1 EXECUTIVE SUMMARY

The 12 January 2010 earthquake represented an unprecedented “worst-case scenario” for Haiti: a sudden-onset “Category Three” emergency with high fatality rates, extensive geographic scope and severe magnitude, hitting the political and economic core of the already impoverished, post-crisis nation, exacerbating acute and structural gaps in national capacity. The Executive Director immediately triggered an organisation-wide response that led to the rapid deployment of technical expertise and supplies; mobilisation of financial resources through two appeal mechanisms and the establishment of a satellite office in Santo Domingo, ‘Operation Life Line Haiti’. No UNICEF staff lost their lives in the earthquake, but all were directly affected and several lost immediate family members. Since the UNICEF office was destroyed, a temporary base was established at MINUSTAH Logistics Base.

Drawing on evidence gleaned from a variety of sources including the Post-Disaster Needs Assessment (PDNA), UNICEF produced a ‘365 Day Plan’ in early March, which outlined programmatic and operational commitments in line with the CCCs. This results framework enabled the reorganisation of internal structures and led to the PBR in April 2010, which authorised a boost in human resource capacity. Later in the year UNICEF harmonised its objectives with other UN agencies through the Integrated Strategic Framework, which replaced the UNDAF 2009-2011 (later extended to 2012) and aligned directly to the pillars of the National Action Plan for Recovery and Development.

With enhanced capacity, UNICEF played a leading role in scaling-up life-saving services and coordinating over 400 different actors through the WASH, Education and Nutrition Clusters, as well as the Child Protection sub-Cluster. The outbreak of cholera in October led to an acceleration of the response in remote and underserved areas. In 2011, UNICEF will continue to shift the balance of investments from camps to return areas, as well as sustain the cholera response. More than an emergency operation however, UNICEF will also enhance government capacity to manage the delivery of basic social services for recovery, and to leverage the resources mobilised in the wake of disaster to catalyse the transformation of institutions and systems that promote the survival, protection and empowerment of children.

2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Children and women in Haiti faced an extraordinary confluence of threats in 2010. Of greatest significance was the 12 January 2010 earthquake that claimed an estimated 300,000 lives\(^1\) and injured a further 300,000. Overall, some 3 million people, or 30 per cent of the population, were affected, with children making up half the population. The earthquake destroyed 105,000 homes and damaged more than 208,000, forcing some 1.6 million persons into displacement\(^2\). A year later, over one million people still live in one of 1,193 camps for internally displaced persons (IDP), including 447,060 children (52 per cent are girls) under the age of 18.\(^3\)

\(^{1}\) UNICEF’s portion of the Flash Appeal was US$ 222 million USD. UNICEF two-year HAR was US$ 127 million- the one-year budget therefore = US$63.5 million.
disaster: the outbreak and rapid spread of cholera through all ten of Haiti’s departments. Adding additional risks for children, the passage of Hurricane Tomas in November undermined food security and likely accelerated the transmission of cholera. Civil unrest following the disputed first round of presidential elections also complicated the operating environment.

The impact of these shocks was particularly acute due to the underlying structural faults in the economic, socio-cultural and governance environment. Haiti remains the poorest country in the Western Hemisphere and progress towards achieving MDG1 is likely to have regressed following the earthquake due to loss of livelihood and economic opportunities. Already, prior to the earthquake, three-quarters of Haitians were surviving on only $2/day, and half on only $1/day. Now, some 48 per cent of households show a decrease in wealth since the disaster.4[4] Progress, meanwhile, is insufficient to ensure that all children are in school (MDG 2) given that the majority of children in Haiti were out of school before the earthquake5[5] and the disaster reduced some 3,978 schools to rubble and caused the death of an estimated 1,500 teachers. According to a camp-based rapid assessment conducted in November, an estimated 25 per cent of children living in IDP camps who were enrolled in school before the earthquake could not return in October.

3 CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview

Recognising the scope and severity of the crisis, backed by strong HQ and RO support and an unparalleled outpouring of global financial assistance, the HCO transformed from a small CO to one of the largest worldwide, with staffing structures rising from 53 staff to over 280; warehouse space expanding from 500m² to 7500m² and resources targets jumping from a US$17 million ceiling of OR to an emergency appeal of over US$285 million for one year, with ORE receipts exceeding US$309 million.6[1]

The UNICEF Country Programme 2009-2011, in the second year of its three-year cycle, continued to provide the larger strategic objectives in line with the MTSP – but with the release of the Flash Appeal and the key objectives outlined in the UNICEF’s HAR, UNICEF committed to a rapid expansion of emergency relief programmes. In early March 2010 the HCO released the “365 Day Plan”, which outlined both operational and programmatic commitments for humanitarian action – and the objective of catalysing “transformational change”. The 365 Day Plan served as the basis for the expansion and reorganisation of internal operational and staffing structures in order to boost capacity to ensure results for children. It also provided the basis for joint planning with other UN Agencies, which began in earnest following the release of the Government’s National Action Plan for Reconstruction and Development at the March 31st Donors Conference, with the development of the Integrated Strategic Framework (ISF). The ISF now harmonises the plans of all UN bodies in Haiti, replacing the UNDAF 2009-2011 (later extended to 2012).

At the close of 2010, UNICEF’s simplified results structure includes Programme Component Results that consolidate the objectives of humanitarian action, recovery and development

6[1] This includes 63 vehicles for government counterparts and 20 motorbikes for use at both national and decentralized zones.
into a singular vision for UNICEF in Haiti. PCRs/IRs not only strengthen linkages with key national documents and the ISF, but they also more clearly align development frameworks and policies.

### 3.1.2 Programme Strategy

#### 3.1.2.1 Capacity Development

UNICEF’s assistance is anchored firmly in national systems and linked directly to national priorities. In the immediate aftermath of the earthquake, UNICEF also played a critical role in restoring the operational capacity of central level Ministries, including the Ministry of Planning and External Cooperation (MPCE) Ministry of Education (MENFP), the Ministry of Public Health and Population (MSPP), The Ministry of Social Affairs and Labour (MAST), and the Water and Sanitation Directorate (DINEPA), in addition to the **Institut de Bien Etre Social et de Recherche (IBESR)** and the Haitian Police’s **Brigade de Protection des Mineurs (BPM)**. UNICEF also embedded both national and international technical experts inside these technical ministries, providing more than US$5 million to direct human resource support across five line ministries and three government agencies, boosting capacity for planning, coordination and overall management of the response.

Achievements in Child Protection provide a good example of these efforts. UNICEF supported the training and deployment of 140 staff from Haiti’s child protection agency, throughout the country, thereby dramatically boosting capacity to manage child protection cases, especially for BPM, which now has now 65 trained field staff – up from only 12 in 2008. UNICEF also worked to strengthen IBESR in Les Cayes, Gonaïves, and Cap Haitien, as well as helping a new office to open in Jacmel. Similar efforts have taken place to reinforce BPM presence to prevent child trafficking at the borders and the airport in Port-au-Prince, with the result that over 11,774 children had their documentation checked at border points since January. Some 2,509 irregular voyages were registered, of which 459 cases proved to be trafficking and 49 instances of forced labour. Also notable was the finalisation of the first-ever national protocol for integrated management of acute malnutrition, which was rolled-out through a Training of Trainers for 154 staff from the MSPP and 40 from NGO partners, with cascade training reaching community focal points and health facilities in all ten of Haiti’s departments.

#### 3.1.2.2 Effective Advocacy

UNICEF played a crucial role in advocating with Government, major development partners and donors that pledged at the 31st March Donor’s conference for the adoption of a more transformative agenda that would enhance Government capacity to manage and lead the recovery process, even in the midst of pressing humanitarian needs. More specifically, one example of successful advocacy involved the Representative and the Child Protection Programme’s targeted advocacy platform, in an effort to encourage the Government of Haiti to sign and ratify the Convention on the Protection of Children and Co-Operation in Respect of Inter-Country Adoption (Hague Adoption Convention).

Inter-Country Adoption lacked safeguards in Haiti before the earthquake, and UNICEF was already working and advocating for reform and alignment with the principles of the Convention. The earthquake strongly exacerbated child protection challenges however, and brought the issue of international adoption to the fore. It also generated momentum to initiate reform of the inter-country adoption framework and address protracted child protection concerns, including the link between the lack of governmental control of

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residential care centres and the premature /illegal adoption and trafficking of children. Positively, a bill on reforming the framework for inter-country adoption was introduced in the Haitian Parliament in 2009 and adopted by the lower Chamber in May 2010, but the bill was not fully aligned to the principles enshrined in the Hague Convention. In June 2010, following strong advocacy by the UNICEF Representative with Prime Minister Jean-Max Bellerive, coupled with technical assistance provided by the UNICEF Child Protection Programme, the Prime Minister submitted a request to the Secretariat of the Hague Convention announcing his intention for Haiti to become a party to the Convention, and requesting technical assistance from the Secretariat of the Convention and from UNICEF. This represents a great victory in advocacy, although additional work is required to ensure signature, ratification and positive outcomes for children.

3.1.2.3 Strategic Partnerships
Throughout 2010 UNICEF maximised its convening role between the Government and other partners through its Cluster Coordination role, but also by fostering strategic partnerships with major development partners, religious leaders and community-based organisations for the adoption of a more transformative agenda that would enhance government capacity to manage and lead the recovery process, with children at the core of the reconstruction agenda.

UNICEF has also advocated for children’s needs within the cholera response. For example, UNICEF has taken the lead in mobilising the three principal religious organisations reaching a majority of Haitians throughout the country – the Catholic, the Protestant and Voodoo congregations – for cholera prevention. At the end of 2010, a partnership with the ‘Religions for Peace - Haiti’, which is led by the highest spiritual leaders of the three religious movements, was launched. It aims to ensure that the leaders at all levels disseminate key life-saving messages on cholera prevention and response to their congregations during religious celebrations and that members mobilise to reach out to others to spread the messages. It is hoped that good collaboration with the Haiti religious leadership may pave the way for similar joint initiatives in the framework of UNICEF’s programming on behalf of child rights at the community-level.

