were trained on the management of SAM at the community level, enabling early response to the drought through the rapid nutritional assessment of 20 communes/municipalities most affected by drought and food insecurity. Through the implementation of the community-led total sanitation (CLTS) approach in Artibonite and the South East departments, an estimated 8,434 rural households have reportedly stopped open defecation.

In response to the deportation of Haitian migrants from the Dominican Republic, UNICEF, with local NGO partners and the Institute for Social Welfare and Research (IBESR), identified and protected 596 unaccompanied children, of whom 567 were reunited with their families. While the cross-border movement of children has been a long-standing child protection issue in the country, the deportation gave rise to the need to boost the presence and capacity of protection partners along the border region, while also addressing the push and pull factors.

Through UNICEF's technical support and advocacy, the first-ever curriculum for preschool was officially adopted by the Ministry of Education, and the training of preschool directors and teachers was launched in November 2015. The National Office for Partnership in Education was reactivated to promote participation by the non-public sector in the development and implementation of education policies and programmes. This is a notable step towards regulating and improving the quality of education in Haiti, given that 80 per cent of education service providers are from the private sector.

Shortfalls were observed in immunisation coverage, all of which were below 2014 coverage rates: BCG: 63 per cent, Penta3: 66 per cent, OPV 3: 66 per cent, measles and rubella: 52 per cent and Rotavirus: 48 per cent. The key challenges and bottlenecks in the sector are the shortage of funding to purchase essential supplies, weak supervision mechanisms and the lack of qualified human resources at the decentralised level.

The political crisis also led to delays in the adoption of the Child Protection Code, as well as the

law reforming the IBESR – the government agency in charge of child protection. The latter has an instrumental role in operationalising and ensuring implementation of all instruments ratified by Haiti in the last three years, namely the two first optional protocols to the Convention on the Rights of the Child (CRC); the Hague Convention on international adoption; the national law on adoption; the law on paternity, maternity and filiation; and the law against trafficking.

The cholera epidemic continued to demonstrate its persistence in 2015. The total number of suspected cholera cases in 2015 was 33,709 compared to 29,078 in 2014, mainly due to a large-scale outbreak during the first quarter of 2015. The case fatality rate, however, was reduced from 1.2 per cent to 0.97 per cent, and the resurgence of cholera during the rainy season in the last quarter of 2015 was kept under control, with the lowest trend observed since the outbreak of the disease. The ongoing epidemic continued to underline the need to maintain a rapid response capacity under the leadership of the MSPP.

Lack of predictable funding combined with declining donor funding were key challenges for all sectors in 2015, especially in the context of ‘transition’ from emergency to development-focused programming.

In close collaboration with UNAIDS, ‘All In’ – a global initiative for eliminating HIV among adolescents by 2030 – was launched in September. An Adolescent Advisory Board was created, and adolescents now take part in all decision-making related to the prevention of HIV, other sexually transmitted diseases and early pregnancy.

The Country Programme underwent a ‘strategic moment of reflection’ in November to analyse the situation of children and women in the country and identify key priority areas for the new Country Programme document (CPD) in line with UNICEF’s Strategic Plan and the Sustainable development Goals (SDGs).

## Humanitarian Assistance

### *Response to Disease Outbreaks*

Cholera: 33,709 suspected cholera cases were reported as of 12 December 2015, compared to 29,078 cases registered during the same period in 2014. The 16 per cent increase in suspected cases is due to the large outbreak in early 2015 that gave rise to 11,000 suspected cases during the first quarter. The outbreak, however, was controlled, and fewer than 2,000 cases were reported each month, including during heavy rainfalls in April and June. Despite a resurgence during the high-risk period (rainy season in October to December), the number of cases registered was the lowest since the start of the cholera epidemic in Haiti.

UNICEF technically and financially supported MSPP’s surveillance activities through the Directorate of Epidemiology, Laboratory and Research (DELR) and provided supplies for medical treatment (33,000 litres of Ringer lactate, 990,000 Doxycycline antibiotic tablets) and laboratory supplies for confirming suspected cases. UNICEF also provided financial and supervisory support to six MSPP rapid mobile teams and two epidemiologists of the DELR.

Through partnerships with six (international) NGOs, rapid response in the area of water, sanitation and hygiene (WASH) was delivered in affected communities. Some 7,865 interventions took place in all ten departments, 86 per cent of which were delivered within 48 hours of an alert. A total of 50,000 cholera kits, 368,000 bars of soap, 538,900 oral rehydration salts and 12,276 buckets were distributed during community-based health education sessions, and 850 temporary chlorination points were established in outbreak or high-risk areas,

benefiting an estimated 135,000 families/680,000 people.

Diphtheria: In early 2015, an outbreak of diphtheria was once again reported in the commune of Ganthier in the West Department. In response, UNICEF supported MSPP in vaccinating 9,714 children under the age of six with three doses of Pentavalent vaccine and 28,902 children aged seven and above with two doses of Diphtheria and Tetanus vaccine.

*Internally Displaced Persons (IDPs) Response:*

As of end 2015, a total of 60,800 people affected by the 2010 earthquake were still living in camps in Port-au-Prince. All camps benefited from de-sludging services during the first semester of 2015. Despite residual needs for ensuring such sanitation services, no funds were available to cover the operation after mid-2015. An exit strategy was designed with DINEPA and NGO partners to hand over the responsibility for de-sludging to communities in camps. While the strategy worked in some camps, others faced more constraints to self-finance the services. UNICEF advocated with the International Organization for Migration (IOM) to include the service cost in their US\$20 million relocation programme budget to ensure sustainability.

*Drought Response:*

For the third consecutive year, six departments were affected by drought, affecting food security of the most vulnerable households. A rapid nutritional survey was implemented in November 2015, confirming an alarming situation in drought affected areas, with two communes demonstrating a global acute malnutrition rate reaching a crisis level at 15 per cent and four others above 10 per cent. In response, UNICEF supported the treatment of 16,140 children with SAM, while 544,000 children benefited from high-impact preventive nutrition services.

*Deportation of Haitians from the Dominican Republic:*

Following the expiration in June of the registration component of the National Plan for the Regularization of Foreigners of the Dominican Republic, Haitian migrants have returned to Haiti from the Dominican Republic through voluntary and organised repatriations. UNICEF has closely monitored population movements, especially of unaccompanied children, along the border and supported IBESR to reinforce their presence in all four official border entry points (Belladere, Anse a Pitre, Ounaminthe and Malpasse). Children identified at official and informal entry points are, according to agreed procedures, referred by IOM to UNICEF and its seven partners (Fondation Zanmi Timoun, Groupe d'appui aux Rapatriés et Réfugiés, Centre Jeannot Succes, Centre d'Action pour le Développement, Service Jesuite aux Migrants, Soeurs St. Jean and Christian Aid).

UNICEF also collaborated with the Haitian Red Cross to facilitate family tracing and reunification, in support of the IBESR. A total of 596 unaccompanied children were identified, registered and referred, of whom 567 were reunited with their families or relatives. UNICEF also supported DINEPA and two NGO partners to deliver WASH services to approximately 2000 returnees living in informal settlements in the Department of South East as well as improving sanitary conditions of transit shelters.

## Summary Notes and Acronyms

AVSI – Association of Volunteers in International Service  
BPM - Brigade de Protection des Mineurs  
C4D - Communication for development  
CERF - United Nations Central Emergency Response Fund  
CLTS – Community-led total sanitation

CPD - Country Programme document  
 CRC – Convention on the Rights of the Child  
 DCT(s) – Direct cash transfer(s)  
 DELR - Directorate of Epidemiology, Laboratory and Research  
 DHS - Demographic and health survey  
 DINEPA - Direction de l'Eau Potable et de l'Assainissement  
 EMMUS- Enquête Mortalité, Morbidité, Utilisation des Services (demographic & health survey)  
 ECD - Early childhood development  
 EMONC – Emergency obstetric and neonatal care  
 FAES - Fonds d'Assistance Economique et Sociale  
 GBV - Gender-based violence  
 GFATM - The Global Fund to Fight AIDS, Tuberculosis and Malaria  
 GMC - Global Movement for Children  
 HACT - Harmonised approach to cash transactions  
 IBD - Inter-American Development Bank  
 IBESR - Institut du Bien Etre Social et de Recherches  
 IDP - Internally displaced person  
 IMEP – Integrated monitoring and evaluation plan  
 IOM - International Organization for Migration  
 MAST - Ministère des Affaires Sociales et Travail  
 MENFP - Ministère de l'Education National et de la Formation Professionnelle  
 MINUSTAH - United Nations Stabilisation Mission in Haiti  
 MSPP - Ministère de la Sante Publique et de la Population  
 NGI(s) – Non-governmental organisation(s)  
 ORP - Oral rehydration point  
 PMTCT - Prevention of mother-to-child transmission (of HIV)  
 RED - Reach every district  
 SAM – Severe acute malnutrition  
 SDG(s) - Sustainable Development Goal(s)  
 UNFPA - United Nations Population Fund  
 WASH - Water, sanitation and hygiene  
 WFP - World Food Programme  
 WHO - World Health Organization

## Capacity Development

Capacity development continues to be UNICEF Haiti's key strategy for implementing the Country Programme. This takes the form of financial and technical support to national institutions at the upstream level to strengthen their governance and coordination capacity; financial and technical support to institutions at decentralised levels to bolster their capacity for service delivery; and at the level of communities and individuals (e.g.: adolescents) to promote their participation as well as to adopt positive behaviours and demand services. The strategic moment of reflection identified different models of capacity building for the new Country Programme, such as 'embedding' personnel in institutions, while discussion of implementation of the harmonised approach to cash transactions (HACT) in 2015 identified the need to provide administrative/accounting support to national partners for efficient management of funds.

In the nutrition sector, 560 health workers were trained on the management of SAM at the community level, enabling early and effective response to the drought in communes affected by food insecurity.

