**Executive Summary**

After two years of a transitional programme focused on post-earthquake emergency response and recovery, 2012 saw the Haiti Country Office make key strategic shifts. This meant a greater emphasis on building institutional capacities, informing policy design and influencing programmes to address the challenges that prevent the realisation of child rights.

Frequent shuffling of political appointments and capacity deficits hampered programme implementation in 2012. Nonetheless, the Haiti Country Office made significant progress during the year. Technical and financial support and advocacy by UNICEF resulted in the release of the preliminary report of the 2012 *Enquête Mortalité, Morbidité et Utilisation des Services* (Demographic and Health Survey on Mortality, Morbidity, and Utilization of Services: EMMUS). This survey updates key indicators related to child rights, equity and the Millennium Development Goals (MDGs) for the first time since 2006. It also served to validate and attribute clear results to UNICEF’s contributions.

In education, net primary attendance increased from 50 percent (2006) to 77 percent (2012). After a span of 22 years, the national policy on early childhood education was validated, and UNICEF’s support to the ‘Go to School’ campaign reached over 750,000 children. Together with the scale-up of the national programme for free education with distribution of school kits, teaching materials and furniture, these activities increased access to education for the most deprived children.

Through the expansion of the *Atteindre chaque district* (Reach Every District) approach, UNICEF was able to reach 70 of the least accessible communes with the lowest immunization coverage. This increased coverage from 72 percent to 83 percent. Furthermore, the measles and polio campaigns reached 3 million children in 2012. The kangaroo mother care method was also introduced to support low birth weight children and premature infants.

In nutrition, EMMUS found that acute malnutrition has halved since 2006, falling from 10 percent to 5 percent. Sustained advocacy led the country to organise the first ever National Nutrition Forum. The Government of Haiti has also created a budget line for nutrition, and the country has become the 28th state to join the *Scaling Up Nutrition* movement.

In water, sanitation and hygiene (WASH), UNICEF’s infrastructural support to ensure safe water in IDP\(^1\) camps, poor urban neighbourhoods and rural areas helped improve access to safe water for up to 1 million people and also contributed to efforts in preventing the spread of cholera.

Intense advocacy by UNICEF resulted in the ratification of the Hague Convention on inter-country adoption. Technical support was provided to ensure domestic legislation is harmonised with international standards, including the drafting of a new law on alternative care, and a law on counter trafficking. The new law on alternative care was complemented by efforts in training over 150 social workers to strengthen the application of the law.

UNICEF worked closely with the World Bank, FAES\(^2\) and various line ministries to plan the scale-up of the pilot household development initiative that will strengthen the link between vulnerable families, local authorities and service providers at commune level. This, together with the piloting of MoRES level three monitoring through this initiative, will help sharpen UNICEF’s equity focus.

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1. Internally Displaced Person.
Country Situation Affecting Children and Women

Haiti has an estimated population of 10.1 million people; 43 percent of the population are under 18 and 57 percent are under 24. Nearly half of the population live in urban areas and over 25 percent live in the capital, Port-au-Prince. The total fertility rate has declined from 4.1 in 2006 to 3.5 in 2012. Haiti ranked 158th out of 187 countries in the 2011 Human Development Index.

The country has a Gini coefficient of 0.65, which reflects striking disparities: the richest quintile of the population benefits from 70 percent of the national income, while the poorest only have 1.5 percent. Up to 84 percent of children living in the countryside are severely deprived, compared with 45 percent of those living in urban areas.

The state budget relies primarily on foreign aid, and despite greater transparency in the budget process through the publication of public expenditures, budget effectiveness remains a major challenge. Social budgets remain persistently low and social services are overly privatized. For example, only 12 percent of education providers and 28 percent of health providers are state-operated. For the 2011–2012 fiscal year, the budget allocations for social sectors were 13.6 percent for education, 6.9 percent for health and 0.53 percent for social affairs.

The preliminary results of the EMMUS 2012 became available in November, providing important updates on the 2006 data on the realization of child rights and progress towards the MDGs. The survey shows that key progress has been made in the situation of children and women in Haiti. According to new estimates, the under-5 mortality rate is now 88 per 1,000 live births, confirming the declining trend over the last 15 years (the under-5 mortality rate was 112 per 1,000 live births from 1997 to 2001, and 96 per 1,000 live births from 2002 to 2006). The infant mortality rate has also fallen from 68 per 1,000 from 2002 to 2006, to 59 per 1,000 in the EMMUS report. However, neonatal mortality has remained more or less unchanged at 31 per 1,000 live births.

Major progress was seen in nutrition, with stunting among children under 5 decreasing from 29 percent in 2006 to 22 percent. Acute malnutrition has also halved, from 10 percent to 5 percent. However, three quarters of infants aged 6 to 23 months and nearly half of pregnant women are anaemic.

While the vaccination coverage of DPT3 has increased from 53 percent to 63 percent, challenges remain in vaccinating the hardest-to-reach children, particularly the 7 percent of children who have never received any immunization.

Net primary school attendance increased by 55 percent between 2006 and 2012 from 50 percent to 77 percent with gender parity. Improving the quality and efficiency in the education sector is still a challenge: two thirds of pupils are over-aged, and only 15 percent of teachers are qualified. An estimated 40 percent of schools lack drinking water and 60 percent lack sanitation facilities.

In the area of maternal health, births assisted by skilled attendants have increased from 26 percent to 38 percent, although only a quarter of women in rural areas have skilled attendance at birth compared with 60 percent of women in urban areas.

The HIV/AIDS prevalence remains at 2.2 percent, unchanged since 2006, and it is the highest in the region. The prevalence is higher among women (2.7 percent) than men (1.7 percent), and it is as high as 5.7 percent among women in the IDP camps. The Nord-Est department has the highest overall prevalence at 3.9 percent. Just 20 percent of women tested receive counseling on how to prevent passing HIV from mother to child, and less than one third of HIV-positive pregnant women receive antiretroviral treatment. Only 14 percent of the estimated 12,000 infected children receive antiretroviral treatment.

Haiti is not on track to achieving the water and sanitation targets under MDG 7. No change has been observed in access to safe water; 65 percent of people have access in the entire country. Eighty percent of residents in IDP camps have access to safe water, but this figure is a mere 35 percent in the Grand Anse...
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department. Access to adequate sanitation improved from 14 percent in 2006 to 28 percent in 2012; however, only 20 percent of the rural population have adequate sanitation facilities and 38 percent of the rural population practise open defecation.

Multidimensional challenges continue to threaten Haitian children, increasing the risks of abuse, violence, exploitation and child trafficking. According to a 2012 survey, an estimated 30,000 children live in more than 722 residential care centres, while 173,000 to 225,000 children are reportedly working as domestic servants, and 3,380 children and youths (11 percent of whom are girls) are living on the streets of Port-au-Prince — a 50 percent increase from 2006. According to the 2012 EMMUS, 86 percent of children aged 2 to 14 have been subjected to violent discipline (physical punishment and/or psychological aggression), while 28 percent of caretakers believe that children need physical punishment.

The geographic location of Haiti makes it highly exposed to multiple natural hazards. In 2012, Haiti was hit by Hurricane Sandy in October and Tropical Storm Isaac in August, and drought also affected parts of the country. These natural disasters affected 2 million people, compounding food insecurity, causing loss of livelihoods, damaging infrastructure and exacerbating the cholera epidemic. Almost three years after the January 2010 earthquake, about 358,000 people continue to live in 496 IDP sites, according to an IOM\(^3\) report released in November 2012.

**Country Programme Analytical Overview**

In 2012, the programme placed greater emphasis on strengthening state institutions and on recalibrating UNICEF’s engagement with the Government of Haiti. The key strategic shifts and dialogue have been based on the following principles: (1) equity in relation to the normative principles of the human rights-based approach to programming; (2) accompaniment, given the need to provide more technical support to national capacity building and the institutional strengthening of line ministries involved in the Country Programme; and (3) cost effectiveness, related to the significant decrease in Other Resources.

Programme achievements in 2012 laid the groundwork for the new programming cycle 2013–2016. Nationally, UNICEF helped develop equity-focused policies, norms and standards. Within departments, there was an effective implementation of policies / programmes, including strengthened monitoring capacities. At community level, the office worked to promote equitable access to the services, commodities and information that are essential to child survival, development and protection, while stimulating demand for the effective utilization of available services.

In September the Executive Board reviewed and finalised the Country Programme Document, based on which the new Country Programme Action Plan was developed. The situation analysis was also updated to reflect newly available data for the first time since 2001. It is scheduled to be finalised in early 2013.

As part of finalizing the Country Programme Action Plan as well as the rolling work plans for 2013–2014, UNICEF conducted, in consultation with government counterparts, a systematic bottleneck analysis for each of its programmes and Intermediate Results (IRs). The analysis was used the basis of prioritizing and identifying concrete interventions and actions in the new Country Programme.

The Country Programme contributed to strengthening national capacities in disaster risk management, in particular through the cluster transition process. The programme also ensured effective government leadership in emergency preparedness and response, and it helped the handover from clusters to local actors with increased capacities. The effectiveness of this transition has been confirmed through the development and adoption of the ten-year Action Plan for Cholera Eradication in Haiti, as well as the national response to the emergency caused by Tropical Storm Isaac and Hurricane Sandy.

\(^3\) International Organization for Migration.
Humanitarian Assistance

In early 2012, under UNICEF’s Rapid Response Mechanism (RRM) partnership, almost 1,250 members of the civil protection municipal committees were trained on needs assessment and data analysis methods; the management of temporary shelters; WASH in emergencies and; the implementation of monitoring and alert systems.

After Tropical Storm Isaac in August and Hurricane Sandy in October, 50 communal and departmental vulnerability mappings were developed in areas with high vulnerability, and 19 temporary shelters were rehabilitated. UNICEF is supporting coordination efforts by the departmental risk management and disaster committees. Following the passage of Isaac and Sandy, 8,000 affected families received hygiene kits, kitchen kits, tents, blankets, tarpaulins, water kits, soap and aquatabs. UNICEF distributed tents to heavily damaged schools to ensure the continuity of education, and prepositioned cholera vaccines for 200,000 persons in the event of localized outbreaks. Nearly 15,000 residents in Baradères were provided with access to safe water following the repair of a purification station damaged by the storms.

An emergency task force is functioning in the office and ensures the coordination of UNICEF emergency activities to support the government and partners.

Effective Advocacy

Mostly met benchmarks

Thanks to high-level advocacy by UNICEF and other key actors, the Government of Haiti ratified the Hague Convention on the Protection of Children and Co-operation in respect of Intercountry Adoption on June 11 2012. The signature led to a legal reform process with the aim of harmonising the domestic adoption law with the Hague Convention. UNICEF helped IBESR⁴ to establish a technical working group to revise the law and propose amendments. The draft law on adoption has been submitted to the Haitian Parliament.

Media articles (e.g. on the AlterPress news website in Port-au-Prince; The Huffington Post and The New York Times in the United States) were written on international adoption, with reference to UNICEF, demonstrating a clearer understanding of the issue.

The Haiti Country Office has provided support in addressing the issue of abandonment and the high number of children in institution. More than 400 residential care centres were monitored and evaluated, which led to IBESR closing 12 illegal centres. Media stories were written on this subject, highlighting the work of Haitian Government and the support of UNICEF (e.g. The New York Times in the United States).

In 2012, the Haiti Country Office developed and distributed IEC materials and reinforced social media tools, increasing the visibility of the office. The HIS production on programme activities was produced for Facebook, the UNICEF website and local media. Video stories and photo galleries were also produced on education, WASH, protection and community participation, disabilities, and HIV. National and international media were involved as part of the visibility and credibility strategy developed by the Communication Section.

Key strategic partnerships and interagency collaboration included children’s rights and journalism ethics training sessions organized through Panos, a local partner. Through this course, journalists from three Haitian regions raised their awareness of the situation of Haitian children, which resulted in an increase in child-related media stories. The Haiti Country Office also collaborated with the WFP,⁵ UNDP⁶ and WHO⁷ to produce education and health communication materials.

Performance of advocacy and communication efforts were regularly monitored and evaluated throughout the

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⁴ Institut du Bien Etre Social et de Recherches (Institute for Research and Social Well Being).
⁵ World Food Programme.
⁶ United Nations Development Programme.
⁷ World Health Organization.
year. All materials (print, video and photo) produced can be found on www.unicef.org and through the Facebook account used by the Haiti Country Office. Weekly media monitoring allowed the section to evaluate communication material as well as the items produced by national and international media.

**Capacity Development**

*Partially met benchmarks*

In 2012, the Haiti Country Office continued to employ different and complimentary capacity development strategies with a focus on: i) strengthening systems and skills for monitoring government programmes; ii) developing and following regulatory systems and standards; and iii) building institutional capacities in the context of moving from the post-crisis recovery towards long-term development.

The Haiti Country Office carried out national and subnational capacity development at the Ministry of National Education and Vocational Training (hereinafter, the Ministry of Education) on micro-planning, data collection and analysis, including the implementation of the school census, which provides a foundation for the Education Management Information System and a decentralized education framework.

For HIV/AIDS, UNICEF helped embed an expert in the Ministry of Health to provide technical assistance in the Education Management Information System and a decentralized education framework.

For HIV/AIDS, UNICEF helped embed an expert in the Ministry of Health to provide technical assistance in the Prevention of Mother To Child Transmission (PMTCT). UNICEF also supported the AEDES8 programme in Nord-Ouest, Sud and Grand-Anse departments, where three health experts helped departmental health authorities to increase equitable access to quality health services.

The Haiti Country Office also helped strengthen national capacities in disaster risk management, in particular through the transfer of cluster functions (information management, coordination, development of standards and strategies) to the government on emergency preparedness, humanitarian coordination, and response and information management. Consequently, a better national emergency response was observed for Tropical Storm Isaac and Hurricane Sandy.