Also notable is the landmark agreement negotiated with the MSPP in 2010 for the expansion and strengthening of both facility-based and community-based cholera treatment programmes. UNICEF has been designated to receive US$14 million from the Inter-American Development Bank (IDB), through direct payment, as requested by the MSPP as one of two executing agencies in a larger partnership with the Bank. This represents the first time that UNICEF as an organisation has forged a partnership with the Bank. For the IDB, it also represents a new partnership modality in emergencies.

3.1.2.4 Knowledge Management
Reinforcing a culture of knowledge management (KM) was a challenge in the aftermath of the 12 January earthquake. In addition to the temporary absence of critical staff, the UNICEF office was destroyed and files were rendered unrecoverable, posing serious constraints for the integration of knowledge from previous programmes. The high turn-over of surge-support staff, combined with inadequate office infrastructure and shared local area networks in the immediate post-earthquake phase also posed serious constraints in terms of the collection and management of shared information.

No formal KM strategy or initiative existed prior to the earthquake within UNICEF or at the level of UNCT, but systems and tools for information-sharing were developed. For inter-agency and cluster coordination, each UNICEF-led cluster appointed dedicated Information Managers to map partner activities and establish web-based portals for information
exchange. The office also established an intranet site and partially recovered a shared drive, designating a specific place for handover notes, but knowledge of these platforms was limited and the completion of handover notes was not systematic, despite being mandatory. An M&E framework was established during the first three months of the emergency response (see section 5). In the last quarter of 2010, the HCO also recruited an L-3 Knowledge Management Specialist to take stock of existing KM practices and systems, identify gaps and develop an office KM strategy, which will include strengthening of field mission monitoring.

To ensure adoption of the response, HCO participated in a lessons learned exercise of the Haiti Earthquake Response, led by HQ (EMOPS and PD-HATIS) for which national and international staff were debriefed to identify lessons learned in their functional area in the first six months of the earthquake response. An After Action Review of UNICEF’s response to a tropical storm was also held. For UNICEF’s cholera response, a SWOT exercise for the first three months was conducted with strong participation of all sections and was used for planning. In addition, a Risk Control Self-Assessment exercise was conducted in March, in preparation for the PBR (see section 4.1).

3.1.2.5 C4D Communication for Development
Communication for Development is now a fully integrated component of the Country Programme, and has been operational since the section was set up in September of 2010. Consequently, the focus for the last quarter of the year was threefold: establishing working relations with the key government sectors at the central level in order initiate an integrated C4D approach; providing technical assistance for the development of key prevention messages to prevent and respond to cholera through active participation in the working group under the Ministry of Health; and more significantly, putting into operation the UNICEF Social Mobilisation Strategy, which has successfully enlisted the support of national structures and networks – religious bodies and local community network members – in order to reach underserved localities with key messages and communication packages as part of UNICEF’s support to the government response to the cholera epidemic. UNICEF will build and expand on the newly created alliances and partnerships for cholera prevention to continue the drive to reach disadvantaged and vulnerable communities in 2011.

3.1.3 Normative Principles
3.1.3.1 Human Rights Based Approach to Cooperation
Human rights-based approaches to programming continue to be the core of the Country Programme, forming the basis of the policy development and legal reform that UNICEF advocates and supports. The mid-year and mid-term review process acknowledged the continued importance of applying the human-rights based approach to all programmes, including the emergency response, and in particular the strengthening of participatory development processes and clarification of roles and responsibilities for upholding children’s and women’s rights. In October 2010, training on the HRBA to programming was implemented for all senior managers, to ensure a strong integration of the approach for the PCR/IR and 2011 work planning processes. The training will be rolled out to the remaining staff in 2011, as well as to UNICEF’s partners.

3.1.3.2 Gender Equality and Mainstreaming
The earthquake in Haiti had different impacts on the vulnerabilities of girls, boys, women, and men and on their ability to respond, and served to exacerbate pre-existing gender inequalities. UNICEF has worked to ensure its relief and recovery efforts are gender-responsive to avoid inadvertently reproducing discrimination and to promote greater gender
equality in the recovery efforts. Early on in the response UNICEF participated in the Gender in the Humanitarian Response Working Group in Haiti, which prepared recommendations for Cluster Coordinators on how to strengthen the gender responsiveness of their programmes. Through its WASH programmes UNICEF has worked to ensure the safety and dignity of women and girls by building sex-segregated latrines in schools. In response to Haiti’s recent cholera epidemic, UNICEF is advocating for sex- and age-disaggregated data and is disseminating messages that challenge domestic division of labour in cholera prevention and response, such as emphasising the positive roles that boys and men can play.

3.1.3.3 Environmental Sustainability
Issues of environmental sustainability are particularly salient in Haiti, as 6 per cent of the land area is impacted by irreversible erosion (no soil left) and annual soil losses are calculated at 36.6 million tons. In addition, the forested area of Haiti is only about 3 per cent of the total land area and the average rate of depletion is 70 km2 per year, presenting a major threat to Haiti’s environment, renewable water resources and livelihoods. Some 63 per cent of the land surface in Haiti has a slope of over 20 per cent, most of which is subject to some form of agriculture, meaning that rains, cyclones, storms and tropical depressions (Haiti is in the middle of the hurricane belt) frequently result in floods, landslides, epidemics and loss of human life, as well as the loss of cattle and crops and destruction of infrastructure. Haiti also experiences particularly severe impacts on public health due to freshwater shortages combined with high population density. Women and children transport water over long distances; this frequent and arduous obligation reduces available time and effort for education, family care and economic activities. Freshwater is rapidly becoming scarce and some aquifers have been exhausted. Many of the threats are a direct result of inadequate sanitation options, compounded by insufficient drainage and lack of water treatment. The WASH Emergency Programme was aware of these risk factors in 2010, and will consider ways of integrating measures to promote environmental sustainability in 2011.

3.2 Programme Components
Title: Emergency WASH
Purpose
The Emergency WASH Programme aimed to contribute to the fulfilment of children’s and women’s right to life during the emergency and, in this way, contributed to achievement of Millennium Development Goals 1, 4, and 7. In alignment with the CCCs, the Emergency WASH Programme had these planned results:

- Effective leadership is established for WASH Cluster with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues
- Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene
- Children and women access toilets and washing facilities that are culturally appropriate, secure, and sanitary, and are user-friendly and gender-appropriate
- Children and women receive critical WASH-related information to prevent child illness, especially diarrhoea, and can access essential household items
- Children access safe water, sanitation and hygiene facilities in their learning environment.
**Resources Used**

Allocation of ORE = $US44,612,111  
Commitment of ORE = US$33,662,532

**Emergency WASH Donors:**

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<tr>
<td>G08601</td>
<td>China</td>
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</table>

**Result Achieved**

*Cluster coordination:* The WASH Cluster is co-led by UNICEF and DINEPA, with the participation of over 60 national and international partners. The co-led Cluster set standards and disseminated technical guidance on waste disposal, water trucking, de-sludging protocols and water chlorination in both the context of the earthquake and the cholera response. Cluster Information Managers identified gaps in the collective response (provided 4W matrices, produced thematic maps on available services; issued situation reports and maintained online information-sharing platforms) and helped to leverage available resources in the sector to close the gaps. Sub-national coordinators were present in Leogane town, then in Artibonite Department and in several other locations as the cholera epidemic evolved.

*Emergency Water Supply:* During the first five months of the emergency response UNICEF supported a water trucking operation that delivered between 5-7 litres of clean water to 680,000 people per day. Out of 1.3 million persons reached by the WASH Cluster partners during the height of the humanitarian response, UNICEF’s contribution amounted to more than half the effort. At mid-year, UNICEF’s support for large-scale trucking operations was phased-out; UNICEF shifted to pursuing more sustainable options for safe water provision. Partnerships for extension of water networks developed in 2010 will benefit more than 130,000 people in 2011.

During the cholera response, UNICEF provided technical assistance and large quantities of chlorine products to NGOs and the Government of Haiti (eight tons of chlorine and 80 million aquatabs - sufficient to protect approximately 1.65 million persons around the country in 2010). UNICEF also supported two cholera KAP surveys and water quality testing in collaboration with the CDC.

*Emergency Sanitation:* UNICEF’s support to emergency sanitation reached 800,000 people, with the construction and/or installation of 11,300 latrines and/or portable toilets (not including facility improvements in schools). UNICEF supported NGO partners to organise cleaning and maintenance teams and also managed contracts with five private companies that ensured systematic de-sludging of latrines (600 latrines every day). With the outbreak
of cholera, this became even more critical and UNICEF supported the development and rollout of special protocols through the WASH Cluster. UNICEF and Cluster partners continue to advocate for the development of a suitable waste disposal site to mitigate the public health risk, as the current site is wholly inadequate.

UNICEF also organised a training of 30 government and NGO partner staff in the Community Led Total Sanitation approach - which will be piloted in four communities in order to confirm the potential for scaling-up throughout the country.

Hygiene Promotion: Over the course of 2010 UNICEF built a strong network of trained hygiene promoters, with WASH Cluster partners. Communication materials were reproduced for the effort and UNICEF trained 5,100 community mobilisers, who then communicated hygiene messages to approximately 709,000 camp residents. These efforts were complemented by the distribution of 92,000 standard UNICEF family hygiene kits. Global Hand-washing Day celebrations were held in 42 camps and 16 rural communities with over 75 different partners, distributing 16,000 hand-washing posters and 67,000 bars of soap to 110 schools. Through a nationwide effort an additional 2,400 community mobilisers were trained in all departments on cholera prevention during the last two months of the year.

Future Workplan
In 2011, emergency cholera response and earthquake recovery interventions for WASH will be mainstreamed into the Country Programme through the new simplified results structure, which is aligned to UNICEF’s inputs in the UN’s Integrated Strategic Framework, primarily under the Social Re-building Pillar. The overall WASH Programme Component Result for 2010 incorporates considerations of equity and aims to ensure: children, women and men in rural and poor urban environments have gained sustainable access to safe WASH services, contributing to a national increase in water coverage to 70 per cent and an increase in sanitation coverage to 30 per cent.

