

Executive Summary

In 2011, HCO was in the last year of its “transitional programme” for earthquake recovery, and continued to implement a mix of humanitarian relief, capacity development for institutional rebuilding and advocacy simultaneously, in order to address both acute and chronic challenges that prevent the realisation of child rights.

Achievements

Among HCO’s most important achievements of the year, with special reference to UNICEF’s refocus on equity, are:

- Support to the national programme for free education with distribution of school kits, teaching materials and furniture, thus increasing access for the most deprived children in rural areas to education;
- Reinforce a national strategic shift towards prioritisation of community-based programmes as the main system for delivery of nutrition services with a focus on rural areas, through the scale up of partnerships in 2011 to care for more than 15,000 children with severe acute malnutrition and reach over 125,000 households with appropriate messages on infant and child feeding practices;
- Support for improved WASH services in poor urban and rural communities, including providing new or rehabilitated water supplies, total sanitation and hygiene promotion targeting 143,000 rural residents and cooperation to organise affordable water tariffs and enhanced water quality in 59 slum neighbourhoods in Port-au-Prince;
- Guide the implementation of the *Reach Every District* (RED) approach to increase immunisation coverage in 36 of the least accessible communes which had the lowest coverage, which resulted in increasing coverage from 6% to 85% in some communes after ten months of implementation.

Challenges

- Across all programme components, delays due to the political impasse from April to October 2011 hampered performance. In Child Protection, for example, implementation of the annual work plan was delayed as most decision-makers, in particular from the Ministry of Justice, were unavailable due to their direct involvement in the extended appointment process.
(add bullet) Education section was unable to engage with government actors on key strategic issues such as the finalisation of the Ministry of Education Operational Plan, or the framework to support the School Fees Abolition Initiative. The agenda for social protection, which in 2011 included the establishment of an interdepartmental committee and an inter-sectoral steering committee, as well as a mapping of interventions in social protection, was interrupted by the long political transition.

Partnerships

- UNICEF partnership with the Inter-American Development Bank (IDB): In an effort to expand services for prevention and treatment of cholera across the country, UNICEF collaborated with the IDB and MSP in early 2011 to strengthen coordination capacity at national and decentralised levels in a target number of departments.
(add bullet) UNICEF collaborated with DINEPA and WFP to scale up respectively WASH and nutrition services in the country.

Country Situation

Two years after the 12 January 2010 earthquake, the impact of the disaster is still visible on the infrastructure, institutions and social systems of Haiti. Post-disaster recovery efforts continued during 2011, with positive signs of recovery: the number of displaced persons living in camps decreased from the height of 1.6 million people in 1,342 camps in early 2010 to 520,000 in 758 camps at the end of 2011. Institutions and systems destroyed by the earthquake and long neglected from before were slowly rebuilt to restore

state capacity to provide basic services.

Following the earthquake, progress towards achieving MDG 1 is likely to have regressed, due to loss of livelihood and economic opportunities resulting from the disaster. Even before the tremor, malnutrition was a silent crisis for children: one fifth of children under the age of five were underweight, almost one third suffered from chronic malnutrition, and 35% of under-five deaths were caused by the underlying factor of malnutrition.

Progress meanwhile was slow to ensure that all children are in school (MDG 2), given that half of all Haitian children were out of school before the earthquake, which proceeded to further cripple the education system. By the time of the back-to-school campaign in early October 2010, some children could no longer afford to enrol as their parents had lost their livelihoods. However, in July 2011, a marked improvement was noted, with 70% of children aged 6-18 were in camps attending school, and the back-to-school campaign in October 2011 ensured access to education for more than 903,000 children.

Women and girls in Haiti (MDG 3) still lack the same social and legal protection and benefits as men. They continue to have fewer opportunities and lower achievement in education, and despite the fact that women represent the majority of the informal work sector, they continue to have significantly less access to formal employment and its greater social and economic benefits. Women remain significantly under-represented in local and national government.

The confluence of emergencies in 2010 undoubtedly presented a huge threat to MDG 4 (reduce child mortality), eroding progress achieved over previous years in reducing the Infant Mortality Rate and the Under Five Mortality Rate (U5MR). The 2010 estimate for U5MR by the Inter-agency Group for Child Mortality Estimation is 165 per 1,000 live births compared to 87 in 2009. This sharp increase is attributed to the earthquake-related mortality, although it is expected to be a single 'peak' for the year 2010. Maternal mortality (MDG 5) in Haiti is also likely to be negatively impacted by the disruption of services after the earthquake. Maternal mortality rate in fact increased from 523 per 100,000 live births for the period 1993-2000 to 630 per 100,000 live births for the period 1999-2006. Disparities are also high in access to services: skilled attendance at delivery was 65% among the richest quintile compared to 6% among the poorest quintile.

With regards to MDG 6, some 70 to 80% of people living in low-lying coastal areas are at risk of contracting malaria but only five% of children suffering from fevers receive anti-malarial treatment. HIV/AIDS prevalence remains the high-est in the region but only one in five women tested actually receives counseling on Prevention of Mother-to-Child Transmission of HIV/AIDS (PMTCT).

For MDG 7, access to safe water (58%) and sanitation (19%) is not on track and was in fact declining prior to the earthquake. Geographical disparities are also stark, with 71% of the urban population having access to improved drinking water sources compared to 55% in rural areas, and 24% of urban dwellers using adequate sanitation facilities compared to just 10% among the rural population.

Thousands of Haitian children are also faced by multidimensional challenges that increase risks of abuse, violence and exploitation including child trafficking. An estimated 50,000 Haitian girls and boys were already living in residential care facilities, an estimated 200,000 children work as domestic servants in non-family households or with extended family, and at least 3,380 children and youths are living on the streets of Port au Prince alone.

UNICEF and its partners issued major publications which contributed to the on-going analysis of the situation of children and women. They are:

- *Summary Situation Analysis of Structural Faults in the Architecture for The Realisation of Children's and Women's Rights in Haiti, UNICEF*
- *Strategie de Communication et Mobilisation Sociale Enquete Rapide sur les Connaissances, Mythes et Croyances par Rapport au Cholera, UNICEF*
- *Recensement Enfants et Jeunes des Rue, UNICEF/Child Protection Sub-Cluster*
- *Haiti in Distress : The Impact of the 2010 Earthquake on Citizen Lives and Perceptions, USAID*

- *Restavek: The Persistence of Child Labor and Slavery*(submitted to the twelfth session of the working group on the UPR), *Restavek Freedom*
- *Haiti Humanitarian Aid Evaluation, University of Haiti & Tulane University*

Who are the deprived children in your country context?

The level of poverty was already high in Haiti before the 2010 earthquake, with 54% of the population living on less than US\$ 1 per day and 76% on less than US\$ 2 per day. Not only do more than 40% of children in Haiti live in absolute poverty, but 70% of children experience at least one form of deprivation. Actual declines in several of the underlying indicators of child well-being have been observed. For example, access to sanitation decreased from 26% in 1990 to 17% in 2009. This reflects both the low priority placed, and investment made, for children. There is also a high level of inequality, with a Gini co-efficient of 0.64 (the highest in the Latin America and Caribbean region) and high levels of urban-rural disparities. Against this backdrop, the most deprived children and groups in Haiti have been identified as follows:

- Those affected by the 2010 earthquake who have become vulnerable due to loss of family support, livelihoods and homes, disability, particularly the remaining 520,000 living in camps including those who are being evicted or in risk of eviction.
- Those living in hard to reach areas, notably rural areas with little or no basic social infrastructures.
- Children with lack of family support, including orphans, children in residential care, separated children, street children, children in domesticity.
- Those who are vulnerable to external shocks such as natural disasters, food price hikes and financial crisis.

Data/Evidence

The Haiti Country office has extensively used available knowledge on inequities from the Child Poverty Study conducted in 2008, and various sectoral analyses conducted using the latest (2005/06) Demographic and Health Survey (DHS) data, with geographical, wealth quintile and sex-disaggregated analyses on disparities. The 'Situation Analysis of Structural Faults in the Architecture for the Realisation of Children and Women's Rights in Haiti' was developed based on review and analyses of available data to understand the determinants of inequity, and provided the basis for the Country Note for the one year extension of the current country programme, the on-going update of the Situation Analysis (SitAn) of Children and Women of Haiti, and the planning of the new country programme 2013-2016.

In terms of knowledge generation related to inequities and their determinants, the 2012 DHS, for which UNICEF is a key technical and financial partner, is on-going, and is expected to provide recent (post-earthquake), disaggregated data to help update the situation analysis of the population in the country, and to inform policy advocacy, planning and decision-making. In the meantime, the on-going SitAn is specifically focused on the equity approach, and incorporates data collection at the sub-national level to determine the structural causes of inequity.

A series of 'community participatory diagnostics' carried out in the South and the North departments have also contributed to elucidating the key issues affecting the most deprived and vulnerable groups, to refine UNICEF's 'convergence' approach in the North and South departments.

In order to enable the identification and monitoring of the situation of vulnerable groups and disparities at decentralised levels, there is a need to strengthen sub-national level data collection as well as the capacity of national and local authorities and civil society to analyse and use data and knowledge for planning and decision making. This will enable mapping of poverty, disparities and access to services by geographical

areas and across sectors, in order to capacitate the identification of most vulnerable areas and groups, as well as to reinforce convergence of UNICEF and partner's assistance to address disparities and inequities.

In 2011, UNICEF CO started to lay the foundation to develop the new Haiti Info, a Dev Info adaptation that will allow the government and partners to have quick access to available disaggregated socioeconomic statistics at the national, departmental and communal level to inform the decision making process.

A strategic use of the upcoming DHS data, including for the updating of the Child Poverty Study, and the analysis of the state budget at national and local levels are also important knowledge gaps in order to inform equity-based programming and policy advocacy.

Monitoring Mechanism

Achievement of results for the most deprived children, families and groups are being controlled through the monitoring and evaluation framework of the intermediate results (IRs), which target specific vulnerable populations and communities. Thus, regular programme monitoring oversees results for the most deprived populations. The monitoring of the performance of UNICEF's support through partners (local and international NGOs) and the government is carried out through periodic reporting of partners and field monitoring by UNICEF staff. Periodic review (mid-year and annual) with partners are conducted to review progress and identify any bottlenecks, opportunities and lessons learned in achieving results, as well as to re-adjust strategies where required.

While the on-going DHS will provide data related to the impact of the programme and UNICEF's assistance on the most deprived children and families, regular situation monitoring and analyses are being carried out through the reinforcement of sectoral data collection and information management systems at the national and sub-national levels. For example, the development of a database of residential care centres, the implementation of the school census and the supervision of water quality conducted by DINEPA with support from the WASH cluster.

Various lessons learned exercises have been carried out to document and take stock of the effectiveness, strengths and weaknesses of interventions, which will contribute to the eventual evaluation of programme impact on the targeted populations, planned in 2012 and beyond.

While efforts to improve data availability have seen progress, there still remain significant challenges in terms of the availability of reliable, representative, disaggregated data to enable effective and comprehensive monitoring of results for the most deprived population. The lack of sub-national level routine data collection systems and the overall weakness in performance monitoring within the government and national NGO partners are a main challenge. The lack of updated baselines for multiple indicators constitutes another constraint for an effective performance monitoring (the last DHS dates from 2006 and not large comprehensive household survey has been conducted ever since).

Capacity building in data collection, analysis and information management, as well as results-based management and performance monitoring of national partners will be an on-going priority to ensure that data and evidence to demonstrate the impact of interventions on the most deprived population, and that systems to effectively track progress and achievements of results, are in place. In order to enable the changes in the situation of children and families during times of emergencies/crises, it is imperative to ensure that baseline data is available, and that a real-time monitoring system (such as assessment of sentinel site) can be developed.

Support to National Planning

In order to address the lack of nationally representative data on the socio-economic and demographic

situation of the population, the government of Haiti is implementing household surveys such as the Living Standard Measurement Survey and the Demographic and Health Survey – the latter of which is supported by UNICEF, USAID, UNFPA, the Global Fund and the Canadian International Development Agency.

The Ministry of Planning has developed a database to track the budget allocation and utilisation overseas development assistance, linked with performance monitoring; however the system is yet to be fully functional.

UNICEF has supported a budget analysis on the social sector related to children, together with the Argentine Cooperation, in order to strengthen advocacy for increased investment in children.

The national statistical agency has developed HaitiInfo based on DevInfo in 2009. The database requires updating and refining, which will be a focus of UNICEF assistance in 2012. The new database will enable availability of disaggregated, time series data from surveys and administrative data collection mechanisms linked with monitoring of key indicators associated with national and international goals and priorities.

Government and national NGOs' capacity for performance monitoring though requires work, progress has been seen in the last year. As part of the rapid response mechanism (RRM), under which partnership agreements were formed with five NGOs for emergency preparedness and response, technical orientation was provided to the partner organisations to ensure that indicators used for rapid assessments and performance monitoring are aligned with the CCCs, and that their planning and reporting frameworks are results-based. After action reviews and evaluations have been incorporated into the partnership agreement.

Capacity building of the government and partners will focus on: 1) the identification of disadvantaged populations based on evidence collected; 2) assessing the situation of service delivery at national and local levels; 3) to strengthen the use of data planning, monitoring and evaluation; 4) strengthen their capacity to assess and evaluate effectiveness and sustainability of services provided.

Any other relevant information related to data/evidence?

N/A

Country Programme Analytical Overview

As Haiti has passed through the acute emergency phase related to the earthquake, followed by the cholera epidemic, national priorities for 2012 put more emphasis on further strengthening the institutions of the state and on development perspectives for medium and long term, including the strengthening of national capacities in the management of disaster risks. In such context, HCO identified three guiding principles that should model the planning and management implementation in 2012: (1) equity in relation to the normative principles of human rights based approach to programming, (2) accompaniment, given the need to provide more technical support to national capacity building and institutional strengthening of line ministries involved in the Country Programme, and (3) cost-effectiveness, related to the significant decrease in Other Resources.

HCO's contribution to humanitarian work is also the subject of a shift in terms of integrating preparedness and emergency response in the regular programming. The main shifts consist of integrating the cluster coordination units which have been set up for emergency response in the various sections of the regular Country Programme, ensuring effective leadership of government authorities in emergency preparedness and response, and handing over from clusters to local actors and reinforce local capacity.

Effective Advocacy

Mostly met benchmarks

Advocacy was redefined at the national level, with the production of thematic strategies pushing for the realisation of key objectives. The Representative played a key role in this CO-led advocacy. HCO was able to maximise its recommendation efforts in many areas, particularly in education, protection and nutrition, based on dominant messages, clear targets and a transparent process, in coordination with TACRO.

HCO campaigned strongly for access to free education with education key interlocutors until President Martelly made this issue a central part of his political program. In the area of child protection, HCO worked to advocate for the ratification of the Hague Convention on international adoption. Media articles (*Le Nouvelliste* newspaper in Port-au-Prince and CBS News in the US) were written on international adoption demonstrating a clearer understanding of the issue. HCO also put the spotlight on the monitoring and evaluation of residential care centers, resulting in the closure by IBESR of illegal centers.

HCO's WASH programme and WASH cluster coordination, with the active involvement of the Representative, advocated throughout the year with DINEPA, donors and the Humanitarian Coordinator for the critical importance of sanitation services in camps and cholera centres. Specifically, since the earthquake, considerable resources have been required to maintain sanitation facilities – keeping them clean and emptied through a de-sludging operation of OFDA-donated trucks and through private sector contractors. Finally in September 2011 the Morne-a-Cabrit site for the safe disposal of human excreta was opened.