Efforts were also made in community capacity development for nutrition, WASH and child protection programmes, by establishing community-based networks and reinforcing the capacities of local NGOs with a view to accompanying the government at sub-national levels.

These capacity development approaches are valuable because they help improve the performance of systems, as well as key indicators (e.g. nutrition, immunization, school attendance). That said, some important lessons have emerged from their implementation such as the cost effectiveness and sustainability of certain modalities; the budgetary implications for the government; and the limits in terms of local decision-making because of the lack of an effective decentralization policy.

**Communication for Development**

*Mostly met benchmarks*

National C4D were established with two training institutions: the State University of Haiti and the *Institut National Haïtien en Sante communautaire* (INSHAC) — an NGO specializing in community health. The partnership with the State University aimed at strengthening social research for planning. A pool of 17 academics from the Ethnology, Sociology, Anthropology and affiliate departments, including Social Communication, received training and orientation on C4D concepts. This led to preliminary discussions on collaborating with UNICEF to undertake joint social research in attitudes and practices, and studies on the socio-cultural norms/values that underlie behaviour, including the resistance to and rejection of services in health, nutrition, education, protection and WASH. INSHAC, which provides training programmes for Ministry

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8 European Agency for Development and Health.
of Health staff, field workers and other development partners, revised and began piloting its communication curriculum, which has incorporated C4D components related to human rights-based programming, advocacy and social change.

C4D training sessions organized for Ministry of Health staff led to the development of evidence-based strategic communication plans for the EPI and Nutrition Directorates. A Knowledge, Attitudes and Practices (KAP) study on Immunization services in four departments is currently being finalised, while a study on social norms related to breastfeeding, infant nutrition and food taboos for pregnant and lactating mothers is planned for early next year. The results will help select behaviours to monitor, define the corresponding indicators, and identify critical information and capacity gaps to be filled.

At the operational level, in the Nord and Sud departments, participatory methods were used to identify vulnerable groups and get their inputs on content preferences for radio programming intended for them. This has paved the way for the production of a 14-part radio series in Creole (the national language), based on the "Facts for Life". The listening groups set up in select marginalized localities will function as expert panels that provide regular feedback and weekly evaluations on the content of the radio programmes that will be aired across the country, with the assistance of a network of 40 local and community radio stations.

In the framework of the Household Development Agent Initiative (Kore Fanmi) that aims promote positive behavioural change within households, UNICEF supported the production of the Facts for Life manual in Creole, to be used by the Household Development Agents.

A key lesson learned is the importance of partnerships with training institutions as a means of developing national capacity for C4D training and application, in a way that is both sustainable and cost effective. Each year, approximately 200 communication and research students stand to benefit from this and it is imperative that UNICEF continue to provide technical support to these institutions. The partnership with the State University offers access to much needed information from studies and social research.

**Service Delivery**

*Mostly met benchmarks*

Please see the Programme Component Results sections.

**Strategic Partnerships**

*Mostly met benchmarks*

In 2012, UNICEF focused on cultivating partnerships that supported the development of national capacities to plan, coordinate, manage and monitor programmes.

The Haiti Country Office worked closely with the World Bank, FAES and various line ministries to plan the scaling-up of Kore Fanmi, the pilot household development initiative aimed at strengthening the link between vulnerable families, local authorities and service providers within communes.

An États Généraux de la Nutrition — a national stock-taking forum and nutrition review — was conducted for the first time in Haiti, supported by numerous technical and financial partners. Accompanied by strong political will, this helped identify and define programme priorities and strategies.

UNICEF also supported key government initiatives that brought together public institutions with a range of non-public partners, such as Aba Grangou — a national programme to fight hunger and malnutrition, improve multi-sectoral coordination, and boost the availability and proper use of foods.
The formation of the National Alliance for WASH in Schools was supported. Launched in March 2012 by the Ministry of Education in partnership with DINEPA\(^9\) and UNICEF, this alliance includes a host of UN agencies (PAHO / WHO, WFP, UNESCO) and NGOs (Save the Children, Plan Haiti, FONHEP, Oxfam Quebec and Caritas-Switzerland) that are committed to conducting a situation analysis for WASH in schools. The alliance will also set guidelines and national standards and strengthen the capacity of the Ministry of Education.

In line with its commitment to an effective Cluster-led approach, UNICEF sustained strategic partnerships with the government and NGOs by acting as a coordinator for the WASH Cluster and the Child Protection Sub-Cluster. For the WASH Cluster, UNICEF ensured dedicated technical assistance embedded within the WASH Directorate to support national contingency planning, sector innovations, standard-setting and information management, as well as general capacity development to ensure effective emergency coordination by the WASH Directorate.

UNICEF also supported several key public-private partnerships in 2012, including cooperation with the Dutch Technology University, through which UNICEF field-tested a new water container design in urban and rural environments. In addition, UNICEF signed a long-term agreement with Meds and Food for Kids, an American NGO licensed to work in Haiti, and purchased 15,500 boxes of Plumpy Nut, thereby fulfilling supply needs while supporting Haitian peanut farmers (MFK employs 50 local staff and buys from over 1000 Haitian farmers).

Support from the international private sector and foundations (channelled via UNICEF National Committees) included partnerships with Fortune 100 companies such as Disney and Crocs. The Engelhard Foundation also made a significant contribution.

Finally, the Haiti Country Office fostered a stronger local partnership with the Office of the Secretary of State for the Integration of People with Disabilities. The office also expanded global partnerships and advocated on issues related to children with disabilities in Haiti by participating in the Shafallah Forum on Crisis, Conflict and Disability in Qatar, the Forum on Global Partnership for Children with Disabilities, and the US Fund Atlanta Speaker Series.

### Knowledge Management

*Partially met benchmarks*

In 2012, the Haiti Country Office improved knowledge management practices and systems put into place in 2011 (shared drive, documenting good practices and lessons learned). The office addressed key issues identified in the knowledge management survey, including improving internal communication and prioritising efforts to produce quality knowledge management products.

In terms of knowledge generation, UNICEF gave financial and technical support to EMMUS 2012, which provides key demographic, health and socio-economic data on the situation of children and women in Haiti disaggregated by sex, geography, and poverty quintiles. The preliminary results have been extensively used for country programme planning, resource mobilisation and advocacy. The final results, expected in 2013, will enable the Haiti Country Office and partners to conduct further research and analyses for planning, decision-making and advocacy.

The situation analysis was updated throughout the year and will be finalised in early 2013. It reflects the latest data from EMMUS 2012 as well as other key household surveys and studies. Once finalised, the situation analysis will provide an important reference on data and analysis related to child rights in Haiti, and it will contribute significantly to the ongoing reporting process on the Convention on the Rights of the Child (CRC), as well as aiding strategic advocacy and policy development.

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\(^9\) Direction de l'Eau Potable et de l'Assainissement (Directorate of Water and Sanitation).
A mapping of social protection interventions was conducted in partnership with Oxfam, outlining the different initiatives being implemented by various partners (NGOs, civil society, donors, government). This review found that although there are numerous interventions, they are predominantly ad hoc in nature and poorly coordinated. Its recommendations called for a more integrated and coherent national system for social protection, serving as an important resource for key actors in the areas for future action.

UNICEF-led clusters in Education, Nutrition, WASH and Child Protection have closed in 2012, except for WASH. The clusters have captured key lessons learned and transferred their information management function to national counterparts. The WASH Cluster has conducted an extensive exercise to document and organise all information gathered and capture key lessons learned and good practices for use by national partners and for future evaluations.

**Human Rights-Based Approach to Cooperation**

*Mostly met benchmarks*

With support from UNICEF, the MPCE helped other line ministries in the Nord and Sud departments develop their first integrated annual work plans in line with the principles of the human rights-based approach to programming. As part of this process, a series of capacity-building exercises for sub-national partners were conducted, including orientations on the human rights-based approach, sector-wise analyses by duty-bearers, and community discussions by rights-holders. This culminated in a joint planning session at the beginning of 2012 involving all stakeholders to consolidate the information collected from these sessions and establish key priorities and milestones for the year.

The integrated annual work plan developed under the aegis of the MPCE in each department addresses the crosscutting capacity gaps among the various implementing partners in an integrated manner. In preparation for continuing discussions and reinforced dialogue between local duty-bearers and rights-holders, C4D provided further training on facilitation and communication techniques to the multi-sectoral teams that organised the community diagnosis sessions. The team has subsequently organised community meetings to provide feedback on the consolidated data, using the occasion to identify and select community activities that will be monitored, and mechanisms for monitoring.

The ongoing situation analysis 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-realization of children’s and women’s rights, and using available data to analyse the trends and causes of key deprivations. The situation analysis focuses on key knowledge gaps related to inequities and the barriers to access to services of disadvantaged children and families. The CRC-reporting process is also underway, under the leadership of the Ministry of Social Affairs, and with technical and financial support from UNICEF. The draft report should be completed by the first quarter of 2013.

**Gender Equality**

*Mostly met benchmarks*

As part of the development of the Country Programme Document and the Country Programme Action Plan, gender issues were mainstreamed as a core cross-sectoral priority. They were also reflected in the results framework to ensure they are monitored as part of the country programme results. Each programme component reviewed gender aspects within their results framework, ensuring that programme results and indicators reflect their contribution to promoting gender equality and to tackling gender-based violence. The development of the Country Programme Action Plan took into consideration newly available sex-disaggregated data, such as the preliminary results of EMMUS, to determine priority actions to address areas where disparities exist. The ongoing situation analysis also integrates gender analysis to analyse inequalities and their root causes.
The health and nutrition programme interventions specifically target women and adolescent girls, because they are more affected by under-nutrition, HIV and AIDS, and maternal mortality rates are high. While the overall lack of sex-disaggregated data continues to be a key constraint, this is gradually being improved with the regular implementation of the school census for the education sector, the completion of a key household survey, and the sex-disaggregation of other administrative data such as the directory and database of residential care centres.

In terms of internal gender mainstreaming, the Haiti Country Office benefited from the mission of the TACRO Advisor on Gender, who followed up on the previous introductory training on gender equality and mainstreaming for country office staff, and advised each section on how to focus on gender as part of the country programme development process. The Haiti Country Office has prioritised the recruitment of women to achieve gender balance in the new staffing structure, and the procurement process takes into consideration of including suppliers that are headed by women.

South-South and Triangular Cooperation

In support of South-South technical cooperation, UNICEF has provided technical advice and support to the coordination committee of the tri-partite partnership between the Governments of Brazil, Haiti and Cuba on community immunization and health service provision. In partnership with the Ministry of Health, UNICEF played a strong advocacy role through the coordination committee, working closely with the Embassies of Cuba and Brazil in Haiti. This ensured that national technical experts were integrated in the steering committee and that the committee worked in line with national priorities and plans. Brazil has provided US$100,000 for WASH interventions. Further opportunities for South-South cooperation arose when UNICEF Haiti met with the members of the Latin American and Caribbean Group to present the new Country Programme Document 2013–2016 in September. At the meeting, potential areas of cooperation were explored.

Cross-border coordination work continued with the Dominican Republic to prevent cholera and child trafficking, and to work together to eliminate paediatric HIV on Island of Hispaniola. The UNICEF Dominican Republic Office and UNICEF Haiti facilitated discussion between the Dominican National Children’s Council and IBESR to address the issue of the wellbeing and development of children on the island. The cooperation has expanded in 2012 to include a series of joint actions on prevention and child protection in both countries; technical exchange through training for IBERS officials by CONANI officials; and facilitation of coordination meetings between children’s community organizations and the civil and military authorities in both countries.

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10 Consejo Nacional para la Niñez y la Adolescencia (The Dominican Republic’s National Council for Children and Adolescents).
Narrative Analysis by Programme Component Results and Intermediate Results
Haiti – 1830

PC 1 - Young child survival and development

| On-track | PCR 1830/A0/06/314 There is a reduction in urban/rural and quintile disparities in maternal mortality, and in under-5 morbidity and mortality due to childhood illnesses.  

Progress: For the past three years, the health component of the country office programme has focused on improving access to healthcare services for the whole population, and especially for the most vulnerable groups, such as the IDPs who live in camps after the earthquake. Access to basic health services for women, children and newborns has improved in general, but disparities persist in some communes and in the slums. The office conducted a bottleneck analysis of these disparities and key actions have been included in the new country programme. The trend for the routine immunization coverage for DTP3 has shown progressive improvement since 2010 (DTP3 coverage was 68 percent in 2010 and 72 percent in 2012 according to administrative data). The Reach Every District strategy began in late 2010 and early 2011, emphasizing that efforts in the most vulnerable, hard-to-reach and poor communes are essential to reinforcing and maintaining good coverage. A total of 21,690 additional children who had never been immunised before were reached with DTP3 coverage as part of the 3 million children vaccinated in 2012.

Access to emergency obstetric and neonatal care, birth attendance by skilled personnel, post-partum care and essential newborn care have improved in general (birth attendance by skilled personnel increased from 26.1 percent in 2006 to 37.5 percent in 2012). But progress is slow. UNICEF has helped by reinforcing the capacity of the Ministry of Health and increasing supply/demand. Even though infant and under-5 mortality has fallen, neonatal mortality has been stagnant for the last decade.

UNICEF support in reducing mother-to-child transmission of HIV, improving early child diagnosis and providing antiretroviral treatment for those infected was key to rolling out health interventions in the sector. Despite efforts made in the three last years, HIV global prevalence in Haiti remains the highest in the Caribbean region at 2.2 percent (2.7 percent for women and 1.7 percent for men), UNICEF continued to support the adolescent and youth programme on prevention and care in the most vulnerable areas in Port-au-Prince.