While continuing activities to support the upgrade of WASH services to promote return of displaced persons and efforts to prevent and mitigate the impact of cholera, the WASH Programme Component will contribute to the development of more sustainable solutions to ensure access to safe water (including through household treatment) and more community-driven approaches to expanding sanitation options in poor, underserved communities and rural areas.

UNICEF will also support the sector reform process, with a focus on poor urban and rural communities, contributing to national strategies for decentralisation of WASH services and mechanisms for coordination, while promoting enhanced norms, standards and monitoring mechanisms. UNICEF also plans to support the Ministry of Health in the development and implementation of a longer-term hygiene promotion strategy – and to strengthen the national alliance for WASH in schools. Supporting these efforts, the WASH Cluster will continue to increase the focus on capacity development of DINEPA and associated counterparts, with a gradual transition towards coordination of WASH Cluster partners through sector working groups in 2011, in coordination with IASC and members of the Cluster.

Title: Young child survival and development

Purpose
The Young Child Survival and Development component of the Regular Country Programme, anticipated the following results by 2011: (a) 80 per cent of children under five years of age
and women have access to life-saving interventions in quality health care and vaccination; (b) the nutrition status of children and women is improved through complementary feeding, iron, zinc, iodine and vitamin A supplementation; (c) HIV/AIDS infection rates among women, mothers, newborns and adolescents are reduced; (d) all newborns from HIV-positive mothers are receiving prophylaxis and care; and (e) 800,000 people have access to improved drinking water sources, sanitation facilities and hygiene services.

**Resources Used**

<table>
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<th>Programme Budget YCSD 2010</th>
<th>Ceiling ($US)</th>
<th>Available Funds (US$)</th>
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Due to the overwhelming humanitarian needs following the 12 January 2010 earthquake, there was a re-orientation of the YCSD programme, as articulated in the 365 Day Plan and confirmed through PBR, to permit a focus on the urgent emergency response aligned to the CCCs. However, the larger objectives of the YCSD programme component continued to provide strategic guidance, and the commitments made to donors (articulated within project agreements and other documents) continued to be honoured and implemented, as evidenced above. In cases where the development-oriented objectives of specific agreements could not be realised due to the overwhelming humanitarian response, the donor was contacted and either approved an extension of the project (as was the case for agreements with the Government of Japan multi-year partnership for routine immunisation), or a reprogramming of funds towards the emergency response (as was the case for several National Committee contributions provided against the YCSD component). The specific results for YCSD therefore, are provided in detail through the articulation of the PBR approved emergency programme components below.

**Future Workplan**

In 2011, Emergency Programme Components and the YCSD Country Programme Component will be harmonised, through the simplified results structure, introducing separate PCRs for Child Health; Nutrition and Water, Sanitation and Hygiene. This structure is aligned to UNICEF’s inputs in the UN’s Integrated Strategic Framework, primarily under the Social Re-building Pillar, and therefore also aligns with the objectives of the National Action Plan for Reconstruction and Development.

**Title: Basic education**

**Purpose**

In the Basic Education component, planned results are: (a) education policy framework, institutional capacities and governance mechanisms are strengthened to enhance access to quality education and to increase the availability of publicly funded education; (b) 120,000 primary school-age children and 25,000 pre-school age children in pilot areas have access to free public quality education; (c) 12,000 children aged 0 to 3 years old will benefit from family and community-based ECD interventions; and (d) 45,000 children affected by emergencies have access to learning materials and facilities.

Due to the overwhelming humanitarian needs following the 12 January 2010 earthquake however, the Basic Education Programme Component presented a series of results through 365 Day Plan which aligned directly to the CCCs and better reflected the elevated risk for both in-school and out-of-school children in the emergency environment. Some of
the key results in this plan for humanitarian action included (but were not limited to) ensuring:

- Safe and secure learning environments that promote the protection and well-being of learners are established;
- Adolescents, young children and caregivers access appropriate life skills programmes, information about the emergency, and educational options for those who have missed out on schooling, especially girls and adolescents;
- Schools are re-opened and child-friendly, and adolescent-friendly emergency non-formal programmes including play and early learning for young children, are established for affected communities;
- Ministry of Education at all levels has the condition and the capacity to perform its roles.

The overall Basic Education Programme (including both emergency and regular results) aims to ensure fulfilment of the right to education to children from 0 to 15 years, particularly girls and therefore contributes to the achievement of Millennium Development Goals 2 and 3. The Programme supports the Ministry of Education to strengthen policies and institutional frameworks to increase delivery of public services, as well as manage within the National Education for All Strategy.

**Resources Used:**

Ceilings: RR = US$575,000; OR = US$6,250,000

Available Funds Allocated: RR = 575,000; ORR = 193,724; ORE = 58,396,173

Available Funds Committed: RR = 309,03; ORR = 180,294; ORE= 41,167,813

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<td>BASIC EDUCATION AND GENDER</td>
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</table>

**Results Achieved**

*Effective Cluster Coordination:* UNICEF and Save the Children Alliance co-coordinate the Education Cluster in support of the Ministry of Education and up to 200 organisations. Sub-national Education Clusters were established after the earthquake and continue to be functional in Leogane, Petit-Goave and Jacmel. The Education Cluster is also a part of the Education Sector Working Group, which coordinates longer-term development activities, together with UNESCO, the World Bank, IDB, EU and major bilateral partners.
Over the course of 2010, the Education Cluster organised a series of rapid joint assessments on the status of school infrastructure and the impact of storms, Hurricane Tomas and the cholera epidemic on schools and communities. In addition to maintaining a database of over 5,800 schools with their infrastructure status, the Cluster also maintains ‘Who, What, Where’ tools and has supported a survey on the use of education services by children living in IDP camps, in partnership with IOM. The Cluster also supported the development of the Education Sector Operational Plan; policy frameworks for the successful resumption of school; strategies for cholera response and minimum standards for Education in Emergencies.

Increasing Access to Quality Basic Education: In the immediate aftermath of the earthquake, UNICEF helped to re-establish operational capacity of the Ministry of Education, with the provision of temporary working spaces and basic office equipment. Technical assistance included the ‘embedding’ of two Senior Consultants within the Ministry itself. UNICEF also supported the establishment of local coordination units within the “Direction Departementale” in each of Haiti’s 10 departments.

To facilitate the re-opening of schools in April, UNICEF supported the establishment of 120 temporary learning spaces in the three most affected Departments (later rising to 225 at the end of the first phase) – with distribution of more than 1,600 tents (along with teaching and learning supplies) to all ten departments, benefiting some 583 schools, 325,000 students and 40,000 teachers. UNICEF also worked with the MNEFP to adapt the national curriculum to ensure that students would not have to repeat their studies, and to strengthen capacities of more 11,300 teachers through two rounds of training focused on the adapted curriculum and on psychosocial support in schools to provide care for children in the classroom in earthquake-affected areas.

In October 2010, schools reopened for a new school year and UNICEF mobilised the government and its partners for a nationwide ‘Go-to-School’ campaign with provision of basic learning and teaching materials for 720,000 children and 15,000 teachers in 2000 schools. Due to the outbreak of cholera however, the distribution process is still on-going and has reached 50 per cent of the beneficiaries.

To date more than 94 semi-permanent schools have been completed with improved WASH facilities, while construction is on-going at 39 other sites, benefiting over 30,000 children. Additional facilities are planned. Semi-permanent schools have a predicted life-span of eight-ten years.

UNICEF supported the Childhood Bureau of the Ministry of Education (BUGEP) to develop and finalise the ECD strategic and operational plan. More than 1,495 ECD kits were distributed to partners maintaining programmes in displacement camps and affected areas to support early childhood activities for 40,000 children.

In response to the cholera epidemic, a strategy on prevention of cholera in schools was developed – with the objective of strengthening coordination and rolling-out a nationwide sensitisation campaign. UNICEF and implementing partners are providing support to 5,000 schools with provision of IEC materials, WASH supplies and support to establish additional hand-washing stations. UNICEF also facilitated the training of 154 trainers on the minimum standards of education in emergencies.

Challenges: Before the earthquake 80 percent of education services were delivered by the non-public sector. The earthquake only exacerbated capacity gaps at the national,
departmental and communal levels, with further deterioration of the public education system.

**Future Workplan**

In 2011 the Basic Protection Programme will harmonise the emergency preparedness and response objectives with development-oriented aspects of the Country Programme into a new simplified results structure, which is aligned to UNICEF’s inputs in the UN’s Integrated Strategic Framework and the National Action Plan for Reconstruction and Development. The Programme Component Result has a strong focus on equity and aims to ensure that: girls and boys age 0-14 years, from households in the lowest three quintiles and in rural areas, benefit from equal access to quality early learning and basic education, resulting in an increase in enrolment of this population, with gender equity, from 30 per cent to 50 per cent for early learning opportunities and from 50 per cent to 75 per cent for primary school.

The 2011 work plan for the Basic Education Programme component is aligned to the five-year Education Strategic Plan (finalised at the end of 2010), which focuses on five main areas:

1. Increasing access to basic quality education by supporting new learning opportunities for vulnerable groups (including expansion of semi-permanent school construction in underserved areas; expanding the accelerated learning programme; implementing the nationwide Go-to-School campaign and continuing efforts to advocate for the abolition of school fees and other barriers);
2. Improving the quality of education services (by supporting the MENFP and its partners in the implementation of an innovative model that aims to improve quality of education and school-based management);
3. Strengthening institutional capacity of the MENFP at national and local levels to enhance regulation, planning and overall governance of the education sector;
4. Supporting development and implementation of ECD policies and standards with a view toward increasing access and quality of pre-primary educations services and improving school readiness;
5. Strengthening the capacities of the national and local education personal on minimum standards of education in emergencies and disaster risk reduction (DRR) programmes.