Similarly, an advocacy strategy on nutrition allowed for a better understanding of the negative impact of malnutrition throughout the nation, and the prioritisation of nutrition in the national health sector. The Ministry of Health agreed to organize meetings on the issue at the departmental level in coordination with HCO.

In 2011, HCO increased its visibility through development and distribution of IEC materials and social media. The HIS production on programme activities was produced for Facebook and the UNICEF website. Video stories were produced on protection, nutrition, education, youth participation, WASH and health during 2011, and national and international media were involved as part of the visibility and credibility strategy developed by the Communication Section. Toolkits were also produced for National Committees, allowing them to organise fundraising and gain visibility in their respective markets. Advocacy strategies were organized around the most critical themes such as child protection, nutrition and health. Children were empowered and given a voice with which to raise issues through training in video, radio and photographic production.

Key strategic partnerships and interagency collaboration included radio, video and photographic training sessions organised through Panos, a local partner. HCO also collaborated with the WFP communication unit on education and nutrition.

Opportunities, progress and performance were regularly monitored and evaluated in 2011. For instance, all materials (print, video and photo) produced can be verified on www.unicef.org and the Facebook account used by HCO. Weekly media monitoring allowed the Section to evaluate communication material as well as the items produced by national and international media.

Changes in Public Policy

The challenge of the simultaneous construction of a democratic order and a competitive economy, led the

government to consider a reform in the state through restructuring governance and public administration for improved consistency and efficiency. To this end, the foundations of a rule of law will be laid through taking better account of treaties/conventions that fed into the constitutional provisions and the legal/judiciary framework. The failure of the judiciary will be addressed through a series of reforms ranging from teaching law to the reform the National Police. The government will rebuild the national army to take over from the MINUSTAH, with a view to making it an institution capable of development tasks. In addition, the strategic vision of decentralisation involves local authorities in decision-making and management of local development. The de-concentrated administration will be provided with adequate human resources, both in quantity and quality, to increase the supply of basic services and stimulate local socio-economic development.

The missions of ministries will be revised and adjusted accordingly. In the short term, the legal framework will be revised in order to adapt government structure to public policy and its implementation, in relation to the political-territorial organisation.

Regarding economic and social development, the government also proposes to launch a vast policy reform:

- To enhance the potential of agricultural areas, poles of growth and special economic zones will be developed through implementing programs and appropriate funding mechanisms. These zones will have a special legal status making them more attractive to both domestic and foreign investors.
- In response to environmental issues, with their direct impact on growth sustainability and the living conditions of the population, the government will undertake a reforestation program that includes participatory strategies for conservation and management of forest resources, promotion of private/community forests and development of agroforestry in farming systems.
- The government is committed to implement a policy of social inclusion of vulnerable groups, and to generate more resources for its funding. Such policy will build on a reform of existing social security institutions, the establishment of an appropriate system of social protection against physiological, economic, social and other risks; the implementation of various programs (social housing; access to the property using old-age insurance schemes or micro-credit, safety nets, and the capacity to create jobs especially for youth).
- In Education, the fundamental objective is to introduce free and universal education by increasing the number of public schools and providing quality basic education, with a special emphasis on special education for children with "special needs". The educational reform also aims to increase supply of technical/vocational training aligned with the labor market, particularly the reconstruction area, in the short term, so as to provide youth employment opportunities.

(add bullet) In Health, budget allocation will be increased to ensure implementation of a five-year plan to revitalize the health sector and improve availability of health care. Priority health areas include maternal and child health, reproductive health, control of diarrheal diseases, cholera in particular, emergency response, HIV/AIDS, tuberculosis and malaria.

Leveraging Resources

In 2011 UNICEF strived to raise resources for the implementation of the Country Programme, and to leverage results and resources with Reconstruction and Development partners for the benefit of vulnerable children.

UNICEF as a technical advisor to the Coordination Committee of the tri-partite partnership for health between Brazil, Haiti and Cuba, HCO mobilised up to US\$ 10 million for the MSSP to close critical gaps in the cold chain. UNICEF's evidence-based advocacy clearly highlighted gaps in the logistics system related

both to earthquake damage and lack of funding to cover recurrent costs.

UNICEF also worked closely with the CDC to encourage a scaling up of the “Reach Every District” approach to boosting immunisation coverage. UNICEF is scheduled to present the approach in Atlanta in 2012, and will encourage CDC funding to the MSPP and the health sector.

UNICEF’s WASH Cluster also forged a strategic partnership with DINEPA; ECHO; OCHA; UNOPS and ARC to mobilise funds to construct the first official excreta treatment station in Haiti and to augment de-sludging and waste treatment programmes. Together, DINEPA, WASH Cluster Coordination Unit/ UNICEF and WASH sector partners held a Strategic meeting in August that called for additional donor support. The result was an agreement from the American Red Cross to complete the construction of the treatment plant and the Inter-American Development Bank to redirect some of the resources designated for scaling up cholera treatment facilities towards the cost of de-sludging. To find a more sustainable solution, DINEPA and the WASH Cluster also developed a sanitation “Transition” proposal, which was endorsed by the Haiti Interim Recovery Commission – but did not receive any referral to the Haiti Reconstruction Fund. Facing a second funding crisis in January 2012, the partners facilitated additional meetings and the visit of UNERC Valerie Amos to the new waste treatment site. These efforts resulted in the ERC designating “sanitation solutions for displaced persons” as the first priority of the CERF under-funded window and the allocation of funds by IDB towards a worker protection programme for sanitation service providers. These efforts were not intended to fund UNICEF as an agency – but they were critical for the sector.

UNICEF’s advocacy with the Spanish Cooperation resulted in the earmarking of a significant portion of their bilateral cooperation programme with DINEPA towards scaling up WASH in schools.

In Education, UNICEF has played a crucial role encouraging a move towards a school fee abolition initiative. Since 2005, UNICEF Haiti has been supporting the government to introduce this policy, and UNICEF’s advocacy and technical assistance in 2011 supported the costing of the Education Operational Plan and the realisation of President Martelly’s initiative to boost enrolment of out-of-school children. UNICEF also encouraged a broad approach to fund mobilisation for the sector – one that would involve all major donors from the Global Partnership for Education, in addition to the innovative National Fund for Education (a public private partnership taxing international calls and wire transfers).

Capacity Development

Mostly met benchmarks

HCO has employed strategies to reinforce capacities of government institutions through embedding national and international experts in ministries and department-level authorities. In addition to demonstrating results in improvement of specific areas of capacity, this modality for capacity development has been recognised internally as highly valuable for UNICEF advocating for changes in government-led service provision, regulation and administration, especially in a period of political transition.

The Education programme supported capacity development in micro-planning, data collection and analysis both at central level of the Ministry of Education (MENFP) and in departments by embedding one expert at the national level and two in departments. This demonstrated positive outcomes including: reinforcing elaboration of MENFP strategic documents, reinforcing links with the new president’s cabinet, transferring competencies to department-level through training, action and follow up at department levels, and generally supporting central and decentralised education framework.

For Health, UNICEF has been supporting the Ministry of Health (MSPP) through embedment in several areas including cholera, HIV/AIDS, and more broadly in decentralisation reform. For cholera, experts have been

embedded at the national level and in three departments to provide technical assistance for an initiative to build response capacity for the prevention and management of cholera outbreak. For HIV/AIDS, a UNICEF staff member dedicates at least 2 days per week in the MSPP's offices for technical assistance in implementation of the PMTCT national programme.

UNICEF supported the restructuration of the CCM, the constitution of a working group on PMTCT, and the development of PMTCT training materials. For decentralization reform in the health sector, UNICEF collaborates with AEDS in three departments with weakest performance. (North-West, South and Grand-Anse). As part of this initiative, three international experts are tasked with accompanying department level health authorities in the decentralization reform process of increasing access to quality services with equity.

With the Water and Sanitation Directorate (DINEPA), two national staff members were embedded to work on information management, who were eventually hired directly by DINEPA, resulting in the retention of knowledge and skills. Also, WASH Cluster experts on water and sanitation spent a significant amount of time in DINEPA offices collaborating on the development/updating of water and sanitation standards and strategies.

The Child Protection programme has established national and international experts in several government counterparts. This includes two staff in the Ministry of Justice and two national consultants working closely with child protection authorities on the national plan for child protection respectively and revision of laws related to child protection respectively. Regular technical support from UNICEF Child Protection staff is provided to the Ministry of Social Affairs (MAST), Social Welfare and Research Agency (IBESR) and Haitian National Police (BPM).

Across these experiences some common limitations that have been identified such as: The public sector in Haiti has a host of capacity, regulatory and operational constraints at the central level that remain significant challenges; despite evidence of incremental progress in specific areas, these constraints relating to overall framework and systems will take political will and time to reform.

Communication For Development

Partially met benchmarks

HCO's Communication for Development (C4D) programme led participatory community discussions in twelve hard-to-reach localities in the North and South departments which indicate among others, that individuals and families are not aware of or declare not having the means or capacity to take up simple disease-preventing practices like regular hand washing, treating water for household consumption, designating space for waste disposal or using household latrines.

Some 5,500 mobilisers and supervisors from Catholic, Protestant, Voodoo organisations as well as 640,000 civil society members in 57 communes were equipped with knowledge, messages and over one million printed educational materials. They organised community activities around good hygiene practices for three months in rural areas, contributing to the curtailment and spread of the epidemic. Studies show that after 3 months of widespread information, 60% of people knew the correct modes of cholera prevention. The programme has laid the foundation for promoting and using C4D as a strategic planning approach at both national and departmental level, after training sessions in Port-au-Prince transferred the basic notions and underlying human rights principles to 31 government and NGO partners.

In early 2011, C4D organised an evaluation of media content on cholera messaging, three months after the outbreak of the epidemic. The evaluation questionnaires were pre-tested among various segments of society to ensure relevance and remove all ambiguities before the tools were finalised for use. In

preparation for the first ever training C4D strategic planning workshop for counterparts, the section used a pre-test questionnaire which each participant filled out, allowing facilitators to adapt the content and duration of sessions to the specific needs of the participants. Educational support materials for Nutrition and WASH in print format were pre-tested among potential publics before finalisation.

A KAP study was conducted at the beginning of the year to measure knowledge levels and attitude with respect to cholera, following three months of massive media coverage on cholera. In addition, an independent partner, ARCA, was hired to undertake an assessment of community mobilisation activities implemented by CARITAS in three departments. The assessment showed that knowledge levels had improved and practices were reportedly positively modified, thus contributing to declining cholera cases among vulnerable populations. Moreover, community diagnostics and consultations with marginalized participants were conducted in 12 localities in the North and South departments in late 2011. The results should facilitate dialogue between rights holders and duty bearers, and shed light on behavioral causes, capacity gaps of claim holders and duty bearers, and the communication environment – all of which have contributed to the deprivations identified and the non-realisation of the rights of children.

In order to contribute to the maintenance of a database with information on performance, innovations and lessons learned, C4D provided inputs into a HCO study on lessons learned, pertaining specifically to UNICEF's partnership with CARITAS (community mobilisation for cholera prevention) for which C4D took over the management in 2011. The final document is part of the office database, and will contribute to the development of the new country programme.

Service Delivery

Fully met benchmarks

HCO developed an innovative Rapid Response Mechanism (RRM) and launched a call for interest to identify partners with comparative advantage to implement this mechanism. After careful analysis, out of the 29 partners who provided a written interest, five were selected.

The core of the RRM is UNICEF's partnership with this five multi-sectoral strategic Non-Governmental Organisations (NGOs) that have committed to covering various parts of the country outside the metropolitan area, with actions to enhance national capacity for disaster preparedness and response. In the event of an emergency they also directly implement a life-saving multi-sectoral response in coordination with local and national authorities. RRM partnership was structured to address the needs of at least 100,000 beneficiaries (equivalent to one third of the contingency plan of all humanitarian actors in Haiti). The partnership activities include support to pre-positioning supplies (including management of emergency logistics) and Pre-funded responses capacity to humanitarian partners such as capacity building and training for partners and national authorities to ensures sustainability of this mechanism in a chronic country as Haiti; assessment and risk reduction measures; monitoring and evaluation; as well as implementation of the multi-sectoral response in partnership with UNICEF to meet the most urgent needs of children in the event of a sudden crisis.

As mentioned, the RRM project directly supports the objectives of the government's larger decentralisation programme and assists state authorities and civil society actors to achieve the objectives of the 2011 Contingency Plan of the Directorate of Civil Protection (Departement de Protection Civile - DPC) and other national response plans (such as the multi-sectoral cholera response plan developed by MSPP and the National Directorate for Drinking Water and Sanitation (Direction Nationale de l'Eau Potable et de l'Assainissement – DINEPA), in accordance with the CCCs. Since the partnerships focus on remote and hard-to-reach areas, the RRM also adheres to UNICEF's equity policy.

The RRM also builds on lessons learned during the 2010 earthquake, Hurricane Tomas and the cholera epidemic that underlined the importance of pre-positioning of equipment and technical experts; the critical role of rapid assessment teams; the benefit of implementing a multi-sectoral response and the need to ensure that humanitarian action also builds the capacity of national authorities and other actors, while meeting basic needs. The cholera response in particular underlined how challenging this can be in remote and rural areas in Haiti, where partners are few and far between – and transportation and communication networks are poor or wholly inadequate. A strong monitoring and evaluation frameworks with this project will ensure integrated learning.

Strategic Partnerships

Mostly met benchmarks

In 2011, UNICEF maximised its impact by strengthening its partnerships from the previous year and highlighted its comparative advantage in setting the stage for long term, sustainable cooperation opportunities that will support the transition of the emergency related activities while re-introducing the agency's development programmes.

Renewing its commitment to an effective Cluster-lead approach, in which UNICEF continued as a Cluster Coordinator, efforts with the Government and other development partners contributed to national contingency planning, sector innovations policy making and standard setting and capacity development of national authorities and community organisations in order to facilitate the transition from emergency coordination mechanisms.

Recognising the powerful role of the private sector and enormous impact of joining its forces with civil society organisations to support government programmes, UNICEF has played a leading coordinating role in establishing Public Private Partnerships to address the serious situations of malnutrition and sanitation. In cooperation with Moulins de Haiti and the Ministry of Health, UNICEF is providing technical assistance to fortify universal food staples, in this case wheat flour, with iron and vitamins A and B.

Similarly, in partnership with the Office of the First Lady and the salt industry, UNICEF is advocating one of its best practice global campaigns, the adoption Universal Salt Iodisation in Haiti. A fleet of 32 de-sludging trucks were donated to DINEPA as part of the earthquake response, and in September 2011 an additional treatment facility for the metropolitan area of Port au Prince was inaugurated. The fleet and treatment site are currently being operated by UNOPS with donor funding. DINEPA would like to transfer the operation of this infrastructure and trucking service to the private sector through a PPP scheme. UNICEF has hired an international consultant to assist DINEPA with the development of a commercially and financially-viable PPP scheme for the operation of the government-owned de-sludging infrastructure for Port-au-Prince.

The cholera epidemic also remained a pressing issue, following heavy rains in September and October which accelerated transmission patterns and led to localised outbreaks. The vulnerability of the population remains high, primarily as a result of stark gaps in the coverage of social services. With support from UNICEF, the Ministry of Health at the departmental level also strengthened its capacity to respond to emergencies such as cholera. In response to the continuing cholera outbreaks the UNICEF WASH programme worked through 14 partners to provide hygiene promotion and cholera supplies for an estimated 2.2 million people.