Since October 2010, a total of 625,899 cases of cholera have been reported, with 7,787 deaths. The cholera epidemic has hampered programmes because resources (financial and human resources, and time) have been diverted to tackle the disease. UNICEF has contributed greatly to the national response, focusing on four high-risk departments with comprehensive interventions in WASH, health and C4D. Nationally, 1.2 percent of people who contract cholera die from the disease. Beyond health service delivery, there are still major challenges relating to issues of governance, the stewardship of resources, the creation of an enabling policy environment for meeting women’s and children’s needs, and the mobilization of communities to reduce women’s and children’s mortality and improve their health.

| Constrained | IR 1830/A0/06/314/001 IR1. A total of 1.5 million children under 5 have access to integrated child health services and routine immunisation in all departments. Urban/rural immunisation disparities fall from 6 to 3 points.  

Progress: UNICEF focused strategic and operational efforts in child immunization on providing technical, financial and material assistance, including advocacy for and support to the Ministry of Health in the development of the EPI annual plan, and the plan to eliminate maternal and neonatal tetanus. Targeting children under 5 and women, especially the most vulnerable areas, UNICEF focused on: (i) strengthening the cold chain system, which included installing 170 solar fridges; (ii) training staff in charge of EPI (918 technicians and health providers were trained on the installation of solar chills, vaccine management and the cold chain; (iii) expanding the Reach Every District strategy from 36 to 70 communes, administering the
DPT3 vaccination to 7,245 children who have never been immunised; (iv) developing an information data management infrastructure to introduce the pentavalent vaccine in routine immunisation; and (v) developing a plan to improve the waste management.

Under the routine immunisation programme, 153,378 of the targeted 213,026 children received DTP3 immunisation, representing 72-percent coverage. In the 70 communes targeted by the Reach Every District strategy, the coverage was higher: in one year, 117,812 out of 141,934 targeted children received DTP3 immunisation, representing 83-percent coverage.

UNICEF contributed to the implementation of the measles elimination campaign, which covered 2,977,704 children aged 9 months to 9 years. The office also provided polio immunization for 3,082,465 children aged 0 to 9 years, and vitamin A supplementation for 1,225,410 children aged 6 months to 5 years.

Key constraints encountered in implementing the programme are as follows: (i) the almost total dependence of partners on external financial support; (ii) the delay in the justification of advances to the government; (iii) problems with solar chill thermostats, which delayed the installation of equipment; (iv) lack of staff in certain structures; and (v) hurricanes and floods interrupting services.

**IR** 1830/A0/06/314/002 Pregnant women are informed of the three danger signs and they are aware of existing services. In five departments, pregnant women use quality essential and emergency neonatal and maternal care services.

**Progress:** In an effort to reduce maternal and neonatal mortality in the country, UNICEF and partners (UNFPA, UNOPS) helped set up five emergency obstetrical care centres in four departments (Ouest, Artibonite, Sud-Est and Nord). This is a first-level approach by the Ministry of Health to address the inconsistent access pregnant women have to specialized emergency obstetrical care during high-risk deliveries. This initiative has the potential to serve 123,622 women of reproductive age, and 15,434 deliveries per year. Within the framework of a joint programme with UNFPA and PAHO under the leadership of the Ministry of Health, UNICEF participated in the community training of women on reproductive health issues, reaching 12,000 women and men with information on family planning and prevention as well as on the management of high-risk pregnancies, the danger signs of high-risk pregnancies and importance of antenatal care visits for healthy deliveries. A total of 26 women have been trained in their respective communities to become trainers to continue to educate other women to promote healthy habits that will help reduce maternal and neonatal mortality in Haiti. UNICEF also helped introduce the kangaroo mother care method at the State University Hospital’s neonatal unit, encouraging care practices to save the lives of premature and low birth weight newborns. The method emphasises skin-to-skin contact between mother and child, which is critical to increasing the body heat needed for these babies to survive. To date, 80 mother-baby couples have benefited from this service at the neonatal unit. In a continued attempt to help the Ministry of Health plan national strategies to reduce infant and neonatal mortality, UNICEF helped plan the rollout of the initiative throughout the country. The country office also supported the Ministry of Health in conducting a study on the causes of neonatal deaths in the country. The results of this study will give the Ministry of Health sound data with which to plan for a response to reduce neonatal mortality in Haiti.

The principal constraints encountered in this area are caused by the lack of qualified health care professionals in the public health system. The public health system is also very centralized: in the absence of the director, there is no delegation of power, and activities come to a halt, which makes it difficult to carry out activities in a timely manner. Budgetary constraints also serve limit the public health system. To date, 84.9 percent of pregnant women have attended a prenatal care service at least three times — an increase from 80 percent. The number of pregnant women who have received tetanus toxoid vaccine rose from 65 percent (in the 2005/06 EMMUS) to 73.4 percent (2012).

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12 An operational arm of the United Nations.
Constrained

IR 1830/A0/06/314/003 Children, adolescents and women in urban and peri-urban areas have access to HIV/AIDS prevention and care services, as well as PMTCT services in five departments.

Progress: Working towards eliminating the mother-to-child transmission of HIV and syphilis by 2015, UNICEF provided technical and financial assistance to the Ministry of Health through the Directorate of Family Health, in order to scale up the PMTCT plan. As a result, micro-plans have been developed for all ten departments to improve access to PMTCT services. UNICEF and partners (mainly WHO and UNFPA) provided support to the bi-national initiative between Haiti and Dominican Republic to eliminate paediatric HIV from the Island of Hispaniola. At the same time, under an ongoing project with UNITAID, UNICEF provided antiretroviral drugs and other medical supplies to the Ministry of Health, facilitating HIV testing for 179,912 pregnant women (70 percent of all pregnant women in need of HIV-testing services). Of the 4,889 pregnant women found to be HIV positive during their antenatal visit, 91 percent received antiretroviral drugs for PMTCT and 2,218 children infected with HIV. UNICEF continued to provide support for the national communication campaign on PMTCT to increase demand for PMTCT services and promote community support by financing communication materials. In terms of the prevention and treatment of HIV/AIDS in adolescents and young people, HIV testing of 1,440 adolescents and young people was conducted, and care and ARV treatment were provided to 433 young people infected with HIV. UNICEF has also provided direct support to Gheskio, a local NGO, to initiate a pilot digital mapping project to reach the adolescents who are most at risk of contracting HIV and other sexually transmitted infections (STIs). The project will also study the adolescents who are the most vulnerable to gender-based violence, including sexual violence and early unwanted pregnancies, and it will seek to understand the barriers that prevent this particularly vulnerable group from using existing health services. Information gathered from this mapping will help design a more effective prevention programme targeting this group.

On-track

IR 1830/A0/06/314/004 One million children and women in three of the most deprived departments (Sud, Grand Anse and Nord-Ouest) have access to quality health services, with protocols that meet policy and technical standards, and that are accountable to the public.

Progress: In 2012, UNICEF worked with Ministry of Health and AEDES to implement a project called “Partenariat pour le développement des Directions Sanitaires” (Partnership to Develop Health Directorates) in three departments — Sud, Grand Anse and Nord-Ouest. The project aims to reinforce the managerial capacity of health department directorates in governance, coordination, decentralization and supervision. Many efforts were made despite the high turnover of officials in the three supported departments. The three departments showed better planning capacity (e.g. the finalization of development plans, support for the planning guidelines process at department level) and coordination with stakeholders. AEDES also supported the improvement of health information systems and data collection, including revision of collection tools and training of departmental health providers. To regulate primary health care, AEDES and UNICEF developed a comprehensive methodology to implement geographic health coverage plans targeting the most vulnerable and hard-to-reach populations. Within the framework of this support, AEDES conducted an evaluation of health facility end-users and beneficiary satisfaction. UNICEF and AEDES also conducted a study on financing mechanisms to improve national access to basic health services. Finally, UNICEF supported the Ministry of Health in setting up a model for performance-based financing that will be piloted in three departments in 2013.

On-track

IR 1830/A0/06/314/006 IR 6. Emergency preparedness and response women will have access to health interventions to ensure limited mortality and morbidity.

Progress: Since 2011, the Ministry of Health, the Inter-American Development Bank (IADB) and UNICEF launched a partnership to expand cholera prevention and treatment services throughout the country. This included improving coordination at the national level and at decentralized levels in a number of target

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13 A global health initiative working towards greater access to treatments and diagnostics for HIV/AIDS, malaria and tuberculosis in low-income countries.
departments (Ouest, Nord-Ouest, Nord and Nord-Est). The programme sought to establish 100 Cholera treatment facilities (10 CTCs\(^{14}\) and 90 CTUs\(^{15}\)) and 2,000 oral rehydration points (ORPs) in underserved communities, with associated social mobilization and C4D efforts. This partnership contributed to the rapid reduction in fatality rates within supported health facilities (CTUs and CTCs), which stood at less than 1 percent by the end of 2011.

Through this partnership, the Ministry of Health and UNICEF supported the establishment or maintenance of 149 CTUs, 45 CTCs and 1,270 ORPs. Over 139,000 people with suspected cases of cholera have been seen and received oral rehydration solution in the ORPs with the direct support of UNICEF. UNICEF support also rehabilitated 48 health structures in the Ouest, Nord-Ouest, Nord and Nord-Est departments to improve cholera treatment. In coordination with a range of partners, 4,358 community health workers received training on how to prevent and treat cholera, and 1,453 health providers received training on cholera treatment, cascading their knowledge to sensitise over 2,000,000 people.

Incidence rates have fallen markedly since 2010, but localised peaks in the epidemic continue to be triggered by heavy rains and other factors. The global and cumulative case fatality rate in the departments receiving assistance (Ouest, Nord-Ouest, Nord and Nord-Est) remains at 1.3 percent, which is 0.3 percent above the epidemic threshold of 1 percent defined by WHO. Nonetheless, the rate has dropped significantly since the early months of the outbreak and the beginning of the project. This indicates that a positive prevention and treatment system has been rolled out, but that additional work is still very much needed in rural areas to promote positive behaviour change, to sustain the quality of care, and to absorb and support the professionals mobilised during the emergency phase, in the public health system.

**On-track**

**PCR 1830/A0/06/316 Chronic and acute malnutrition among children under 5 is reduced.**

**Progress:** Chronic malnutrition was down to 22 percent in 2012, and acute malnutrition was reduced to 5 percent (EMMUS 2012, SMART\(^{16}\) 2012). UNICEF’s contribution to this includes setting up over 100 baby tents, which are spaces to promote and sustain optimal feeding practices for children under 1 while reducing the risks associated with the uncontrolled use of infant formula. UNICEF also helped to train a critical mass of health professionals and community health agents on breastfeeding promotion, and provided vitamin A supplements and deworming to government institutions and NGO partners. The office ensured the availability of multiple micronutrient powders to improve complementary foods for children aged 6 to 23 months, while ensuring the availability of and access to iron/folic acid supplements for pregnant women. In addition, UNICEF was able to form and/or strengthen key strategic and operational partnerships to provide services to the most vulnerable and hard-to-reach population groups. The availability of funds and qualified staff for this programme were significant factors in obtaining this success.

Furthermore, sustained advocacy resulted in the country holding the first ever National Nutrition Forum, and the government created a budget line for nutrition of 15 million Gourdes. Haiti was also the 28th country to join the *Scaling-Up Nutrition* movement.

UNICEF has been providing financial support to improve Haiti’s human resource capacity for nutrition by providing the salaries and equipment for 20 assistant nutrition focal points (two in each department); two officers in the nutrition division of the Ministry of Health; a chemist for the salt iodization plant of the Ministry of Health; a Senior Child Survival and Development Advisor in the Minister’s Cabinet; and two technical nutrition assistants in the National Food Security Office.

**On-track**

**IR 1830/A0/06/316/001 Health professionals and institutions use quality evidence/information and international standards, including for public accountability, to implement effective nutrition interventions for children and women in at least five of the most deprived departments.**

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\(^{14}\) Cholera treatment centres.

\(^{15}\) Cholera treatment units.

\(^{16}\) Standardized Monitoring and Assessment of Relief and Transitions Survey.
**Progress:** A total of 2796 staff were trained on various topics in nutrition (e.g. young infant feeding, severe acute malnutrition, micronutrients, emergency preparedness and response, and haemoglobin measurement with the HemoCue). Around 120 medical and agriculture students and health professionals were trained during the first university summer session on nutrition and at 21 health care institutions delivering nutrition services that meet international standards.

In terms of data collection and knowledge management, a national nutrition survey was conducted; five anthropometric surveys and four KAP surveys were conducted in the Sud-Est, Nord, Ouest and Artibonite departments; and one survey on the prevalence and risk factors of anaemia in women and children under 5 was conducted in the Sud-Est department. Nine thematic studies were conducted on the improvement of infant and young child feeding, trends and risk factors for anaemia and infant and maternal malnutrition, as well as a qualitative analysis of pilot programmes in three areas to determine the factors for geographical expansion of the programme. The “*Etats Generaux de la Nutrition*”, a platform to coordinate and integrate nutrition interventions and strategies, was launched for the first time in Haiti.

One of the main constraints in this area was the limited ownership of the programme at the Ministry of Health operational level, which was tackled by training and recruiting staff. Another key constraint has been the reduction in available financial flow UNICEF / the Ministry of Health, due to multiple and repeated delays in the liquidation of advances (funds) received. However, the programme was received strong political support. Priorities and strategies were clearly defined and shared in a consensual manner. Numerous technical and financial partners supported the programme and there were functional frameworks for joint planning.

- **Constrained**

  **IR 1830/A0/06/316/002 IR 2.** Improved micronutrient control, particularly those living in rural and peri-urban areas, receive vitamin A, deworming, iron/folic acid and consume salt with adequate levels of iodine

  **Progress:** Vitamin A distribution exceeded objectives: for the first time, over 90 percent of children in Haiti were reached by the programme. The same was true for iron/folic acid supplementation for teenage girls. Iron/folic acid supplementation for pregnant and postpartum lactating women also improved, although the target was not reached particularly because of women's lack of access to health centres. The following results were obtained in 2012:

  - 92 percent of children aged 6 to 59 months received Vitamin A supplements
  - 75 percent of children aged 1 to 5 years received albendazole
  - 70 percent of teens received iron/folic acid supplements and albendazole in two departments
  - 30 percent of pregnant women consumed iron/folic acid for 90 days
  - 46 percent of postpartum women received vitamin A supplements
  - 17 percent of households were using adequately iodized salt

- **On-track**

  **IR 1830/A0/06/316/003** Health professionals and families apply 10 essential nutrition interventions in a demonstrative programme to reduce malnutrition in at least two of the most vulnerable and hard-to-reach communes.