**Title:**  Child protection

**Purpose**

Expected key results in the Child Protection Program Component are: (a) laws, policies, plans and procedures for children at risk of violence, exploitation and abuse are updated and approved; (b) government and civil society implement strategies and action to prevent, respond and report on all forms of child abuse; (c) data collection, knowledge-generation and reporting mechanisms on child protection are improved; and (d) at least 25,000 vulnerable children and children and women victims of violence, exploitation and abuse have access to improved protection services and are reintegrated in their families and communities.

Due to the overwhelming humanitarian needs following the earthquake the Child Protection programme presented a series of results through the 365 Day Plan, which aligned directly to the CCCs and better reflected the elevated risk for children in the emergency environment. Some of the key results in this emergency component of the program included (but were not limited to);

- Effective leadership is established for CP sub-cluster, GBV sub-cluster, and MHPSS cluster, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues;
- Key child protection mechanisms are strengthened in emergency-affected areas and
psychosocial support is provided to children and their caregivers;

- Separation of children from families is prevented and addressed and family-based care in
  promoted;
- Violence, exploitation and abuse of children and women is prevented and addressed, including GBV.

To achieve these results, the Emergency Child Protection Programme was divided into three components: i) reinforcement of child protection systems; ii) separated children; iii) community-based child protection. With the influx of additional resources, a stronger collaboration with Government counterparts (MAST, IBESR, Justice, the BPM, MCFDF, and Youth and Sport) on legislative reform; policy development and overall programme implementation was planned.

**Resources Used:**

Ceilings: RR = US$ 600,000; ORR= US$ 2,400,000
Available Funding Allocated: RR = US$ 576,000; ORR = US$ 903,882 ORE = US$ 26,062,392;
Total =US$ 27,542,274
Available Funding Committed: RR = US$ 363,178; ORR = US$ 646,500; ORE= US$ 18,950,311; Total =US$ 19,959,989

**Donors**

T49906 Global - Thematic Humanitarian Response 12,178,825.12
C45601 United States Fund for UNICEF 3,960,204.38
C30001 Netherlands Committee for UNICEF 2,290,000.00
G12001 Denmark 2,091,299.19
C14701 French Committee for UNICEF 1,632,598.86
G41102 SIDA – Sweden 1,216,802.03
G39901 Spain 1,002,069.54
G04801 Belgium 757,404.53
G45605 USA (USAID) OFDA Office for Foreign 500,000.00
C41101 Swedish Committee for UNICEF 426,684.03
U99901 UNOCHA UN Office for the Coordination 403,983.10
G45606 USA (State) BPRM US Bureau of 300,000.00
T49910 CHILD PROTECTION: PREVENTING/ 206,403.27

**Results Achieved**

**Effective Sub-Cluster Coordination:** The sub-Cluster is co-led by UNICEF and the MAST with over 130 organisations. Sub-Custer coordination is assured with the support of Save the Children and People in Need at the regional level in Leogane, Petit Goave and Grand Goave and Jacmel. The Sub-Cluster organised trainings on family tracing and reunification and played an advocacy role to ensure a preventive presence of Haitian Police and MINUSTAH in different IDP camps. The Cluster also worked to upgrade referrals for child protection cases and ensured mapping of services.

**Building better systems for Child Protection:** UNICEF provided technical assistance to facilitate the adoption of a new law to regulate child adoptions in May 2010, and continued advocacy on ratification of the 23 May 1993 Hague Convention on Protection of Children and Co-Operation in Respect of Inter-country Adoption. UNICEF also supported a series of awareness-raising sessions reaching 100 Government staff and child protection focal-points
on ILO Conventions 182 and 138 on the prevention of child labour. UNICEF’s support to increasing technical capacity of BPM contributed to their success in verifying the documents of 11,774 children at the four border crossings and the international airport. Some 2,509 irregular voyages were registered, of which 459 cases proved to be trafficking and 49 instances of forced labour. UNICEF partner Heartland Alliance checked over 1,000 additional child travellers and reunited 97 suspected victims of trafficking. Three Day-Centres were also set-up where 243 vulnerable children benefited from recreational activities and hot meals.

A baseline study on child protection needs and responses was planned to start in the last quarter of 2010 but has been pushed to 2011. The study includes a nation-wide population-based survey undertaken with Universities of Harvard and Columbia in close collaboration with the University of Haiti.

**Separated Children:** UNICEF, IBESR and partners expanded the programme for family tracing and reunification (FTR). Some 249 social workers were trained in FTR and a main emergency call centre and 11 departmental call centres were set-up, receiving an average 59 calls a week. Some 5,088 children were registered at the end of 2010 and 1,303 of these children were reunified, with simultaneous efforts to ensure that all other children were supported to find appropriate family-based care solutions. IBESR/UNICEF also identified 50 residential care centres for temporary placement. An interagency database for residential care centres was put in place. UNICEF also worked in collaboration with the BPM to reinsert 150 abused children and 120 restaveks who were removed from indentured service and referred to interim care. A selection of residential care centres also received regular follow-up visits to ensure that care met minimum standards. After 12 January, IBESR, with UNICEF and partner support, distributed materials in 360 residential care centres, reaching 19,100 separated children, 1,871 children in crèches, and 4,362 children in transit centres.

**Future Workplan**

In 2011, the Child Protection Programme will mainstream emergency preparedness and response objectives into a new simplified results structure, which is aligned to UNICEF’s inputs in the UN’s Integrated Strategic Framework and the National Action Plan for Reconstruction and Development. The Programme Component Result aims to ensure that: the protective environment of legislation, state capacity, family capacity, norms and values is reinforced such that Haitian girls and boys are protected from abuse, violence, discrimination and violation of their rights.

Several challenges remain in 2011 for the child protection programme, including continued identification of all children who have been separated from their families and efforts to begin a nationwide registration of children in residential care. This will be paired with efforts to finalise nationwide mapping of residential care centres throughout the country in order to prioritize specific needs of the most vulnerable children and provide appropriate services for children and women, including adolescent girls, who are survivors of violence, to protect them against further harm.

The Child Protection sub-Cluster will continue to increase the focus on capacity development of sustainable national and community-level structures, in order to promote a gradual transition towards coordination of the assistance community by sector working groups in 2011, in coordination with IASC and members of the Cluster. Emergency preparedness,
strategic planning, data gathering and information management will play a major role in the sector’s efforts. However, due to the fragmentation of the mandate for child protection between various ministries and government actors, as well as the weak capacity to conduct professional social work and social protection, the sub-Cluster will continue to play an invaluable role in prioritising child protection issues and leveraging available resources for the best interests of Haiti’s children beyond the humanitarian phase.

**Title: Partnership for child poverty reduction**

**Purpose**

In the Partnerships for Child Poverty Reduction component, planned results are:

(a) implementing partners use adequate project planning, monitoring and evaluation tools and apply internal office quality standards for project design, management and reporting; (b) decision-makers have access to disaggregated data and knowledge for evidence-based decision-making; (c) improved technical support is given to the design and promotion of inclusive public policies, legislation and spending that reflect child rights, and these efforts are provided with disaggregated data, research and findings from evaluations; (d) advocacy and social mobilisation strategies are developed and implemented; and (e) alliances and coalitions for children’s rights are advocating for rights based on up-to-date information.

Due to the overwhelming humanitarian needs following the 12 January 2010 earthquake, there was a re-orientation of the Partnerships for Child Poverty Reduction Programme, as articulated in the 365 Day Plan, to permit a greater focus on meeting both programmatic and operational commitments for children, in line with CCCs. This reorientation resulted in a merging of the ‘Cross-Sectoral Programme’ with the ‘Child Poverty Reduction Programme’, and the addition of new components, such as ‘Recovery’, which directly addressed post-earthquake needs. The following cross-cutting areas were confirmed:

- Recovery, Social Policy and Policy;
- Adolescent and Youth Participation and Programming;
- Planning, Monitoring, Evaluation and Reporting;
- Communication for Development;
- Communications and External Relations;
- Operations (including supply, logistics, transport, administration and field support coordination to ensure that the overall country programme, including fund-raising, operating and staff costs, as well as maintaining compliance with the operating security standards, is well managed).

**Resources Used**

The results achieved by the Partnerships for Child Poverty Reduction Programme are also attributable to resources made available through the Emergency Cross-Sectoral Programme. Due to shared resources in the Cross-Sectoral Programme however, it is difficult to disaggregate by the result areas most relevant to the Child Poverty Reduction Programme – therefore two tables are provided below, to illustrate the difference between the emergency and development oriented programmes. Cross-Sectoral costs related to operations; administration; transportation and human resources are described in Section 3.

Partnerships for Child Poverty Reduction
Ceilings = US$ 500,000

Available Allocated Resources: RR = 585,000; Total = US$585,000

Available Committed Resources: RR = US$375,579; Total = US$375,579

**Cross-Sectoral Programme**

Ceilings = US$ 525,000

Available Allocated Resources: RR = US$571,291 ORE= US$40,486,521; Total = US$41,057,812

Available Committed Resources: RR = US$508,703; ORE =US$29,226,878; Total = US$29,735,581

*The Cross sectoral’s fund provide from donor’s contribution (7 to 20% of the total contribution).*

**Cross-Sectoral and Child Poverty Reduction Programme Donors:**

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<td>POLICY ADVOCACY AND PARTNERSHIP</td>
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**Results Achieved**

Results achieved under the Recovery, Social Protection and Policy, Adolescent and Youth Participation and Programming, as well as the Planning, Monitoring, Evaluation result area, are detailed below. Results associated with Communication for Development are addressed in Section 3.1. Other Cross-Sectoral Components are addressed under Section 4.2.