For cholera response, UNICEF technically and financially supported MSPP's surveillance activities through the DELR and provided supplies for medical treatment laboratory diagnosis. UNICEF also provided financial and supervisory support to six rapid mobile teams as well as two epidemiologists of the DELR.

A decentralised presence of IBESR child protection services was supported in all 10 departments, and was reinforced in response to the numbers of unaccompanied children resulting from the deportation of Haitian migrants from the Dominican Republic, especially at the four official border points.

At the community level, 110 Kore Fanmi (a multi-sectoral community household development agent initiative) household development agents were deployed to three communes in the south-east (Anse a Pitre, Thiotte and Grand Gosier) to visit targeted households and provide behaviour change communication messages, including on ending open defecation. The agents also promoted service-seeking behaviour to improve access to health and other available basic services.

### **Evidence Generation, Policy Dialogue and Advocacy**

The study on public expenditures for children was published in partnership with the Ministry of Planning and External Cooperation and the Ministry of Economy and Finance (MEF). The report highlights a significant overall reduction of expenditures for children between 2008 and 2013, with potential adverse effects on the efficiency of service delivery, particularly in health, nutrition, child protection, sports, culture and leisure. The study raised important questions about the capacity of the state to mobilise local resources for social investment, leading to the development of a plan to mobilise tax revenues by the General Directorate of Taxes. In responding to a recommendation to evaluate the results and performance of existing social programmes, so as to establish a link between investments and outcomes for children, the MEF announced that the on-going budgetary reform will be an opportunity to develop a results-based budgetary framework, in connection with the Triennial Investment Programme of the Strategic Plan for the Development of Haiti.

The study on children domestic workers in Haiti, which was implemented in partnership with over 30 organisations, revealed that 407,000 children are engaged in domestic child labour, of whom 207,000 under the age of 15 work in unacceptable forms of domestic child labour. One Haitian child out of four does not live with his/her biological parents; access to better opportunities and education is usually the motivating factor for placing children into informal foster care arrangements. It is often the poorer households in rural areas that have the least access to basic social services and resort to informal foster care. The organisations that took part in the study will develop a roadmap for responding to the findings, which will encompass a multi-sectoral response involving actions related to policy, legal reform/development, coordination, advocacy and service delivery.

### **Partnerships**

Based on the revised guidelines for developing partnerships with civil society, UNICEF Haiti updated and streamlined processes to ensure that agreements were put into place in a timely manner and reflected quality assurance and risk management, in line with the HACT policy. 11 PCAs and 11 SSFAs for regular and emergency interventions were signed in 2015. Of this, 10 were international NGOs and 12 were national NGO/CSOs. All partnerships were selected based on 'closed' selection, a process which will increasingly shift towards an 'open' selection in 2016. Monitoring and assurance activities were planned and implemented, including programme

visits and spot checks in line with the HACT assurance plan.

A MoU was signed between UNICEF, UNFPA, WHO, USAID, the Government of Canada, the World Bank and the Ministry of Health to implement the sixth Haiti demographic and health survey (EMUSS). Preliminary results of the survey are expected to be available in December 2016.

In close collaboration with UNAIDS, 'All In', a new global initiative targeting the elimination of the HIV among adolescents by 2030, was launched in September 2015.

The study on child domestic workers was launched in December 2015 through a partnership with the International Labour Organisation (ILO), International Organization on Migration (IOM), Ministry of Labour and Social Affairs (MAST) and the IBESR. More than 30 national and international organisations joined the technical committee and provided technical and financial contributions to the study. Member organisations include Aba Sistem Restavek, the French Embassy, Association of Volunteers in International Service, Care International, Church World Service, Catholic Relief Services, EnpaK, Equitas, Foyer Maurice Sixto, Fondation Maurice Sixto, Free the Slaves, Handicap International, Kindernothilfe, the UN Stabilisation Mission in Haiti (MINUSTAH), National Human Rights Defense Network, Office of the High Commissioner for Human Rights (OHCHR), Plan International, Restavek Freedom, Save the Children, UN High Commission on Refugees (UNHCR), UN Women and World Vision. Following completion of the study, committee members will develop a joint strategy and action plan to address the issue of children exploited as domestic workers.

## External Communication and Public Advocacy

The Country Office made progress toward pursuing a communication style that focuses on hope rather than the misery and challenges often associated with Haiti. In line with the UNICEF global strategy on communication and advocacy, UNICEF Haiti developed a national communication strategy that is complemented by an advocacy plan and a resource mobilisation strategy. In preparation for the new Country Programme 2017-2021, a study on the perception of UNICEF was conducted with the aim of better understanding how UNICEF and children's rights are perceived by the Haitian population, partners and the Haitian diaspora. Its preliminary findings indicate that the majority of those interviewed think that the fundamental rights of children in Haiti are not respected. UNICEF is also often associated with the education and child protection sectors, but much less in other priority sectors. Areas of priority interventions mentioned by the respondents were: education, health, HIV/AIDS and violence prevention. These findings will serve to update the current communication strategy and advocacy plan, and the strategic positioning of the new Country Programme.

UNICEF made a significant contribution to the One UN communication strategy, especially through advocating for a strategy that focuses on positive and forward-looking communication, and the positioning of children and young people as actors of change. This approach was particularly important in shifting media attention from focusing on unfinished reconstruction and the continued cholera epidemic.

The 25th anniversary of the Convention of the Rights of the Child (CRC@25) was celebrated under the rallying cry: 'Tout timoun konte' [Every child counts] and joining the #FightUnfair campaign through the national campaign 'Yon chans pour chak timoun' (A chance for every child). The new Country Office blog platform 'Timounyo' is now available in French and English to target a wider audience and is synchronized with the Office's social media channels.

## Identification and Promotion of Innovation

Further to the establishment of a tablet-based data collection system in 2014, as part of the Kore Fanmi community agent initiative, UNICEF partnered with World Bank, Haiti's social and economic assistance fund (FAES) and DIMAGI, a social enterprise, to develop an open-source software to collect and manage case history data of families in three communes in the South East Department. A prototype of the software was developed and will be field tested in early 2016. By replacing paper-based forms previously used by the agents and by linking family registration data with checklists, SMS reminders and directories of social services, the tool aims to increase the efficiency and effectiveness of data collection, service referral and monitoring of the situation of the most vulnerable families in the targeted area. Key challenges continued to be weak network coverage in the South East to enable timely transmission of data using 3G and WiFi networks, which is being overcome by setting up systems to transmit the data through a base station equipped with Internet. In the meantime, the new software was programmed to run offline, enabling data to be synchronised/sent once there is access to network.

## Support to Integration and cross-sectoral linkages

Based on the lessons learned in 2014, Kore Fanmi, the multi-sectoral community household development agent initiative was launched to streamline interventions in targeted municipalities. The evaluation of the approach conducted by the World Bank, like UNICEF's own review, identified the complicated and over-ambitious results framework as one of the challenges. A simplified and realistic results framework and 10 indicators encompassing WASH, health, nutrition and social protection were established to monitor and evaluate the package of integrated services currently delivered to the communities by a team of 110 social workers and supervisors. 'Facts for Life' was translated into Creole to serve as a key guide for communication for development for the social workers. The internal task force is comprised of members from programme sections, M&E and communication, who meet regularly to monitor progress and strengthen synergies between programme components.

Better integration of sectoral activities was promoted to develop synergies for the cholera prevention and response programme. UNICEF coordinated the actions of five (previously six) NGOs for delivering rapid response in support of the MSPP and DINEPA, while integrating emergency and sustainable WASH programming by targeting the most-affected localities based on epidemiological surveillance data. The approach integrated and coordinated a wide range of activities from rapid WASH response, community mobilisation to a long-term response through the rehabilitation of water systems and promotion of hygiene practices to stop open defecation. The Pan-American Health Organization/World Health Organization (PAHO/WHO) facilitated treatment of affected people, while the World Bank targeted communes most at risk from cholera in their sustainable WASH programme.

## Service Delivery

UNICEF Haiti supported the development of a national communication strategy for health to promote essential practices, utilisation of services and the establishment of health boards at the departmental level to strengthen sector coordination. Twenty-eight maternity clinics, including emergency obstetrics facilities, were fully equipped, while health staff in the South, Grand Anse and West departments were trained to provide specialised care for premature and low birthweight new-borns. Tangible results were observed, with the percent of pregnant women completing at least three ante/post-natal visits increasing from 24 per cent to 68 per cent, while institutional mortality of new-borns declined from 19 per cent in 2014 to 16.5 per cent in 2015.

UNICEF also supported DINEPA to improve WASH services in 55 communities, including the construction of five water supply systems and the promotion of community-led total sanitation, which has reached 50,000 beneficiaries. Of this number, 8,434 rural households (an estimated 37,000 people) have reportedly stopped open defecation.

The Country Office also continued to provide technical support for epidemiological surveillance, provide medical and laboratory supplies (ringer lactate, Doxycycline) to Government and CSO partners and finance six mobile response teams for cholera response.

IBESR's decentralised presence of child protection services was supported in all 10 departments, and was reinforced in response to the unaccompanied children returning to Haiti to their deportation from the Dominican Republic.

### **Human Rights-Based Approach to Cooperation**

During the reporting period, UNICEF Haiti took steps to ensure that programming reached the most deprived children in the country.

The alignment of the national adoption system with the CRC and The Hague Convention was one opportunity to address some of the underlying factors driving exclusion and marginalisation of children and families. Implementation of the new regulations, as well as development of an alternative care system, will be used to strengthen equity-focused programming strategies.

Analysis of the structural causes of exclusion continued, most notably as regards the drivers of child domestic workers and other child placement practices and access to education. The study related to the placement of children in Haiti is of particular relevance in a country where more than 30,000 children are estimated to be in institutions and one out of every four children is believed to live outside of his/her immediate family environment. Child separation engendered by poverty, social and economic disenfranchisement and structural and geographical inequalities has become symptomatic of the obstacles faced by the most vulnerable Haitian children to access basic rights and services, especially access to education and health services. UNICEF Haiti, together with partners, will develop strategies to address the most compelling drivers of exclusion and violence based on normative/regulatory, social norms, service provision and community-based protection perspectives.