UNICEF collaborated with the Ministry of Education to ensure that schools served as important entry-points in the fight against cholera - instead of dangerous transmission zones. This included the establishment of a task force, the drafting of a national prevention and response strategy, training of education officials and the distribution of prevention supplies to over 1,497,900 children in 5,760 schools. UNICEF also partnered

with 82 child protection actors to rapidly mobilise 2,170 volunteers to disseminate cholera prevention messages and techniques, reaching over 315,750 children. Global Hand-washing Day, celebrated on 15 October 2011 with 185 partners, furthered the momentum.

Mobilising Partners

To promote the equity focused approach, the Office selected the North and South departments to launch a decentralised programming initiative, in close collaboration with departmental directions (planning and social sectors). The first stages were completed, consisting of training and organising participatory community diagnoses as well as role and capacity analysis for both rights holders and duty bearers. Capacity development initiated for a multi-sector group of key partners made it possible to plan and organise 18 community-diagnostic partners in a participatory manner with the cooperation of marginalised and persons living with handicaps in hard-to-reach localities. Each department now boasts of up-to-date information on existing services for children in the localities, participant behavioural analysis, and communication mechanisms and channels. The results could feed into the existing knowledge management systems, and are available to both local and department authorities for planning sustainable development. Each department has in the process acquired a set of tools, guides and manuals for implementing participatory information gathering.

The process will continue in 2012 with the identification of priorities for 2012 and beyond, the elaboration of local action plans and the development of community based monitoring tools.

A review of the process was organised, and lessons learnt include the relevance of the approach to strengthening dialogue between duty bearers and rights holders as well as its value added to promoting equity focused programming as well as convergence of interventions to improve the situation of children, in particular the most vulnerable. However, there is a need to make local decision-makers more knowledgeable of human rights based approach to programming, to ensure ownership of the approach, and gradually enable them to manage the community capacity development process leading to local development planning with a minimal UNICEF assistance. This initiative is expected to be scaled up at a later stage, in the medium term.

Knowledge Management

Fully met benchmarks

HCO lost much of its documentation and stored information due to the destruction of the office in the January 2010 earthquake. Furthermore, due to the heavy influx and frequent changes of staff during the emergency period, information and overall knowledge management have been a great challenge for the office. Realising the need to effectively store, organise and share information among staff, HCO developed and rolled out a new internal shared drive categorised across sections (and sub-categorised into units) and clusters, replacing the old shared drive which was poorly organised and hardly used. The migration to the new shared drive system (S drive) involved a nomination of focal points for each section who were given an orientation on sorting and organising information, and who subsequently coordinated the migration of files and documents to the new system. Close monitoring by M&E and IT units enabled the proper state of the migration of files as well as diagnosing the status, including use, of each folder, ensuring quality assurance of the platform.

HCO also conducted an internal survey on knowledge management in the first quarter of 2011 to better understand existing KM system and practices, and gathering staff perspective in strengthening knowledge

generation, sharing and management. 117 out of 196 HCO staff solicited responded to the survey across sections and levels. The survey identified key knowledge gaps including weak internal communication and information sharing practices. The finding related to the need to strengthen knowledge of an application of policy and procedures was followed up through the office-wide PPP training as well as the updating of workflows and SOPs, and that related to poor information sharing was improved through the roll out of the new shared drive. The findings of the survey were further reflected in the HCO knowledge management strategy, particularly in strengthening knowledge management with external partners.

HCO systematically documents good practices and lessons learned, together with government and NGO partners for programme planning purposes, knowledge transfer, advocacy and for future evaluations. In terms of knowledge generation, HCO supported the national statistical agency (IHSI) in updating the master sampling frame reflecting population changes in the earthquake-affected areas, in order to establish a reliable base for conducting national household surveys. HCO is also providing technical and financial support in implementing the DHS, which was last conducted in 2005/06 and will be an important source of socio-economic, demographic and health data on the Haitian population.

The implementation of the School Census was also supported in 2011, covering all national and private schools in the country and providing up-to-date education data for the first time in nearly a decade.

In the context of the emergency response, UNICEF led clusters (Education, Nutrition, WASH and Child Protection) have ensured the dissemination of international humanitarian standards, strategies and lessons learned from other countries in their respective areas. Clusters also proactively collected and shared best practice examples from partners so that the lessons learned could be capitalized by others.

Human Rights Based Approach to Cooperation

Fully met benchmarks

The ongoing Situation Analysis (SitAn) of Children and Women in Haiti is strongly founded on a human rights-based and equity focused approach, incorporating an analysis on the immediate, underlying and structural causes of the non-realisation of children's and women's rights, using available data to analyse trends and causes of key deprivations. The SitAn focuses on key knowledge gaps related to inequities and the barriers to access of services to disadvantaged children and families. In-depth qualitative data will be gathered through focus group discussions at sub-national levels and to validate the preliminary assessments and analyses conducted so far. The finalised SitAn will inform the new Country Programme of UNICEF, the new Integrated Strategic Framework, as well as for national policy advocacy and development.

At the internal level, 50 local staff members were trained on the Human Rights Based Approach to Programming (HRBAP) through a series of PPP training workshops. Such training is expected to provide HCO with a critical mass of staff knowledgeable in, and capable of promoting, human rights principles and standards among partners and communities.

The programme laid the foundation for promoting and using C4D as a strategic planning approach at both national and departmental level, after training sessions in Port-au-Prince transferred the basic notions and underlying human rights principles to 31 government and NGO partners. In addition, in close collaboration with Departmental Directions (planning and social sectors), HCO selected two Departments (North and South) on the basis of equity criteria, to initiate an application of HRBAP using a step-wise approach.

Gender

Mostly met benchmarks

In 2011, HCO continued to ensure that its governmental, international and national non-governmental partners address gender equality and mainstreaming across programmes and initiatives. For example, in nutrition, because nutritional deficiencies affect mostly women, women were the target of nutritional interventions (including supplements distribution, pregnancy monitoring, and education about nutrition). These interventions were particularly important because cultural practices continue to encourage the feeding of boys and men by giving them the most nutritious foods of the family meal.

Endorsing the HCO commitment to reinforce national capacity (building), HCO gave support to the Ministry for Women (*Ministère a la Condition Féminine*) in almost all of its activities, including trainings about cholera prevention to women's organisations, awareness activities on International Women's Day and logistical help to field supervision missions.

To monitor progress in achieving gender equality and women's and girls' empowerment, the Child Protection section requested disaggregated data by sex from partners and the Nutrition team began an advocacy campaign with the Ministry of Public Health and Population (*Ministère de la Sante Publique et Population*) to disaggregate malnutrition data by sex.

HCO also actively participated in the meetings convened by the UNCT Thematic Group on Gender, all of which are aimed at identifying gaps, consolidating the work of key agencies on gender and in reaching an agreement on an integrated inter-agency gender strategy.

Furthermore, for the International Day for the 'Elimination of Violence against Women' commemoration, HCO accompanied the Joint Program on Conflict Prevention and Social Cohesion (UNFPA, UNESCO, UN WOMEN, UNDP and OIM) to mark this significant date. Specifically, HCO distributed awareness materials to four departments in the country and provided communication support in drafting the final press release and covering the event in one of the departments.

Internally/at the CO level, three activities are of particular importance:

- a) CO benefited from the mission of the TACRO Advisor on Gender, who led an introductory training on gender equality and mainstreaming for senior management team members, chiefs of section and national and international programme officers.
- b) The Country Management Team brainstormed and exchanged ideas with our Gender Regional Advisor on how to empower female staff; one of these ideas will be implemented in cooperation with UN-WOMEN; and
- c) In November 2011, the Security section, in close collaboration with UNPOL, UNOPS and MINUSTAH, organised a special training on women's security awareness for UNICEF and UNDP female staff. This activity was planned with the aim of increasing women's preparedness to risks inherent in an environment where they are exposed to a higher degree of exploitation and abuse than men.

Environmental Sustainability

Mostly met benchmarks

The main hazards to which Haiti is vulnerable include hydro-meteorological events, soil erosion, freshwater shortage and seismic movement. Hurricanes, deforestation, freshwater scarcity and earthquakes are potential natural disasters responsible for floods, landslides, epidemics, loss of livestock and crops and

destruction of infrastructure. These vulnerabilities represent a serious risk for development progress in terms of access to safe water, adequate sanitation infrastructure, health services, safe learning spaces and livelihoods.

During severe weather conditions such as hurricanes or heavy rainfalls, pools of contaminated water accumulate, water supplies are threatened and watersheds and coastal areas are threatened by pathogens. In Haiti's cholera endemic context, these conditions facilitate the outbreak of diarrheal disease as well as risks to children. The inclusion of these risk factors in the design and construction of infrastructure such as WASH facilities increases the complexity and budget of interventions.

In order to minimise the impact of environmental hazards such as earthquakes or hurricanes on children, UNICEF has worked on different strategies, including the construction of earthquake and hurricane proof schools and WASH facilities. WASH has identified the need for better environmental protection in watersheds to preserve water resources, but has not yet incorporated this strategy into the programme.

In the context of child vaccination infrastructure, the Health programme is progressively replacing all gas-operated fridges with solar powered refrigeration for environmental protection as well as for the sustainability of cold chain functionality.

UNICEF, in order to improve sustainability in schools identified several strategies to be implemented in 2012 such as: installation of incinerators to reduce solid waste, the "Jardin Potage" initiative that will allow students to learn how to plant vegetables for their own consumption, and biodigestor units for toilets to treat human excreta and produce biogas for the school canteen. While the importance of environmental education is recognized, it has yet to be included as part of the National Curricula. In September 2011, the first dedicated human waste treatment site, which ensures greater environmental safety for the disposal of human waste in Port au Prince, became operational.

HCO built many partnerships with experts on social and human vulnerabilities related to climate change, disaster risk reduction and environmental sustainability. The Standards and Norms for School construction were elaborated and validated by a panel of experts included MENFP and MTPTC specialists.

Child Protection Section worked with 92 community organisations to train 250 people living near Child Friendly Spaces on the identification of risks and emergency preparation through Education and Organization for Risk Reduction with the support of the Haitian Red Cross. Rapid Response Mechanism agreements with six NGOs represent an important Disaster Risk Reduction strategy in terms of capacity building and community preparedness with the cooperation of local authorities and DPC.

The Residual Chlorine Surveillance System (SYS-KLOR) is an example of a monitoring and referral system implemented to analyse the quality of drinking water in Port Au Prince, particularly in areas affected by the earthquake.

South-South and Triangular Cooperation

HCO has forged a relationship with the Government of Cuba, who has maintained hundreds of doctors working in Haiti in support of Haitian authorities at both central and decentralised levels. Following the outbreak of cholera, HCO supplied the Cuban Medical Brigades (CMB) with essential medical and WASH supplies, as well as tents for cholera treatment facilities. HCO formalised the partnership with the Government of Haiti and CMB through a Memorandum of Understanding that outlines cooperation in expanding access to safe drinking water in remote underserved areas; raising community knowledge on risk factors during the cholera outbreak –and ensuring community leaders' participation in the planning of the response.

HCO has been acting as a technical advisor and advocate to the Coordination Committee of the tri-partite partnership for health forged between Brazil, Haiti and Cuba. HCO, in partnership with the Ministry of Health, has played a strong advocacy role through the Coordination Committee and in close coordination with the Embassies of Cuba and Brazil, to ensure integration of national technical experts in the steering committee and alignment to national priorities. HCO is also supporting a consultant to conduct a cold chain assessment – the results of which will guide the Coordination Committee’s decisions on allocations for the next year.

HCO’s critical cross-border coordination work for the prevention of child trafficking has also facilitated an increasingly open and frank dialogue between the Haitian and Dominican Governments. Playing the role of convener and facilitator, UNICEF DR and HCO brought together the Dominican National Children’s Council President and the Director of IBESR in September 2011, to jointly tackle the problems that threaten the wellbeing and development of children on the island. In 2012 and beyond, this cooperation will expand to include a series of joint actions on prevention and child protection; technical exchange; and facilitation of coordination meetings between children’s community organisations and civil and military authorities.

South-South knowledge transfer was also facilitated by HCO’s efforts to bring experienced, French-speaking communications professionals with knowledge of sanitation challenges to facilitate training on community-level sanitation programmes.

Following the 2010 use of CLTS experts from Burkina Faso initial training workshops, the WASH programme invited three CLTS experts from Mali to carry out training for 30 government and NGO trainers in Haiti. SYS-KLOR, a real-time monitoring initiative whereby mobile water testing teams are able to transmit by SMS back to DINEPA the results of their sampling in camps and communities, was adopted by the Dominican Republic as a way for them to also monitor and track water quality in municipalities. Cross-border technical meetings have taken place to share the methodology in collaboration with PAHO, which has identified a regional interest in this approach. As a result of Haiti’s cholera WASH response experience, two UNICEF WASH professionals were deployed to provide technical assistance in Africa. One national officer supported cholera preparedness and coordination in the Lake Chad basin countries, and an international officer supported the WASH cluster of Somalia with best practices in Hygiene Promotion.

Country Programme Component: Young child survival and development

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Health	2	FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT9
Nutrition	2	FA1OT1, FA1OT2, FA1OT3, FA1OT4
Water, sanitation and hygiene	2	FA1OT13 (c)

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	\$0.00	\$47,665,224.91	\$47,387,954.32	99.42%
OR-R	\$13,262,900.00	\$4,718,737.32	\$4,514,898.44	95.68%
RR	\$824,000.00	\$1,424,164.49	\$1,407,734.29	98.85%
Total	US\$14,086,900.00	US\$53,808,126.72	US\$53,310,587.05	

Results Achieved

HCO provided support to the finalisation of the EPI 2011-2015 multi-year plan and the development of a GAVI proposal for the introduction of new vaccines. HCO continued to support the implementation of routine EPI activities nationwide, including the implementation of the *Reach Every District* (RED) approach in 36 lower coverage communes, which has increased coverage from 6% to 85% in some communes. HCO supported the Ministry of Health in training 103 health care providers in Port-au-Prince and in the South Department in the protocols of IMCI. For malaria prevention, HCO supported the distribution of 31,050 Long Lasting Insecticised Nets in four of the most endemic departments and completed two basic emergency obstetric care facilities. With support from HCO, PMTCT services have been introduced in eleven additional health facilities.

HCO provided technical and financial support to the Ministry of Health for the development, validation and adoption of a new national nutrition policy, and supported training on breastfeeding and lactation management and Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF). HCO supported the unprecedented expansion of nutrition services by providing support for the establishment of 288 outpatient treatment units and 24 inpatient Stabilisation Units for the treatment of severe and acute malnutrition in children. Partners screened about 500,000 children and achieved a recovery rate of 80% and a mortality rate under 2%—indicating quality of service for more than 15,000 children with severe acute malnutrition. Preventative services included the establishment of 198 Baby Friendly Tents and Corners and 40 mother clubs, which provided more than 460,000 mother and baby pairs with nutrition counseling and breastfeeding coaching. HCO also supported the situation analysis of 13 hospitals to assess their child friendliness. HCO also scaled-up partnerships with a focus on rural areas to reach over 125,000 households with a preventative and therapeutic nutrition package.