*Recovery and Social protection:* Social protection measures are often considered among the quickest and most cost-effective ways to accelerate progress on the MDGs with equity. The lack of a pre-existing national social protection system in Haiti has further exacerbated hardship of many vulnerable households after the earthquake. The adoption of a comprehensive social protection system constitutes the cornerstone for the transition from a framework of humanitarian assistance to a framework of recovery and sustainable development in the country. In this context, UNICEF has played a convening role in mobilising the various stakeholders and advocating with the Government.
Under the lead of the Ministry of Planning and External Cooperation and the Ministry of Social Affairs and Labour, the Government has committed to establishing a social protection system that ensures financial and geographic access to essential social services and a basic set of social transfers for poor and vulnerable populations. UNICEF, in partnership with ILO and the World Bank, is providing technical and financial support to this initiative, focusing on a child sensitive social protection system.

UNICEF has also worked with key NGO partners to strengthen immediate social protection measures for most vulnerable populations, including ensuring access to livelihood opportunities for vulnerable families and the design of a cash transfer initiative, as part of UNICEF’s support to returning IDP and a relocation process that will be reviewed and made operational in 2011.

Furthermore, UNICEF is actively participating in a World Bank-led initiative called 'Agents Polyvalents Communautaires' that aims to institute a model of strengthened collaboration for providing access to basic social services and social protection to most vulnerable communities in the Department of Plateau Central. This initiative will be implemented in 2011, with the further development of an integrated set of essential social protection interventions based on the provisions of ‘child sensitive social protection systems’, to build the foundation for a child- and youth- friendly national social protection policy in the medium term.

Social Budgeting for Children: UNICEF is implementing a tripartite South-South partnership with the Government of Argentina and Haitian Ministry of Finances aimed at influencing public policies and national budget allocations on behalf of child poverty reduction and increased investments for children. Although this partnership was initiated before the earthquake, the HCO recognised the critical importance of continuing this research and advocacy in 2010, in light of the reconstruction pledges and receipts, which hold the potential to leverage even greater results for children. Reviewing the practices, mechanisms and decision- making processes affecting resource allocation and public expenditures from State Budget or Donor practices was deemed more relevant now than ever before.

Future Workplan
In 2011, the Partnerships for Child Poverty Reduction Programme and the Cross Sectoral Programme will once again separate in the simplified results structure, which is aligned to UNICEF’s inputs in the UN’s Integrated Strategic Framework and the National Action Plan for Reconstruction and Development.

The objectives of the Child Poverty Reduction Programme will be integrated into two distinct Programme Component Results. One for ‘Social Policy and Participation for Recovery and Reconstruction’, which aims to ensure that the rights of children and women are integrated and prioritised into evidence-based planning, design and promotion of public policies, plans, legislation and spending, including social protection and for both emergency and recovery processes in Haiti. The other, for ‘Youth and Adolescent Participation and Programming’, aims to ensure that youth and adolescent rights are articulated in national policies and programmes, planning processes and implementation, and that their right to participation is progressively realised through increased opportunities to participate in decision-making processes, planning, community and civic action.

The intermediate results of these two Programme Component Results include (but are not limited to):

- Decision-makers have access to disaggregated statistics and knowledge for evidence-
based decision-making

- Government and civil society partners using adequate programme planning, M&E tools and applying quality standards for programme design, management and reporting
- An integrated set of essential social protection interventions based on the provisions of ‘child-sensitive social protection systems’ and aligned with the minimum social floor designed and implemented in at least two Departments, to build the foundation for a child- and youth-friendly national social protection policy in the medium term.
- Strategic partnerships are identified and developed across sectors to strengthen employment opportunities for young people, with a focus on the most vulnerable.

Title: Emergency Nutrition

Purpose
The Emergency Nutrition Programme aimed to ensure fulfilment of children’s and women’s right to life during the emergency, contributing to achievement of Millennium Development Goals 1 and 4. With alignment to the CCC’s, the Programme aimed to reduce morbidity and mortality related to malnutrition among children directly and indirectly affected by the earthquake, with the following key results, as articulated in the Haiti 365 Day Plan:

- Effective leadership is established for Nutrition Cluster with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues;
- Children and women with severe acute malnutrition (SAM) have access to treatment and those with moderate malnutrition can access supplementary feeding;
- Earthquake-affected women and children access appropriate infant and young child feeding (IYCF) programmes;
- Children and women access micronutrients from fortified foods, supplements, or multiple-micronutrient preparations;
- Timely nutritional assessment and surveillance systems are established and/or reinforced.

The program relied on a four-pronged strategy to deliver measurable results in humanitarian action: systems strengthening, capacity building, knowledge management, and advocacy and partnerships. The programme’s key counterparts include MSPP and its related directorates, such as the Nutrition Department and the Direction of Family Health.

Resources Used
Available Allocated ORE = US$ 34,647,567
Available Committed ORE = US$ 16,132,449

Emergency Nutrition Donors:
T49906 Global - Thematic Humanitarian Response 20,765,124.00
G45605 USA (USAID) OFDA Office for Foreign  4,639,775.55
G07202 CIDA/IHA International Humanitarian 4,000,000.00
G39901 Spain2,006,641.77
U99901 UNOCHA UN Office for the Coordination of 1,326,362.45
G23101 Japan 1,028,060.00
G41102 SIDA – Sweden 800,000.00
T49908 YOUNG CHILD SURVIVAL & Dev. 50,902.73
N07232 Micronutrient Initiative Formerly IDRC 30,701.00
Results Achieved

Effective Cluster Coordination: The UNICEF-led Nutrition Cluster supports the Nutrition Division of MSPP and includes 51 national and international partners. Cluster Coordination worked closely with UNICEF, WFP and WHO to conduct rapid screenings; standard nutrition surveys and a database to improve the mapping of interventions to ensure equity in access to care. The Cluster supported development of national protocols for IYCF and specific guidelines for rehydration of severely malnourished children, as well as protocols for nutritional care and IYCF at cholera treatment facilities.

Feeding care for severely undernourished children: More than 10,000 severely acutely malnourished children without medical complications were admitted to 159 Outpatient Therapeutic Programmes and more than 1,250 children suffering from severe acute malnutrition with medical complications received facility-based nutritional care in 28 Nutrition Stabilisation Units supported by UNICEF, primarily in earthquake-affected areas.

IYCF practices for children 6-23 months old: In 2010 a network of 107 ‘Baby-Friendly Tents and Corners’ was made operational and supported by UNICEF within earthquake-affected areas to provide nutritional advice and counselling to mothers. In total, more than 102,000 children under 12 months and over 48,900 mothers were reached through these Baby-Friendly Tents and Corners. These results were secured with the technical and financial support of UNICEF to strengthen policy and action around the four evidence-based infant and young child feeding practices, including the development and implementation of the national guidelines for ‘Baby-Friendly Tents and Corners’ and implementation and exit strategies for Ready-to-Use Infant Formula and an impact assessment initiated in coordination with CDC.

To support cholera prevention and response, the Nutrition Programme distributed over 5,000,000 aquatabs and 100,000 soaps to partners managing the network of nutrition facilities and supported the development of IEC materials on appropriate infant and young child care in the context of cholera. Some 500 guidelines and 50,000 posters, 300,000 flyers and 100 banners on cholera prevention were distributed to appropriate facilities throughout the country.

Micronutrient nutrition for children under 5 and women: More than 1,000,000 children benefited from vitamin A supplementation, de-worming and iodine supplementation and more than 500,000 women received iron/folic acid and iodine supplements with UNICEF’s technical, financial and supply-related support in 2010. In response to the cholera outbreak, the Nutrition Emergency program procured 38.4 million tablets of zinc to reduce duration and frequency of diarrhoea and 15 million micronutrient powder sachets. UNICEF also developed, in collaboration with the Micronutrient Initiative and MSPP, a poster to guide health professionals on the use of ORS and zinc.

Systems strengthening and capacity building: In the immediate aftermath of the earthquake UNICEF supported the reestablishment of the Nutrition Division of MSPP with the procurement of vehicles, equipment and supplies – as well as supporting the costs of additional technical expertise. UNICEF also provided technical and financial support for the development of a national protocol for the management of SAM and the implementation of a model for integrated management of SAM with and without complications. UNICEF supported a Training of Trainers on this protocol for 154 staff from the MSPP and 40 staff from NGO partners, with cascade training reaching community focal points and health facilities in all 10 departments. In the response to cholera, UNICEF worked with WHO to develop and roll-out national
guidelines on a treatment protocol for appropriate rehydration for infected, undernourished children.

**Nutrition Surveillance and Knowledge Management**

UNICEF provided technical and financial support to MSPP and other nutrition cluster partners to conduct an anthropometric survey in May-June 2010 in earthquake affected areas to assess nutrition status. The Nutrition Emergency Programme also launched a monthly one-pager summarising technical developments for partners in Haiti.

**Constraints, Challenges and Lessons Learned:** Challenges for the nutrition sector in Haiti are structural and deep. In addition to underfunding and a lack of technical nutrition schools in Haiti, the MSPP has designated only one person to manage the Nutrition Division at the central level; there are no dedicated nutritionists at the decentralised levels. UNICEF also had difficulties mobilising additional qualified staff in 2010, including the new Chief of Section for Nutrition, who was employed 10 months after the emergency.

**Future Workplan**

In 2011, the Nutrition Emergency Programme and the Nutrition related objectives of the YCSD Country Programme Component will be harmonised, through the simplified results structure that aligns to the UN’s Integrated Strategic Framework and the pillars of the National Action Plan for Reconstruction and Development. The major Programme Component Result aims to ensure that chronic and acute malnutrition among children under-five years, respectively, reduced from 24 to 20 per cent and from 9 to 6 per cent.

In this way, UNICEF will continue to support the Government of Haiti for nutrition systems strengthening and overall enhanced capacity to deliver improved infant and young child feeding practices; micronutrient nutrition and anaemia control; care for children with severe acute malnutrition; innovative community-based programmes and outreach initiatives and knowledge generation and dissemination. Particular attention will be given to emergency preparedness and response and to vulnerability reduction and risk mitigation, in coordination with ECHO’s regional programmes. To address inequities and achieve socially inclusive child nutrition outcomes in Haiti, UNICEF will scale-up essential nutrition interventions and strengthen local capacity (institutional and community) for prevention activities, early identification of under-nutrition and appropriate management/referral of cases, in the more remote, under-served rural areas and in urban slums. These efforts will be rolled out in close coordination with WHO, WFP and FAO, to ensure adequate linkages with broader health, livelihoods and food security interventions.