UNICEF Haiti supported both the State and civil society to ensure that CRC reporting obligations met quality standards, and contributed to debate in both Government and civil society circles.

Participation of stakeholders and duty-bearers, both at the planning stage and during implementation, provided opportunities for inter-sectorial synergies, particularly between child protection, HIV-AIDS and communications programmes. Programme implementation for 'All In', as well as programming in the field of sexual and reproductive health, provided opportunities to promote adolescent participation.

### **Gender Mainstreaming and Equality**

In 2015 UNICEF Haiti continued to support the MSPP and its nutrition programme to target girls and women of reproductive age and children for micronutrient supplementation and other nutrition services. The 'All In' initiative was launched, addressing specific needs on adolescent sexuality and prevention of HIV and AIDS, including the spread of disease among adolescent girls. UNICEF also continued to support the Ministry of Education to collect and analyse sex-

disaggregated data and to maintain gender parity in education. The WASH programme ensured the construction of gender-responsive, sex-separated sanitation facilities in schools. Efforts were also made to include women, as much as possible, in community water management committees and as cholera prevention agents, while the Kore Fanmi initiative developed a strategy to increase the number of female community agents, which account for fewer than 15 per cent of agents.

A new initiative was developed, in partnership with a local NGO, to enhance adolescent girls' leadership skills, enabling them to host fora in public schools on gender equality and girls' leadership, as well as to celebrate the International Day of the Girl Child.

A gender review was included as part of the integrated monitoring and evaluation plan (IMEP) for 2016, to help inform the new Country Programme.

UNICEF Haiti does not have a dedicated gender specialist, but in 2014 the C4D officer's role was modified to become a gender/adolescent officer. This staff member is part of the social policy section and helps ensure implementation of gender needs in cross-cutting programmes such as Kore Fanmi, as well as supporting broader changes in cultural values. The gender officer also participates in the Gender-Based Violence Committee of the Ministry of Women's Conditions Thematic Group and the inter-agency Gender Thematic Group led by UN Women.

## Environmental Sustainability

In 2015 UNICEF completed the reconstruction of its office, which was destroyed by the 12 January 2010 earthquake. The office incorporated the installation of solar panels to generate enough power to cover office needs, which will be implemented in 2016. It also established baseline data on the use of paper, electricity and diesel consumption aimed at setting clear targets to reduce the office's overall carbon footprint.

To support regular immunisation activities, UNICEF is currently discussing with the MSPP and GAVI the mobilisation of funds to pursue the replacement of existing gas-fuelled cold chain equipment in health centres with solar-powered fridges, to avoid potential disruption of the cold chain and save on the operational costs of health centres, while reducing the use of diesel fuel for the generators.

## Effective Leadership

Key performance indicators, including those related to fund expiry, status of direct cash transfers (DCTs) and the implementation of HACT funds are regularly monitored and discussed during monthly country management team (CMT) meetings.

While the recommendations made by the audits in 2013 have been closed, the Country Office regularly reviewed them to ensure that valid actions points are followed. Also, in 2015, UNICEF Haiti requested that UNICEF's Office of Internal Audit and Regional Office to conduct an audit advisory visit to review programme and operations management. Nine recommendations were made, of which four had been addressed by year's-end and work on the remaining five continued. A comprehensive action plan was developed to track the progress of the implementation of the audit recommendations and to prepare for the 2016 audit.

Since November 2015, some of the Office's transactions were handled by the Global Shared Service Centre (GSSC) in Budapest. An initial evaluation of the transfer of transactions from the Office to the GSSC will be conducted during the first trimester of 2016.

An Enterprise Risk Management (ERM) exercise involving selected staff was conducted during the audit advisory visit of in July 2015, and a more extensive brainstorming, involving the whole office, was conducted in August 2015 to update the ERM.

The Business Continuity Plan was revised during the first trimester of 2015 and a simulation was conducted. The Office has a well-functioning communication tree in the event of an emergency, and maintained an up-to-date list of essential and critical staff, which is updated weekly and shared with the UN Department of Safety and Security (UNDSS).

The emergency preparedness and response plan is regularly updated; UNICEF Haiti scored 97.5 per cent on its early warning/early action plan.

## Financial Resources Management

Key financial performance indicators were closely monitored and reviewed during programme meetings and by the CMT. Grant utilisation at the end of the year stood at 92 per cent for regular resources (RR), 84 per cent for other regular resources (ORR) and 85 per cent for other resources-emergency (ORE), respectively. Almost 100 per cent of the funds had been used by their expiry date, except for an ECHO contribution that expired end-June 2015, for which the funds were fully committed by the expiry date, but several expenditures had been made beyond this date.

HACT is fully operational and funds are transferred mainly by DCT to a total of 48 implementing partners. With support from the Field Results Group, training on spot-checks was conducted in April for staff and partners, with on-the-job training involving on-site spot-checks of implementing partners. The Country Office also conducted HACT training for staff and implementing partners in February. Thirty-seven partners that received over US\$100,000 were micro-assessed. Outstanding DCT of over six months amounted to 3.6 per cent (1.6 per cent for DCT over nine months) of all DCT at the end of 2015, including a write-off submission of US\$49,828 submitted to the Comptroller in 2013. Concerted efforts were made to address the issue of DCT over six months, which declined from 17 per cent during the first trimester of 2015.

UNICDE Haiti transitioned to the Global Shared Service Centre in November. The finance function was the first set of functions to be transferred. Prior to the transition, increased efforts were undertaken to ensure that final bank reconciliations were completed as well as pending and open invoices requiring payment.

## Fund-raising and Donor Relations

In 2015, the Office developed a forward-looking resource mobilisation (RM) strategy covering the period of 2016-2017, in response to the changing resource mobilisation environment and shifting donor priorities for Haiti and to reflect the transition from a humanitarian to a long-term development agenda. Lack of predictable funding and declining donor funds have been a key challenge for all sectors, and the needs elucidated in the Haiti Transitional Appeal 2015-2016, which were categorised as neither humanitarian nor development, also created difficulties in attracting donor funds. The new RM strategy includes an analysis of existing and potential donors, their strategic priority areas and interest in funding UNICEF key results areas, funding requirements and guidelines, and an action plan with clear targets.

Significant efforts were made to reinforce relations with key bilateral donors present locally including Canada, the European Union /ECHO, Japan, UK Department for International

Development (DFID), US Agency for International Development (USAID/OFDA) and Norway. Multilateral donors and foundations (GAVI, OPEC Fund for International Development, and UN Foundation) were also engaged, to mobilize their interest in support of UNICEF's work in Haiti. In addition, the Country Office continued to nurture its relations with UNICEF National Committees (Natcoms), and hosted field visits from Canadian, Swedish and Danish Natcoms and the US Fund for UNICEF.

A total of US\$12.4 million was mobilised in 2015 (ORR: US\$ 4.1 million, ORE: US\$ 8.3 million). In response to the increased humanitarian needs in 2015 (ongoing cholera epidemic, drought related and deportation of Haitian migrants from the Dominican Republic). The UN system successfully mobilised three grants from the under-funded UN Central Emergency Response Fund (CERF), and UNICEF was one of the main recipients.

Of a total of 28 donor reports due in 2015, 26 (93 per cent) were submitted on time.

## Evaluation

Of a total of 12 IMEP activities planned for completion in 2015, three were postponed or cancelled, while 66 per cent of the remaining activities were completed. Changes in the UN Country Team (UNCT) programme planning process led to the cancellation/postponement of some activities. Specifically, the initial plan to extend the programme by one year to synchronise with the Integrated Strategic Framework led to the cancellation of the SMART survey and the postponement of the multi-dimensional child poverty study. It also enabled the Country Office to successfully advocate for advancing implementation of the demographic and health survey (EMMUS). The UNCT subsequently decided to cancel the planned one-year extension of the integrated strategic framework, leading to UNICEF's decision to plan for a new CPD in 2017. Other delays in the IMEP were caused by the difficulty in finding qualified institutions and consultants with suitable language and technical requirements (eg: cholera evaluation). The procurement/bidding process for evaluations also proved to be an area of weakness, requiring streamlining to simplify the process and make it more efficient.

Nevertheless, 2015 saw the implementation of strategic studies that contributed to the generation of new evidence and knowledge for informing policy advocacy and programming for the new CPD. This included the social budget study, which analysed public spending for child-related sectors; the first comprehensive study on the situation of child domestic workers; the formative study on sanitation; the out-of-school children's study, to be completed in early 2016; and the study on perceptions of UNICEF. An independent evaluation of UNICEF's cholera response was also conducted; the draft final report was undergoing review by stakeholders at year's-end. The outcomes of the studies and research were used during the strategic moment of reflection held in November 2015 for the situation analysis and priority-setting for the new Country Programme.

## Efficiency Gains and Cost Savings

With the completion of the new office premises, UNICEF Haiti managed to reduce its operational costs by 50 per cent, saving on rental and parking costs. Further reduction of costs and increased efficiency is planned in 2016 by implementing sustainable solutions and practices such as reducing paper usage and the usage of other consumables and switching to solar technology for electricity consumption.

Following the mid-term review in 2014 a programme budget review was developed to support the Office's continued transition from an emergency programme to a development programme,

in line with the changing national context. Several positions were abolished or downgraded and new positions were created, resulting in a more efficient and streamlined structure while saving about US\$ 400,000 (equally distributed between RR and OR) in staff salaries.

In an effort to promote “Delivering as One”, UNICEF and UNDP embarked on a common service initiative for procurement, resulting in four shared long-term agreements for vehicle maintenance services for a two-year period.