  **Progress:** In 2012, the programme expanded into 15 impoverished and vulnerable communes in the Sud-Est, Ouest, Nord, Nord-East, Nord-Ouest and Artibonite departments. Particular emphasis was placed on training professionals both in institutions and within communities. Programme reports indicate that 75 percent of health professionals in these areas know and implement the 10 essential nutrition interventions, and 67 percent of children under 5 and women living in hard-to-reach areas receive the 10 essential nutrition interventions.

UNICEF provided technical support (conceptualization programmes) and financial support to these results through cooperation agreements with national and international NGOs. Effective collaboration with government partners, and particularly national NGOs, was the determining factor in achieving these objectives.
The key constraints encountered were the limited number of public institutions to implement and/or reinforce activities to manage global acute malnutrition. To overcome this constraint, UNICEF reinforced the capacity of departmental directorates and provided training to caregivers in health institutions.

Constrained

**IR 1830/A0/06/316/004** Infants and young children's feeding practices are improved, including for girls and boys who are sick with or affected by HIV. Emphasis is put on the integrated management of severe acute malnutrition, especially in rural and peri-urban areas.

**Progress:** Infant and young child feeding practices have improved thanks to the better skills of nutrition personnel, particularly among young people graduating from medical and paramedical schools, as well as existing medical and paramedical health workers. The situation has also improved through the establishment of community women's groups.

The management of severe acute malnutrition has expanded, especially in under-served areas in the poorest and most vulnerable communes in the Ouest, Sud-Est, Nord, Nord-Est and Nord-Ouest departments.

In 2012, the following key results were achieved for this intermediate result:
- 64 percent of children were breastfed within one hour of birth
- 40 percent of children were exclusively breastfed for 6 months
- 15,873 children under 5 with severe acute malnutrition were treated (including 210 HIV-positive children)
- 2,909 HIV-positive pregnant women received counselling on infant and young child feeding practices
- 140,643 children aged 6 to 23 months received micronutrient powders for at least two months in order to supplement their diet
- 20,411 children with diarrhoea were treated with oral rehydration supplement and zinc

On-track

**IR 1830/A0/06/316/005** The nutritional status of girls, boys and women is protected from the effects of emergencies, including cholera.

**Progress:** In the course of the year, UNICEF and partners responded to two important emergencies (Isaac and Sandy). Through its RRM partners, UNICEF distributed therapeutic milk (F75 and F100), Plumpy Nut, high-energy biscuits (BP 100), tents, micronutrient powders and medication. Up to 100,000 children, young girls and women were reached with nutrition interventions during these emergencies.

Constrained

**PCR 1830/A0/06/318** The most vulnerable children, women and men in rural and poor environments have sustainable access to WASH services, contributing to a national increase in water and sanitation coverage in 2011 and 2012.

**Progress:** The objective of this programme component result was partially met. The WHO-UNICEF Joint Monitoring Programme data is available for the baseline (2010) and for the end of programme (2012), as summarized below.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2012</th>
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<tbody>
<tr>
<td>Water Urban</td>
<td>86</td>
<td>87</td>
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<tr>
<td>Water Rural</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td><strong>Water Total</strong></td>
<td><strong>69</strong></td>
<td><strong>70</strong></td>
</tr>
<tr>
<td>Sanitation Urban</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>Sanitation Rural</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td><strong>Sanitation Total</strong></td>
<td><strong>26</strong></td>
<td><strong>26</strong></td>
</tr>
</tbody>
</table>

While a small increase in total water coverage was achieved, total sanitation coverage remained static. The estimates reflect the historically low priority given to sanitation.

Sector progress is difficult to measure in a period of just two years. However, the prospects for improvement in coming years are positive: DINEPA is on track for its sector reform programme; significant funding (IADB
and Spanish Cooperation) is available to finance this programme; the earthquake and cholera emergencies have been weathered; experienced NGOs with development aims are still in the country; the UNICEF commitment for WASH in the new Country Programme 2013-2016 is strong; the ten-year Plan to Eliminate Cholera in Hispaniola is likely to attract additional new funding to the sector and boost coverage.

**On-track**

**IR 1830/A0/06/318/001** The needs of the most vulnerable children and women for safe and reliable WASH services are reflected in sector reform policies, strategies and institutional decentralization, through better norms, standards and monitoring.

**Progress:** The key results achieved in 2012 are summarised below.

Five staff from the *Observatoire National* were trained on the principles and use of DevInfo, which has resulted in a partnership discussion with DINEPA for development of a WASH database in 2013.

**Projet Appui aux Mairies** (*Project to Support Municipal Offices*): The office strengthened situation monitoring and decentralized coordination by municipal offices of Port-au-Prince of WASH activities in camps and neighbourhoods. Technical support was provided to departments of DINEPA (Sanitation, Emergency Response, and decentralised offices of DINEPA). The office also carried out advocacy for sector reform with municipal office, and helped expand the water quality monitoring system from earthquake-affected areas to towns and cities nationwide.

**Projet Office International de l’Eau** technical guidance sheets for sanitation, school WASH and water supply were prepared and reviewed by sector stakeholders.

**Knowledge management activities:** National Situation Analysis (BRIDES); Alliance plan; School Hygiene Guide; Student’s Hygiene Workbook; National Technical Directives for School (WASH).

**Sanitation:** CLTS\(^{17}\) Trainers Guide; CLTS brochure; Sustainable Sanitation conference proceedings (SOIL); Community Sanitation Forum proceedings (CRESFED); De-Sludging Protocols.

**Hygiene Promotion:** Global Hand Washing Day reports; Menstrual Management study; PHAST toolkit; Play for Education in camps.

**Water Treatment:** National KAP Survey (PSI) and reports on a household water treatment and safe storage workshop.

**Cholera:** Cholera KAP surveys (CDC) in Artibonite and Cité Soleil.

The OIEAU project has been delayed by a lengthy contracting process with DINEPA, so it will extend into 2013. The *Projet Appui aux Mairies* initiative has been supported since 2010. It has matured and is expanding slowly nationwide, especially with SISKLOR water quality monitoring for urban centres. However, continued UNICEF support is still unclear.

UNICEF contributions to this IR, besides supporting OIEAU and *Projet Appui aux Mairies* initiative, took the form of convening partners to debate certain topics (e.g. sanitation, school WASH) and evidence-gathering, as summarised above. Together, these actions have placed UNICEF concerns and programme areas of interest on the sectoral agenda.

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\(^{17}\) Community Led Total Sanitation.
sanitation, CLTS training was conducted with 32 community workers, which launched CLTS in 89 localities in three departments. The draft national sanitation strategy has been developed and should be finalised in 2013, while the draft national strategy for hygiene education was developed in partnership with the Ministry of Health and will be validated in 2013. Finally, a National KAP study on Household water treatment and safe storage was conducted to provide a baseline for developing a policy and a social marketing strategy in 2013.

The scaling up of CLTS faced challenges related to the existing practices for household subsidies introduced after the earthquake for installing latrines, which proved difficult to overcome. The draft DINEPA national sanitation strategy clearly sets out a policy of no household sanitation subsidies for latrine construction.

**On-track**

**IR 1830/A0/06/318/003 IR 3. Strengthen poor urban WASH for sustainable access to safe drinking water.**

**Progress:** Water supply services in impoverished urban areas in Port-au-Prince were improved through partnership agreements with the NGOs GRET, Action contre la faim and IMC. Neighbourhood committees were trained and equipped to manage water sales to consumers and payments to the municipality.

Petit Goave water system rehabilitation, in partnership with the French Red Cross, was completed with source protection, reservoir, chlorination and main pipeline installation achieved in 2012. Institutional capacity-building of the municipal technical focal points were also conducted to strengthen the management the upgraded system.

The work in poor urban neighbourhoods benefited considerably from the track record and experience of the French NGO GRET. Most of the 650,000 people targeted received access to improved, more reliable and safer water supplies, some of which were through new piped network connections.

The management capacity building of the Petit Goave project focused on using an on-the-job toolkit developed by the French Red Cross for small town municipal technical focal points. This could be applied to other townships, such as Leogane.

**On-track**

**IR 1830/A0/06/318/004 School populations use and maintain WASH facilities to child-friendly WASH standards and norms.**

**Progress:** The Alliance for WASH in Schools was officially launched in March 2012 as part of the World Water Day campaign, bringing together NGOs, the government and other development partners in promoting WASH in schools. The national alliance is mandated to develop norms and standards, mobilise funds and coordinate plans to boost WASH coverage in schools, as well as facilitating better coordination among health, education and WASH partners.

A national situation analysis on Wash in School was conducted in the Artibonite, Nord, Sud and Ouest departments to establish baseline data for scaling up interventions in the new country programme. A guidance document on school hygiene promotion was also drafted and validated by education directors, Ministry of Health staff and WASH Alliance partners.

As a result of UNICEF's leveraging efforts, the IADB has funded the Ministry of Education and DNSE for Wash in School as part of education sector financing for the first time.

A rapid assessment of the results of WASH interventions in 150 schools was conducted in partnership with Quiskeya University, providing essential information on the infrastructure and qualitative feedback to contribute to future evaluations as well as for future programming.

In partnership with six NGO partners on infrastructure development and hygiene promotion, WASH facilities were installed in nearly 250 schools (198 schools in 2011, and 42 schools in 2012) covering 83,270 children (72,720 children in 2011, and 11,000 children in 2012)
IR 1830/A0/06/318/005 People in IDP camps and earthquake-affected communities in the cities/towns of Port-au-Prince, Leogane and Grand/Petit Goave continuously use WASH services. Prevention and response to cholera epidemic. Cluster transition capacity development.

Progress: An estimated 92,000 people living in IDP camps benefited from improved water supply, sanitation and hygiene through partnership with SIF, GOAL and IMC. Around 20,000 people benefited from new latrines as part of their new shelter construction programme in partnership with IOM in support of the return to neighbourhoods strategy.

De-sludging operations for IDP camps continued throughout 2012, with around 350 camps serviced and the wastewater delivered to the Morne-a-Cabrit treatment site. Technical assistance was provided to DINEPA for strengthening their capacity to manage the Morne-a-Cabrit waste disposal site through a public-private partnership. However, a decision by DINEPA on the way forward is still pending. In the meantime, conditions of excreta and waste management at the Morne-a-Cabrit treatment site have deteriorated, as no proper handling of solid waste is being systematically conducted.

Departmental contingency planning exercises were held in three regions, strengthening DINEPA’s emergency response to the cholera outbreaks and Hurricane Sandy.

The WASH component of the RRM was evaluated and the NGO agreements were extended to the end of the year. The RRM went into action with Hurricane Sandy, during which partners undertook immediate assessments and the distribution of emergency WASH supplies from their pre-positioned stocks. Cholera supplies (chlorine products, soap, buckets) were procured and distributed to partners and DINEPA on a small scale. Sixty NGOs were trained in hygiene promotion and cholera prevention.

PC 2 - Basic education

PCR 1830/A0/06/315 Girls and boys aged 0 to 15 years in households in the lowest 3 quintiles and in rural areas benefit from the support of policies and systems that establish equal access to quality early learning and basic education, and that increase the enrolment of this population in line with gender equity (from 2011 to 2012).

Progress: In 2012, the education sector in Haiti prioritised the operationalization and expansion of Universal Free and Compulsory Schooling Programme, which was launched in 2011. Currently, more than one million children benefit from free education. The preliminary findings from the EMMUS 2012 show a breakthrough in attendance, which has jumped from 50 percent in 2006 to 77 percent in 2012.

Throughout 2012, UNICEF provided technical and financial support to the Ministry of Education to develop and validate educational policies promoting access and quality education, especially for the most disadvantaged population in remote areas.

In the area of early childhood, the policy will be validated in December 2012, while the five-year operational plan was approved by the ministry and is now the reference document for all interventions in the field of education. A partnership framework between the members of the Education Sector Group and the Ministry of Education was signed in November 2012 reiterating the alignment of technical and financial partners on the priorities identified by the Ministry of Education.

At the central level, UNICEF has also helped strengthen the universal schooling programme both in terms of expanding access and improving the quality of technical support for developing the accelerated learning programme. The office has also supported school construction in remote areas without public schools. Contribution to improving the governance of the education system focused on supporting the school census, as well as on micro-planning exercises, which were conducted in two departments.

The major constraints in programme planning and implementation as well as informed decision-making are
related to the fact that the Haitian education system lacks accurate data on children outside the system and on children newly enrolled in school. The universal schooling programme has been focusing primarily on expanding access, thus neglecting qualitative aspects. Furthermore, 2012 was marked by high staff turnover within the Ministry of Education, with the changes affecting the post of Minister, the Director General and many technical and departmental directors.

To overcome these constraints, UNICEF continued its advocacy to promote setting up identification systems for excluded children, to improve local governance mechanisms, and to implement a significant capacity building component at the local / departmental level, including the development of tools to improve information systems.

The education programme also emphasized improving quality by focusing its technical support on teacher training, the reading skills curricula, the procurement and distribution of materials, and the training of inspectors on effective supervision.

**On-track**

**IR 1830/A0/06/315/001 Equity policies — including the Early Childhood Development (ECD) policy framework — and equity in the budget allocation to education are adopted.**

**Progress:** After more than five years of continued effort, the Ministry of Education has committed to finalizing and validating the National Policy for Integrated ECD, with support from UNICEF, the World Bank and IADB. A national conference was organized for this purpose, involving more than 150 government and parliamentary representatives, as well as technical, financial and civil society partners.