While continuing vital support for emergency WASH in camps, earthquake and cholera affected communities, in 2011 the WASH programme started addressing problems requiring sustained and long-term engagement, particularly for improved WASH services in poor urban and rural communities. Key achievements included support for DINEPA to establish the sector technical guidance documents for Haiti through the French group OIEAU; the implementation of WASH improvements targeting 143,000 rural residents; support efforts to improve the quantity, quality and reliability of water supplies in urban neighborhoods; the installation of WASH facilities in 48 schools (17,600 school children); follow up hygiene promotion in 125 schools where

facilities were installed in 2010; support the maintenance of WASH services in remaining camps, providing 322,000 persons with improved sanitation facilities and 196,000 internally displaced persons with at least 10 litres of safe water per day and support for the establishment of the first human waste disposal and treatment site for the metropolitan area; the provision of treatment products, soap and containers to reach an estimated 2.2 million people with cholera prevention and mitigation messages; and WASH Cluster coordination.

Most Critical Factors and Constraints

Limited technical and administrative government capacity persisted in 2011, leading to greater dependency on the part of NGOs to complete activities. Another major constraint affecting programme performance was low capacity in technical expertise and implementation of planned activities. The joint UNFPA/ UNOPS/UNV project in basic emergency obstetric care facilities was delayed due to UNFPA being unable to meet its financial commitments and the delay in the construction/rehabilitation of the clinics.

The biggest challenge in cholera response was lack of technical knowledge in terms of cholera epidemic response management and the lack of motivation of the decentralised MSPP staff in implementing activities on the ground due to the lack of skilled staff in the health departments and the MSPP/UNICEF/BID cholera response project experienced a large delay in its implementation.

For the nutrition programme, the major challenge encountered was the weak capacity of the government structures to implement quality nutrition services and/or take over from NGOs, in particular with respect to the management of severe acute malnutrition. The Ministry of health's staff movement constrained continuity of critical services to children in some areas. In addition, the lack of inter and intra ministerial coordination hindered integration and delivery of a comprehensive package of services to children and women.

Planning for the provision of WASH services in camps was difficult due to constantly shifting numbers and unpredictable political decisions. This, coupled with a steady withdrawal of NGOs and their uncertain funding situation, meant that 2011 was characterised by constant flux. Sanitation services (keeping existing toilets clean and emptied frequently) was a major challenge and required considerable effort from UNICEF and others to match needs, financing and services.

In rural communities, the recruitment and training of new staff by DINEPA posed a challenge because of the dominance of a culture of hand-outs rather than community empowerment. In addition, standard community management tools do not exist therefore consistent approaches are not employed by sector partners. Demonstration projects for Community-led Total Sanitation (CLTS) have taken time to get underway in selected rural communities, partly because of the diversion of WASH programme staff's attention away from CLTS and towards the emergency sanitation challenges in the metropolitan area highlighted above. The rural communities' desire for subsidised materials rather than self-reliance in building their own household latrines was also a challenge.

The Alliance for WASH in Schools steering committee has been established, but the main counterpart in MENFP, the Directorate for School Health, who has a weak institutional position within the Ministry and is poorly resourced. There is a consistent gap in achievement related to the planned surveys and studies designed to contribute to a better understanding of the situation in Haiti with regards to sanitation practices, housewater treatment and WASH in schools. The newly created Emergency Response Department (DRU) at DINEPA is taking more time than expected to become staffed and fully operational. This constraint has affected the transition of sector coordination to DINEPA.

Key Strategic Partnerships and Interagency Collaboration

In 2011, HCO developed a strong upstream partnership with key players to improve MSPP's capacity in governance, planning and coordination. In collaboration with PAHO/WHO, HCO contributed to the revision and elaboration of sectoral strategic documents, including the EPI multi-year strategic plan, PMTCT strategic plan and Reproductive Health strategic plan. HCO collaborated with the national programmes within the MSPP (EPI, Malaria, DSF, HIV/AIDS) to implement planned 2011 health activities, in addition to local NGOs such as Gheskio, FONDEF and CFM, notably in the cholera response programme funded by the IDB grant.

UNICEF is an active member of the Health Thematic Group and has also participated in a joint programming initiative on the reduction of maternal mortality composed of PAHO/WHO and UNFPA.

The nutrition programme established strong strategic and operational partnerships with government, non-government and civil societies and UN organisations such as WFP, WHO, World Bank, Inter-American Bank, USAID, FONDEFH, Haiti Participative, UNASCAD, Pesadev, Gheskio, CEPAM, Haitian Medical Association, Haitian Association of Pediatrics, ACF, Concern, MDM, Vision Mondiale, AVSI, HAS, St Boniface, Cesal, IMC, Save the Children, TdH, and PLAN. These partnerships enabled the extension of services to areas previously with very limited or without access to any nutrition for child survival intervention, in particular to remote, rural hard-to-reach villages of the North, North East, Central, Artibonite, South East and West departments.

The WASH programme developed five strategic partnerships as priorities during the year. All of them have the key elements of gathering and sharing evidence, finding sustainable solutions (with a private sector role) and eventually going to scale. HCO partnered with MSPP, DINEPA, MENFP and NGOs to promote handwashing with soap, a key hygiene promotion message after the earthquake which has gained increased importance and attention with the emergence of cholera. Key partners in scaling up sanitation – especially in rural areas – though community led total sanitation and sanitation marketing are French Red Cross, SUCO, Plan International, Oxfam GB, Goal and CARE. HCO worked with DINEPA, WHO, PSI, CDC, ACTED, ACF, CAWST, and Deep Springs International to promote the scaling up of household water treatment and safe storage through social marketing of chlorine and filtration products produced locally. To boost access to improved WASH facilities and hygiene education in schools, a National Alliance for WASH in Schools has been formed in partnership with the Ministry of Education, DINEPA, MSPP, Plan International, UNESCO, and WHO. The innovative system SIS-KLOR, who was facilitating the monitoring of water quality, developed by DINEPA and the WASH Cluster coordination team for water testing after the cholera outbreak, has triggered the creation of a regional partnership between DINEPA, Dominican Ministry of Health, WHO/PAHO and UNICEF to expand the system at the regional level.

Humanitarian Situations

With regards to the cholera outbreak, HCO provided direct support for the implementation and maintenance of 1,270 ORPs. Approximately 184,070 patients with acute diarrhoea were seen in these ORPs: 128,100 above 5 years of age and 55,970 under 5 years. HCO also supported the establishment of 149 CTC/UTCs, and an estimated 108,886 suspected cholera cases were seen in those treatment centers representing 14,648 children under 5 years and 94,238 above 5 years.

With UNICEF's support, an estimated 1,872,562 people were sensitised on cholera, its prevention and treatment and 443,010 households visits had been conducted by health workers. UNICEF supported the training of 1,453 health staff, 4,358 brigadiers/community health workers and 4,909 other categories of people such as community leaders, teachers and water vendors. The total value of supplies donated by HCO was estimated to be more than US\$ 20 million.

In preparation for potential humanitarian crisis, the nutrition programme prepared a contingency plan and pre-positioned lifesaving supplies in all 10 departments. The nutrition section provided two equipped containers to the health authorities of 2 departments with limited supplies storage capacity. Support to cholera interventions, initiated in 2010, continued in 2011 through the distribution of 500 guidelines, 10,000

posters, 100,000 flyers and 10,000 T-shirts.

WASH Cluster coordination mechanisms were established at the national, departmental and communal levels to ensure guidance to all partners on common approaches and standards. Gap and vulnerability identification were possible through the monthly WASH survey in camps and the SIS-KLOR water quality monitoring system carried out by the UNICEF supported DINEPA Municipality Support Project. Overall, UNICEF's support to emergency WASH services in camps and earthquake affected communities provided 322,000 persons with sanitation services and 196,000 persons with at least 10 litres of safe water per day.

For the cholera response, water treatment supplies were distributed through DINEPA and NGO partners, including bulk chlorine for Port-au-Prince urban system, 40 town systems and 600 small rural systems, benefitted almost 1 million people, distribution of chlorine products to at-risk populations country wide, regular water quality monitoring in Port au Prince and distribution of cholera supplies. With the continued threat of cholera, sanitation actions took on greater importance. In order to reduce the risk from contamination by human excreta in camps, schools and cholera treatment centres (CTCs), UNICEF supported de-sludging operations and sanitary disposal, including establishment of a de-sludging fleet (32 trucks) dedicated to the removal of human excreta from CTCs and camps in Port-au-Prince, contracting private sector companies to complement the DINEPA fleet, designing a Sanitary Protocol for liquid waste collection, transport and disposal adapted for manual sanitation workers, technical advice and construction financing to establish the first human waste disposal site in Morne-a-Cabrit and supporting the relocation and return strategy through IOM to construct 1,400 family/multifamily latrines accompanying the construction of T-shelters. Hygiene promotion activities included the training of 1,445 trainers and 5,230 community mobilizers in cholera prevention and mitigation messages countrywide.

Summary of Monitoring, Studies and Evaluations

In 2011, a case study on the response to the July 2011 cholera outbreak in the North-West Department was carried out by HCO to examine factors contributing to a rapid scale-up of cholera treatment facilities under the leadership of the health authority at the department-level to respond to a spike in cholera. The MSPP response was both timely and efficient as demonstrated by a low mortality rate of 0.8% of cases seen during the one-week period. The case study provides an informative example of how the health authority at the department level, supported by other government entities, NGOs and UN agencies, can lead a rapid response to a cholera outbreak, noting areas of weakness and possible next steps. This case study was prepared by HCO using a methodology of key informant interviews and review of available documents.

The nutrition programme has initiated an in-depth analysis (trend and multivariate analysis of EMMUS IV data) and qualitative research with Cornell University to identify and document major determinants of sub-optimal outcomes in maternal and child nutrition in Haiti (nationally and department-by-department). Preliminary reports are expected the end of February 2012. In addition, baseline studies (anthropometry, hemoglobin status and IYCF practices) were undertaken with 2 partners (Hopital Albert Schweizer and Saint Boniface Foundation); reports are due in mid-February.

With HCO's support, a survey was conducted on Cholera KAP in poor neighborhoods of Port au Prince by the NGO GRET with the technical assistance of the CDC in December 2010 and the report was released in February 2011. It aimed at assessing the effectiveness of interventions implemented to prevent the spread of cholera and to improve specific response activities in these neighborhoods. The survey indicated that cholera symptoms knowledge was high as was knowledge of mode of transmission. Overall, the high knowledge of cholera symptoms, prevention, treatment, and modes of transmission, indicated that cholera-related public health messages transmitted during the first few months of the epidemic had been effective. Recommendations included the development of sustainable household water treatment programs.

As part of their UNICEF-supported project, GRET conducted an extensive survey of 50 poor neighborhoods of Port au Prince in July-August 2011. The survey is currently being used as a baseline for WASH actors operating in the poor neighborhoods of Port au Prince and for advocacy to DINEPA on the need to increase

investments in impoverished neighborhoods.

Since March 2011 the DINEPA/WASH Cluster information management unit has produced the monthly WASH survey with 30 indicators on basic WASH conditions in camps, cholera supply distributions, hygiene promotion knowledge and de-sludging of toilets. The results were used to prioritise actions and fill gaps through combined partner efforts. Since November 2010, the DINEPA SIS-KLOR system which measures chlorine residual, has monitored water quality at public water distribution points and households in camps through more than 65,000 real time measurements, producing instant alerts on low chlorine levels and orienting chlorination products distributions.

Future Work Plan

In 2012, the Health programme will support the MSPP in the revision of the National Health Policy and the elaboration of the multi-year Health strategic plan, the introduction of MBB as a tool of planning, MDG progress tracking and the finalisation of health social policy document. Support will be extended to department and commune levels to strengthen health district capacities to plan and monitor the quality implementation of health evidence based on high impact interventions at scale. The RED approach will be extended to 50 new under-performing communes to ensure that the most vulnerable and hard to reach children are immunised. The innovative cold chain system using new technology to ensure vaccine quality will be continued in 2012, as will support in malaria response focusing on the promotion of LLINs household utilisation. HCO will support the improvement of deliveries at maternity facilities by skilled birth attendance, improved newborn quality of care and increase in access to PMTCT services in the country.

The nutrition programme will continue to invest its resources towards accelerated policy and program action for scaling up evidence-based interventions for child nutrition and development. More specifically, UNICEF will continue to support the government for stronger systems and capacity, improved infant and young child feeding practices; improved micronutrient nutrition and anemia control; improved care for children with severe acute malnutrition; community-based programmes and outreach initiatives and knowledge generation and dissemination. A results-based planning, management and monitoring approach will be emphasised. Particular attention will be given to emergency preparedness and response, to vulnerability reduction, risk mitigation and to addressing inequities in order to achieve socially inclusive child nutrition outcomes in Haiti.

The main priority of the WASH programme in 2012 will be to contribute to the development of the new CPD 2013-2016 which will guide long-term investments by UNICEF in WASH. Fundraising for the new country programme will also begin. Priorities include sector capacity development by supporting DINEPA, rural WASH (development of community management guidance and tools to improve the sustainability of rural water and sanitation improvements, and supporting rural community WASH improvements) urban WASH (completing the urban water supply improvements in 59 Port-au-Prince slum neighbourhoods and in the town of Petit Goave) and WASH in schools (carrying out the national situation analysis and developing school WASH norms and standards) and emergency WASH (transfer of cluster coordination capacities to DINEPA, in emergency preparedness, mitigation and response, in coordination and in information management; establishment of a PPP for sanitation in the metropolitan area).

Country Programme Component: Basic education

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Girls and Boys age 0-15 years from households in the lowest three quintiles and in the rural areas benefit from the support of policies and systems that establish equal access to quality early learning and basic education, and that increase enrolment of this population, with gender equity, from 30% to 50% access to early learning and from 50% to 75% in primary school.		3 FA2OT1, FA2OT4, FA2OT5, FA2OT7, FA2OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	\$0.00	\$24,325,706.80	\$24,046,037.76	98.85%
OR-R	\$11,026,800.00	\$2,955,507.61	\$2,953,929.87	99.95%
RR	\$575,000.00	\$679,600.00	\$679,566.05	100.00%
Total	US\$11,601,800.00	US\$27,960,814.41	US\$27,679,533.68	

Results Achieved

Advocacy for developing public policies and regulatory frameworks

The costing of the Education sector's operational plan was made available to partners. The ECD policy and parental education program are at their last stage of elaboration before validation by Governmental and Non-Governmental partners. The Programme also continued to leverage resources to enhance the recovery of the education system, while supporting the government to strengthen capacity.

Systems and mechanisms of local governance towards Education for all in targeted departments are efficient in improving access, quality and regulation.

As part of a capacity building programme and support to the MoE, micro-planning training at local level was provided in the South-East Department. The programme also provided support to the first National Education Census undertaken since 2003, making up-to-date key information available for 16,072 schools out of 18,000 in the country.

Increased access for most deprived children in rural areas to raise enrolment rate by 25%

With the national program for free education (*PSUGO - Programme de Scolarisation Universelle du Gouvernement*) being supported and implemented in all departments, 750,000 children (83%) of the targeted 903,000 children of PSUGO (Official numbers), 16,518 teachers and 2,752 schools were supported with the distribution of school kits, teaching materials and furniture to contribute to raise the enrolment rate. Also, in 194 out of 200 schools, WASH facilities, were completed in the earthquake affected areas and in remote areas with no public schools or no schools at all, providing over 70,000 children with access to improved learning environment.

Increased access and improved quality of ECD services for public and non-public sectors

In order to improve the quality of preschool education and school readiness for more than 12,000 children aged between 3-5 years in public preschool classes in five departments, 400 preschool educators received training to improve their teaching methods in 350 public schools. 80 public school directors in two departments were trained to improve management capacities of preschool needs and school readiness.