The Nutrition Cluster, meanwhile, will continue to increase the focus on capacity development of sustainable national and community-level structures for prevention and management of malnutrition and increased response capacity to future emergencies, with a gradual transition towards coordination of nutrition partners through national working groups in 2011 and 2012, in coordination with IASC and members of the Cluster.

**Title:**  

**Emergency Health**

**Purpose:**

The Emergency Health Programme aimed to ensure fulfillment of children and women’s right to life during the emergency, thus contributing to achievement of MDGs 1, 4, 5, 6 and 7. With alignment to the CCC’s, primary results articulated in the 365 Day Plan included:
• Children, women, and adolescents equitably access essential health services, with sustained coverage of high-impact preventive and curative interventions (including provision of essential drugs and materials; cold chain assessment; re-establishment of routine immunisation and ARV/PMTCT services and implementation material, neonatal, IMCI community care package);
• Children and women access life-saving interventions through population-based/community-based activities (including emergency mass vaccination and vitamin A supplementation in coordination with Nutrition; malaria prevention and support to Child Health Week);
• Health technologies and approaches are compatible with national standards, and promote longer-term sustainable development, addressing risk reduction (including a capacity development plan for local-level operation of health care in communities and health facilities).

**Resources Used**

Available Allocated ORE = US$ 19,321,629  
Available Committed ORE = US$ 12,904,829

**Emergency Health Donors:**
- T49906 Global - Thematic Humanitarian Response 15,528,114.94
- G45605 USA (USAID) OFDA Office for Foreign 1,500,000.00
- C30001 Netherlands Committee for UNICEF 1,500,000.00
- T49909 HIV-AIDS AND CHILDREN 486,254.06
- C57501 Swiss Committee for UNICEF 192,600.00
- C52501 German Committee for UNICEF 114,660.30

**Results Achieved**

*Emergency Immunisation*: Accelerated vaccinations (MR, DPT, Polio and vitamin A supplementation managed by the Nutrition Programme) covered a total of 1,939,651 children including 545,340 under eight years of age. UNICEF also provided technical and financial support for the launch on 15 November 2010 of a nationwide Child Health Week, in partnership with MSPP, WHO and IDB, targeting 1,350,000 children with catch-up vaccinations, in coordination with the Nutrition section for vitamin A supplementation and de-worming.

UNICEF has also focused on the re-establishment of routine immunisation nationwide, targeting the hard-to-reach areas (26 Low Vaccine Coverage communes were identified). UNICEF provided technical support for micro-planning and budgeting using the 'Reach Every District’ strategy. UNICEF also supported the assessment of cold chain and vaccines distribution systems in partnership with MSPP-DEV and WHO-PROMESS and rolled-out the new fridge tag technology for 153 vaccine fridges in four departments (400 refrigerators, including 170 solar refrigerators, were ordered to ensure progressive replacement). As of September 2010, routine immunisation coverage for polio was 74 per cent; coverage for DPT3 was 74 per cent and coverage for the MR vaccine was 50 per cent (Source: MSPP-PAHO).

*Emergency Maternal and Neonatal Health*: To meet immediate needs, UNICEF procured and distributed 177 Emergency Health Kits to cover primary health care needs for 1.7 million people in earthquake-affected areas, as well as emergency obstetric kits and clean delivery kits sufficient to cover the needs of pregnant women for 11,050 deliveries without complications and 1,200 deliveries with complications. UNICEF also reinforced its partnership
with UNFPA, UNV and UNOPS to re-establish access to basic emergency obstetric care facilities in ten locations targeting 90,000 women of reproductive age and 17,000 pregnant women. UNICEF also provided tents, furniture and learning materials in support of the reopening of the National Nurses School.

Malaria Prevention: UNICEF distributed 361,760 long-lasting insecticide treated nets (90 per cent of the target) and supported the training of health workers and monitoring of net utilisation through NGO partners, in four of Haiti’s highly malaria-endemic departments.

HIV/AIDS Prevention: UNICEF provided technical assistance for the development of the Health Sector Reconstruction Plan and contributed to the revision of the national guideline for Prevention of Mother-To-Child Transmission of HIV (PMTCT) as well as the five-year strategic plan for the virtual elimination of paediatric AIDS and neonatal syphilis by 2015. Under the UNITAID project, UNICEF provided antiretroviral drugs and other medical supplies to the Ministry of Health, allowing HIV testing for 121,763 pregnant women10[1] (47.8 per cent of all pregnant women in need of testing services). In addition to the provision of laboratory supplies for nationwide voluntary testing of HIV and early infant diagnosis, UNICEF provided direct support to the local NGO GHESKIO to provide care and treatment to 7,000 children infected with HIV. In terms of HIV prevention among adolescents and youth, UNICEF teamed up with FOSREF, a local NGO, to reach some 58,000 young people in camps with HIV prevention activities, including access to free condoms through UNFPA.

Cholera Prevention and Response: UNICEF immediately (within 24 hours of the outbreak) dispatched supplies and deployed emergency health specialists to provide technical assistance for local health departments to coordinate the response, set up facilities, and ensure referrals and services in the most hard-to-reach areas. UNICEF also supported the Ministry of Health to define and disseminate messages on cholera prevention and response. By the end of 2010, UNICEF was supporting over 72 Cholera Treatment Facilities and a network of Oral Rehydration Therapy points. At the end of the year, more than 2.6 million sachets of ORS were procured and distributed.

Future Workplan
In 2011 the Emergency Health Programme Component and the health-related objectives of the YCSD Country Programme Component will be harmonised, through the simplified results structure. This structure is aligned to UNICEF’s inputs in the UN’s Integrated Strategic Framework and therefore also aligns to the objectives of the National Action Plan for Reconstruction and Development. For Health, a strong focus on equity underlines the Programme Component Result, which aims to reduce urban/rural and wealth quintile disparities in maternal mortality and under-five morbidity and mortality due to childhood illnesses and living conditions.

The 2011 Health Programme will focus its service delivery and capacity development efforts primarily in three under-served departments with the collaboration of AEDES, a European health institution with expertise in health system reform and public health. This includes support to counterparts for on-going cholera prevention and response – however, given the evolution of the epidemic throughout the country, support to cholera treatment facilities and oral rehydration points with strategic partners such as the Cuban Medical Brigades, must be flexible and adapt in response to changing needs.
In collaboration with MoH and other partners, UNICEF will also continue to reinforce the national routine immunisation programme to help sustain and expand coverage, with targeted support to weak and/or hard-to-reach districts (26 communes with coverage of DTP3 < 50 per cent were selected). UNICEF will also facilitate the introduction of the new PENTAVALENT vaccine. Through maternal health, UNICEF will ensure the provision of a high-impact, synergistic maternal and newborn intervention package. In the HIV/AIDS sector, UNICEF will emphasise the reduction of new paediatric infections and will ensure – through increased enrolment – that HIV-positive pregnant women receive ARVs. A special focus will be placed on increasing the number of children receiving treatment for HIV/AIDS. Prevention activities for adolescents and young people will be reinforced. Haiti is also in need of successful models for community development and delivery of community-based health care services, another area that UNICEF will focus on in 2011.

4 OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure

Frequent rotation of staff raised basic issues around delegation of authority and the establishment of internal control systems. An initial Table of Authority (TOA) was approved, delegating authority to few staff on post in the 2009 Haiti staffing table, several UNICEF staff on mission and staff in DMRCO and LLH – however the rotation/absence of even these staff posed a high risk to the accountability of the Representative. Therefore, the Representative approved revision of the TOA on 18 March 2010 to ensure only staff on Fixed Term posts in HCO received delegated authority. Similar challenges were encountered with statutory committees in HCO. Only the CRC could be established to review contracts and PCA. This negatively impacted the timeliness of the immediate response, the follow-up and monitoring of partnerships, DCT liquidations and very likely: the results achieved.

Since conditions in Haiti did not permit secure facilities and/or normal utilisation of systems, from January to mid-May, all transactions in ProMs were undertaken by LLH, upon manual approval from HCO. This was particularly useful, as the majority of Programme Assistants recruited between January and June did not have previous experience working with UNICEF and an induction under the circumstances at the time was unfeasible. Periodic reports on PBAs, PGM, PO, SSA, DCT status were prepared in LLH and sent systematically for information and action of colleagues in HCO.

In April, the TRT and PBR meetings held in TACRO reviewed and approved the programme, budget and staffing structure for a two-year period (June 2010-June 2012). The approved structure was implemented and the CO was thereafter more stable; internal control systems and office committees (SMG, CMT, JCC, CRC, PSB) were established and functioned as advisory bodies to the Representative. The SMG and CMT monitored the proper management of the office, through the management indicators included in the Office Management Report. With the expansion of more secure facilities and capacity in Haiti, ProMS was also made accessible inside Haiti via Citrix in June. This arrangement continues to ensure business continuity, considering the volatile political and social context prevailing in Haiti.

4.1.2 Strategic Risk Management

In March, in preparation for the PBR, a Risk Control Self- Assessment exercise was conducted with the support of OIA. The recommendations were shared with CMT members and taken into consideration during the course of the year. The CO has also contacted the consulting firm KPMG for a potential collaboration on this important management area, particularly to
assist in the preparation of the risk profile and the management of cash contribution to partners and to identify other risks and avenues to prevent, mitigate or overcome them. Due to the security situation, the mission to review the scope of the work couldn’t take place in 2010 and is scheduled for February 2011. The Office has not completed the risk profile that was due by the end of the year for the same reason.