## Supply Management

UNICEF Haiti 2015 Programme Area	Procurement in US\$	Services	Goods
Nutrition	884,454	61,61	878,293
Health	501,322	30,203	471,118
WASH	1,844,023	1,080,337	763,686
Education	409,951	387,625	22,326
Child Protection	32,159	31,848	311
Social Inclusion	59,917	15,806	44,111
Programme Support	1,338,638	997,559	341,079
<b>Total</b>	<b>5,070,463</b>	<b>2,543,378</b>	<b>2,520,924</b>

UNICEF Haiti’s total procurement amount has been decreasing since 2013, with the programmatic shift and reduction of the Country Programme budget. The procurement plan for 2015 was estimated at US\$5.3 million, of which US\$5.07 million (95 per cent) was implemented. This amount represents 46 per cent of the total procurement throughput in 2014.

Half of the procurement was of goods, consisting mostly of emergency supplies; 32 per cent offshore procurement and 68 per cent local acquisition. The procurement of services represented the other half, amounting to US\$2.5 million, mainly for the rehabilitation of WASH infrastructure.

UNICEF Haiti established 19 long-term agreements over the period 2014-2015 with local suppliers to enable a rapid process for procuring recurrent goods and services, including for contingency and emergency stocks.

In terms of in-country logistics, the supply team worked on the optimisation of the warehouse inventory management, which resulted in the considerable reduction of stock value from US\$1.30 million in January 2015 to US\$504,800 on 31 December 2015.

The total value of programme supplies provided to implementing partners in 2015 reached US\$ 2.3 million, of which health and nutrition and cholera-related goods accounted for most of the supplies.

UNICEF Haiti continued to promote the strengthening of national partners’ supply chains through procurement services. In 2015, the total procurement service throughput reached the US\$1,084,159. The 2016 supply strategy will continue to focus on promoting procurement services in the country, as part of a comprehensive capacity-building mechanism of partners.

## Security for Staff and Premises

Of the 10 departments, two (North West and Grande Anse) were at security level 1 (minimal), five (South East, Centre, South, North East and Artibonite) at security level 2 (low) and three (Ouest, North, Nippes) were at security level 3 (moderate). 2015 saw frequent temporary movement restrictions due to civil unrest linked to the elections, affecting staff movement as well as access to partners, especially in downtown Port au Prince.

The overall security situation in Haiti was also affected by the ongoing downsizing of MINUSTAH, the UN Peacekeeping Mission. The force level decreased from 5,021 troops in 2014 to 2,370 troops this year, while the police component was maintained at 2,601 personnel. While kidnapping and armed attacks on UN personnel have decreased, the overall crime rate remained high. An increase of theft from UN premises took place, with reports of several weapons and arms stolen from contingents' barracks. There was also a reported increase in burglaries at UN staff residences and cars, including 12 security incidents involving UNICEF staff in 2015.

The Haiti Country Office relocated to its new, MOSS-compliant office premises in October 2015. A final assessment by the UNDSS will be performed in early 2016, upon receipt of the final certificate of occupancy. UNICEF Haiti requested support from the CIF fund (Security Funds) to purchase an access system using smart card technology and a new CCTV circuit system to be installed in 2016. Additional security measures taken in 2015 included spotlights around the perimeter wall, installation of two-way mirrors at both entry and exit gates and barbed wire along the perimeter wall.

Finally, despite registering relatively low on the Richter scale (4.4) Haiti continued to experience earthquakes regularly, with the most recent occurring December 30<sup>th</sup> 2015.

## Human Resources

The Country Office revised its programme structure in 2015 to align with the Strategic Plan, leading to the abolishment of eight positions and the establishment of 10 new posts. As of 31st December 2015, five of the seven affected staff members had been reassigned within UNICEF (three international professionals, IPs, and two national officers, NOs). As for the new positions, six of 10 had been filled (two IPs; three NOs and one volunteer), three were under recruitment (one IP; one NO) and one UNV), and one post was frozen due to funding constraints. A total of 10 recruitments were finalised in 2015 (new posts and regular vacancies), six of which were completed within the benchmark period of less than 90 days. The average turnaround time was 94 days, due to lengthy recruitment times required for three positions that entailed re-advertisements. The completion rate for performance evaluation reports was 99 per cent for 2014. In 2015, the completion rates were 98 per cent for phase I and 89 per cent for phase II.

A staff retreat was held in April 2015, focused on team-building and discussions around the 2014 Global Staff Survey findings, which highlighted the need to improve career development and work/life balance. Strategies used to implement the resulting action plan entailed flash meetings and weekly human resources briefs. To improve work/life balance and stress management, UNICEF Haiti approved special leave without pay for four staff members (one IP and three NOs), as well as flexible work arrangements. Furthermore, the Country Office started a mindfulness initiative. With regard to staff development, 34 staff were certified in competency-based interviewing, six staff members went on stretch assignments and one NO staff was on a one-year support assignment to Ebola-affected Guinea.

## Effective Use of Information and Communication Technology

During 2015, UNICEF Haiti made a transition to a cloud-based office automation platform in line with the global transition. Online archiving was enabled for all users to archive and share documents in the cloud. Management staff were provided with smart phones connected to their email, calendars and remote presence tools. Furthermore, a 'bring your own device' service was put in place to allow staff and consultants to be connected on their own devices to work.

The ICT unit enabled planning and provision of ICT services in the new office structure: the ICT movement plan was executed in a timely manner and tasks were adjusted to ensure no downtime and minimal disruption to staff members. The ICT infrastructure was upgraded through support of fibre-optic connected with the internet service provider that can be scaled up in the future to ensure resilience and backup connectivity.

Continued technical support was provided to programmes, including for the "Kore Fanmi" project and implementing partners (FAES) to improve their ICT hosting environment as well as to implement tablet-based data collection in the field.

Finally, the ICT Unit underwent staff changes to its structure: the P3 IP ICT specialist post and the GS7 senior ICT assistant posts were abolished. The new structure consists of one national officer (currently vacant) and one ICT assistant.

## Programme Components from Results Assessment Module

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** Girls, boys and women have equal access to and benefit equitably from an essential package of preventive and curative nutrition interventions at the community level and in health care facilities

#### **Analytical Statement of Progress:**

The Ministry of Public Health and Population reinforced strategies for the implementation and management of the nationwide nutrition program in Haiti. To date the MSPP has directly managed 70 per cent of the nutrition care units with the support of UNICEF. There were a greater number of beneficiaries reached this year; the number of children admitted to the programme neared the set target for the 2015 programme. Despite political instability and the weakness of the nutrition coordination, leading to a second consecutive year during which no government funds were allocated to the nutrition intervention, UNICEF was able to successfully supply the entire health department and avoid disruption of the care package.

In response to the national drought UNICEF was able to mobilise funds and set up response activities through local partnership with the Foundation for the Development of Haitian Families AND the non-government organization, SHASSMEPPE. Active screening and case management was carried out in 20 communes to provide an estimate of the burden of undernutrition in the communes reported by the National Food Security Coordination Committee.

In parallel UNICEF continued to support the MSPP in preventive and curative interventions for children and pregnant and lactating women in all 10 departments and support training sessions for community health agents on screening and assessment of malnutrition. Other care providers were trained on SAM management, data and stock management. UNICEF and Renewed Effort for Child Hunger and Under-Nutrition (REACH) continued to support initiatives in support of

MSPP efforts to achieve a sustainable reduction of child under-nutrition and to reinforce the Scaling-Up Nutrition movement in Haiti.

The transition from emergency programmes into development activities hindered funding to preventive programmes. For example for the infant and young child feeding programme, most NGOs have closed many of their locations. Due to weak capacity and lack of ownership of the nutrition program by MSPP, UNICEF encountered a challenge in 2015 in reporting of beneficiaries and supply consumption. UNICEF also faced a challenge related to follow-up by national entities on progress toward validation of various laws related to food fortification and the fight against hunger for the most vulnerable population.

At the departmental level, UNICEF worked with the MSPP in several work sessions to reinforce the management of nutrition programme, with SAM as a priority area of intervention.

**OUTPUT 1** The Government and communities have the technical capabilities and tools necessary for the effective implementation of quality nutritional interventions based on established scientific evidence

**Analytical Statement of Progress:**

At the national level, UNICEF sought to improve the capacity of MSPP to coordinate nutrition initiatives. UNICEF facilitated the training of key MSPP technical staff at central and departmental level, on the preventive and curative aspects of community-based management of malnutrition. All nutrition focal points were trained to provide technical support to health care workers for the delivery of quality services and the maintenance of nutrition activities at the facility level. In addition, UNICEF advocated for the MSPP to improve data collection and analysis, as well as the dissemination of programme information in a timely manner to support decision-making.

To strengthen nutrition capacity in Haiti's various departments, UNICEF continues to provide technical support to departmental nutrition focal points. As a result, the existence of nutrition focal points facilitated coordination and adequate provision of services at the departmental level. UNICEF's team provided periodic, on-the-ground programmatic visits to help resolve bottlenecks. As a result, priority actions were identified for each department for effective nutrition interventions. UNICEF also advocated for the integration of nutrition into the training curricula of vocational training schools.

A total of 245 outpatient care units are directly managed by the MSPP and closely monitored by UNICEF. At the community level, 560 health workers have been trained on the management of SAM. A programme challenge was the lack of availability of care package for managing SAM cases with medical complications. Many inpatient programmes were supported by non-governmental organisations which have been cutting back. Hence, two departments are without a functional inpatient care unit and others are not offering quality services. UNICEF is working with the MSPP to develop a strategic methodology for the revitalisation of inpatient services through capacity building of health staff for the management of SAM with complications and adequate supply provision.

UNICEF is directly supporting four health departments, but the liquidation of funds in a timely manner remains a challenge with the MSPP. This constraint was addressed through the strengthening of communication channels.

**OUTPUT 2** Children, adolescents and women, and especially the most vulnerable among them, including those with disabilities, living in rural and urban areas are regularly dewormed with Albendazole and benefit from adequate supplementation with essential micronutrients - vitamin A, folic acid iron, iodine and zinc.

**Analytical Statement of Progress:**

UNICEF continued to work with the MSPP in running awareness campaigns in all 10 departments on the importance of the use of micronutrients and iodised salt. The provision of micronutrients for the supplementation of children younger than 59 months and pregnant and lactating women was fully supported, both financially and technically, during 2015.