Contribution of the education sector in emergency preparedness and response

Distribution of sensitising materials accompanied by training of local partners on cholera prevention reached 1,000,000 children in 5,000 schools. 14,937 children (out of the planned 20,200) in relocation camps, host communities and returning areas accessed education after the earthquake either by reintegrating schools in their area or by attending temporary learning spaces and through life-skills sessions. Technical support was provided to train 360 trainers on minimal INNE standards in Education during emergencies . Ten departmental education authorities developed specific contingency plans for their areas.

Efficient coordination of Education Cluster and support to government capacity building to respond to the education system's needs in emergencies

The Education Cluster, led by UNICEF and Save the Children, has played an important role coordinating the humanitarian actor(should this be factor?) and in addressing the urgent need for assistance in schools affected by earthquake and cholera. This was particularly important for affected rural areas , and in strengthening emergency preparedness in schools and local government for the hurricane season.

Most Critical Factors and Constraints

Critical factor and constraints:

Beside the recurrent emergencies (e.g. Cholera outbreak, threat of 2 major cyclones), socio-political context related to a blocked electoral process and a long transition period with the absence of a new government (established only in October) has hindered the results. As the outgoing government was mostly focusing on managing the daily routine, it was difficult to engage with them on key strategic issues such as the finalisation of the MoE Operational Plan, setting the strategic framework to support the School Fees Abolition Initiative, etc.

In addition, school fees remain a major barrier to school attendance in an education system in which 80% of education services is private, and the relentless economic challenges faced by the majority of Haitian families leave many children out of school. The highly centralised decision-making process at the national level prevents local level representatives from performing their desired functions in terms of planning and management of the education sector in their respective constituency. Lack of a consolidated education database on the national level has also been a challenge

Other critical factors also included the difficulty of finding the right way to begin community based initiatives, one of the main strategies of the Education programme. Furthermore, the fracture between preschool and the early grades has made it difficult to assess the outcomes of the interventions on access and quality components for ECD. Also, the lack of coordination and implication from national authorities that compromised the set-up of a systematic approach to Disaster Risk Reduction and Emergency preparedness and response mechanisms.

Lessons learned:

With the new Government moving fast towards achieving free compulsory education for 1,500,000 children by 2015, and thus raising the enrolment rate, UNICEF will have to position itself as a stronger strategic partner and push for efficient partnerships between Government and Donor groups to promote and support a Sector Wide Approach. This will be a requirement for the years to come to support the national sector plan and a school fees abolition initiative.

Other areas for improvement also include the strong support to be provided to national and local governance bodies in the MoE to redefine school mapping especially in areas with low access rates to make better use of available resources and target areas where inequities are greater. The Census is a major step, for it enables UNICEF and other partners to fill in the gap of information that has always been unavailable.

Finally, working on expanding access could impair the quality of education that children are receiving. Special consideration should be given to this aspect through reinforcing Education Information Systems and governance mechanisms as mentioned above and also learn and share from experiences and knowledge from countries where similar initiatives have been implemented before.

Key Strategic Partnerships and Interagency Collaboration

Although an important portion of the resources have been used to provide supplies and support the construction of schools in earthquake affected areas and others with no public schools, UNICEF has played its role as a major partner for the Government taking part in the special presidential task force to achieve results on increasing access through the PSUGO (Programme de Scolarisation Universel du Gouvernement) and also for the national census.

UNICEF has also played an important role in the local Donor's group to promote and support the national operational plan through technical assistance for its costing and strong advocacy in favor of a sector wide approach and school fees abolition initiatives.

UNICEF also partnered with UNESCO, World Bank, IADB, Spanish and French Cooperations to support the Education Census and improve education data in the country

Within its support to the PSUGO launched by the President, UNICEF has sealed an agreement with NGO partners to receive regular information on the progress of the distributions. NGOs provided weekly updates on the number of children, teachers and schools who were reached with the distribution of material, and UNICEF compiles and keeps the Ministry and the Presidential Task Force informed and up-to-date on UNICEF's contribution.

Through the Cluster coordination mechanism, partnerships with national and international NGOs have enabled all partners, including UNICEF, to support humanitarian response in the cholera epidemic in affected areas and school reconstruction in earthquake affected areas. This cluster coordination mechanism has also strengthened the sector's information management system to benefit the Ministry's governance and regulation structures and bodies.

Humanitarian Situations

As the co-lead of the Education Cluster, UNICEF has played an important role in providing the needed leadership, coordination, critical information and gap analysis to over 80 humanitarian agencies through meetings, situation reports, information bulletin and day-to-day inquiries.

a) To date, 81% of children aged 6-14 living in camps are in school, while more than 2 million children around the country benefited from hygiene promotion measures. b) Guidance notes were produced for cholera prevention and the use of schools as emergency shelters for coherent intervention to support schools and the Ministry of Education. c) Technical support was provided to train 146 trainers on INEE minimal standards in Education in emergencies and 10 Departmental Education Authorities developed a specific contingency plan for their areas. d) Emergency preparedness mechanisms have been strengthened in schools and for the government at national and local level for the hurricane season through inspector and teacher trainings and an SMS early warning system for 4000 school principals. As part of the Cluster transition process, the document has been developed and is now being implemented, focusing to establish a strengthened emergency preparedness and response mechanism within the government.

Summary of Monitoring, Studies and Evaluations

During 2012, within the support provided to the PSUGO Programme, the education section along with the M&E section and the education cluster has developed and put in place a system for monitoring quality assurance for the distributions of school materials. A form comprising of three parts has been developed to collect information on the schools, on the number of children who benefited from the distributions and on the level of satisfaction of the beneficiaries. The form has been tested in sample schools of Port-au-Prince and improved before launching the spot-check operation supported by a Total Office Mobilisation. From November to December, UNICEF officers on field mission could supervise, and observe distribution in all the ten Departments. A total of 133 schools have been surveyed throughout the country by UNICEF officers from different sections. Data is currently under analysis. The preliminary and tentative results show a high level of satisfaction among teachers, school directors and children on the materials received. Also analysis demonstrates that the quality of the distribution is good. All children present during the distribution days received the material and more than 80% of them were present in the class when spot-checks were supplied with the material, and were using it. A report is currently under development to provide more disaggregated data.

Future Work Plan

The main priorities for 2012 will stay in line with those of 2011 and mainly focus on:

Institutional and technical support at the national level (technical assistance and expertise) for policy development (e.g. ECD) and on building capacity of Ministry of Education in areas such as developing norms and standards for schools to improve learning conditions and environment. It will also focus on enforcing the MoE's capacity by setting up a national information system to improve regulation, planning, coordination and monitoring mechanisms. UNICEF will also continue to advocate and support the presidential program on school fees abolition (PSUGO).

Local Governance in two departments is supported through the micro-planning interventions for improving departmental and school management systems (supervision and EMIS). A training program will be launched on basic statistics and data collection procedures for departmental directions and school inspectors.

Improving Access and Quality in primary schools for the most vulnerable children will be achieved through: 1) the construction of schools in areas where children are out of school with a minimum package, comprising water, sanitation and hygiene facilities, nutrition program and health promotion; 2) non-conventional education provided for children with special needs such as over-aged students; and 3) a program for improving reading skills in the first three grades of primary school.

ECD results will support: 1) school readiness for children of 3-5 years of age and new transition practices to primary school for children aged 6-8 in the two targeted departments; 2) parental education in remote communities to help mothers practice early stimulation and care for their children of 0-3 years of age.

Emergency preparedness and response will be cross-cutting and focus on building the government's capacities for coordination of humanitarian organisations and also on transferring the experiences, knowledge and information Systems to the MoE from what has been accomplished and capitalised by the Cluster in the last two years.

Country Programme Component: Child protection

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The protective environment of legislation, state capacity, family capacity, norms and values reinforced such that Haitian girls and boys are protected from abuse, violence, discrimination and violation of their rights.		3 FA4OT1, FA4OT2, FA4OT3, FA4OT4, FA4OT5, FA4OT6, FA4OT7, FA4OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	\$0.00	\$16,231,961.73	\$16,219,100.22	99.92%
OR-R	\$243,200.00	\$301,834.19	\$294,246.27	97.49%
RR	\$550,000.00	\$250,000.00	\$249,615.52	99.85%
Total	US\$793,200.00	US\$16,783,795.92	US\$16,762,962.01	

Results Achieved

In March 2011, Haiti signed the Hague Convention on Protection of Children and Co-operation on inter-country adoption. The above signature led to a legal reform process which aims to harmonise the domestic adoption law with the Hague Convention. Additionally, in order to harmonise Haitian legislation with the Convention on the right of the child and the Protocol to Prevent, Suppress and Punish Trafficking of Persons, especially Women and Children, 2 other legal reform process are on route in order to design and propose to the Government and Parliament, 2 draft laws related to Child Protection and Human trafficking. 1,000 civil servants, in 10 Departments, were sensitised on Child Protection international standards. To prevent child trafficking, the Children Police Brigade (BPM) verified at least 18,000 travel documents of children at the international airport in Port au Prince, and the 4 main borders points of Malpasse, Ounaminthe, Anse-à-Pitre and Belladere.

Now, with UNICEF's support, the first ever Directory of Residential Care Facilities has been launched by IBESR; some 336 residential care centres have been assessed (out of an estimated 650 in operation) by IBESR and Child Protection NGOs, and over 13,400 children (out of an estimated 50,000 living in residential care) have been registered. 7 residential care centres, who do not comply with the national standard stated in the 1971 Decree, were closed and 224 children were transferred to transit centres. These steps (standard in other countries) enable the Government to accredit and better monitor institutions, and shut down those institutions that are noncompliant with minimum standards. As of September 31, 2011, some 8,780 separated children have been registered through the inter-agency Family Tracing and Reunification system (IBESR, UNICEF and 10 CP organisations) and 2,711 children reunified with their families.

With UNICEF's support, 92 community-based organisations are managing 520 Child Friendly Spaces and reaching a total of 120,000 children in nine departments on a daily basis. During the cholera outbreak, 82 of these partners rapidly mobilised 2,170 volunteers to disseminate cholera prevention messages and techniques, reaching over 315,750 children.

500 child friendly spaces (CFS) were set up in 4 departments; an average of 132,500 children participated in CFS activities and were sensitised on child rights and general knowledge through play, games, songs, narrating stories, competition and reading books. Out of 132,500 children who participated in CFS activities, 1,094 live on the street, 2,072 are children in domesticity and 15,000 were school dropout cases. 243 GBV cases were identified, taken care of and referred to basic health and social services. 50,000 children from

600 residential care centres, 6,000 detainees including children from 18 prisons, 315,760 children from 500 child friendly spaces benefited from cholera supplies distribution and were sensitised on cholera prevention and response. 82 child protection implementing partners mobilise around 2,173 volunteers to carry out awareness on cholera prevention and response. 240 volunteers from 80 community based organisations were trained on emergency preparedness and response.

Most Critical Factors and Constraints

The electoral process slowed down the implementation of the annual work plan objectives as most decisions makers, especially from Ministry of Justice, were unavailable due to their direct involvement in the above process.

There is limited coordination between the various administrative levels (national, departmental, and communal), which impacts the provision of social and judicial services to children. Similarly, there is a lack of Child Protection sectoral meetings at the Departmental level which in many regards hinders co-ordination.

The lack of Government strategic plan on Justice for Children did not allow adequate implementation of diversion programmes for children from judicial proceedings and alternatives to deprivation of liberty. The lack of legal provision on trafficking increased impunity of perpetrators.

The need to deliver immediate social services to children and families is evident. Unfortunately MAST and IBESR receive insufficient funding from the Government budget, and subsequently have insufficient human resources to deploy in all Departments. Thus there are challenges responding to all the needs for children, underlining the importance of UNICEF funding. In the coming year UNICEF will advocate for a larger proportion of Government funds to be allocated to Government social services divisions.

The lack of case management for children victims and offenders does not allow for adequate provision of coordinated social services. To cover gaps generated by the above constraints, UNICEF signed an agreement with the Bar Associations (from the West and South Departments) and the School of Magistrates (Judges) to cover free legal assistance for children in contact with the law, especially those who are detained illegally, and for the training of magistrates. Secondly, with financial support from UNICEF and technical guidance from IOM, an ad hoc group worked to propose an amendment for the draft law on Trafficking submitted a year ago to the Parliament. The related draft law proposes penalties against offenders who commit traffic crime against persons, especially children and women. Finally, to address lack insufficient human resources from Government counterparts, MAST and IBESR were supported to deploy social workers at least in 10 departments. In addition, UNICEF carried out advocacy with the Government to see how the 250 NGO case workers who were involved in family tracing and reunification work, which has evolved into broader social work, can be placed with Government social services. The modalities of this transition are still being finalised.

Key Strategic Partnerships and Interagency Collaboration

The different coordination mechanisms set up at national and regional levels, either to respond to the emergency or not, greatly contributed to strengthen the partnership between child protection stakeholders. At national level, various coordination forums are in place to address child protection issues: (i) the Working Group on Separated Children was put in place after the 2010 earthquake, and has now evolved into the Working Group on Vulnerable Children chaired by IBESR with the participation of local and international NGOs, UN agencies working on the issues of separated children, and children in residential care centers; (ii) the Child Protection Sub-Cluster, which put together the same stakeholders and coordinated the emergency response, was chaired by UNICEF and MAST, and met at the Ministry of Social Affairs; (iii) A call center was set up to facilitate the tracing of children separated because of the earthquake. This was functioning in 2010, and early 2011, but after the transfer to IBESR has not been functioning; (iv) Monthly meetings of

Community Based Child Protection organisations convened by UNICEF; (v) The Justice for Children Working Group striving to strengthen partnership between Ministry of Justice, and other Government, NGO, and UN actors. This working group labored on improving alternatives to detention of children and to design the child protection Code; (vi) The Working Group on Children in Domesticity which meets monthly under the auspices of MAST; (vii) The synergies meeting at the local level addressing the issue of children on the move. At the 4 main borders points (Malpasse, Anse-à-Pitre, Belladere and Ouinaminthe), PNH, BPM, IBESR and Mairies worked together to address the issues of child trafficking and children on the move; (viii) Monthly meetings of the Co-ordination Group working on the Violence Against Children Study (VACS) (Tripartite led by MAST/CDC/UNICEF).

Humanitarian Situations

UNICEF continues leading the child protection AoR/Sub Cluster in Haiti. By December 2011, 404 persons representing 87 organisations regularly participated in the different humanitarian coordination structures.

Achieving CAP 2011 results has been hampered by lack of funds obtained for projects in child protection (10.5% of total funds originally requested, 41.5% of the revised mid-term). Partners keep their involvement in child protection and their efforts continue focusing in the protection and prevention from abuse, neglect, exploitation and violence. By September 2011, UNICEF and its sector partners reported on the 1,599 activities in progress, 94% of all interventions were mainly concentrated in areas most affected by the earthquake.

HCO and child protection partners have been fully involved in the cholera response throughout 2011. Prevention initiatives and awareness campaigns reached nearly 1.15 million people across the ten departments of the country and more than 53,000 separated children and orphans living in around 700 residential care facilities. Child protection activities for children in IDP camps focus primarily on providing children with secure access to community areas for socialising, playing, learning and/or having a psychosocial support, and the implementation of research initiatives and family reunification for separated and unaccompanied children. The CP Sub Cluster has also continued to advocate vis-à-vis the HNP-BPM, the UNPOL and MINUSTAH to improve the security situation in the main camps to prevent abuse, exploitation, violence and sex against girls.

However, those involved in child protection are not yet fully committed to the creation of favorable conditions for the return areas. In this sense, only 6% of reported activities by the partners are in progress in these areas. Lack of funding appears to prevent the further provision of child protection initiatives in the areas of return and resettlement.