To complement the analysis of the situation of children aged 0 to 5 years, led by IADB and Save the Children, UNICEF conducted a study on systems of care of young children in the two departments of convergence (Nord and Sud), to find out more on the situation of young Haitian children by focusing on systems for health care, nutrition, stimulation and protection offered by public services, families and communities in urban, peri-urban, rural and remote areas.

UNICEF has helped the Department of Planning and External Cooperation to reinforce the capacity of school principals in the Nord, Centre and Sud departments to collect and submit data for the School Census 2011-2012. In total, 3,452 principals were able to submit updated data. The results of the census are expected to be available by the end of 2012.

UNICEF has also supported the Departmental Office of Education in operationalizing the 2010–2011 school census database using DevInfo, and installation is scheduled in all 10 education departmental directorates between December 2012 and February 2013.

UNICEF and Education Cluster partners have been able to make significant progress in the implementation of a risk and disaster management system for the Ministry of Education, despite unfavourable economic conditions and persistent institutional weaknesses.

Key constraints encountered were the absence of policies, strategies and sectoral plans, which has delayed the implementation of the operational plan. Changes in personnel at the Ministry of Education have also blocked certain activities, and there have been delays in designating people for decision-making and implementation of the programme.

Even so, the programme was assisted by the active participation of civil society and NGOs in the finalisation and validation of the ECD policy.

**Constrained**

**IR 1830/A0/06/315/002 Systems and local governance for Education For All in two departments (Nord and Sud) improve access, quality and regulation**

**Progress:** Planned activities under this IR were aimed at improving local governance and capacity building
at the Departmental Directorates of Education (DDE) to help improve quality and expand access. In collaboration with the Directorate of Planning and External Cooperation, the Directorate of Basic Education and the Assistant General Directorate of the DDE, UNICEF launched a micro-planning programme in the Nord and Sud departments to train DDE inspectors and managers in the collection, management and analysis of educational data in order to develop local education plans. Today, more than 103 DDE inspectors and staff (out of an anticipated 114) know how to apply micro-planning principles and have developed local education plans: 12 out of 19 districts have a plan (63 percent). The DDE has updated data on 2,375 establishments in their territory.

The main constraints are related to a lack of awareness by departmental heads that micro-planning can drive managerial decisions such as setting the DDE budget, or addressing the lack of departmental planners and the ensuing lack of control of the Directorate of Planning and External Cooperation. However, efforts to involve the various technical directorates and the regular presence of a Directorate of Planning and External Cooperation representative in the field have strengthened the links between the central and departmental levels.

A workshop was held to discuss strategies for scaling up the programme, and it confirmed the interest of other technical and financial partners of the Ministry of Education such as the Spanish Cooperation and the Swiss Cooperation. The ministry, with the support of UNICEF, is in the process of defining strategies for scaling up.

On-track

IR 1830/A0/06/315/003 Around 200,000 boys and girls from households in the lowest quintiles and rural areas have access to quality primary education in public and non-public schools, with a 25-percent increase in enrolment.

Progress: Following the earthquake on 12 January 2010, UNICEF launched a programme to build semi-permanent schools, which they completed in 2012. A total of 196 semi-permanent schools have been built, benefitting over 200,000 children affected by the earthquake. The construction programme for 15 permanent schools in communes without schools is also underway. Sites have been identified and approved by the authorities. This will significantly increase the number of children aged 6 to 12 with access to school in rural areas.

The Go to School campaign was implemented in 2012 in all ten departments, targeting the most disadvantaged schools. The distribution campaign for basic school materials targeted 750,000 students, 21,000 teachers and 3,500 mainly public schools. In close coordination with the Ministry of Education at central and decentralized levels, lists of enrolment in schools for the 2012-2013 academic year have been developed as a database for monitoring activities, including student attendance.

UNICEF has provided technical support to develop the accelerated learning programme strategy targeting over-aged children, particularly in the context of the Universal Free and Compulsory Schooling Programme, but also for children who are not attending school. A workshop was organized for all actors who have implemented alternative learning activities to take stock of existing mechanisms and identify successful actions. Modules for the accelerated learning programme tailored to the personal and cognitive development of over-age children have been developed by the Ministry of Education.

UNICEF also supported the Directorate of Basic Education in the establishment of a coordination platform for interventions targeting the improvement of reading skills in the first four years of primary school. In collaboration with the Directorate of Basic Education, UNICEF is conducting a study on the acquisition of reading skills in Haiti in order to identify the most appropriate teaching strategies for more effective policies and strategies to improve the quality of basic education.

In response to micro-planning activities conducted this year by the departmental directorates and School District Offices, UNICEF will now focus on the strengthening of school management, data collection and information management to develop an education management information system. One of the key constraints encountered in 2012 was the expansion of access to education without an
improvement in quality. Quality of education needs to be prioritised to strengthen the capacity of teachers, especially on accelerated learning at the departmental level.

On-track

IR 1830/A0/06/315/004 Boys and girls in rural areas in two departments (Nord and Sud) have access to quality ECD services.

Progress: UNICEF has continued to support improving the quality of public preschool centres, which began five years ago. The project has reached 6 of 10 departments with the distribution of materials, providing support to more than 300 teachers and nearly 15,000 children. UNICEF has also supported refresher trainings for 25 educators in the Sud department.

UNICEF support has also focused on the renewal of the preschool curriculum in order to harmonize approaches and content between the public and private sectors and to ensure that all children aged 3 to 5 years have access to the same content and the same opportunity to develop the knowledge and skills required for their success in school, regardless of their socio-economic background.

As parental education is a pillar of the integral development of the young child, the Ministry of Education continued efforts initiated in 2011 to establish a reflection group on parental education and preschool curriculum. With UNICEF support, the ministry launched an extensive campaign to educate mothers and communities on the care of young children in both parenting practices as well as in terms of basic health care, nutrition and protection. This year, more than 500 parents from disadvantaged areas in the Nord and Sud departments received training on the guide " Facts for Life", translated into Creole by the C4D section. The scaling up and sustainability of the programme will depend heavily on efforts and resources from the ministry and partners.

UNICEF Haiti has also embarked on a pilot project that aims to develop creativity and psychomotor skills for 3,000 children in 10 preschool and primary schools affected by the earthquake, with playgrounds and equipment provided by Imagination Playground.

On-track

IR 1830/A0/06/315/005 Around 50,000 children are shielded from disruption to schooling in times of emergency (including cholera). The education sector's contribution to disaster preparedness and response to emergencies is effective in preventing the death and injury of enrolled students (2011 to 2012).

Progress: UNICEF has supported emergency preparedness activities, including the capacity development of government counterparts following the closure of the Education Cluster in June 2012. The Ministry of Education, in collaboration with UNICEF and other partners, conducted rapid assessments in response to Tropical Storm Isaac and Hurricane Sandy. UNICEF has contributed tents and school kits to damaged or destroyed schools to ensure education continues for affected children. UNICEF has also advocated for the closure of camps which have been set up in education facilities following the 2010 earthquake, reducing the number of occupied schools from 26 to 7 in 2012.

UNICEF also provided support in distributing materials, including teachers' guides, related to disaster risk reduction in the education sector and it trained 35 trainers from NGOs and the government. The absence of leadership in the Ministry of Education on disaster risk reduction caused some delays in the activities; however, advocacy efforts by UNICEF helped establish a unit to coordinate disaster risk reduction activities.

PC 3 - Child protection

On-track

PCR 1830/A0/06/317 The protective environment of legislation, state capacity, family capacity, norms and values are reinforced such that Haitian girls and boys are protected from abuse, violence, discrimination and the violation of their rights.
**Progress:** As a result of UNICEF’s technical support and intense advocacy, the Hague Convention on Inter-country adoptions was signed by the Government of Haiti on 2 March 2011 and ratified by the Parliament on 11 June 2012. The national adoption legislation has also been revised for the first time since 1974, and it is awaiting approval by the Senate, who received it in November 2012. A new law on alternative care including family reunification, placement in foster family and minimum standards for residential care centres is also under development.

The first ever inter-sectoral working group on children in domesticity, led by the Ministry of Social Affairs and Labour and facilitated by UNICEF, was established and has developed a draft law on counter trafficking, which was submitted to the Parliament in January 2012 and is awaiting approval. The working group on Justice for Children, led by the Ministry of Justice with technical support from UNICEF, is developing a child protection law (Children’s Code), which will be finalized in 2013 for submission to Parliament.

National capacity in child protection has also been reinforced during the reporting period, including the strengthening of the capacity and presence of the Brigade Protection des Mineurs (Child Protection Brigade: BPM), which has screened children at borders and airports to detect cases of trafficking. Other achievements include the establishment of a children's unit in the Office of Protection of the Citizen in all departments to monitor the work of institutions involved in child protection, and the training of magistrates and police on justice for children.

With technical, financial and material support from UNICEF, the directory of residential care centres was published by IBERS. The directory covers 776 centres, of which 520 have been evaluated to assess their standards, thereby contributing to their regulatory capacity. Those not complying to minimum standards were closed down between July 2011 and December 2012.

In terms of key constraints, frequent changes of government staff, notably the Minister of Social Affairs, UNICEF’s main counterpart, has had an impact on the overall work related to child protection, including the drafting of the CRC Report. Other issues include the limited number of tribunals for children (just two) as well as a lack of judges to examine children's cases. These factors have hampered progress towards ensuring that established procedures are undertaken for children in conflict with the law. While progress has been made in deinstitutionalizing of children and finding appropriate care, the key challenges lie the weak information management systems and the lack of transit centres for children at risk.

**IR 1830/A0/06/317/001** The government’s commitment to fulfilling child rights is reflected through the submission of the CRC report, the ratification of international instruments such as the Hague Convention, and the adoption of domestic legislation harmonised with international standards.

**Progress:** As a result of advocacy efforts by UNICEF and other international actors such as embassies and NGOs, the Government of Haiti signed the Hague Convention on Inter-country Adoptions in 2011. UNICEF has also provided extensive technical support to the revision of the national adoption legislation on adoption. Together with other partners such as the Hague Conference and Terre des Hommes, we have accompanied IBESR in leading the technical working group which has proposed amendments to the current legislation from 1974, which is out of date. The amendments were submitted to the President of the Senate on 20 November 2012 and are still awaiting official debate. UNICEF is also providing technical support to IBESR in drafting a new law on alternative care including family reunification, placements in foster families and minimum standards for residential care centres. Moreover, UNICEF has provided technical support to the sectorial working group on children in domesticity, led by the Ministry of Social Affairs and Labour, which is developing a draft law on counter trafficking. We have also supported the sectorial working group on Justice for Children, led by the Ministry of Justice, in developing a child protection law. The counter-trafficking law was submitted to Parliament in January 2012 but has still not been discussed. The Child Protection Law, which has been in the drafting process since 1998, has yet to be finalized and validated by the Ministry of Justice. Finally, UNICEF has supported an initiative by IBESR to publish a compilation of all legislations related to child protection, which is being widely disseminated.

The constant change of ministers at the Minister of Social Affairs has had an impact on the work on the CRC report. As a result, the report has still not been finalized or submitted to the CRC Secretariat. However, a
consultant has been hired within the Ministry of Social Affairs who is currently updating the report from 2009, which was never submitted to the Committee.

**Constrained**

**IR 1830/A0/06/317/002** Child protection systems at national and decentralised levels are reinforced, and a capacity development roadmap is implemented.

**Progress:** UNICEF has helped strengthen the rule of law and in particular, justice for children by supporting the following government initiatives.

- The sectorial working group on justice for children, which brings together various actors working in the field of justice for children to coordinate and advance legal reform and alternative measures for children. A draft Children’s Code is being revised by the working group under the auspices of the Ministry of Justice and 24 children have been placed in a social re-educational centre.
- The technical working group on children in detention, which reviews all cases of children in detention with the view to either release the children or place them in a diversion programme. A total of 138 children were released, of whom 18 received a presidential pardon.
- The Bar Association in Port-au-Prince and the Sud department. Up to 89 children have benefitted from free legal assistance.
- BPM, the child-sensitive police, who have screened the travel documents of more than 351 children at the borders. They have accompanied 113 children who were victims of trafficking.
- The Office of Protection of the Citizen, which has been able to establish a children’s unit in all departments to monitor the work of the institutions in the child protection system, including the IBESR, BPM, the Tribunal for Children and the Department of Penitenciary Administration.
- Police Academy and the Magistrate Academy, who have developed specific modules on justice for children. Twenty magistrates have been trained as trainers, and 480 police officer trainees have attended the course.

There are only two tribunals for children in Haiti, and the number of judges who take children’s cases at the First Instance Tribunal has been halved. Judges of Peace continue to place children in pre-trial detention against the established procedures.

**On-track**

**IR 1830/A0/06/317/003** A total of 30,000 children without family support (children in institutions, street children, orphans, restaveks, 18 children separated by the earthquake) have a legal identity, access to care, protection from exploitation and the services necessary for family reunification.

**Progress:** With technical, financial and material support from UNICEF, the first ever directory of residential care centres was developed and published by IBERS, and 520 out of 776 centres have currently been evaluated. Of these centres, only 30 percent are compliant with minimum standards and only 15 percent are accredited by the state. A total of 26 residential care centres that did not comply with the minimum standards were closed down between July 2011 and December 2012 by social and legal actors. The children were moved to transit centres while efforts to trace their families were speeded up. In total, 9,402 children have been reunited with their parents since the earthquake and 150 children are in the process of being reunited. Meanwhile, 17,500 children in institutions have been documented to facilitate their family reunification and their referral to appropriate basic services. In order to assure a smooth follow-up, information is stored in a child protection database. Although a few children were placed in foster care in the immediate aftermath of the earthquake, no other children have been, in accordance with the new standards and procedures developed in 2012. These new procedures, which were developed under the leadership of IBESR with technical support by UNICEF, IRC, Terre des Hommes, Beyond Borders and Handicap international, are scheduled to be validated by IBESR on 18 December 2012. Foster placement can only take place after the training sessions that are scheduled for January.