UNICEF also supported MSPP to strengthen routine micronutrient services in seven out of the 10 departments. To date 1,093,017 children aged six-to--59 months received vitamin A and deworming medication. The routine coverage of vitamin A increased from 68.18 per cent in 2014 to 80 per cent in 2015. Some 621,495 people received iodised salt through UNICEF's support for the local production of iodised salt, in collaboration with the MSPP. Nearly half (49 per cent) of targeted pregnant women received iron and folic acid supplementation and 48 per cent of children with diarrhoea received zinc in addition to oral rehydration salts. With UNICEF support, 12,000 children aged six-to-59 months received micronutrient supplements (sprinkles).

Weak reporting continued to be a major constraint, alongside supply shortages at the departmental level due to late requisitions. For instance, monitoring and reporting activities regarding supplementation of iron and folic acid for pregnant woman have decreased. Through UNICEF advocacy, the MSPP was able to put in place key indicators for the health and nutrition sector for reporting on nutrition indicators. To overcome supply shortages, UNICEF also organised on-the-job training for epidemiologists, nutrition focal points and stock managers of MSPP.

**OUTPUT 3** Infants and young children benefit equitably from improved food and nutritional care.

**Analytical Statement of Progress:**

Through funding support from USAID, UNICEF was able to ensure the availability of Plumpy Nut for the entire year and deliver preventive and curative interventions for children with SAM, as well as ensuring the availability of necessary therapeutic and medical supplies. To date 1,984 community health agents were trained on feeding practices and screening and assessment for severe acute malnutrition.

A complete package of preventive and curative nutrition interventions were delivered by the Ministry of Health structure in all 10 departments. At the time of reporting, 350 PTAs and 20 stabilisation centres are functioning, 70 per cent of which are managed directly by MSPP. UNICEF provides direct technical and financial support to MSPP at departmental levels. In 2015, UNICEF ensured that no stock-outs would be experienced, as happened in 2014, through planning, pre-positioning and support to management of nutrition supplies. A total of 13,039 children with severe acute malnutrition received timely and effective care in 2015. Programme performance for recovery was not met but was on track for the death rate and defaulter rate. UNICEF was able to reach 80 per cent of the programme target for beneficiaries planned for 2015.

**OUTPUT 4** By late 2016, the Government and its partners have the means and adequate technical capacity to reduce vulnerability to disasters and provide adequate nutrition and coordinated response to emergency situations.

**Analytical Statement of Progress:**

Nutrition-based interventions and assessment components were added to the national contingency plan for emergency preparedness and response. UNICEF coordinated strategic planning to provide and pre-position therapeutic and medical supplies in all 10 departments. The integration of nutrition tools into the framework of the Civil Protection Directorate's (DPC) rapid assessment resulted in better coordination of actions for rapid response.

For the third consecutive year, six departments were affected by drought, affecting food security for the most vulnerable households. A rapid nutritional survey was implemented in November 2015, confirming an alarming situation in the drought-affected areas, with two communes demonstrating a global acute malnutrition rate reaching a crisis level at 15 per cent, and four others above 10 per cent. In response, UNICEF supported the treatment of 16,140 children with SAM, while 544,000 children benefited from high-impact preventive nutrition services.

**OUTCOME 2** Children, women and their families in rural area and poor urban areas, especially the most vulnerable, have equitable and sustainable access to a supply of drinking water, basic sanitation and hygiene education.

**Analytical Statement of Progress:**

UNICEF, in partnership with UN agencies and international and local NGOs continued to support the MSPP to ensure equal access to qualified integrated health care systems for vulnerable women, adolescents and children. The main achievements were:

- Twenty-eight maternity clinics (exceeding the 27 planned) can provide basic emergency maternal and neonatal care. UNICEF also facilitated institutional capacity building by reinforcing the core of human resources in the public health districts in the South, Grande-Anse and also at the neonatal unit of the state university hospital in the West, providing specialised care to premature and low birthweight new-borns. This resulted in 1,008 new-borns receiving care in 2015, and a decreased mortality rate (from 19 per cent to 16.5 per cent).

- For the first decade of life: UNICEF provided technical and financial assistance for the realisation of a national forum held on 5-6 of March, bringing together all stakeholders working on the elimination of mother-to-child transmission (e-MTCT) of HIV, which resulted in the strengthening of 20 health institutions in North district, 20 others in Artibonite; 20 health providers and 99 polyvalent community health agents were trained to better deliver health services and care for e-MTCT.

- For the second decade of life: In close collaboration with UNAIDS, a new global initiative targeting the elimination of HIV among adolescents by 2030 "All In" was launched in September. An adolescent advisory board was created, and adolescents are now part of all decision-making related to prevention of HIV, other sexually transmitted infections and early pregnancies.

- To support the country to eliminate maternal and neonatal tetanus, UNICEF supported the MSPP to complete the vaccination campaign against maternal and neonatal tetanus. National coverage of the third dose (TT3) is 82 per cent.

- In response to the diphtheria epidemic which occurred in late 2014, UNICEF supported both financially and technically the organisation of a vaccination campaign in the municipality of

Ganthier. The campaign was successful; 9,714 children under seven years of age (92 per cent) received three doses of pentavalent and 28,902 (94 per cent) of those older than seven years received two doses of Dt.

- The number of suspected cases in 2015 will be slightly higher than 2014 (around 34,000 against 29,078 in 2014), due to the early months of 2015, with 11,000 suspected cases. The disease is now under control, with fewer than 2,000 cases per month, even after heavy rainfall as occurred in April and June.

The health sector registered good results in HIV: 87 per cent of pregnant women diagnosed with syphilis have been treated, 91.26 per cent of HIV seropositive pregnant women are placed on anti-retroviral treatment and 87.94 per cent of HIV-exposed infants received anti-retroviral prophylaxis. For cholera the reduction in case fatality rate was from 1.2 per cent to 0.97. However, all other health indicators remained constrained, with only 53 per cent of boys and girls who access basic health services; 36 per cent of deliveries with skilled birth attendants and 61 per cent pentavalent vaccine coverage. The reasons for this slow progress include: the reduced and weak capacity of qualified staff at all health care levels; a huge turnover of trained professionals at the departmental level; reduced Government funding for health and a high dependency on external donors and lack of coordination among health development partners. In order to tackle these bottlenecks, UNICEF supported the capacity building of health staff in maternal and new-born care and immunisation; and supported the creation of the new-born care alliance. Coordination for cholera rapid response at the departmental level was also strengthened.

In 2016, UNICEF will continue to support the MSPP in maternal and neonatal care, HIV, immunisation and emergency (cholera), with a main focus on implementation of community polyvalent workers (Kore and Famni), the C4D integrated approach and the All In initiative for adolescents with HIV. A strong link with other sector (education, protection, nutrition and WASH) will be established and the coordination, as well as the monitoring of health interventions, will be strengthened at all levels.

**OUTPUT 1** The MSPP has models of decentralized management of the health system based on the performance and tools of budget planning interventions

#### **Analytical Statement of Progress:**

To strengthen the capacity of the MSPP/MoH in the area of health promotion UNICEF carried out several interventions: validation of the national health communication strategy, dissemination of the creole version of the document 'Facts for Life', reinforcement of the review committee of communication materials, the survey on family health care practices, the production of community radio talk shows, support for the 2<sup>nd</sup> edition of Université d'Haiti and an evaluation of professionals in relation to health promotion.

Since July 2015 the Kore Famni network was rolled out in the communes of Thiotte, Anse a Pitres and Grand Gosier and began interventions in C4D (promotion of Facts for Life), health (immunisation, maternal health), nutrition (micronutrient supplementation, growth monitoring).

In 2016 Kore Famni's priority will be to have a committed department that will own this initiative. However, through a memorandum of understanding between FAES and MSPP, MSPP will continue to provide the health training and deliver the material and commodities to the three communes, through the network. UNICEF, in collaboration with the South Department health department, will continue to support the implementation of Kore and Famni in three communes,

and the health sector through supportive supervision of trained polyvalent community workers; sensitisation of the surrounding communities on family care practices and strengthening of basic health and nutrition services.

In addition to South East, Grande Anse and Nippe, UNICEF will reinforce two more departmental sector coordination meetings with the development of an integrated health departmental plan. The indicator on household accessibility will be reviewed in order to make it more specific and measurable.

The weak capacity of MSPP in the management and reporting of cash transfers from UNICEF was a major challenge in 2015, given that UNICEF works with multiple departments of the ministry at departmental and central levels. A consultant will be recruited in 2016 to strengthen the capacity of MSPP at the central level in financial resource management, accounting and reporting.

**OUTPUT 2** SONU-B maternity and the community services in targeted areas provide appropriate and integrated support to newborns (girls/boys)

### **Analytical Statement of Progress:**

To ensure high quality management of childbirth and clean deliveries through comprehensive and qualitative care by health centres, UNICEF is supporting MSPP by strengthening the capacities of maternity facilities and emergency neonatal and obstetric care sites (EMONCs) with the provision of materials, equipment and training of health providers. To date, 28 maternity clinics (exceeding the 27 planned) were fully equipped and are functional. UNICEF also facilitated institutional capacity building by reinforcing the core human resources in public health districts in the South and Grande-Anse, as well as at the neonatal unit of the state university hospital in the West, providing specialised care to premature and low birthweight new-borns. This resulted in care for 1,008 at-risk new-borns in 2015, and a decrease in the institutional mortality rate from 19 per cent to 16.5 per cent between 2014 and 2015. In addition, 35 health providers in nine departments received training on neonatal and emergency care including the “kangaroo mother care” method for premature new-borns, and 48 maternal healthcare staff were trained on obstetric care in the South Department, while 25 peer educators also received training on community mobilisation and reproductive health. The study on the causes of neonatal mortality was presented to partners, at a first-ever workshop held on new-born care. The national strategic plan on child health was finalised and disseminated to providers.