The Office developed a contingency plan in July-August in preparation of the hurricane season. The plan included agreements with partners to be activated at the outset of the emergency and pre-positioning of supplies in different locations outside Port-au-Prince, with clear indications of the role and responsibilities of each section in the implementation of the plan. The contingency plan was tested and adjusted after the passage of Hurricane Tomas. With the threat of the cholera emergency a risk analysis was conducted to determine UNICEF’s strengths and opportunities to provide an appropriate response and to determine the zones of intervention and the strategic partnerships to be strengthened. The cholera epidemic added a level of complexity to the existing emergency; the response required full time mobilisation/dedication of all staff and resources, particularly in supply and logistics from October to December, which was detrimental to other programme interventions.

4.1.3 Evaluation

The Country Office participated in several large-scale evaluations, including the Real Time Evaluation of the Haiti Earthquake and the Independent Review of UNICEF’s Response to the Haiti Earthquake. However, no country-led programme-level evaluation was carried out in 2010, with the majority of research and studies under the 2010 IMEP being assessments related to emergency response. HCO has carried out reviews and lessoned learned exercises to strengthen the ‘evaluability’ of its programmes. This included its participation in the Lessons Learned Review of the Haiti Earthquake Response led by the Programme Division in NYHQ, debriefing of key surge capacity staff and ‘After Action Reviews’ of emergency response related to the tropical storm and cholera.

HCO has established a system of quality assurance of terms of references (TOR) for studies and research, which are reviewed by the M&E Unit. However a system to ensure management response to evaluation findings and recommendations still needs to be instituted. In 2011 a work process will be established for the planning, quality assurance, implementation and dissemination of studies, research and evaluations. In addition, a mechanism for management response will be introduced to ensure that findings and recommendations of key evaluations are reviewed and followed up by senior management.

Envisaged support from the Regional Office and NYHQ includes technical support for peer review/quality assurance of TORs and reports of key evaluations, support in identifying evaluation consultants through rosters and guidance and coordination support for UNICEF’s participation in inter-agency evaluations (eg: the second phase of the Real Time Evaluation). Another potential area of support is technical support for capacity building of national counterparts in evaluations.

4.1.4 Information Technology and Communication

During the first phase of the emergency response, the Office relied on support from TACRO, HQ, other COs and SBP to provide immediate ICT services. UNICEF quickly ensured basic Help Desk Support by contracting of a local ICT company, later trained by our ICT staff to UNICEF standards. This provided continuity while a more permanent ICT staffing structure was recruited.

Cooperation with the Emergency Telecommunications Cluster partners, particularly WFP and
MINUSTAH provided instant availability of MOSS Radio communication. A fly-away VSAT was deployed as the backbone of the DATACOM connectivity. This was later extended with the use of local ISP providing WIMAX access to land-based fibre-optical connectivity. Inadequate office space and high mobility of staff led to the development of a flexible mobile computation system, relying on light Laptops, GSM Modems for mobile connectivity, BlackBerry for key staff and non-standard, low-cost multifunctional scanner/printer devices – allowing for optimal flexibility with minimal service.

In addition to a wired LAN connecting the resident staff in containers, the office also maintains a wireless network at the main base and various BCP sites to ensure continuity even during security-related movement restrictions, thereby enabling crisis groups to meet in off-site locations. Telephony was enabled using an IP PABX utilising the availability of VoIP and VoIP Off-Net as cost-effective communication options for international calls. A Video Conference Setup, in addition to the increased use of WEBEX and other internet-based IP conference facilities, has facilitated improved communication with offices and partners.

Corporate applications were initially fully hosted in LLH. At the end of 2010, ProMS was available in Haiti but hosted in LLH, accessible over CITRIX, and enabled through a fast connection via microwave-based ISP links. Lotus Notes, is maintained in a resilient Cluster Server configuration where the primary server in Port-au-Prince connects to the Cluster twin. The office participated in all corporate rollouts in 2010 and is well-prepared for the installation of a new messaging system, server virtualisation and the rollout of VISION in 2012.

4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations

UNICEF appealed for US$222,757,000 through the Haiti Earthquake Flash Appeal, later adding US$127,243,000 in requirements over a two-year time frame for recovery, DRR and preparedness through the UNICEF HAR, for a total of US$ 350,000,000. A total of US$297,388,106 was received against the two appeal frameworks of 2010, and advance contributions for the cholera response against the CAP of 2011 of $12,147,931, for a total of US$308.8 million received in 2010, as of 8 December. This meant that UNICEF was 100% funded against the Flash Appeal and 130% funded against the one-year target (US$ 63.5million) of the two-year HAR.

More than two-thirds of the ORE funds were leveraged by UNICEF’s National Committees. As a result, UNICEF focused a great deal of its donor engagement in 2010 on maintaining and strengthening relationships with these partners– facilitating over 16 missions and “embedding” Committee staff for extended periods. In 2011, HCO is developing a strategic plan to improve communication and intends to roll-out the standard ‘Natcom Donor Toolkits’– a project put on hold in 2010 due the cholera outbreak.

Bilateral government donors, many of whom represent not only supporters of the humanitarian response but long-term development partners of Haiti, provided a quarter of the overall humanitarian funds received in 2010. While National Committee funding is expected to sharply decline in 2011, longer-term recovery and development partnerships with this critical group may increase. A fundraising strategy setting fundraising targets for all donor types will be completed in the first quarter of 2011.

With allocations in 2010 increasing more than 12 times above 2009 levels, reinforcing contribution management systems was of utmost priority. The re-consolidation of the ‘Contribution Management Repository’ was absolutely critical to ensure full utilisation of funds in line with donor conditions, especially given the high turn-over of staff in surge support. Out
of 39 reports due in 2010, some 27 were sent on time; PFP/PARMO played a critical role in securing waivers/cancellations, delays and/or reduced reporting requirements for well over 20 reports in 2010.

**4.2.2 Management of Financial and Other Assets**

The Haiti CO local bank accounts were frozen immediately after the earthquake and the operation of bank transactions were designated to LLH. From January to June 2010, therefore, finance operations inside Haiti were limited to the Cash on Hand account (COHA), duly approved by the Comptroller in January 2010. High-value transactions to partners, suppliers and staff in Haiti and abroad were processed by LLH, with support from HQ on the basis of approved requests coming from Haiti.

A financial assessment of Haiti’s banking institutions was held in June 2010, resulting in the re-opening of UNICEF local bank accounts. To optimise the use of resources the HCO encouraged cash forecasting to keep just enough cash at the bank at any time, and will continue reinforcing this corporate policy next year. Significantly, an agreement was reached with UNICEF’s local bank, UNIBANK for placement of a branch at the MINUSTAH logistics base, significantly improving the speed of transactions and security of staff.

Key workflow processes related to the management of human resources and recruitment, travel, procurement of goods and services as well as collaboration with partners were revised in 2010 to ensure simplification/adaptation of procedures for more effective and efficient management of the resources entrusted by donors. All business processes were approved by the CMT and communicated to stakeholders prior to implementation, along with frequent remainders on rules, regulations and compliance. Monitoring of direct cash transfers posed a great challenge to HCO in 2010. Efforts taken have not yet proven successful in keeping the percentage of DCT outstanding for more than six or nine months on the target of 5 per cent or under 200,000 dollars. On 31 December 2010, the percentage of unliquidated DCT outstanding for six to nine months was 8 per cent, and over nine months was 15 per cent, meaning that Haiti had the highest rate of outstanding DCTs globally at the end of the year. The CO has therefore implemented an aggressive plan of action to improve the situation and achieve targets.

**4.2.3 Supply**

Underlining the critical role of UNICEF in providing life-saving and life-sustaining supplies for children, the value of procurement in 2010 increased more than ten-fold over previous years to US$ 64,623,310 worth of goods, complemented by US$22,117,640 worth of contracts for services (including logistics). Overall, procurement of goods and services represented 55 per cent of total programme expenditure in 2010.

Support provided from RO, SD and DRCO was critical to facilitating a rapid response. The LLH office was instrumental in the reception of goods within the early months; warehousing and transport to Haiti of these supplies in close collaboration with the Logistics Cluster in the DR. With the availability of ProMS in June, PGMs and POs were also raised inside Haiti for both offshore and local procurement. Civil unrest during the first week of December however, provoked airport closures, meaning that charters were once again redirected to the DR and support for warehousing and transportation by road was required.

In 2010 Supply and Logistics staff attended programme meetings to improve communication and technical assistance; provided feedback on status of procurement and pipelines; assisted in the preparation of supply and distribution plans; reported on the stock situation per programme; provided weekly reports on dispatching of goods to implementing partners and
supported the monitoring of pre-positioned stocks and use of supplies. Internal procedures for
the purchase of supplies were streamlined and workflow processes for procurement and
dispatching of goods to partners were shared with staff. In 2011 HCO will establish long-term
agreements with local service providers and suppliers and liaise with other UN agencies to
undertake joint market surveys and rosters of suppliers.

An external consultant engaged by the RO to assess the management of the large supply
compontent of Haiti’s emergency programme and review the CO’s risk management practices
related to supply planning found no “dead stock” from orders placed at the beginning of the
year. The majority of recommendations had been implemented at the end of 2010, with the
remainder prioritised in the 2011 work plan.

4.3 Human Resource Capacity

Staff welfare was a great concern in the aftermath of the earthquake. As a compensatory
measure local staff members were granted a financial grant and salary advances for three
months, in January, to overcome emergency needs. Flextime working hours, extraordinary
R&R and special leave without pay were also granted. With the support of HQ and MINUSTAH,
stress counselling sessions were held, with a particular focus on national staff, and counselling
was also provided to colleagues travelling to the DR in the first quarter, through LLH. In the
second half of the year a Haitian psychologist was also recruited to support MINUSTAH stress
counsellors, and the office is developing a system of Peer Support Volunteers.