While IBESR and its child protection partners are working hard to deinstitutionalize children and find

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18 A term describing children who were given away by their parents to serve as unpaid domestic servants.
appropriate care for them, there are still some challenges: the database is having trouble absorbing all information and needs to be repaired; the state does not have a transit centre for children at risk; and the state does not have enough capacity (especially financially) to provide adequate support to vulnerable families to prevent abandonment.

**On-track**

**IR 1830/A0/06/317/004** Communities, families and children in the five most disadvantaged departments have knowledge, attitude and practices to avoid violence, abuse, exploitation, discrimination, the trafficking of children, as well as the capacity to use referral systems.

**Progress:** UNICEF’s community-based child protection approach is critical to promoting a protective environment for all children in Haiti. UNICEF provided funding, training and strategic and material support to 126 community-based child protection organisations in the following departments: Ouest (40 organisations), Sud Est (22), Nord (10) Artibonite (20), and Sud (34). This network of community-based organisations mobilised more than 2000 community volunteers offering 120,000 children and adolescents weekly arts, sports, recreational and reading activities.

Besides offering leisure and play activities to children, community volunteers play an important in preventing the risk of violence, abuse, and exploitation, and ensuring referral to social services and justice. Community volunteers have revealed protection gaps in the system and have occasionally generated community responses to ensure that children fulfil their rights. For instance, in 2011 community-based organisations referred 371 children to health services, and 365 cases of protection to the BPM and IBESR. In 2012, 1,270 children were referred to health, nutrition or psychosocial services; 435 cases of protection were referred to IBESR/BPM, and 1,289 cases were managed by community organisations within the community itself.

UNICEF reinforced the capacity of community workers by offering a comprehensive cycle of training on child protection, child rights, child participation, psychosocial support, encouraging arts and community mobilisation, encouraging sports and reading, and project management.

Over the past 2 years, UNICEF is supporting coordination between the networks of community-based organisations and the IBESR within departments. With united and coordinated child protection actors, children and adolescents will enjoy living in a protective environment and will have the support they need.

**On-track**

**IR 1830/A0/06/317/005** Girls and boys are protected from abuse, violence and exploitation in the event of emergencies or national disasters.

**Progress:** UNICEF provided technical and financial support to BPM and IBESR to increase their capacity to respond to national emergencies. Government partners are now better able to prevent and coordinate response during emergency situations. For example, the IBESR call centre received over 2,300 calls over a 72-hour period during Tropical Storm Isaac in August 2012. Together, the two hotlines 188 (BPM) and 511/133 (IBESR) received more than 23,000 calls during Tropical Storm Sandy in November 2012, when both organisations were mobilised to respond to specific needs in all departments that were touched by the storm. Both the Ministry of Work and Social Affairs and IBESR have a focal point for working with DPC and COUN when it is activated, and they both responded rapidly to victims needs in the immediate aftermath of the tropical storms by handing out hygiene kits and other materials received from UNICEF. Stock has been prepositioned in all departments for BPM, IBESR and the Ministry of Work and Social Affairs. In addition, more than 70 community-based organisations have been trained to use the emergency preparedness guide, ‘Te Mal’.

A contingency plan for child protection exists as part of the national contingency plan. In the plan, the Ministry of Work and Social Affairs and the Red Cross are described as the organs responsible for protection in general, while IBESR is mentioned as being responsible for child protection. There has still not been an official handover of the child protection cluster to IBESR, but High Commissioners for Human Rights have organized various meetings between the Ministry of Work and Social Affairs and IBESR to facilitate the transition.
PC 5 - Cross-sectoral costs

On-track

PCR 1830/A0/06/319 The rights of children and women are integrated and prioritised into evidence-based planning and design, and in the promotion of public policies, plans, legislation and spending, including social protection and for both emergency and recovery.

Progress: UNICEF has played a major role in monitoring key indicators on the situation of children and women, through its support to various major surveys and data collection operations (EMMUS V, the SMART nutrition survey, the school census, and the inventory of residential centres for orphans and other vulnerable children). In addition, while strengthening the capacity of IHSI in the management of social indicators, UNICEF has promoted access to and use of data through DevInfo, to organize, analyze and disseminate data for planning and monitoring purposes, specifically for the education and WASH sectors. The update of the situation analysis of children and women is being finalized, and the final report, which incorporates findings from EMMUS V, will be available in January 2013.

Support to the Nord and Sud departments strengthened the capacity of the Departmental Directorates of Planning in the human rights-based approach in programming, as well as results-based management. However, there is still work to be done to improve the use of appropriate tools for planning, monitoring and evaluation, and the application of quality standards for programme design, management and reporting.

Regarding the development of social protection strategies, UNICEF — in partnership with the World Bank and FAES — has contributed to the pilot phase of Kore Fanmi (the household development agent initiative) in Plateau Central. The evaluation of this pilot phase is currently under preparation. It will analyze the impact of interventions on household vulnerability and will guide the extension of the initiative to other departments in 2013 and beyond. While drawing lessons learned from the pilot phase, vulnerability indicators will be analyzed through a socioeconomic survey in targeted communes within the extension. UNICEF also provided technical and financial support to map social protection interventions in Haiti. Findings from this mapping will feed into the policy dialogue around setting up a child-sensitive social protection framework.

Major constraints include a weak statistical culture at policy-making level, which limits the opportunity to capitalize on available data to improve evidence-based decision-making and planning. In addition, there is a lack of coordination and a lack of clarity in the mandates of the various state institutions involved in the field of social protection, which complicates the institutional arrangements for an effective implementation of the roadmap towards a child-sensitive social protection framework.

Constrained

IR 1830/A0/06/319/001 Decision-makers have access to disaggregated statistics and knowledge for evidence-based decision-making.

Progress: The release of the EMMUS V preliminary results updated key indicators related to women and children’s rights and Haiti’s progress towards the MDGs. Other key studies and surveys, including the SMART survey, and the school census, have released key data for planning, decision-making and policy development with a focus on equity. The final report of EMMUS with further disaggregated data, to be released in March 2013, will enable more in-depth analysis to refine programme focus and strategy.

The situation analysis was not finalized in 2012, mainly because of weak national capacity in the analysis of multi-sectoral elements related to children’s rights, the late release of EMMUS data, and the integration of the bottleneck analysis approach to the process. The draft report is available, and the final report will be submitted in early January for validation by national partners. It will be used for programming and to update the CRC Report.

The release of new data in 2012 created an opportunity to collate, analyze and disseminate information in a user-friendly manner. The WASH, education and child protection sectors have begun to develop databases using DevInfo. The national database, HaitiInfo, is yet to be updated with the new EMMUS data or the Living Conditions Survey data. The key constraint has been the weak capacity of IHSI in consolidating and updating
the information, and the lack of coordination with other ministries and partners in coordinating national statistics. Strengthening their capacity and providing technical support will be a key priority in the new country programme.

While key socioeconomic data have been collected during the reporting period, a budget analysis on sectors related to children has not been conducted, mainly because of a lack of budget information and poor coordination in social budgeting initiatives.

Constrained

IR 1830/A0/06/319/002 Government and civil society partners use adequate programme planning, monitoring and evaluation (M&E) tools, and they apply quality standards for programme design, management and reporting.

Progress: Capacity building of national partners in the human rights-based approach to programming and results-based management was carried out in the Nord and Sud departments, resulting in a consolidated departmental plan prioritising activities for children.

As part of our partnership with international and national NGOs, UNICEF has conducted orientation for key partners on results-based reporting. The office has also conducted quality control of project planning. As part of the RRM initiative, tools for monitoring and rapid assessments were created to standardize the approach used by partners, and to improve the quality of field monitoring.

Even so, both governmental and NGO partner capacity remains weak and further strengthening is called for to improve the quality of programme/project planning, M&E and reporting, especially at the decentralized level.

Constrained

IR 1830/A0/06/319/003 An integrated set of essential social protection interventions based on the provisions of child-sensitive social protection systems and aligned with the minimum social floor designed and implemented in at least two departments in order to build the foundation for a child and young people friendly national social protection policy in the medium term.

Progress: There have been three main achievements in this area. The first is the mapping of social protection interventions, in collaboration with OXFAM GB and ILO, which marked the launch of the roadmap towards setting up a social protection framework. Findings from the mapping were validated in August 2012 by stakeholders, and will serve for policy dialogue in 2013 and beyond. Secondly, UNICEF supported the pilot phase of Kore Fanmi, in partnership with the World Bank and FAES. The initiative will facilitate access to basic social services, promote positive behavioural change in families, provide essential commodities and select services directly to families, and strengthen the management and monitoring of social services with a view to increasing the efficiency of social interventions for the most disadvantaged families. The third achievement was the capacity-building of the Nord and Sud Departmental Directorates of Planning, helping them apply the human-rights based approach in programming and results-based management, which led to the development of child-centred local action plans.

One of the major constraints encountered, which will delay the implementation of the roadmap, is the lack of coordination between institutional actors promoting social protection. Moreover, overlapping mandates complicate the institutional arrangements to lead the process. Improved inter-sectoral dialogue on social protection issues among government institutions will be necessary. In addition, there has been no updated analysis of public expenditure because of a lack of human resources.

Priorities for 2013 and beyond include the following: (1) organisation of the Social Protection Forum; (2) extension of the Kore Fanmi Initiative, (3) capacity development in social protection; (4) identification and implementation of joint initiatives to strengthen the social protection of the most vulnerable families; (5) capacity development in social budgeting; and (6) analysis of public expenditure to reduce child poverty and disparities.
Constrained

**PCR 1830/A0/06/320** Decentralised authorities protect the right to access to basic social services for the most disadvantaged, vulnerable and hard-to-reach communities, who also have increased ability to recover from disaster and humanitarian crises.

**Progress:** In coordination with C4D and the Social Policy/Planning components, implementation of the convergence approach in the Nord and Sud departments helped build local capacity in planning and results-based management. This has brought rights-holders and duty-bearers closer together in the dialogue on critical issues affecting the rights of children and women in the most disadvantaged communities. As a result, the first integrated planning document for the two departments using a human rights-based approach has been developed. However, a significant delay in the implementation of the process did not allow a timely implementation of the departmental work plans that have resulted from this exercise.

Strategic partnerships with civil society organisations strengthened local capacity in emergency preparedness and response by setting up local disaster and risk management structures, as well as early warning and rapid response mechanisms. This system showed its effectiveness during tropical storms Sandy and Isaac; however, its sustainability remains a challenge in terms of cost effectiveness.

Constrained

**IR 1830/A0/06/320/001** Local authorities and civil society partners (duty-bearers) within two departments (Nord and Sud) are engaged in networks to promote and implement interventions to fulfil children’s rights.

**Progress:** In coordination with the C4D and Social Policy/Planning components, stakeholder engagement was carried out by implementing the convergence approach under the leadership of the Departmental Directorates of Planning in the Nord and Sud departments. The main outcomes were departmental monographs, community diagnoses on the situation of children and women, and departmental work plans to implement priority actions that address critical areas affecting the rights of children and women in targeted communities. Nevertheless, the process has been significantly delayed because of the ownership of programming tools and approaches that still need to be strengthened at the local level.

On-track

**IR 1830/A0/06/320/002** Local authorities and civil society partners are equipped to plan, develop and continually implement emergency, recovery and development interventions in all departments.

**Progress:** In partnership with Action contre la faim, Handicap International, Terres des Hommes, ACTED, and Caritas, UNICEF supported national capacity development to ensure effective and timely emergency preparedness and response at all levels.

In this framework, disaster and risk management structures were set up at departmental level, and civil protection structures were established within communes. These structures will improve emergency preparedness through vulnerability mapping exercises and the prepositioning of emergency inputs in order to manage early warning systems, and trigger a rapid and timely response through an appropriate mechanism. Tropical storms Isaac and Sandy in 2012 gave an opportunity to assess the effectiveness of this RRM. It helped 8,000 affected families in various areas, covering their needs in hygiene, shelter and protection, as well as 15,000 residents in Baraderes who had access to potable water thanks to the installation of a purification station.

Constrained

**PCR 1830/A0/06/321** Youth and adolescent rights are articulated in national policies and programmes, planning processes and implementation. Their right to participate is progressively realized with the availability of increased opportunities to take part in decision-making processes, planning, community and civic action.

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19 Agence d’Aide à la Coopération Technique et de Développement.
**Progress:** A national advocacy plan on the participation of children and young people was developed, integrating recommendations made with the participation of almost 2,000 young people. The plan was submitted to national authorities with support from the Global Movement for Children (GMC), and national youth indicators were developed by the Ministry of Youth, Sports and Civic Action, along with public and private partners. Messages promoting the right to participate were disseminated through a radio project in partnership with IOM and the GMC. The National Youth Council of Haiti provide a forum for youth participation in decision-making processes, and the implementation plan of the National Youth Policy is in progress.

Some of the main constraints identified were the weak management capacity of the partners involved, the high rate of turnover and loss of human resources from major partners, and the lengthy political transition which slowed the implementation of activities.

**Constrained**

**IR 1830/A0/06/321/002** Adolescent girls and boys in the poorest, most remote and vulnerable areas in at least three departments participate in local government decision-making related to children’s rights, as well as emergency and recovery initiatives.

**Progress:** The establishment of the departmental chapters of the National Youth Council in the Nord, Sud and Ouest departments did not progress as expected during the reporting period because of a lack of budget and the frequent changes at the Minister of Youth and Sports, which led to delays in decision-making. In the meantime, staff from 25 local organisations in these departments were trained on child rights, focusing on the right to participation (including for children living with disabilities), gender, advocacy and project management to strengthen their institutional capacity. Some 250 adolescents and youths from Artibonite, Centre, Sud, Grand Anse and Nippes participated in youth forums. The resulting document with recommendations and action points was shared with senators in the departments of Artibonite and Sud. In cooperation with the national NGO Konesans Fanmi and the Ministry of Youth, over 150 adolescents and youths were trained on hygiene education, disaster risk reduction, the prevention of HIV/AIDS and STIs, and they were deployed in 28 communities to disseminate key messages.