Communication and social mobilisation initiatives through communication for development continued to be an integral part of the maternal and neonatal component. The education of young girls, women of childbearing age and young men on reproductive health issues is key to assuring decreased maternal, neonatal and child mortality. By the end of 2015, 24,000 individuals (young people, adults, lawmakers and journalists) were sensitised and educated. Some 300 pregnant women and mothers were trained via the mothers’ clubs initiative, and 45 journalists and media representative also received training on reproductive health.

Haitians seeking maternal and neonatal care continue to experience a deficit in human resources and poor access to maternity clinics in remote areas where very few institutions offer 24 hours service for labour and delivery. To contribute to the reduction of maternal and neonatal morbidity and mortality, UNICEF is finalising the construction of emergency obstetric and neonatal care in a very remote area of the Central Plateau district to improve access to care,

labour, delivery and new-born services for pregnant women in the target area.

In 2016 the maternal and neonatal health component will continue its support to the MSPP with services available in the South-east, South, Grande-Anse, Central Plateau and West districts. Emphasis will be placed on continued training of healthcare providers to build capacity for the provision of optimal maternal and new-born care. Continued support, through the provision of equipment to emergency obstetric and neonatal care initiative of the MSPP, and intensified community mobilisation and outreach will be provided to reach the least reachable and narrow the equity gap between the haves and have-nots.

**OUTPUT 3** Pregnant women have access to a complete package of PMTCT services to prevent the vertical transmission of HIV and congenital Syphilis in targeted areas.

#### **Analytical Statement of Progress:**

In 2015 UNICEF continued to support the Direction of Family Health (DSF in French) of the MSPP, which is in charge of the elimination of mother-to-child transmission of HIV and Syphilis, by strengthening capacity for sectoral coordination and service delivery. For the first decade of life UNICEF strengthened the capacity of central-level authorities, with the recruitment of one staff member based at the DSF to support its leadership and analyse the national rate of transmission from mother to child. At present, 89 per cent of pregnant women diagnosed with syphilis have been treated, 91 per cent of HIV seropositive pregnant women were placed on ART and 88 per cent of HIV-exposed infants received ARV prophylaxis. These positive results are due to a strong partnership and coordination among partners, including the US President's Emergency Fund for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2015, UNICEF participated actively in the country dialogue and provided financial support to the country coordination mechanism, of which the UNICEF Representative is an acting vote member. Five health districts were evaluated by UNICEF and, as a result, two received financial support to reinforce communication, monitoring and evaluation and to train health care providers, including 20 health institutions in the Department of Nord, while 20 health providers and 99 polyvalent community health agents were trained in Artibonite Department to better deliver health services and care for PMTCT. Under the leadership of MSPP and in close collaboration of WHO, UNAIDS and other partners, UNICEF provided technical and financial support to evaluate the national PMTCT programme.

For the second decade of life, 'All In', a new global initiative targeting the elimination of HIV among adolescents by 2030, was launched in September through a close partnership with UNAIDS. The Adolescent Advisory Board was created and adolescents are now part of all decision-making regarding prevention of HIV, other STIs and early undesired pregnancies.

In 2016 UNICEF will continue to collaborate with the MSPP to monitor the rate of transmission of HIV and syphilis from mother to child. Technical assistance will be given to create a network of health care institutions, intra-and inter-district, to better deliver care and services and reach the targeted 95 per cent coverage for the elimination of MTCT of HIV and syphilis. Collaboration with all stakeholders involved in 'All In' will continue, and clear strategic cross-sectoral guidelines will be developed with all involved sectors beyond health (education, youth, and protection).

**OUTPUT 4** Children (girls/boys) under five years and pregnant women, particularly the most vulnerable, use disease prevention services which target ENP and IMCI

### **Analytical Statement of Progress:**

In spite of corrective measures introduced in the second half of 2015, vaccination coverage for different antigens improved compared to the first semester, but still did not reach the targeted coverage rates: BCG: 63 per cent; Penta 1: 79 per cent; Penta3: 65.8 per cent; OPV3: 66 per cent; measles and rubella: 52.2 per cent; Rota 2: 48 per cent; Dt2 ; 59.8 per cent (routine). UNICEF also supported the MSPP to complete the vaccination campaign against maternal and neonatal tetanus, achieving a national coverage of 82 per cent for three doses of the vaccine (TT3). In 2015, through GAVI support, UNICEF and development partners (WHO and CDC) assisted the country in introducing the injectable polio vaccine, including social mobilisation.

In response to the diphtheria epidemic that started in late 2014, UNICEF provided financial and technical support for the implementation of a vaccination campaign in Ganthier, which reached 9714 children under seven years of age (92 per cent) with three doses of pentavalent vaccine and 28,902 (94 per cent) of children aged seven and older with two doses of DT vaccine. UNICEF continued to provide support for implementation of the 'reach every district' (RED) approach in five departments, targeting 27 municipalities.

Other partners of the immunisation programme, particularly PAHO, contributed to better management of vaccine stock, including the installation vaccine management software in the departments and training of cold chain technicians, as well as through provision of supportive supervision in the field.

UNICEF supported implementation of the improvement plan for effective vaccine management and contributed to the strengthening of the cold chain system. UNICEF financed the installation of 23 solar refrigerators purchased by the CDC to replace propane gas-operated refrigerators.

In 2016 UNICEF will continue to support MSPP to increase immunisation coverage through the RED approach and through the provision of measles and rubella vaccines and cold chain equipment.

**OUTPUT 5** The MSPP and its partners and communities have means and adequate technical capacity to reduce vulnerability to disasters and to provide an adequate and coordinated response in emergency situations.

### **Analytical Statement of Progress:**

The number of suspected cholera cases in 2015 will be slightly higher than 2014 (around 33,709 as of 12 December, against 29,078 in 2014), due to the significant outbreak in early 2015, which accounted for 11,000 suspected cases. During the past six months the disease has been controlled, with less than 2,000 cases per months, even after periods of heavy rainfall in April and June. The resurgence started again in October, with the start of the main rainy season, but figures reported in October and November (the highest-risk months) are still the lowest since the beginning of the cholera epidemic in Haiti in 2010.

The following activities were supported in 2015: i) direct support to the MSPP in its cholera operations (surveillance, supplies for medical treatment, lab supplies for suspected cases confirmation, ii) partnership with epidemiologists of Assistance Publique et Hopitaux de Marseille (APHM) to support the surveillance activities of the MSPP's DELR; iii) financial support to six MSPP rapid mobile teams and two epidemiologists of the DELR. In addition, UNICEF provided the MSPP with 33,000 litres of ringer lactate and 990,000 of Doxycycline.

UNICEF also supported six NGOs to deliver rapid WASH response in affected communities, involving 7,865 interventions in all 10 departments, of which 86 per cent were carried out less than 48 hours following an alert. UNICEF also continued to focus on medium-term cholera elimination objectives to implement the Government/UN/World Bank 'Clean Water and Improved Sanitation and Better Health' strategy, prioritising 16 high-risk communes, which is complemented by the National Sanitation Campaign (see WASH section).

Key priorities for 2016 are to maintain the emergency cholera response while strengthening water, sanitation and health care to reduce vulnerability and increase resilience.

### **OUTCOME 3** Water, Sanitation and Hygiene

#### **Analytical Statement of Progress:**

During 2015 UNICEF continued to support Government ministries such as DINEPA, MENFP and MSPP and developed partnership with Zanmi La Sante and OXFAM Quebec to implement WASH projects in Centre and Artibonite departments, respectively. UNICEF supported the coordination and planning mechanisms at the national, departmental and communal levels for effective use of resources and to promote coordination among WASH actors. UNICEF continued to build the capacity of Government and CSO partners on hygiene promotion, CLTS, WASH in schools and communication for development.

A country status overview (CSO) of water supply and sanitation in Haiti was completed in September 2015. The exercise helped to identify major bottlenecks that prevent effective water and sanitation services delivery and use. It will contribute to the review of the country's water and sanitation strategic plan (2016-2025). UNICEF is a member of the steering committee of the WASH sector strategic plan. The national technical guidelines developed with the support of UNICEF are being disseminated and widely used by WASH actors.

UNICEF is also supporting DINEPA to improve water service in rural areas in 55 communities. Feasibility studies for water systems were completed for Centre Department and partially in Artibonite. The Government has signed a contract with nine enterprises for the construction/rehabilitation of water facilities in both departments. Five water supply systems (to serve around 5,000 persons) are currently being completed in the commune of Cerca La Source. As for the sanitation component, the CLTS approach has been reintroduced in three departments (Artibonite, Centre and South East). Advocacy is ongoing to mainstream the CLTS approach in the national strategy. Over 50,000 people were reached by hygiene messages in both communities and schools in Artibonite and Centre, and an estimated 8,434 rural households have reportedly stopped open defecation. Some 100 school inspectors and 90 teachers were trained on WASH in schools in order to roll out activities in their respective schools.

**OUTPUT 1** DINEPA and partners have standards, technical guidelines and tools for monitoring drinking water, sanitation and hygiene, thereby responding to the needs of services sustainable for children and women, especially the most vulnerable.

#### **Analytical Statement of Progress:**

The Haiti CSO, a joint DINEPA - UNICEF initiative, was conducted and the final document was disseminated. In addition, UNICEF nurtured a dialogue with DINEPA to relaunch and move forward with the partnership for "Sanitation and Water for All", which had been postponed earlier in the year. The terms of reference for this initiative were drafted and are currently being revised by DINEPA in preparation for a high-level meeting scheduled for April 2016. UNICEF worked

closely with DINEPA to finalise and disseminate the second version of the sanitation national strategy. However, development of the national strategy for safe water in rural areas was postponed to 2016. DINEPA continued to disseminate the technical guidelines for the WASH sector, which were presented to civil society and local implementing partners. The technical guidelines are currently being used widely by WASH actors as well as by technical and financial partners. UNICEF is also supporting DINEPA in the development process of a WASH sector strategic plan for 2016-2025.