Providing critical reinforcement of technical expertise in the first six months of the year, over
500 persons were mobilised through regional and global surge support mechanisms, with the
majority deployed from UNICEF Country Offices. An additional surge mission was mobilised in
the last quarter to meet the requirements of the cholera response. Surge capacity was
required as the magnitude of both disasters called for a massive response – however a major
lesson learned was that short-term missions should not be encouraged due to the limited
contribution that can be made in this period and the difficulties posed for teambuilding and
accountability. Pre-deployment training would also increase the effectiveness of surge support
missions.

The staffing structure of HCO jumped from 43 staff in 2009 to a PBR-approved staffing
structure of 280 positions (97 IP, 72 NO and 111 GS). At the end of December, 220-230
persons were on the ground. The JCC met twice in 2010 and the Staff Association was
represented in all CMT meetings and other planning and review meetings. Although the
Training and Learning Committee was re-established in 2010, the training and learning plan
was not developed due to the overstretched capacity of committee members. Some corporate
training in supply procurement, VISION and IPSAS was undertaken by a limited number of
staff, while information-sharing sessions on UNICEF processes and systems (ProMs) were
conducted.

4.4 Other Issues

4.4.2 Changes in AMP

UNICEF’s simplified results structure for 2011 includes Programme Component Results that
consolidate the objectives of humanitarian action, recovery, disaster risk reduction and
development into a singular vision for UNICEF in Haiti. PCRs/IRs not only strengthen linkages
with key national documents (such as the National Action Plan) and the Integrated Strategic
Framework (ISF), but they also more clearly align development frameworks and policies
(MDGs, MTSP and UNICEF’s equity agenda). Out of the 41 sectoral and cross-sectoral
programme IRs formulated (of which 10 are specific to the earthquake and cholera emergency
response) 15 will make a very strong and direct contribution to equity and 25 largely
contribute to equity promotion.

**5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

**5.1 List of Studies, Surveys & Evaluations**

1. Etude sur les Connaissances, Attitudes et Pratiques Associées à la Prévention et au Traitement du Choléra – Artibonite (WASH)
2. Rapid Assessment: Rentree Scolaire et L’état des Ecoles (Education)
3. Multi-Cluster Rapid Assessment of IDPs in Host
4. Etude sur les Connaissances, Attitudes et Pratiques Associées à la Prévention et au Traitement du Choléra - Port-au-Prince (WASH)
5. L'enquête nutritionnelle et de mortalité rétrospective dans les zones affectés par le séisme en Haïti du 12 janvier 2010 (Nutrition)
6. Assessment of cold chain and vaccines distribution systems nationwide (Health)
7. Assessment of residential care centres (Child Protection)
8. Follow-Up Emergency Food Security Assessment (EFSA II – Nutrition, PPSP)
9. Household Survey on Access to Water, Sanitation and Hygiene in IDP Settlements in Port-au-Prince, Haiti (WASH)

**5.2 List of Other Publications**

1. UNICEF “Children in Haiti: One Year After- The long road from relief to recovery”
2. UNICEF “Haiti Retrospective 2010: The year in photos’
3. UNICEF Multimedia package “One Year Report”
4. UNICEF Calendars
5. UNICEF “Haiti’s Children and the MDGs- overcoming disaster and ensuring development with equity for all children”
6. Remboursement Plan Haiti PDNA -
7. UNICEF “Children of Haiti: One Month After”, February 2010
8. UNICEF “Children of Haiti: Three Months after the Earthquake”, April 2010
9. UNICEF “Children of Haiti: Milestones and looking forward at six Months”
10. Reproduction livret Convention Relative aux Droits Enfant

**6. INNOVATION & LESSONS LEARNED**

**Title:** Establishment of Operation Life Line Haiti, a Cross-Border Support Office  
**Contact Person:** Indiana Gonzalez, Chief of Operations, UNICEF Haiti (igonzalez@unicef.org)  
**Abstract**

After the 12 January 2010 earthquake destroyed the UNICEF Office in Port-au-Prince, a liaison office was established in Santo Domingo, Dominican Republic (DR), to allow continuity of vital office systems. Life Line Haiti (LLH) also coordinated cross-border programmatic interventions and participated in the Emergency Clusters within the DR during the first four months, thereby facilitating a coherent emergency response on both sides of the border.

The LLH model was successful in ensuring business continuity, in scaling-up the response and in transitioning operations functions back to Haiti. The model can be replicated in other emergencies where inter-office and inter-country operations and programme support can be provided in a cross-border setting or through regional operations hubs established in a non-bordering country. Several key lessons were learned from LLH – including the importance of clearly established accountabilities and processes between offices, building trust and effective
communication and identifying an exit strategy.

**Innovation or Lessons Learned**

LLH provided essential business continuity, scaling-up emergency responses and managing surge support staff. LLH also enabled cross-border programmatic support thereby facilitating a more coherent, island-wide response.

- The secondment of UNICEF staff with knowledge of business processes and systems was essential for ensuring efficiency in the support provided to HCO, while the recruitment of local staff enabled effective communication and negotiation with authorities, partners and vendors in DR.
- Quick decision-making by the regional office was key to setting up LLH, including the rapid secondment of the regional senior operations staff on 13 January.
- LLH was critical in facilitating business processes at the outset, when IT systems were down and conditions in HCO were not appropriate to host the servers for ProMs and Lotus Notes.
- The model of a ‘support office’ for large-scale emergency operations, in the cross-border context or through a non-bordering country, can be applied for other emergencies as part of business continuity and emergency preparedness. The innovation can be replicated with support from Regional Offices to facilitate coordination, as well as from NYHQ to review existing finance and administration in emergency procedures for such operations. Systems problems (ProMs/FLS) will be overcome with VISION.

**Issue/Background**

The earthquake destroyed the UNICEF Office in Port-au-Prince and rendered its assets and files unrecoverable. Due to the devastation and subsequent logistical constraints, there was a need to establish a support office, initially of 20-25 staff working within the Dominican Republic CO location and later, in an independent location. The main objectives were to enable business continuity, ensure the flow of essential supplies and cash to Haiti and ensure effective cross-border coordination with delivery of services at the border for Haitian children.

**Strategy and Implementation**

On 12 January, the Dominican Republic CO, under the instruction of the Regional Director, TACRO and the Director of EMOPS, was requested to provide operational support to Haiti CO. DRCO at the time had 20 staff members, 10 interns and consultants. Additional technical assistance through surge capacity from HQ and RO was also provided in a timely manner. An independent “shadow office” (Life Line Haiti – LLH) was created to better manage the increasing operational support and act as a flexible temporary structure. The Representative of HCO was the direct supervisor of all programmatic and operational issues and delegated a supervisory and administrative role to the Representative of DRCO. Decision-making on interventions and transactions took place in Haiti, and on the basis of these decisions ProMS actions were executed in LLH. An initial six-month budget for the operation of LLH was developed and approved by the RD in February. In April, a proposal for the period June-December was submitted to the regional PB. Between July and December 2010, the structure of LLH was scaled down as financial transactions resumed in Haiti. Nevertheless, due to the political volatility in Haiti, the LLH premises are still hosting ProMs and Lotus Notes servers.

**Next Steps**

Due to the volatile political and social situation in Haiti, and the poor working conditions in
Logbase, the existence of LLH to host the backup for the Lotus Notes and the ProMs server, is essential to ensuring communications and access to ProMs via Citrix. The services are maintained with very little interruption, through the servers in LLH. The reliability of communications in the midst of an insecure period, where all staff need to be accounted for and HQ and RO need to be informed at all times on the evolution of the situation, is invaluable. The cost of the interruption of communications with OPSCEN, RO and HQ can’t be estimated, but is understood to be huge.

7 SOUTH-SOUTH COOPERATION

UNICEF has also forged a unique relationship with the Government of Cuba, which has maintained hundreds of doctors working in Haiti for the last decade, in support of Haitian authorities at both central and decentralised levels.

Following the outbreak of cholera, the Cuban Medical Brigades (CMB) increased deployments to over 1,295 medical personnel in Haiti, indicating their strong commitment to emergency prevention and response. In coordination within the Health Cluster, UNICEF supplied the Cuban Medical Brigades with essential life-saving medical and WASH supplies, as well as tents to set up cholera treatment facilities in under-served, high-risk areas. This supported included 121 tents; more than one ton of chlorine for disinfection; 2,200 bars of soap and 400,000 aquatabs as of the end of the year. The Brigades also received medical supplies procured by UNICEF indirectly via UNICEF dispatches to local Ministry of Health authorities. These supplies enabled this critical partner of the Government of Haiti to rapidly expand its assistance, in areas designated in need by the Ministry of Health. More than just supply assistance however, UNICEF is engaging with the Government of Haiti and CMB through a formal Memorandum of Understanding that outlines cooperation in expansion of access to safe drinking water in remote underserved areas; raising community knowledge on risk factors during the cholera outbreak –and ensuring participation by community leaders in the planning of the response, along with local authorities.

A framework of South-South cooperation between Argentina and Haiti was formally endorsed by the Secretary of State in charge of Foreign Cooperation (Argentina), the Minister of Planning and External Cooperation (Haiti) and the UNICEF Representative in 2009. The results of the UNICEF- supported study on budget allocation and public spending in favour of children are detailed in the Child Poverty Reduction section. In addition to the study, this cooperation is enhancing the capacity of ministries (MoF, MoP) in public policy design and budget analysis.

South-South knowledge transfer was also facilitated by UNICEF’s efforts to bring experienced, French-speaking communications professionals with knowledge of sanitation challenges to facilitate training on community-level sanitation programmes. UNICEF contracted the services of an NGO based in Burkina Faso, Centre Regional de l’Eau Potable et de l’Assainissement (CREPA) to conduct the training of Community-Led Total Sanitation trainers in Haiti. As a result, 30 trainers were trained and benefited from knowledge exchange on affordable technologies piloted in West Africa.

After the earthquake, the issue of how to ensure the most effective regulation and coordination of the work of the thousands of NGOs operating in Haiti has become an important priority concern for the Government of Haiti. In this context, and within the framework of the UNCT, UNICEF has contacted the Government of Rwanda’s Ministry of Local Government to initiate an exchange of experience and lessons learned on the topic.