**Constrained**

**IR 1830/A0/06/321/003** The authorities in four departments (including the Nord and Sud) have a C4D operational plan available that takes into account emergency preparedness.

**Progress:** National C4D partnerships were established with two training institutions: the State University of Haiti and the INSHAC — an NGO specializing in community health. The partnership with the State University aimed at strengthening social research for planning, and a pool of 17 academics from the Ethnology, Sociology, Anthropology and affiliate departments, including Social Communication, received training and orientation on the concepts of C4D. This led to initial discussions about collaborating with UNICEF to undertake joint social research in attitudes and practices, and studies on the socio-cultural norms/values that underlie behaviour, including the resistance to and rejection of services in health, nutrition, education, protection and WASH. INSHAC, which provides training programmes for Ministry of Health staff, field workers and other development partners, revised and began piloting its communication curriculum, which has incorporated C4D components related to human rights-based programming, advocacy and social change.

C4D training sessions organized for the staff at the Ministry of Health led to the development of evidence-based strategic communication plans for the EPI and Nutrition Directorates. A KAP study on Immunization services in four departments is currently being finalised, while a study on social norms related to breastfeeding, infant nutrition and food taboos for pregnant and lactating mothers is planned for early next year. The results will help select behaviours to be monitored, define the corresponding indicators, and identify critical information and capacity gaps to be filled.

At the operational level, in the Nord and Sud departments, participatory methods were used to identify vulnerable groups and get their inputs on content preferences for radio programming intended for them.
This has paved the way for the production of a 14-part radio series in Creole, based on the *Facts for Life* manual. The listening groups set up in select marginalized localities will function as expert panels that provide regular feedback and weekly evaluations on the content of the radio programmes, which will be aired across the country with the assistance of a network of 40 local and community radio stations.

As part of the *Kore Fanmi* initiative that aims promote positive behavioural change at household level, UNICEF supported the production of *Facts for Life* manual in Creole, to be used by the household development agents.

A key lesson learned is the importance of partnerships with training institutions as a means of developing national capacity for C4D training and application, in a way that is both sustainable and cost effective. Each year, approximately 200 communication and research students stand to benefit from this and it is imperative that UNICEF continue to provide technical support to these institutions. The partnership with the State University offers access to much needed information from studies and social research.

**IR 1830/A0/06/321/004** The Ministry of Youth, Sports and Civic Action has an evidence-based implementation plan the National Youth Policy with a specific emphasis on adolescents

**Progress:**

Technical support and advocacy intended for bondholders State of training sessions for the bondholders State programming targeting teens but particularly adolescents have been provided in order strengthen the capacity of the Haitian State to develop a plan of implementation of the policy of youth with the support of the partners of the GMC. Several public institutions in Port au Prince primarily concerned with the problems related to childhood and adolescence were trained on children's rights. Support government programs targeting teenagers. 2000 copies of the document "Facts for life" creole version were offered at the direction of MJSAC to equip each of 1500 brigadiers of civic action in training in their support to communities in 10 departments of the country. Technical support for mapping activities in relation to vulnerable populations were also given. This digital mapping exercise conducted with the support of Headquarters and carried out by the ONAVC involved 24 teenagers from disadvantaged neighbourhoods of Village of God. The months of June to August 2012, the information thus collected were fed to a searchable digital map online to design and implement a program for adolescents in care linked to HIV/AIDS (prevention, treatment).

**PCR 1830/A0/06/322** Strategic and essential commodities and services required for the efficient implementation of programmes meet established standards. They are procured on time and delivered to end-users.

**Progress:** Supply and logistics adapted its strategies to mirror the shift of the country programme from recovery to long-term sustainable development. Key steps included moving from temporary warehousing to a concrete building, reducing the number of field storage locations from seven to three in collaboration with UN agencies and partners, and prepositioning supplies through RRM partners.

In addition, the reduction in supply and procurement has been commensurate with the decrease in resources and the downsizing of the office, with an enhanced emphasis on quality. This is shown by the shift from US$41.5 million spent in 2011 to US$12.2 million spent in 2012, with local procurement estimated at 69 percent. The strategic sourcing of suppliers through competitive bidding processes led to quality assurance and the effective delivery of goods and services. With a steady development of the local market in 2012, access to and the timeliness of essential commodities improved.

Close collaboration with programme sectors led to the development of realistic supply plans and their effective implementation through strategic procurement. Key regular programmatic supplies were provided to the education, WASH and child protection sections, and joint field missions were carried out to assess the appropriateness of commodities and services procured and delivered to beneficiaries. Furthermore, the country office continued to use its procurement services to support government and facilitate the purchase,
clearance and transport of essential commodities (e.g. 2.1 million doses of vaccines procured by the Ministry of Health).

In the area of emergency response, timely supply and logistics support was provided to Tropical Storm Isaac and Hurricane Sandy, and the office supported the management of one central stock in Port-au-Prince and three pre-positioned contingency stocks in the field (Cap Haitien, Gonaives and Les Cayes).

Capacity development remains a key concern given that the Haitian government does not currently have logistics or warehousing capacity. Because of Hurricane Sandy, the office was unable to operationalize its plans to build the capacity of government and partners in the areas of procurement and supply, warehousing and stock management, and emergency logistics. This will be a priority in 2013.

**On-track**

**IR 1830/A0/06/322/001** Timely procurement of goods and services in accordance with UNICEF rules and regulations.

**Progress:** While US$41.5 million was spent on supply procurement in 2011, this figure fell to US$12.2 million in 2012, with local procurement estimated at 69 percent. The strategic sourcing of suppliers through competitive bidding processes led to quality assurance and effective delivery of goods and services. With a steady development of the local market in 2012, access to and timeliness of essential commodities improved.

**On-track**

**IR 1830/A0/06/322/002** Proper storage, prepositioning and dispatch to end-users.

**Progress:** Timely supply and logistics support provided in the wake of Tropical Storm Isaac and Hurricane Sandy. The office supported the management of one central stock in Port-au-Prince and three pre-positioned contingency stocks in the field (Cap Haitien, Gonaives and Les Cayes).

Realistic supply plans were developed in close coordination with the sections, and their effective implementation was ensured through strategic procurement. Key regular programmatic supplies were provided to the education, WASH and child protection sections, and joint field missions were carried out to assess the appropriateness of the commodities and services procured and delivered to beneficiaries. The country office also continued to use its procurement services to support the government and facilitate purchase, clearance and transport of essential commodities (e.g. 2.1 million doses of vaccines procured by the Ministry of Health).

**On-track**

**PCR 1830/A0/06/800** Effective and efficient programme management and operations support.

**Progress:** In relation with the changing context of the office, marked in particular by the introduction of VISION 20 and the gradual downsizing of staff throughout the year, the governance structure was updated on a continuous basis so as to ensure business continuity and the effective management of institutional memory.

In terms of strategic risk management, the office developed its Enterprise Risk Management plan as well as other related plans, such as the Early Warning Early Action and Business Continuity plans. In terms of managing risks associated with the segregation of duties and rights in VISION, the office succeeded in properly distributing roles and responsibilities so as to minimize risks.

A management response mechanism for evaluations has been established as part of the Integrated Monitoring and Evaluation Plan (IMEP) workflow; however, as all evaluations were either completed at the end of the year or are to be completed in January 2013, specific responses have not yet been identified. In the meantime, the country office implemented actionable recommendations emerging from the Independent Review conducted in 2010 and 2011.

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"UNICEF’s Enterprise Resources Planning tool."
Regarding use of Information and Communications Technology (ICT), the biggest challenge in 2012 was to move the ICT system from the provisional emergency set-up to a state-of-the-art installation in the new office premises. Email connectivity and availability to staff on mission was improved while reducing internet access costs by using a more economic G3 data service provided by local telephone companies.

In terms of fundraising, over US$18 million in new contributions were mobilised during 2012. In line with the Haiti Country Office’s resource mobilisation objectives, ORR as a portion of overall resources mobilised rose, from about 21 percent in 2011 to 31 percent in 2012. However, ORE continued to account for the vast majority of new contributions. This performance resulted from combined strategies that include high-quality Natcom Donor Toolkits on the Funding Marketplace, supplemental communication materials, strong relationship management through Natcoms visits, and monitoring missions from public sectors donors.

**IR 1830/A0/06/800/001 Effective and efficient governance systems are performing adequately to manage risks and achieve programme results.**

**Progress:** As Haiti is particularly prone to disasters, the office has developed several mechanisms to respond quickly to emergencies while ensuring that UNICEF rules and regulations are respected. Staff has been kept abreast of latest developments as well as major office objectives via stand-up and ad-hoc meetings.

In a context of dramatic downsizing, the office continuously updated the membership of all statutory committees as well as the signatory panel. In addition, the overlap of the Representative and Chief of Operations incumbents ensured a smooth transition at the senior management level. Recruitment was accorded top priority from October onwards, making sure that the 47 posts for 2013 were filled in time.

The office took concrete steps to respond to and close all audit recommendations by November 2012. It improved workflow processes (Direct Cash Transfers [DCTs], Supply, Travel), developed a ToA on the basis of the DFAM standard format, and reduced Approva violations to a minimum of 13 (including four informational). By the end of 2012 the office anticipates that the Approva violations will refer only to informational roles.

In addition to the regular analysis of key office performance indicators through country management team meetings, a VISION operations pool was created to maximize the benefits of the use of VISION as an effective performance-monitoring tool. Moreover, in light of the low capacity of government structures to report on DCTs, the office set up a weekly meeting chaired by the Deputy Representative to address bottlenecks in DCT reporting and to find ways to accelerate the reporting against outstanding DCTs.

The rollout of HACT\(^{21}\) has been delayed because of its postponement at the UNCT level, with efforts in 2012 being limited to orienting government counterparts. Concerted efforts will be invested in rolling out HACT in 2013.

**IR 1830/A0/06/800/002 Effective and efficient management and stewardship of financial resources.**

**Progress:** In order to reinforce the capacity of technical sections to manage donor contributions, the office conducted a series of specialized trainings to introduce staff to the fundraising and negotiation process for donor agreements, their current Programme Budget Allotments (PBAs), and associated conditions.

The Haiti Country Office closely monitored the use of financial resources raised against the different PCRs/IRs to ensure that planned results were not only funded but also met. The 2012-approved ceiling in the Country Programme Document amounted to US$65,115,699, including RR and ORR while the planned amount for ORE was US$46,525,600. Of the approved ORR of US$61,000,000, a total of US$5,631,902 was raised against the Country Programme Document, while the funded amount from RR was US$3,024,000. Most of

\(^{21}\) Harmonized Approach to Cash Transfers.
the funds available in 2012 continued to be emergency contributions for which US$13,443,230 was raised and allocated to the different PCRs/IRs.

Globally, the office achieved a high level of budget implementation. By the end of 2012, the expenditure rate on RR was 95 percent and on ORR it was 89 percent. On ORE, expenditure was 89 percent. A utilization rate of over 98 percent was achieved for 95 percent of OR-E PBAs. Outstanding DCTs were also on the agenda of the country management team and programme management meetings. By the end of 2012, the number of DCTs pending for over 9 months was reduced to 5 percent, thanks to the work of the programmes and operations teams.

Most PBAs were used within their validity period, thanks to a close follow-up of expiring PBA. Thirty PBAs amounting to US$18,805,634 expired in 2012, with a utilization level of 98 percent. Budget management and control issues were discussed during weekly programme and monthly management meetings to ensure that set target rates were met and that funds were used in line with donors' conditions.

**On-track**

**IR 1830/A0/06/800/003 Effective and efficient management of human capacity.**

**Progress:** In light of the significant downsizing of the office, 2012 entailed a very high workload for the HR section. Key priorities were the reorganization of the Human Resources (HR) section itself, together with its role in advising senior management on human resource gaps and staff profiles to match the shift in the country programme, and helping sections create revised job descriptions.

The approved Country Programme Management Plan entailed the abolition of 66 full-time posts and the creation of 44 new posts (10 international and 34 national). The 34 national posts were a result of the programme reorientation and the subsequent needs analysis conducted by the office, which revealed a need for national staff to provide solid local expertise to balance the need for experienced senior-level international staff providing leadership in policy advocacy and management.

Although the recurrent main staffing challenge faced was to find competent female candidates and achieve geographical diversity, the office succeeded in maintaining a mix of nationalities in 2012 (47 percent staff from donor countries, 53 percent from programme countries), and a woman/man ratio of 32/68 percent. At the end of December when 97 percent of recruitment was completed, the gender ratio of the office was more balanced at 40 females for 44 males.

With the large number of abolished posts and the office’s commitment to providing affected staff with career guidance, HR hired the services of a career management company with whom the Regional Office had a long-term agreement. In addition to this, a local consultant was identified to provide similar services to the drivers, another category of affected staff (of the 64 drivers in June 2012, the office employed just 11 by 31 December 2012).

HR took a proactive role in providing advice on entitlements, HR rules and processes to all staff in need. During this time of change and transition, Peer Support Volunteers also played an active role. Staff counselling services were made available throughout the year, both for staff on abolished posts and for staff affected by security-related incidents. Management and the Staff Association worked closely together to ensure staff well-being.

Another positive step was the move from Logbase to the new office in Petionville. This resulted in a significant improvement in staff morale, with over 90 percent of staff expressing their satisfaction with the new working conditions. Management is committed to continue improving the working conditions and the work-life balance.