**OUTPUT 2** Children and women in rural areas and poor urban communities have access to sustainable WASH services.

**Analytical Statement of Progress:**

UNICEF developed partnerships with Zanmi Lasante and OXFAM QC to increase sanitation, community mobilisation and hygiene promotion services and to monitor the construction of WASH infrastructure in communities, schools and health facilities, respectively, in rural areas of Centre and Artibonite. Sanitation and hygiene interventions also targeted three impoverished communes in the South East as part of the Kore Fanmi initiative. Over 150 stakeholders (government and civil society) were trained in the CLTS approach in Artibonite and South East departments. As a result, it is estimated that 8,434 households have stopped open defecation. The main challenge is ongoing subsidies of sanitation facilities by some NGOs working close to the project communities. UNICEF is working closely with DINEPA to disseminate the national policy promoting zero subsidies.

Feasibility studies were completed and validated by DINEPA to increase water access in 55 communities. Currently, construction/rehabilitation of water facilities is ongoing in Cerca La Source, Mirebalais and Gros Morne communes under the leadership of DINEPA, which contracted several enterprises. Five water supply systems (to serve around 5,000 persons) are currently being completed in Cerca La Source. However, the implementation phase was constrained by a slow tendering process. UNICEF and DINEPA worked on the timeline to speed up the process and complete all procurement processes before the end of the year.

UNICEF worked closely with the World Bank to select priority communes for the national sanitation campaign. The World Bank will also use the CLTS strategy advocated by UNICEF in support of the Government's five-year WASH project, which began in 2015.

**OUTPUT 3** School populations benefit from WASH services complying with rules, standards and child-friendly guidelines and adopt improved hygiene and sanitation practices.

**Analytical Statement of Progress:**

With UNICEF support, the Ministry of Education (MENFP) trained 100 school inspectors in Centre and Artibonite to become certified as "hygiene-friendly schools". UNICEF is currently providing technical assistance to the Ministry of Education to establish certification committees at the local level. UNICEF completed feasibility studies to improve water and sanitation facilities at 44 schools. MENFP and stakeholders are currently working to revise WASH standards for schools to match the local context.

In addition, 162 teachers were trained on hygiene promotion to build capacity on hygiene education and maintenance of WASH facilities.

During World Water Day, implementing partners and DINEPA decentralised offices organised a drawing competition in four schools in Artibonite on household water treatment and storage. It

was an excellent opportunity for the children to share their views on important WASH issues within their communities. In Centre Department, six primary schools were equipped with adequate water sources for drinking, and facilities for sanitation and hygiene.

**OUTPUT 4**, DINEPA and partners have the means and the technical capacity to reduce vulnerability to disasters and provide an adequate and coordinated response in emergency situations.

**Analytical Statement of Progress:**

The 60,800 people still living in camps in Port-au-Prince benefited from de-sludging services in the first semester of 2015. Despite residual needs for ensuring such sanitary services, no funds were available from mid-2015. An exit strategy was designed with DINEPA and NGO partners to hand over responsibility for de-sludging to communities in camps. While the strategy worked in some camps, others faced more constraints to self-finance the services. UNICEF advocated with the IOM to include this service cost in their US\$20 million relocation programme budget.

UNICEF also supported DINEPA and two NGO partners to deliver WASH services to people in informal settlements in the South East (about 2,000 people) and improve sanitary conditions in transit collective shelters identified by civil protection authorities.

**OUTPUT 5** The National Plan to Eliminate Cholera in Haiti has been supported in the prevention of cholera, response to alerts and coordination of cholera elimination efforts to reduce the annual incidence rate to 0.5 per cent

**Analytical Statement of Progress:**

The number of suspected cases in 2015 will be slightly higher than 2014 (around 33,709 as of 12 December, against 29,078 in 2014), due to the 11,000 suspected cases early in the year. During the past six months the disease was under control, with less than 2,000 cases per months, even after heavy rainfall in April and June. The resurgence started again in October, the start of the main rainy season, but figures reported in October and November 2015 (the highest-risk months) are still the lowest since the beginning of the cholera epidemic in Haiti.

UNICEF supported six NGOs to deliver a rapid WASH response in affected communities. The NGOs conducted 7,865 interventions in all 10 departments, 86 per cent of which were carried out less than 48 hours following an alert. More than 51,000 cholera kits were distributed and 800 temporary chlorination points were implemented by UNICEF's partners in all 10 departments, which contributed to the above-mentioned result.

Thus the priorities for 2016 are to maintain the emergency cholera response while strengthening access to water, sanitation and health care to reduce vulnerability.

**OUTCOME 4** Girls and boys, including adolescents, are protected from violence, abuse, exploitation and family separation by social systems and legal protection, at the national and community levels

**Analytical Statement of Progress:**

Political developments in Haiti have led to a delay in the adoption of the Child Protection Code as well as the law reforming the IBESR, the government agency in charge of child protection. This law is instrumental in operationalising and ensuring implementation of all legal instruments ratified by Haiti in the last three years, i.e.: the two first optional protocols to the CRC; the Hague Convention on international adoption; the national law on adoption, voted in 2013; the law on

paternity, maternity and filiation; and the law against trafficking. In December 2015, the national committee on human trafficking was finally officially installed by the President.

Improvement of reliable child protection data collection in Haiti continued to be constrained by lack of coordination among actors, including donors, as well as limited understanding by IBESR of the added-value in terms of planning, targeting, resource allocation, advocacy and reporting. Key IBESR donors, such as U.S. and French cooperation agencies, have expressed interest in engaging in operational donor coordination in that field, as well as other support areas.

Stakeholders of the child protection coordination mechanism exist at central and departmental levels; monthly meetings are held among state and non-governmental entities supporting child protection initiatives. These coordination mechanisms also serve as a forum for inter-sectoral management of child protection cases to ensure timely response. UNICEF Haiti continued to provide financial and technical assistance to IBESR and Child Protection Brigades (BPM) to facilitate nationwide presence, although these coordination mechanisms still need strengthening, particularly for case management.

The “Study on Child Domestic Workers in Haiti”, developed in partnership with over 30 organisations, revealed that 407,000 children are engaged in domestic child labour, of whom 207,000 children under the age of 15 work in unacceptable forms of domestic child labour. One Haitian child out of four does not live with his/her biological parents. Access to better opportunities and education is the motivating factor for placing children in informal foster care arrangements. It is often the poorer households in rural areas, with the least access to basic social services, that resort to informal foster care. The organisations that took part in the study will develop a road map for responding to the findings of the study, which will encompass a multi-sectoral response involving actions in policy and legal change/development, coordination, advocacy and service delivery.

UNICEF Haiti continued to support the decentralised presence of child protection public services in all 10 administrative departments throughout the country. IBESR is operational in all 10 departments and its presence has proven particularly useful in responding to the needs of children separated as a result of the deportation of Haitian migrants/diaspora in the neighbouring Dominican Republic. IBESR, however, continues to be dependent on external financial, material and technical support.

The Country Office carried out a bottleneck analysis with child protection partners for birth registration, which highlighted key bottlenecks to be addressed. These included: direct and indirect costs of birth registration services, insufficient number of civil registry offices and unequal geographic distribution of services (60 per cent of children are born in rural areas but only 6 per cent of civil registry offices are based there). Finally the percentage of children being born in medical facilities remains low. A national strategy seeking integration with the health system and the development of services is being developed with the Government. UNICEF also supported the development of work-flow processes involving actors in the justice, police, social affairs, health and non-profit sectors to ensure that age-responsive and gender-sensitive service delivery standards are developed in the justice system.

UNICEF Haiti piloted a state-managed and community-based foster care system. As of end-2015, 15 families had been accredited and 34 children had benefited from this mechanism. Analysis of the project is still ongoing and will inform programming in several child protection fields, such as juvenile justice (diversion and alternatives to detention), strengthening of social work practices and community-based protection mechanisms.

Haiti presented its periodic report to the CRC Committee. UNICEF supported this process and the development of the alternative civil society report. This process provided an opportunity for a large-scale dialogue on the situation of children between civil society and Government actors. Feedback on the CRC session, planned for January 2016, will also be used to support this dynamic and to inform planning as a new budgetary and parliamentary session starts.

**OUTPUT 1** A child protection policy and a legal framework based on evidence and conforming to international standards are available and implemented in Haiti.

**Analytical Statement of Progress:**

Headway made during previous years in consolidating the child protection normative and regulatory framework continued. Political developments in Haiti, however, led to a delay in the adoption of the Child Protection Code as well as the law reforming the IBESR, the Government agency in charge of child protection. This law is instrumental in operationalising and ensuring implementation of all instruments ratified by Haiti during the last three years, i.e.: the two first optional protocols to the CRC; the Hague Convention on international adoption; the national law on adoption, voted in 2013; the law on paternity, maternity and filiation; and the law against trafficking. In December 2015, the national committee on human trafficking was finally officially installed by the President.

As of the time of this report the political situation, with stalled electoral processes, constituted a major bottleneck in ensuring adoption of the Child Protection Code and law reforming IBESR. The latter would provide the agency with more autonomy as well as budgetary leeway.

Key challenges remain: weak Government capacity to develop procedures for applying revised or new laws, as well as difficulties faced by IBESR in prioritising and developing an overall vision within which cooperation actors could define their support.

**OUTPUT 2** By 2016, girls and boys, including adolescents, have access to adequate and coordinated programmes ensuring the prevention and response to violence and abuse in the targeted areas and in emergency situations.

**Analytical Statement of Progress:**

Due to several human resources challenges (departure of the section chief and staff changes), the Country Office was not able to continue providing support to child protection coordination at the same level as in previous years. However, support from civil society actors in the departments enabled the decentralised coordination system to continue working. Case management remains an area where reinforcement is needed, given the strong incident-based approach of the system. A process to determine the best interest of the child was introduced in the IBESR system and is being progressively formalised.

The national emergency contingency plan, including child protection considerations, is available at the national level, but needs to be adapted for each department through the Child Protection Working Group. IBESR agents were trained on emergency response; however, the call centre was not able to function 24/7 in 2015. The call centre was mainly used as an alert tool; links with case management practices and local services need to be strengthened.