With regard to actions to reduce the impact of disasters, significant progress has been made in 2011. HCO and at least 22 other organisations reported that they have incorporated the integration of emergency preparedness and response in their activities through awareness and community-based training, reaching 246,000 people. In addition, a new rapid assessment tool for child protection was developed and adapted to the Haitian context. HCO and sector partners continued to invest in the essential elements for the capacity development of government institutions, partners and local communities. In 2011, 660 government officers, 4,000 members of NGOs and more than 30,000 community members were trained by partners in a range of topics (FTR, gender-based violence, child protection in emergency EPR, the prevention of cholera, psychosocial support, community-based child protection, child rights monitoring and reporting, the registration of children in emergencies, etc.).

Summary of Monitoring, Studies and Evaluations

AMI/ and the Child Protection Sub-Cluster completed a study on the situation of Street Children in Haiti, largely focusing on the Port au Prince area. While UNICEF Child Protection funded the study, unfortunately

no effort was made to connect this survey and questionnaire with the on-going Family Tracing and Reunification efforts.

(). Violence Against Children Study: UNICEF in collaboration with the Centers for Disease Control are moving forward on the Violence Against Children Study which has been jointly carried out by CDC and UNICEF in Tanzania, Kenya, Zimbabwe and Swaziland. The study aims to examine physical, emotional, and sexual violence against children (interviewing respondents between the ages of 14 and 23). The pilot testing will take place in January 2012 in several Port au Prince neighborhoods. A half dozen Co-ordination Meetings have taken place to discuss the methodology; questionnaire; and re-enforcing the referral system. CDC is taking the lead on the quantitative aspects of the study, and the UNICEF CO has received much technical support from NYHQ. The view is to use the data to better reflect programming and policies for Haitian children. There have been challenges obtaining senior level Government engagement because of the electoral process.

Harvard/Columbia Study on Child Protection Issues: In 2010 Haiti CO and NYHQ were in discussion with Harvard University to work on a baseline study on Child Protection. In 2011 a TOR was developed and a contract drawn up between UNICEF Haiti and Harvard University. Haiti CO is still waiting for clarification on whether or not the contract will be signed, before implementation begins.

Children on the Move: UNICEF Haiti and UNICEF Dominican Republic are working together on a joint study on Child on the Move, internally within the respective countries, but also cross border movement of children. There have been regular meetings of programme staff of both country offices working on the methodology and TOR. UNICEF Haiti hired a short term consultant to move this project forward. He has provided a preliminary report and methodology which Haiti CO hopes to move forward with in early 2012.

Future Work Plan

For 2012, more efforts will be made to reinforce Government capacity to provide better social and judicial services to children. The Child Protection programme plans a range of activities to improve the protective environment for children. These activities include supporting the Government to finalise their Report to the Committee on the Rights of the Child (a draft had been prepared in 2009, but the 2010 earthquake and electoral process delayed any advances); dissemination of national and international standards related to child protection; legal and policy reform to address child trafficking, adoption and children in danger, and the draft Child Protection Code; support to the juvenile judicial system by training magistrates, appointing social workers to children's courts and piloting alternatives to deprivation of liberty in at least 1 children's court; monitoring of child right violation perpetrated by Government stakeholders and residential care centre (via the Ombudsperson's Office); In line with Regional priorities support access to the birth registration system including for those who are in residential care centres; harmonising policies and procedures on institutional and alternative care with international standards; support Government stakeholder to ensure registration, accreditation and oversight of residential care centres as well as the registration and documentation of children in residential care centres ; Support prevention of family separation through support to vulnerable families; support formulation and roll out of guidelines for Case Management ; promote family reunification efforts as well as develop alternative care options, including a pilot programme for foster families; Support IBESR to ensure that national and international adoptions are conducted in line with legal standards and good practices; reinforce capacity of communities based child protection structures and organisation (child friendly spaces and Child protection committees) to prevent child abuse and exploitation; improve access to GBV prevention and response services (health, psychosocial, security and legal); review, finalise and disseminate the existing contingency plan in collaboration with partners; during emergency, strengthen advocacy and capacities to prevent and respond to violence, exploitation and abuse against children, prevent family separation and facilitate reunification and reinsertion of children; design strategic plan to integrate psychosocial support in Emergencies in line with MHPSS IASC guidelines.

Country Programme Component: Partnership for child poverty reduction

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
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.		3 FA5OT1, FA5OT2, FA5OT3, FA5OT5, FA5OT6, FA5OT7, FA5OT8, FA5OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	\$0.00	\$2,744,592.66	\$2,728,470.20	99.41%
OR-R	\$800,000.00	\$326,274.46	\$326,274.36	100.00%
RR	\$616,000.00	\$698,899.55	\$605,960.34	86.70%
Total	US\$1,416,000.00	US\$3,769,766.67	US\$3,660,704.90	

Results Achieved

In partnership with the World Bank, USAID, CDC, CIDA, UNFPA, the Global Funds, Macro International and the *Institut Haïtien de l'Enfance*, and with support from TACRO, HCO provided technical and financial support to the *Institut Haïtien de la Statistique et de l'Informatique* (IHSI) in the preparation and organisation of the Demographic and Health Survey (DHS), which includes MICS indicators. UNICEF was involved in updating the master sampling frame, taking into account the post-earthquake demographic changes in the affected areas to ensure reliable data collection. The updated master sampling frame was also used for other major surveys such as a Living Standards Measurement Survey (WB), and a survey on Violence Against Children (CDC). UNICEF participated in all the preparatory phases including the pre-test and training. The training of fieldworkers was completed at the end of December and the field work commenced in January 2012, with the preliminary results expected in July 2012.

The updating of the Situation Analysis of Children and Women in Haiti also commenced at the end of 2011 in partnership with the *Centre de Formation et d'Encadrement Technique* (CFET), with completion by June 2012.

In 2011, Communication for Development (C4D) successfully shifted focus from production and distribution of visibility communication materials to working with partners in order to identify gaps and enhance their technical capacity to perform. With total office mobilisation to curtail and combat the spread of cholera at the start of the year, C4D consolidated operational planning and social mobilisation activities across programme components, ensuring more efficient use of financial and human resources, coherence in messaging and providing relevant technical support for educational materials.

The C4D section worked with 5,500 mobilisers and supervisors from Catholic, Protestant, Voodoo organisations as well as 640,000 civil society members in 57 communes. They were equipped with knowledge, messages and over one million printed educational materials, organised community activities around good hygiene practices in rural areas, contributing to the curtailment of the epidemic. Studies showed that after 3 months of widespread information, 60% of people knew the correct modes of cholera prevention.

The North and South departments, where the country programme is implementing the "Convergence Approach" benefitted immensely from C4D technical expertise to promote and contribute to dialogue

between duty bearers and rights holders.

C4D supported a multi-sector working group to translate and adapt a Creole version of the 'Facts for Life' booklet, in response to the need for a consensually adopted reference document for the production of educational materials in support of communication activities at all levels.

The Youth section assisted in the elaboration of a national advocacy plan on the participation of children and youth in line with the recommendations prepared by almost 2,000 youth and submitted to national authorities with support from the Global Movement for Children (GMC). In addition, national youth indicators were developed by the Ministry of Youth, Sports and Civic Action (MJSAC) and public and private partners. 2011 also saw the launch of the National Youth Council of Haiti (CNJH).

Most Critical Factors and Constraints

Key constraints for evidence-based planning, design and promotion of policies, include the lack of updated and reliable statistics and baselines on the situation of children and women, especially administrative data at the decentralized levels. This will be partially addressed with the DHS and other key surveys. Weak institutional capacity, both technical and in terms of governance and statistical coordination and limited implementation capacity led IHSI to competing priorities, resulting in delays in several activities. There is a need for a coordinated effort with other partners in strengthening their capacity as well as in supporting the development of a national statistical plan.

With the exception of the health sector through its Directorate for Health Promotion and Environmental Protection (DPSPE), human resources for C4D are almost non-existent within government organisations. The DPSPE has inadequate technical/human resources and its funding is heavily dependent on donors. The lack of leadership limits its capacity to convene the various national health programmes. Communication interventions fail due to lack of proper analysis, qualitative/quantitative data, especially knowledge, behaviour and practices, thus limiting effective communication planning. Information sharing between stakeholders within the sector remains weak.

Ministries in charge of women and youth form partnerships with many community organisations, resulting in dispersion of efforts. The Protection and Education ministries focus mainly on public information and the level of community involvement is limited to NGO capacity. The Ministry responsible for communication disseminates government public information. NGOs do not dedicate or invest in communication capacity.

The potential of radio for mass communication is conditioned by Haiti's topography which limits coverage across the country. Local media is weak in educational programming and lack capacity for equipment maintenance. Most influential radios are private and broadcasting is commercialised to support running costs, with little consideration for social responsibility. The absence of media regulation by the government limits the opportunity to disseminate messages protecting child rights through local media, given the content of advertisements, feature films and visual aids.

The years of political strife and turf wars have seriously eroded some of the positive social norms and values within the Haitian community, leading to a lack of communal spirit and solidarity. Attempts to revive societal motivation and solidarity are an uphill task.

Weak management capacity of partner involved in Youth activities affected programme performance significantly. The high rate of turnover and loss of human resources of major partners also had a negative impact on reporting because of the loss of institutional memory. In addition, the lengthy political transition slowed the implementation of activities in the agreement with MJSAC.

In the field of social protection, the major activities planned for 2011 have been seriously delayed because of the long political transition that followed the presidential elections, since the new government was set up in the last quarter of the year. These activities include in particular the launching of the road map for

developing a social protection system, and the "Initiative Agents Communautaires Polyvalents", in partnership with the World Bank.

Key Strategic Partnerships and Interagency Collaboration

The technical partnership between UNICEF, the World Bank, CDC and USAID in updating the Master Sampling Frame provided an opportunity for strengthening coordination of different surveys and data collection activities, data use and building support to IHSI. An inter-agency platform was created for these purposes.

UNICEF, Marco International, USAID, CIDA, the Global Fund and UNFPA set up a partnership framework in support to the DHS. Such partnership was strategically important for consensus building on priority indicators, and the pooling of expertise of each party to capitalise on the use of data (e.g. data dissemination using DevInfo technology).

The DPSPE, within the Ministry of Health, is the only government structure with a clear communication mandate. Therefore, UNICEF signed on with DPSPE as the implementing partner for the first ever C4D work plan in 2011. Although DPSPE has little collaboration with, and influence over other government ministries, the Unit is central to the functioning of a "communication cluster" that brings together partners within the health sector, particularly during emergencies. The communication cluster served as a platform for developing key prevention messages on the onset of the cholera epidemic, and later proposed the guidelines and procedures for validation of all health educational materials. The same communication cluster expanded to embrace key NGO and national institutions to ensure an oversight of the adaptation of the Facts for Life brochure into the national language.

Advocacy initiated by office management in 2010 led to the collaboration of the coalition "Religions for Peace, Haiti" made up of Catholics, Muslims, Voodoo and Protestants. In 2011, through their nationwide networks, UNICEF was able to support social mobilisation activities against the spread of cholera. Community members were assembled across all 10 departments and managed to reach remote communities, and engage communities in participatory forums over cholera prevention. The Voodoo community in 5 departments is broadening its activities to child rights promotion, after receiving C4D training in planning of community assessment using a rights-based framework.

The first-ever C4D training in Haiti was organised for colleagues from IOM, UNPFA, UNESCO, UN Women, UNICEF, DPSPE and a careful selection of diverse NGOs: LMS [health], Konesans Famni [youth participation; ECD education] INSHAC [health; community participation], Red Cross [emergency] and FOSREF [youth and HIV/STD]. This pool of strategic partners has potential to snowball the C4D approach in national and local programmes. INSHAC has subsequently been fully engaged in the decentralisation process, developing tools and implementing training in preparation for community diagnostics to facilitate dialogue between duty bearers and rights holders.

In the area of Youth/Adolescents, effective partnership with UNFPA, public sector partners and civil society resulted in the creation of the National Youth Council of Haiti (CNJH). In addition, UNICEF is working with IOM and the GMC for the production of messages promoting the right to participate (communication project "Radio Tap Tap.")

Humanitarian Situations

With support from EMOPS, HCO conducted a Humanitarian Performance Monitoring training for UNICEF (programme and operations) and cluster staff and identified key actions to strengthen overall performance monitoring during non-crisis period and emergencies. This includes recommendations to integrate CCC indicators into the monitoring framework of NGO partners, and to ensure that performance-based reporting

is done by the partners on a periodic basis. The inclusion of pre-defined indicators in the monitoring and reporting formats has been implemented with the NGO partners for the Rapid Response Mechanisms. HCO also developed a multi-sectoral rapid assessment tool in coordination with the clusters to complement the existing tools used by the civil protection agency, which does not reflect most of the CCC indicators.

Action review was conducted to assess the strengths and weaknesses of emergency preparedness and response for tropical storm Emily, which was immediately integrated into the preparedness and response plan for hurricane Irene. HCO also conducted lessons learned exercises for cholera response at sectoral and departmental levels with partners for future planning and evaluations.

The cholera epidemic which began in October 2010 spread around the country during the early part of the year. The partnership with the national networks of religious organisations led to the mobilisation of some 6,000 young men and women around the country, working in their localities as organisers and supervisors for at least three months. This and the support of C4D provided to regional initiatives of the voodoo community in three departments helped to curtail the spread of cholera, and increase levels of knowledge and personal hygiene.

Summary of Monitoring, Studies and Evaluations

UNICEF programmes were implemented in partnerships with NGOs and CSOs through 127 PCAs and SSFAs signed in 2011, amounting to over US\$ 60 million which included supplies. These partnership agreements were monitored through a consolidated database, while performance monitoring of UNICEF-supported activities was conducted through periodic reporting from PCAs and SSFA partners, and field monitoring by UNICEF staff members.

The drafting of the Situation Analysis of Children and Women in Haiti (SitAn) started in 2011 as part of the CPD development process, and will be completed in mid-2012. The base document of the SitAn, based on extensive literature review, identified key structural causes of non-realisation of child rights, and has served as a basis of the programme note for the country programme extension, the donor toolkit, and for the planning of the CPD.

The preparatory work for the Demographic and Health Survey (DHS), the main source of data related to the rights of children and women, was conducted in 2011, and preliminary data is expected to be ready in mid-2012. The DHS incorporates the majority of MICS indicators, and a detailed plan for data use and secondary analyses is being developed to ensure maximum use of knowledge generated from the survey.

A KAP study was conducted to measure knowledge levels and attitude with respect to cholera, following three months of massive media coverage on cholera by various partners of Ministry for Health. It guided the C4D programme in defining a new national campaign on hygiene promotion. More than 60% of the respondents knew how to prevent and treat cholera, despite some confusion observed in messages pertaining to the household preparation of ORT and the correct use of purification tablets for water treatment. These were addressed in the new media campaign.

An independent partner, ARCA, was hired to undertake an assessment of the community mobilisation activities implemented by CARITAS in three departments: Grande Anse, South East and North. Although implementation was slightly delayed, the home visits, demonstration sessions and group discussions were successfully and timely completed. Only 250 of the 400 planned Rehydration sites (PRO) were operational. This notwithstanding, the assessment showed that knowledge levels had improved and practices reportedly positively modified, thus contributing to declining cholera cases among the vulnerable populations.

A collaborative KAP study (with MSPP and IDB), to combat cholera is under preparation to evaluate knowledge, attitudes and practices as well as communication activities, tools and channels used in 4

departments: North, North East, North West and West. Results will be available by May 2012.

Community diagnostics and consultations with marginalised participants were conducted in 12 localities in the North and South departments in late 2011. The findings should facilitate dialogue between rights holders and duty bearers, while throwing the search light on behavioral causes, capacity gaps of claim holders and duty bearers, and the communication environment – all of which have contributed to the deprivations identified and the non-realisation of the rights of children.

Future Work Plan

Key priorities for 2012 include the completion of the DHS, data dissemination and use. In addition HaitiInfo database will be developed, using DevInfo technology and to be supplied by DHS and key sectoral data collection efforts such as the School Census. The HaitiInfo database initiative will include capacity building activities to put together an origination point of database users and administrators within IHSI, UN and line ministries.

Key research for filling knowledge gaps, as well as evaluations for informing the new Country Programme, include an evaluation of UNICEF's cholera response and cluster leadership, for which lessons learned and good practices have been documented. The completion and dissemination of the SitAn will also be a key milestone for the programme planning process and advocacy purposes.

While 2011 saw the development of UNICEF's internal knowledge management strategy and infrastructure to facilitate KM practices (such as the shared drive and integrating lessons learned into programming process), priority will be given to the development of an 'outward' looking KM strategy and practices to promote UNICEF's role as a convener of knowledge on children's rights.

C4D perspectives for 2012 will focus on strengthening collaboration with existing structures and community networks for all programme components to foster and sustain communication and local participation. This is intended to particularly promote parental education and key family practices. Building on gains from 2011, C4D will develop the capacity of multi-sector teams in the North and South departments using C4D principles and the Human Rights approach to plan, implement and monitor C4D interventions in an integrated and participatory manner.

C4D will develop partnerships with community radios to produce programmes adapted from the Creole version of the Facts for Life booklet. The two-fold strategy will consist in harnessing the credibility of local radio and increasing the involvement of young people in the localities to promote key family practices. In response to capacity and information gaps identified in 2011, the programme will enhance the capacity of DPSPE at the national level to plan and implement rapid behaviour research in preparation for planning communication interventions, including C4D for emergency preparedness and response.

For Youth/Adolescents, priority will be given to developing a synergy within programme components on activities concerning adolescents and youth to promote their participation to programme activities, including emergency and recovery initiatives. At the national level, support will be provided to strengthen multisectoral coordination of youth/adolescents related activities among partners from the public sector, and to develop an implementation plan of the national policy on youth.

In social protection, priorities for 2012 include: launch of the roadmap for the development of a system of basic social protection, in particular completion of the mapping of interventions in social protection, establishment of an interdepartmental committee and an inter-sectoral steering committee. In collaboration with the World Bank, the first phase of the "Initiative Agents Communautaires Polyvalents" will be implemented. The Situation analysis of children and women will include an analysis of budget in the social sectors.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Strategic and essential commodities and services required for efficient implementation of programmes meet established standards and are timely procured and delivered to end users.		0 FA6OT1, FA6OT9, Support 1, Support 2, Support 3, Support 4, Support 6

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	\$0.00	\$3,645,826.77	\$3,610,590.70	99.03%
OR-R	\$0.00	\$0.00	\$0.00	0.00%
RR	\$0.00	\$0.00	\$0.00	0.00%
Total	US\$0.00	US\$3,645,826.77	US\$3,610,590.70	

Results Achieved

The ICT unit provided innovative, reliable and secure information technology services to staff in 2011. The quality and efficiency of the ICT system was improved through establishment of a Network Monitoring system for ICT systems and ISP performance to meet the expected ERP needs. Despite multiple challenges, BCP was activated through the maintenance of a Disaster Recovery Site using a commercial provider in the Dominican Republic, after the closure of LLH in June. Current provisions include automatic mail system fail-over and data backup and remote access to corporate systems via CITRIX.

In 2011, the Supply section worked closely with other programme sectors to develop a realistic CO supply plan and effectively implement the plan through strategic procurement methodologies. Supply collaborated with the Ministry of Health and UNDP Global Fund HIV projects to provide essential medicines and antiretroviral drugs. In addition, continuous interaction between the logistics section and programmes ensured the successful distribution of goods to children in partnership with the government, INGOs and national NGOs a total of US\$ 26.6 million worth of goods were distributed in 2011. Procurement volume in 2011 totalled a value of over US\$ 41.5 million, with local procurement estimated at 73%. Strategic sourcing of suppliers through competitive bidding process led to quality assurance and effective delivery of goods and services.

In order to better articulate the recovery and development strategy and mobilise additional ORR with National Committees, HCO completed four high-quality Natcom Donor Toolkits accompanied by 14 short videos, 14 human interest stories and two brochures. At the end of the year however, only one pledge was received. Separate fundraising with Natcoms for the semi-permanent schools project and adolescent programming was successful with US\$ 6.1 million in ORR mobilised during the year.

To maintain positive relationships, UNICEF Haiti facilitated 10 National Committee visits in 2011 and at least seven different monitoring missions for public sector donors. UNICEF prepared 74 reports in 2011, 52 of which were sent on time.

At the close of 2011 there were approximately 255 persons working in HCO. Securing technical expertise, with the requisite language and other skills in a non-family duty station has been a big challenge as has ensuring proper training, coaching and mentoring for new UNICEF staff in programme, operations and financial management systems. As a result an effective training plan was developed in early 2011(shld this be 2012?) with a special focus on group training and UNICEF basics knowledge. In addition maintaining the

commitment and morale of staff in a changing and challenging environment have required a lot of internal communication and follow up by all the line managers.

Most Critical Factors and Constraints

In 2011, all HCO management positions were filled with the exception of the post of Deputy Representative. The incumbent left in April on SLWP and replacing him was challenging as there were few qualified candidates with the requisite language and managerial skills within the organisation.

HCO completed the first ERM assessment in April 2011 through a participatory exercise. Risk areas were identified and classified accordingly. In Programme areas, risks identified were in relation to the weakness of government structures; the large number of partners (INGOs and local NGOs); and constraints in the monitoring of programme results. In operational areas, risks identified were in the areas of internal communication and knowledge management; processes, procedures and internal controls. Nevertheless, risks were identified as low-medium or medium high. The only identified high risk areas were related to the safety and security of staff, and external factors, as Haiti is a natural disaster prone country with high levels of insecurity.

In the area of evaluation, in-country capacity and human resources for conducting quality evaluations remain limited, and a culture of evaluation need to be further promoted. Therefore, continued training of UNICEF and partners' (government, national NGOs) capacity in managing and implementing evaluations will be a priority for 2012 and onwards.

HCO had difficulty mobilising ORR from the public sector. UNICEF pitched the Government of Canada with three concept papers and made an unsuccessful bid to a USAID RFA for Child Protection. HCO also continued to report on the joint-UN projects endorsed by the Haiti Interim Recovery Commission, but did not receive referral to the Haiti Reconstruction Fund or a single donor pledge.

In the area of supply, there were delays in deliveries mainly due to the high volume of requests for the same commodities by other UNICEF Country Offices.

Key Strategic Partnerships and Interagency Collaboration

As a result of the close collaboration with WFP, a mechanism of pre-delivery inspection of high value commodities/services was put in place. HCO also worked closely with UNDP to share supplier databases with other UN agencies, and close collaboration with the Logistics Cluster, WFP and IOM resulted in cost savings by sharing resources such as warehousing and transport.

The CMT met regularly during the year. A total of seven meetings were held with the participation of section chiefs from Programmes and Operations and the chair of the local staff association. The CMT provided advice to the Representative on management issues, such as the amendment to the CPMP and staffing structure.

Humanitarian Situations

The ICT programme's cooperation with the UN mission led to the establishment of a Disaster Recovery site on the same premises as MINUSTAH in Santo Domingo.

In the area of human resources, in 2011, a psychologist supported the staff members affected by the earthquake for eight months and a peer support mechanism was launched to help the office to discretely address personal and professional challenges in the office.

The ERM assessment in April 2011 identified high risk areas related to the safety and security of staff, and external factors, as Haiti is a natural disaster prone country with high levels of insecurity.

Summary of Monitoring, Studies and Evaluations

The Country Office participated in several evaluations in 2011, which were predominantly global and/or inter-agency in nature. Numerous lessons learned, reviews and documentation exercises were conducted in order to strengthen the 'evaluability' of its programmes as well as that of its partners.

UNICEF participated in some key evaluations such as: the second (recovery) phase of the Inter-agency Real Time Evaluation of the Haiti Earthquake Response; the Independent Review of UNICEF's Response to the Haiti Earthquake, aimed at identifying internal systemic factors that influenced UNICEF's collective organisational response to the earthquake; and the Human Rights Based Approached Programming Evaluation. While a mechanism for management response to evaluations is part of the IMEP workflow, country office-specific management response was not formulated for these evaluations due to its scope and scale, and the lack of organisational-level management response. However, actionable recommendations from the Independent Review have already been taken up by the CO, including improving performance monitoring and promoting appropriate risk-taking, and ensuring staffing of the clusters with the right level of seniority and experience.

In terms of lessons learned and documentation, HCO undertook an After-Action Review of Tropical Storm Emily to identify strengths and weaknesses in the preparation of emergency response; LL and identification of best practices on hygiene promotion; support to capacity development and decentralisation of the health sector; and a documentation exercise on the operationalisation of UNICEF-led clusters. In addition, four lessons learned related to cholera, including on the partnership for social mobilisation; an analysis of the effectiveness of the sanitation response; cholera prevention in the community setting by child protection actors; and cholera response in the North and South departments conducted in collaboration with the Ministry of Health.

An audit of the HCO was conducted in May-June 2011 and the following high priority recommendations were made: There were high levels of sole sourcing for consultants, lack of clarity in ToRs over the deliverables from consultants, lack of clarity as to how some consultant fee levels were established and continued use of a higher emergency threshold for contract review. There was ineffective control over overlapping agreements with NGOs, and inconsistent application of project cooperation agreement policies and procedures. There were also high balances of long-outstanding cash transfers and inconsistent receipt of written requests and budget breakdowns for individual cash transfers. The audit concluded that, except for the high priority areas noted above, the governance, risk management and control processes over the Haiti country office were adequately established and functioning well.

In 2011, Supply carried out field missions to assess the appropriateness of commodities and services procured and delivered to beneficiaries. Over six end user field monitoring missions were conducted to primarily assess school construction projects and the fitness and quality of furniture procured for schools. Over five UNICEF implementing partners (Relief International, AVSI, Oxfam, Merlin, CESAL) were assessed to establish their capacity in carrying out independently procurement of commodities and services.

Future Work Plan

Country Office priorities for 2012 among others include the strengthening of intersectorality as well as intra/inter-sectoral communication, fortifying the role of CRC in the process of renewing service agreements (SSAs), better planning of staff training while focusing on the training group compared to individual training for a better cost-benefit ratio.

In addition, with regard to contract expiry dates for some positions in the course of 2012, and given the current funding situation as well as the context of preparation of the new Country Programme 2013-2016, the Country Office will have to review the current staffing structure and ensure the transition to the new structure for 2013-2016.

Effective Governance Structure

The introduction of the simplified results structure was an opportunity to review and update PCRs/IRs for the 2011-2012 period, while integrating humanitarian response and recovery in the regular programming development. In addition, the office organised a series of PPP and CCCs training workshops for staff and developed and implemented a mechanism to have standby capacities to respond to emergency needs according to the CCC. In addition to regular CMT and SMG meetings, the office also organised ad hoc meetings and weekly stand up meetings to ensure that all staff were aware of progress towards Office objectives on a continuous basis.

HCO established all the statutory committees to ensure a well-functioning oversight structure. The committees were composed of all categories of staff, from Programme and Operations, and participation was fruitful. The CRC reviewed all procurement cases for over US\$ 100,000 to ensure that the process was fair and that best value for money was obtained. In 2011, the JCC met three times to address questions from staff and address issues of staff welfare and staff morale. CBR was established according to the new human resources policies and all recruitment processes followed the existing procedures, rules and regulations. Delegation of authority was granted by the Representative and a TOA was approved and disseminated among concerned staff to ensure accountability and establish adequate segregation of duties.

In 2011, all HCO management positions were filled with the exception of the post of Deputy Representative. The incumbent left in April on SLWP and replacing him was challenging as there were few qualified candidates with the requisite language and managerial skills within the organisation. In the interim, programme coordination was ensured by the head of the Nutrition programme and policy issues were handled directly by the Representative.

The CMT met regularly during the year. A total of seven meetings were held with the participation of section chiefs from Programmes and Operations and the chair of the local staff association. The CMT provided advice to the Representative on management issues, such as, for example, the amendment to the CPMP and staffing structure. Management indicators were systematically reviewed and correct decisions taken to mend the course of action when needed.

An audit of the HCO was conducted in May-June 2011 and the following high priority recommendations were made: There were high levels of sole sourcing for consultants, lack of clarity in ToRs over the deliverables from consultants, lack of clarity as to how some consultant's fee levels were established and continued use of a higher emergency threshold for contract review. There was an ineffective control over overlapping agreements with NGOs, and inconsistent application of project cooperation agreement policies and procedures; There were high balances of long-outstanding cash transfers and inconsistent receipt of written requests and budget breakdowns for individual cash transfers. The audit concluded that, except for the high priority areas noted above, the governance, risk management and control processes over the Haiti country office were adequately established and functioning well.

Strategic Risk Management

HCO completed the first ERM assessment in April 2011 through a participatory exercise. Risk areas were identified and classified accordingly. In Programme areas, risks identified were in relation to the weakness of government structures; the large number of partners (INGOs and local NGOs); and constraints in the monitoring of programme results.

In operational areas, risks identified were in the areas of internal communication and knowledge management; processes, procedures and internal controls. Risks were identified as low-medium or medium

high. The only identified high risk areas were related to the safety and security of staff, and external factors, as Haiti is a natural disaster prone country with high levels of insecurity. It is worth noting that although the exercise was conducted with the participation of staff from all areas, it was difficult to systematically review all decisions in light of the risks identified. This is still a pending assignment, as changing the institutional culture from risk avoidance to risk management is a long process.

Evaluation

HCO's system of quality assurance of terms of references (TOR) for evaluations, studies and research are reviewed by the M&E Unit and monitored through the IMEP, which is updated monthly and reviewed on a quarterly basis.

The Country Office participated in several evaluations in 2011, which were predominantly global and/or inter-agency in nature. No country-led programme-level evaluations were conducted during the year. Instead, numerous lessons learned, reviews and documentation exercises were conducted in order to strengthen the 'evaluability' of its programmes as well as that of its partners.

Some of the key evaluations in which UNICEF participated include: the second (recovery) phase of the Inter-agency Real Time Evaluation of the Haiti Earthquake Response; the Independent Review of UNICEF's Response to the Haiti Earthquake, aimed at identifying internal systemic factors that influenced UNICEF's collective organisational response to the earthquake; and the Human Rights Based Approached Programming Evaluation. While a mechanism for management response to evaluations is part of the IMEP workflow, country office-specific management response was not formulated for these evaluations due to its scope and scale, and the lack of organisational-level management response. However, actionable recommendations from the Independent Review have already been taken up by the CO, including improving performance monitoring and promoting appropriate risk-taking, and ensuring staffing of the clusters with the right level of seniority and experience.