Data on residential care centres are being updated with a focus on standards of care and an inventory of institutions. This update needs to be better articulated, with a broader strategic vision towards de-institutionalisation and focus on alternative care mechanisms.

UNICEF continued to support the operationalisation of the foster family scheme, which has been piloted in the South and West departments since mid-2014. Through a partnership with the NGO Terre des Hommes, 450 vulnerable children benefited from specific and adapted protection and education measures and 38 were placed in foster care families, 15 of which were identified, trained and accredited by IBESR.

2015 was marked by deportations of Haitians from the neighbouring Dominican Republic with many children directly and indirectly affected. Through a UNICEF-supported network of five local NGOs placed along the border area and supporting IBESR departmental antennas, 596 unaccompanied children were identified and 567 of them were reunited with their families. This operation highlighted the need to strengthen the capacity of IBESR in border areas, as well as child protection needs in those areas (drivers of cross-border movements of children).

The juvenile justice sector saw little progress in 2015 but will constitute a priority in 2016 in the areas of: links with alternative care mechanisms, enhanced data collection processes and increased inter-ministerial coordination.

### **OUTPUT 3** Child Protection

#### **Analytical Statement of Progress:**

The study on child domestic workers in Haiti, implemented in partnership with over 30 organisations, revealed that 407,000 children are engaged in domestic child labour, of whom 207,000 children under the age of 15 work in unacceptable forms of domestic child labour. One Haitian child out of four does not live with his/her biological parents. Access to better opportunities and education is the motivating factor for placing children in informal foster care arrangements. It is often the poorer households in rural areas, with the least access to basic social services, that resort to informal foster care. The organisations taking part in the study will develop a road map for responding to the findings of the study, which will encompass a multi-sectoral response involving actions in policy and legal change/development, coordination, advocacy and service delivery.

Programme interventions in Cite Soleil and Martissant, the most vulnerable zones in the capital, continued, in partnership with AVSI, through a combination of approaches: service reinforcement through support to the redeployment of IBESR in the area, parental education, adolescent participation and socio-economic support. This intervention is being assessed in order to analyse protection dividends, as well as community capacity to take over some aspects of the project, while other interventions in the same target areas are scaled-up. Best practices identified through the project on violence against children include the participation of children in work on violence reduction in other areas. 2016 will see a continued UNICEF focus on initiatives aimed at community violence-reduction in Cite Soleil and Martissant.

**OUTCOME 5** Policy, legislation, and budgeting based on evidence, including measures to reduce deprivations of children and disparities between them, are implemented.

#### **Analytical Statement of Progress:**

2015 was marked by the completion of census cartography and preparation of the EMMUS VI, with UNICEF technical and financial support. Other stakeholders involved in the realisation of the survey include the Ministry of Health, Canada, WHO, USAID and UNFPA. The two major data collection operations will be carried out in 2016. The data will serve, along with secondary analyses, to update the measurement of multidimensional child poverty.

The use of DevInfo saw some progress, with its adoption by the National Poverty and Social Exclusion Observatory with the monitoring of poverty indicators. UNICEF provided support to the development of the database and training on utilisation and administration.

UNICEF provided technical support to the Ministry of Social Affairs in the elaboration of a roadmap for the formulation of a national social protection framework/policy. In this context an international conference on social protection was organised. However, the process was stopped due the resignation of the minister of social affairs and lack of commitment by the new minister, despite the willingness of development partners to support continuation of the process. The resumption of the agenda on social protection will depend on the priorities of the new Government, to be established after the elections.

UNICEF supported the Ministry of Planning in the organisation of a dissemination workshop on public expenditures for children. Among the key conclusions that emerged from the workshop was the need to assess the results/performance of existing programmes, in order to establish a link between investments and outcomes for children, and to review the conceptual framework of the state budget in line with a results-based approach. In this regard, officials of the Ministry of Economy and Finance announced that the ongoing government budgetary reform will be an opportunity to develop a results-based budgetary framework, in connection with the Triennial Investment Programme and in the context of implementing Haiti's Strategic Development Plan.

The Kore Fanmi network was established in July in the three targeted communes (Thiotte, Grand Gosier, Anse a Pitre). It is meant to provide family support through referrals for services that meet the specific needs of each family, as well as C4D activities to promote positive behaviours and practices and distribution of essential commodities. Although its operationalisation is relatively recent, encouraging results have already been seen in terms of outputs in some sectors such as WASH (CLTS), health (immunisation, maternal and neonatal care) and nutrition (vitamin A supplementation, growth monitoring). An evaluation of the initiative is planned in 2016. To improve the information system underlying the monitoring and evaluation, UNICEF provided support to FAES to develop an application for partnership with the social enterprise DIMAGI.

**OUTPUT 1** The Government of Haiti has and uses data and analysis disaggregated at the national and local levels on the situation of the child and of women, for evidence-based and equity-based decision-making.

**Analytical Statement of Progress:**

Vulnerability-mapping based on data collected by the Kore Fanmi socio-economic surveys was completed for the three communes in the South East Department (Thiotte, Anse a Pitre and Grand Gosier), facilitating analysis of households by their levels of vulnerability to enable targeting of interventions by the commune household development agents. Building on the shift from a paper-based to a tablet-based data collection mechanism for Kore Fanmi, a partnership was developed with World Bank, FAES and DIMAGI to develop a mobile application for use by the Kore Fanmi agents and supervisors. The application, which will be piloted in early 2016, enables registration of household data and case history management for each household.

Census cartography was completed with the finalisation of data collection for the department of Grand Anse, which was supported by UNICEF. A consultant GIS expert was recruited to rationalise and digitise the cartographic database of the Haitian Institute of Statistics and Information, including the development of a Census Atlas. The preliminary diagnostic pointed

towards the poor quality of data collection and information management, for which action points were developed jointly with IHSI. The census, however, suffered setbacks due to the political situation and lack of budget. It is yet to be seen if the census will be conducted in 2016.

The memorandum of understanding for the 2016 Demographic and Health Survey (EMMUS) was signed by USAID, Canada, UNICEF, UNFPA, WHO, World Bank and MSPP. The data collection is planned for mid-2016 and preliminary results are expected by end-2016. Following numerous consultations with partners, the survey will include nearly all of the MICS modules, including the new disability module.

Technical support was provided to the ONPES to develop a DevInfo database for monitoring poverty indicators. The HaitInfo database was updated, but still requires work to integrate the Survey of Living Conditions of Households after the Earthquake data to ensure that all key data related to the SDGs are incorporated.

**OUTPUT 2** The Government's capacity is enhanced for the development and implementation of a framework for social protection oriented on the needs of children and social protection

**Analytical Statement of Progress:**

The social protection agenda experienced significant progress during the first half of the year, through the adoption and launching of a roadmap for the formulation of a national policy/framework on social protection. In this context, UNICEF provided technical support for preparations for an international conference on social protection, and to the development of the single registry of beneficiaries. However, in the current electoral context, momentum was lost following the resignation of the minister of social affairs during the second semester and because the new minister was not committed to resuming the process. The continuation of advocacy and policy dialogue on social protection will depend on the priorities of the new Government established after the elections.

The report on public expenditures for children was published. A dissemination workshop was organised on the occasion, which was attended by senior officials of the Ministry of Planning, the Ministry of Economy and Finance and other line ministries, as well as technical and financial partners and civil society organisations. The report highlights, among other things, a significant reduction of specific expenditures for children between 2008 and 2013, with notable imbalances in the allocation of resources among various categories of expenditure.

**OUTPUT 3** The most vulnerable households in the targeted communes are identified and receive an support to prevent and reduce their vulnerabilities and strengthen their resilience to external shocks

**Analytical Statement of Progress:**

The operationalisation of the Kore Fanmi network took place in the second half of the year with some delay. Ninety-eight agents, nine supervisors and three communal coordinators were recruited and trained. The agents were deployed in the field, alongside on-going training activities. In addition to referral work and family support activities, including C4D, since August the Kore Fanmi agents were actively involved in the CLTS campaign in selected localities. Data collection to update the mapping of opportunities and vulnerabilities is underway. To date, in the three targeted communes, 8,057 families received their family book, 2,023 children under one year of age were vaccinated, 749 children under five were supplemented with vitamin A, growth monitoring was carried out for 1,445 children and 11 localities of the 18 targeted were declared open defecation-free.

The Ministry of Health developed the health/nutrition training module and provided trainers. UNICEF provided support for the development of other modules (e.g. C4D, interpersonal communication, CLTS, social protection floor, child protection etc.), in close collaboration with relevant institutions and in coordination with FAES.

UNICEF also provided equipment and laptops for communal offices, including solar panels, motorcycles for supervisors and tablets for Kore Fanmi agents.

A partnership was established with DIMAGI to support FAES in the development of an application to improve data collection and information management systems.

In addition to constraints encountered during the first semester, the main challenges met for the rest of the year included the duration of training activities, in particular for the health module, and delays in the delivery of supply orders.

## Document Center

### Evaluation and Research

Title	Sequence Number	Type of Report
Rapid Nutrition Survey	2015/010	Survey
Sanitation Baseline Study	2015/009	Study
Etat des Lieux du Secteur de l'Eau Potable et de l'Assainissement en Haiti	2015/008	Study
Perception Study of UNICEF in Haiti	2015/006	Study
KAP Study on Family Practices with a Focus on Women and Children	2015/005	Study
Addressing Child Labour in Domestic Work in Haiti	2015/004	Research
Les Depenses Publiques Orientees vers l'Enfance en Haiti	2015/003	Study

### Other Publications

Title
Les Depenses Publiques Orientees vers l'Enfance en Haiti

### Lessons Learned

Document Type/Category	Title
Lesson Learned	Kore Fanmi initiative: a family-centred and integrated approach to improve equitable access to social services
Lesson Learned	Cholera rapid diagnosis tests (RDT) proven to be ineffective