In terms of lessons learned and documentation, HCO undertook an After-Action Review of Tropical Storm Emily to identify strengths and weaknesses of the preparation of the emergency response; LL and identification of best practices on hygiene promotion; support to capacity development and decentralisation of the health sector; and a documentation exercise on the operationalization of UNICEF-led clusters. In addition, four lessons learned related to cholera, including on the partnership for social mobilisation; an analysis of the effectiveness of the sanitation response; cholera prevention in the community setting by child protection actors; and cholera response in the North and South departments conducted in collaboration with the Ministry of Health.

Internal capacity for managing evaluations exists in HCO; however in-country capacity and human resources for conducting quality evaluations remain limited, and a culture of evaluation need to be further promoted. Therefore, continued training of UNICEF and partners' (government, national NGOs) capacity in managing and implementing evaluations will be a priority for 2012 and onwards.

Effective Use of Information and Communication Technology

The ICT unit provided innovative, reliable and secure information technology services to staff in 2011. The quality and efficiency of the ICT system was improved through establishment of a Network Monitoring system for ICT systems and ISP performance to meet the expected ERP needs. Despite multiple challenges, BCP was activated through the maintenance of a Disaster Recovery Site using a commercial provider in the

Dominican Republic, after the closure of LLH in June. Current provisions include automatic mail system fail-over and data backup and remote access to corporate systems via CITRIX.

Measures to improve the quality of services and make costs savings included providing Blackberry services to key staff to allow work during the commute, installing the Blackberry server in Haiti with a cost reduction, access to email over Smartphone devices, provision of mobile internet access to staff working outside Port-au-Prince, integrating telephone services and the VOIP system, equipping 60 vehicles with mobile radio, and enhancing use of video conferencing. In line with the cluster approach, ICT actively participated in the ETC cluster and contributed to the management of the VHF security communication network.

In order to provide ICT solutions to influence policies and actions to influence children's and women's rights, ICT closely supported the Cluster and UNICEF Programme sections in the innovative Equity oriented utilisation of Information Technology, such as GPS and SMS. Various CP and Education partner groups were trained on the use of GPS locations as enhancement of the quality of indicators, particularly in difficult to reach places in the country. ICT supported the hardware infrastructure of the use of SMS for the collection of indicators. ICT also provided mobility and security communication tools demanded for programme implementation in difficult to reach parts of the country.

To promote DaO/ UN reforms for business continuity, economical access to common services and skilled resources, ICT staff promoted the advance in common services and synergy of inter-agency activities pertaining to ICT. A common LTA of Internet services was tendered. Cooperation with the UN mission lead to the establishment of a Disaster Recovery site on the same premises as MINUSTAH in Santo Domingo. UNICEF ICT staff participated in training events such as LETSCOM provided by WFP. ETC cluster participants were advised on best practices and technology used for radio programming.

To dispose equipment in environmentally secure and safe manner and promote recycling, the strict retention of hazardous material, such as collection of all batteries for computers and radios, was established to prevent uncontrolled disposal. To maintain UNICEF applications as per prescribed practices and coordinate disaster recovery to meet business continuity requirements, new DRP and BCP were developed implemented, tested and audited. Three BCP sites were maintained and used during crisis events related to elections and weather conditions. A remote Disaster Recovery Site was installed outside the country, providing failover capacity for continuation of essential corporate services, in case the provisional ICT infrastructure in Log Base was lost.

Fund Raising and Donor Relations

Reinforcing contribution management (CM) systems was of utmost priority after the earthquake, given the loss of PBA-history files in the earthquake, the influx of new staff and the unprecedented level of financial resources. The CM training programme, adapted for each technical sector, was completed in July 2011 and noted a 76% increase in the knowledge of participants on the contributions they manage. In late 2011 however, as the programme shifted from relief to recovery - the focus also shifted from CM back towards resource mobilisation.

UNICEF's portion of the 2011 Consolidated Appeals Process (CAP) totalled US\$ 60,139,330 after the mid-year review. During the fiscal year, some US\$ 29,042,259 in ORE was organised. Combined with advanced contributions against the CAP received at the end of 2010, the total receipts were US\$ 44,874,674, meaning that the appeal was 75% funded at the close of the year.

Approximately 48% of the ORE received was contributed against UNICEF's Humanitarian Thematic Pool, and therefore enabled HCO to employ a more rapid and flexible response. Strong advocacy on the part of PFP and PARMO was critical in directing donors towards giving an un-earmarked contribution and to

minimizing the burden of proposal writing.

In 2010, National Committees contributed over two thirds of the funds received but in 2011, public sector donors became the top contributors, providing 48% of funds. The Haitian Government was the top donor in 2011, as they designated UNICEF as their primary partner to scale up cholera treatment facilities in under-served areas, in partnership with IDB.

In order to better articulate the recovery and development strategy and mobilise additional ORR with National Committees, HCO completed four high-quality Natcom Donor Toolkits—accompanied by 14 short videos; 14 human interest stories and two brochures. At the end of the year however, only one pledge was received. Separate fundraising with Natcoms for the semi-permanent schools project and adolescent programming was successful however, with US\$ 6.1 million in ORR mobilised during the year.

HCO had less success mobilising ORR from the public sector. UNICEF pitched the Government of Canada with three concept papers and made an unsuccessful bid to a USAID RFA for Child Protection. HCO also continued to report on the joint-UN projects endorsed by the Haiti Interim Recovery Commission, but did not receive referral to the Haiti Reconstruction Fund or a single donor pledge. To implement more aggressive fundraising, HCO hired a Resource Mobilisation Specialist in November who will focus on enhancing partnerships with both the public and corporate sectors (in country and in coordination with National Committees).

To maintain positive relationships, UNICEF Haiti facilitated 10 National Committee visits in 2011 and at least seven different monitoring missions for public sector donors.

UNICEF prepared 74 reports in 2011, 52 of which were sent on time. 100% of late reports were sent within one week of the deadline. A quality assurance exercise that reviewed 10% of donor reports against standard PARMO checklists found 80% of reports to be of “exemplary” quality.

Management of Financial and Other Assets

The internal audit concluded that, in the emergency context during the period under review, the office had afforded importance to financial control mechanisms and had ensured that in most areas financial rules had been complied and areas where controls should be strengthened.

In order to reinforce the capacity of technical sections to manage donor contributions, the office conducted a series of specialised trainings in July that introduced staff to the fundraising and negotiation process for donor agreements, their current PBAs and associated conditions. The training also oriented staff on the contribution management database (which includes all key documents and correspondence for PBAs). Some 45 staff contributed to a pre and post-training of their knowledge. Results indicated a 76% increase in correct answers after the training.

HCO closely monitored the utilisation of financial resources raised against the different PCRs/IRs to ensure that planned results were not only funded but also met. The 2011 approved ceiling at CPD level amounted to US\$ 20,174,000.00, including RR and ORR. Out of the approved ORR of US\$ 17,150,000, a total of US\$ 8,702,246.65 was raised against the CPD, while the funded amount from RR was US \$3,628,000. Most of the funds available in 2011 were emergency contributions for which US\$ 110,027,159.38 was raised and allocated to the different PCRs/IRs.

Globally, the office achieved a high level of budget implementation. By the end of 2011, the expenditure rate on RR was 95% and 97% on ORR. On ORE the expenditure rate was 97%. These rates are expected to reach 100% once the obligations raised in 2011 are fully paid. Taking into account that the VISION training was done over a period of two weeks in October and the freezing of ProMs took place on December

16th, the implementation rate is considered adequate. A utilisation rate of more than 90% was achieved for 80% of OR-E PBAs. Outstanding DCTs were also on the agenda of the CMT and programme management meetings. By the end of 2011, the more than 9 month outstanding DCT rate was reduced to 1% thanks to the significant efforts of programmes and Operations teams.

Most PBAs were used within their validity period thanks to a close follow up of expiring PBA utilisation level. 46 PBAs amounting to US\$ 29,972,114.25 expired in 2011 with a utilisation level of 98%. Budget management and control issues were discussed during weekly programme and monthly management meetings to ensure set target rates were met and accurate utilization of funds in line with donors' conditions.

Supply Management

In 2011, the Supply section worked closely with other programme sectors to develop a realistic CO supply plan and effectively implement the plan through strategic procurement methodologies. Supply collaborated with the Ministry of Health and UNDP Global Fund HIV projects to provide essential medicines and antiretroviral drugs. In addition, continuous interaction between the logistics section and programmes ensured the successful distribution of goods to children in partnership with the government, INGOs and national NGOs.

A total of US\$ 26.6 million worth of goods were distributed in 2011. Procurement volume in 2011 totalled a value of over US\$ 41.5 million, with local procurement estimated at 73%. Strategic sourcing of suppliers through competitive bidding process led to quality assurance and effective delivery of goods and services. Nonetheless, there were delays in deliveries mainly due to the high volume of requests for the same commodities by other UNICEF Country Offices. With steady development of the local market in 2011, access to essential commodities became much easier.

As a result of close collaboration with WFP, a mechanism of pre-delivery inspection of high value commodities/services was put in place. HCO also worked closely with UNDP to share supplier databases with other UN agencies, and close collaboration with the Logistics Cluster, WFP and IOM resulted in cost savings by sharing resources such as warehousing and transport.

The Haitian government does not currently have logistics or warehousing capacity, although plans to build capacity are being prepared. In 2011, US\$ 26.4 million of supplies were received in the UNICEF warehouse and US\$ 26.6 million was delivered through the network of partners to reach end users. HCO also facilitated the clearance and transport of 6 million doses of vaccines to MSPP. HCO managed one central stock in Port au Prince and seven pre-positioned contingency stocks in the field.

In 2011, Supply carried out field missions to assess the appropriateness of commodities and services procured and delivered to beneficiaries. Over six end user field monitoring missions were conducted to primarily assess school construction projects and the fitness and quality of furniture procured for schools. The logistics section upgraded its information system to comply with IPSAS standards and to ensure data migration into Vision.

HCO's procurement unit initiated a market assessment in the TACRO region, with the first phase completing assessment of competent suppliers in the DR, Panama and Mexico.

HCO staff received training related to procurement aspects on a regular basis, and over 20 programme staff received orientation in procurement processes. Supply staff were encouraged to complete online VISION courses in preparation for rollout and the Logistics training plan was implemented, including CILT, four logistics sessions training and individual and team coaching.

In 2011, over five UNICEF implementing partners (Relief International, AVSI, Oxfam, Merlin, CESAL) were assessed to establish their capacity in carrying out procurement of commodities and services independently. Logistics Management training (CILT) was provided to 11 staff from the government and to UN agencies including WHO-PAHO, WFP and IOM.

Human Resources

The management of HCO's technical capacity followed a similar pattern to that of operational capacity of scaling-up and subsequently "right-sizing" as the emergency mission transitioned to recovery. At the close of 2011 there are approximately 255 persons working in HCO. Securing technical expertise, with the requisite language and other skills in a non-family duty station has been a big challenge – as has ensuring proper training, coaching and mentoring for new staff in UNICEF programme, operations and financial management systems. As a result an effective training plan was developed in early 2011 with a special focus on group training and UNICEF's basics knowledge. In addition, maintaining the commitment and morale of staff in a changing and challenging environment has required a lot of internal communication and follow up by all the line managers.

As always, staff wellbeing remains a priority, especially considering the fact that the earthquake and other crises directly affected the team. In 2011, a psychologist supported staff affected by the earthquake for eight months and a peer support mechanism was launched to help the office to discretely address personal and professional challenges in the office. While UNICEF continues to operate from a temporary base at the MINUSTAH logistics base in Port au Prince, renovations on a new building in nearby Petion-ville promises to decrease staff commuting time, improve work stations and meeting areas to encourage optimal performance.

The office has issued clear guidelines for the role and responsibilities of the recruitment committees to ensure a transparent process and to assist the office in identifying talented young national professional who will take over from the international staff at the end of the transition period. The CBR has been established and is working according to the rules and regulations.

Efficiency Gains and Cost Savings

No clear examples to report on in this area.

Changes in AMP and CPMP

The Annual Management Review identified some weaknesses which are likely to limit performance, and for which corrective actions were recommended. Therefore Country Office priorities for 2012 include among others strengthening of intersectorality, intra/inter-sectoral communication, strengthening the role of CRC in the process of renewing service agreements (SSAs), better planning of staff training while focusing on the training group compared to individual training for a better cost-benefit ratio.

In addition, with regard to contract expiry dates for some positions in the course of 2012, and given the current funding situation as well as the context of preparation of the new Country Programme 2013-2016, the Country Office will have to review the current staffing structure to ensure the transition to the new structure for 2013-2016.

Summary Notes and Acronyms

ACRONYMS

BPM Brigade de Protection des Mineurs
CAP Consolidated Appeals Process
CCCs Core Commitments for Children in Humanitarian Action
CERF United Nations Central Emergency Response Fund
CLTS Community Led Total Sanitation
CMAM Community Management of Acute Malnutrition
COUN National Emergency Operational Center
CTC Cholera Treatment Centre
CTU Cholera Treatment Unit
DHS/MICS Demographic Health Survey/Multi-Indicator Cluster Survey
DINEPA Direction de l'Eau Potable et de l'Assainissement
ECD Early Childhood and Development
FONDEFH Fondation pour le Developpement et l'Encadrement de la Famille Haïtienne
GBV Gender-Based Violence
GMC Global Movement for Children
HRF Haiti Reconstruction Fund
IBD Inter-American Development Bank
IBESR Institut du Bien Etre Social et de Recherches
IDP Internally Displaced Person
IHRC Interim Haiti Recovery Commission
IOM International Organization for Migration
IYCF Infant and Young Child Feeding
MAST Ministère des Affaires Sociaux et Travail
MDGs Millennium Development Goals
MENFP Ministère de l'Education National et de la Formation Professionnelle
MHPSS Mental Health and Psychosocial Support
MINUSTAH United Nations Stabilisation Mission in Haiti
MOSAJ Mouvement Social pour l'Avancement de la Jeunesse
MSP Ministère de la Sante Publique et de la Population
NGO Non Governmental Organisation
ORP Oral Rehydration Point
PMTCT Prevention of Mother-to-Child Transmission
RED Reach Every District
SAM Severe Acute Malnutrition
UNESCO United Nations Educational, Scientific and Cultural Organisation
UNFPA United Nations Population Fund
WASH Water, Sanitation and Hygiene
WFP World Food Programme
WHO World Health Organization

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Survey of Water Supply in Poor Neighbourhoods in PAP	2011/030	Survey
2	Strategie de Communication et Mobilisation Sociale Enquete Rapide sur les Connaissances, Mythes et Croyances par Rapport au Cholera	2011/010	Study
3	Recensement Enfants et Jeunes des Rue	2011/018	Study
4	Independent Review of UNICEF's Operational Response to the January 2010 Earthquake in Haiti	2011/019	Evaluation
5	Evaluation of ECD Kits	2011/021	Evaluation
6	Haiti Interagency Real Time Evaluation	2011/023	Evaluation

Other Publications

	Title
1	One Year Progress Report of UNICEF's Haiti Earthquake Reponse

Lessons Learned

	Title	Document Type/Category
1	Case Study: Response to Cholera Outbreak in the North West of Haiti	Lesson Learned
2	Improving decentralised capacity of the Ministry of Health to prevent and treat cholera	Lesson Learned
3	Promoting community-led recreational activities	Lesson Learned
4	Application of integrated approaches to programming in humanitarian action and recovery	Lesson Learned
5	Regularly Incorporating After Action Reviews in a Post-Crisis and Recovery Context	Lesson Learned

Programme Documents

	Title	Document Type
1	Programme Note of the One Year Extension of Haiti Country Programme 2009-2011	CPD
2	Haiti IMEP 2011-2012	IMEP