As a follow up to the Global Staff Survey, a small task force has been set up to improve staff well-being and the functioning and effectiveness of the Staff Association. The office will assess the progress of this task force towards the beginning of 2013.
Effective Governance Structure

Because Haiti is prone to disasters, the office developed several mechanisms to respond quickly to emergencies while ensuring that UNICEF rules and regulations are respected. Staff was kept abreast of latest developments as well as major office objectives via stand-up and ad-hoc meetings.

The year 2012 also saw the office starting to downsize dramatically, and in the interest of continuity and institutional memory throughout the year, the membership of all statutory committees were continuously updated. The last update was in November 2012, including an update of the signatory panel. All committees met regularly in order to respond to the needs of the office.

The office took concrete steps to respond to all audit observations by November 2012. The office improved, endorsed and operationalized workflows (e.g. DCT, Supply, Travel), developed a Table of Authority based on the format prescribed by DFAM, and reduced the Approva violations to a minimum of 13 (including four informational). By the end of 2012 the office anticipates that the Approva violations will refer only to informational roles.

To maximize the benefits of VISION as an effective tool for funds and programme performance monitoring, a VISION operations pool was created in November 2012. In addition to this, country management team meetings regularly analysed key office performance indicators such as the implementation rate of the budget, DCTs, donor reporting and others. Another governance mechanism put in place specifically to address the bottleneck in DCT reporting (in light of the low capacity of government structures to report on advances given) is a weekly meeting chaired by the Deputy Representative to find ways to accelerate the reporting against delinquent and delayed advances.

The rollout of HACT has been delayed, with efforts in 2012 being limited to orienting government counterparts. Concerted efforts will be invested in rolling out HACT in 2013.

Strategic Risk Management

By June, the office had updated its Early Warning Early Action plan and by the end of 2012, the Enterprise Risk Management plan had been finalised. In terms of preparedness, the office had standby agreements with RRM partners and prepositioned supplies to these partners. Towards the end of the year, the office also gained the support of MINUSTAH in pre-positioning containers for storage in nine key regions where UNICEF supplies could be stored.

An Emergency Preparedness and Response Plan is in place, as is an interagency contingency plan and a humanitarian coordination team. The office has a well-functioning tree of communication in the event of an emergency, with an up-to-date list of essential and critical staff that is updated weekly and shared with UNDSS.

To ensure business continuity, the office constantly updates its business continuity plan. Related to this, an alternative system was devised for IT backup. Until November, the backup IT solution from Santo Domingo met all office needs. However, it was expensive to keep the site functional, so a decision was taken to transfer this to Port-au-Prince and maintain it at the MINUSTAH Logbase compound. This decision has secured essential services for the functioning of the back-up office, such as security and 24 hour electricity.

In terms of the managing risks associated with the segregation of duties and rights in VISION, the office succeeded in properly distributing roles and responsibilities so as to minimize risks.

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22 United Nations Stabilisation Mission in Haiti.
23 UN Department of Safety and Security.
Evaluation

The M&E Unit reviews and conducts quality assurance on the terms of references for evaluations, studies and research. It monitors their implementation through the IMEP, which is updated monthly and reviewed on a quarterly basis. The unit has also provided direct technical assistance in reviewing tools and participating in data gathering as well as quality assurance of the final report.

In 2012, the Country Office conducted an evaluation of the construction of semi-permanent schools as well as school in WASH. It also conducted thematic assessments for nutrition as project appraisals to be scaled up during the next country programme. The draft report of the WASH and school construction evaluations were developed and shared in December, and the final report is due to be completed in January 2013. A “lessons learned” exercise for the WASH Cluster, documenting all the key activities undertaken between 2010 and 2012 and analysing key outcomes, has also been conducted and is planned for finalisation in 2013.

Other key evaluations were suggested during the course of the year, including an evaluation of the cholera response, the community-based approach in child protection and the residential care centres; and an “lessons learned” exercise for the WASH Cluster, documenting all the key activities undertaken between 2010 and 2012 and analysing key outcomes, has also been conducted and is planned for finalisation in 2013.

A management response mechanism for evaluations has been established as part of the IMEP workflow. However, as all evaluations were either completed at the end of the year or are scheduled to be completed in January 2013, specific responses have not yet been identified. In the meantime, the country office has implemented the actionable recommendations that emerged from the Independent Review conducted in 2010 and 2011.

Internal capacity for managing evaluations remains weak in Haiti Country Office, and there is a need to ensure that programme managers proactively plan and conduct evaluations as part of their programme planning process in discussion with partners. In-country capacity and human resources for conducting quality evaluations are also limited, and a culture of evaluation needs to be promoted more. Continued training of UNICEF and partners’ (government, national NGOs) staff to manage and implement evaluations will be a key priority in the new country programme to ensure the accountability of UNICEF’s programming.

Effective Use of Information and Communications Technology

ICT provided versatile communication systems consisting of MOSS telecommunication and improved access to data services by providing Lotus Notes Traveler services to 29 smart phone users, above and beyond the existing BlackBerry users. This improved email connectivity and availability to staff on mission and reduced the costs associated with internet access by replacing it with the more economical G3 data service provided by local telephone companies.

The biggest challenge in 2012 was to move the ICT system from the provisional emergency set-up to a state-of-the-art installation in the new office premises. Some good practices like the use of a PRTG network monitoring systems were transferred, while core systems like the Fly Away VSAT, generator, mast and Radio Bridge systems were consolidated as backup systems at the UN Logbase. Installations at the new premises included a full size 3.8 m VSAT, the transfer of a mast and DATACOM equipment, and a new VHF and HF base station to support secure communications in the field. ICT ensured the quality of the network installation, planning the layout of cabling and ensuring the provision of wireless data and telephony services, and power backup.

Interagency participation continued with close cooperation with the OMT and the ICT Working Group,

24 Minimum Operating Security Standards.
devolved from the Emergency Telecom Cluster in mid 2012. UNICEF took the lead on interagency connectivity in the ICT Working Group. The DATACOM equipment (both at Logbase and the new premises) serves as the core network for a UNDG25-funded project with UNDP and WFP.

UNICEF provided infrastructure and technical expertise to facilitate connectivity between participating UN Agencies in Port-au-Prince. An OMT working group was created to advance the benefits for UN Agencies from this technical solution piloted by UNICEF. Primarily this is used by UNICEF to connect to a new backup site in Logbase for Business Continuity Plan purposes, and to connect the warehouse location to the VISION system.

In support of business continuity management, ICT provided continuous failover services using the established backup site in Santo Domingo. This site was decommissioned at the end of 2012 in favour of a DRP solution more appropriate to the reduced size of the office. Instead of hosting all essential services with failover capacity in Santo Domingo, DRP provides a similar set up located at the UN Log Base, co-located with other agencies and MINUSTAH for added security and efficiency. While this in-country system is not safeguarded against countrywide disasters, it does have risk mitigation provisions in place and is more sustainable in terms of cost and maintenance.

ICT inventory was reviewed during the office move and the reduction of warehouse capacity was supported through a rigorous review of ICT infrastructure needs, according to the requirements of the smaller office. A thorough PSB submission was prepared, material classified for partner donation, sale or disposal, and the process was supervised to ensure safe disposal of hazardous materials and recycling.

**Fundraising and Donor Relations**

Over US$18 million in new contributions were mobilised in 2012. In line with the Haiti Country Office’s resource mobilisation objectives, ORR as a portion of overall resources mobilised rose, from about 21 percent in 2011 to 31 percent in 2012. However, ORE continued to account for the vast majority of new contributions.

Funds were received from 26 different primary donors in 2012 (versus 36 in 2011 and 128 in 2010), showing that support is becoming concentrated in a smaller group of key and loyal donors. In 2012, national committees contributed just 40 percent of the value of all funds mobilised (compared to over two thirds in 2010 and almost half in 2011). Public sector bilateral donors, recognised as the long-term partners for sustainable development in country, provided 36 percent of the value of new contributions, while the CERF26 regained its historical pre-earthquake position as the country office’s top donor in 2012 (as it was in 2007–09), giving resources from both rapid response and the under-funded emergencies facilities.

UNICEF’s portion of the 2012 Consolidated Appeal for Haiti was US$24,105,000 at the beginning of the year and later revised to US$17,116,515 because of the reduced number of people living in camps and the limited time remaining to implement all planned activities. However, in October, as the severe impact of Hurricane Sandy was confirmed, UNICEF’s requirements were again increased to US$21.3 million to cover the additional urgent humanitarian action in WASH and nutrition. As of 31 October, US$12,581,563 or just over 50 percent of the revised requirements were received as contributions. About 20 percent of the ORE received was added to UNICEF’s Humanitarian Thematic Pool (versus 48 percent in 2011 and close to two thirds in 2010). This indicates an increasing trend in conditional funding.

The Haiti Country Office maintained four high-quality Natcom Donor Toolkits on the Funding Marketplace and made updates to supplemental communication materials in August. In total, over US$6.8 million has been mobilised against these frameworks. Strong relationship management continued in 2012, with 10 Natcom visits (four visits by US Fund, two visits by Belgium, and one visit each by Spain, France, Poland and Canada) and four monitoring missions from public sector donors. The country office also presented its new Country Programme to local executive board members and to representatives in the Permanent Missions in New

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York. To maintain positive relationships with donors, UNICEF Haiti prepared a total of 54 reports in 2012, of which 52 were sent on time (96 percent). The two late reports were sent just one week after the deadline.

Management of Financial and Other Assets

In order to reinforce the capacity of technical sections to manage donor contributions, the office conducted a series of specialised trainings to introduce staff to the fundraising and negotiation process for donor agreements, their current PBAs and associated conditions.

The Haiti Country Office closely monitored the use of financial resources raised against the different PCRs/IRs to ensure that planned results were not only funded but also met. The 2012-approved ceiling at Country Programme Document level amounted to US$65,115,699, including RR and ORR, while the planned amount for ORE was US$46,525,600. Of the approved ORR of US$61,000,000, a total of US$5,631,902 was raised against the Country Programme Document, while the funded amount from RR was US$3,024,000. Most of the funds available in 2012 continued to be emergency contributions for which US$13,443,230 was raised and allocated to the different PCRs/IRs.

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Most PBAs were used within their validity period thanks to a close follow-up of expiring PBAs. Thirty PBAs amounting to US$18,805,634 expired in 2012, with a utilization level of 98 percent. Budget management and control issues were discussed during weekly programme and monthly management meetings to ensure set target rates were met and funds were used in line with donors’ conditions.

Supply Management

The supply and logistics team adapted their strategies to align with the shift of the country programme from recovery to long-term sustainable development. Key measures included moving from temporary warehousing to a concrete building, reducing the number of field storage locations from seven to three in collaboration with UN agencies and partners, and prepositioning supplies through RRM partners.

In addition, the reduction in supply and procurement has been commensurate with the decrease in resources and the downsizing of the office, with an enhanced emphasis on quality. This is shown by the shift from US$41.5 million spent in 2011 to US$12.2 million spent in 2012, with local procurement estimated at 69 percent. The strategic sourcing of suppliers through competitive bidding processes led to quality assurance and the effective delivery of goods and services. With a steady development of the local market in 2012, access to and the timeliness of essential commodities improved.

Human Resources

The approved Country Programme Management Plan entailed the abolition of 66 full-time posts and the creation of 44 new posts (10 international and 34 national). The 34 national posts were a result of the programme reorientation and the subsequent needs analysis conducted by the office, which revealed a need for national staff to provide solid local expertise to balance the need for experienced senior-level international staff providing leadership in policy advocacy and management.

Although the recurrent main staffing challenge faced was to find competent female candidates and achieve
geographical diversity, the office succeeded in maintaining a mix of nationalities in 2012 (47 percent staff from donor countries, 53 percent from programme countries), and a woman/man ratio of 32/68 percent. At the end of December when 97 percent of recruitment was completed, the gender ratio of the office was more balanced at 40 females for 44 males.

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Another positive step was the move from Logbase to the new office in Petionville. This resulted in a significant improvement in staff morale, with over 90 percent of staff expressing their satisfaction with the new working conditions. Management is committed to continue improving the working conditions and the work-life balance.

As a follow up to the Global Staff Survey, a small task force has been set up to improve staff well-being and the functioning and effectiveness of the Staff Association. The office will assess the progress of this task force towards the beginning of 2013.

**Efficiency Gains and Cost Savings**

Several important measures were taken by the office to improve efficiency and cost savings. In an effort to increase efficiency and match staff skills to a post-emergency programming context, the office underwent a huge reorganisation exercise that saw staff numbers reduce from 211 in 2011, to 87 in 2013.

The office move to its new premises significantly reduced the costs incurred at the MINUSTAH Logbase. Plans are also underway to rent out one floor in the new premises so as to save costs further.

Warehousing facilities were streamlined by combining two warehouses into one. This led to an estimated saving of US$3,000 a month from rent and security services. It is anticipated that in 2013, these savings will amount to much more.

Costs associated with mobile communications were reduced. Through an analysis of the needs of more than 220 staff, together with an analysis of subscriptions offered by the main mobile communications operator, the office succeeded in almost halving costs, leading to savings of approximately US$5,000 a month. In 2013, the office will strive to reduce this expenditure even further.

Another area was the reduction in costs related to the fuel consumption of office vehicles. To achieve this, the office started to use the GPS tracking system for vehicles, along with one designated fuel pump in Port-au-Prince where refuelling should take place. The GPS monitoring also led to a reduction in the overtime costs of drivers and an improvement in the quality of driving.
Changes in Annual Management Plan and Country Programme Management Plan

The humanitarian response to the 2010 earthquake and the cholera epidemic resulted in a substantial mobilisation of human and financial resources, while allowing UNICEF to maintain a stronger position in the political dialogue and to influence significantly decision-making. UNICEF Haiti will move definitely from a transitional Country Programme towards development-oriented programming, with the expected decrease in resources, maintenance of such achievement will be a challenge for the office. Therefore, the organisational structure and management mechanisms have been adapted accordingly.

The Regional Director approved the Country Programme Management Plan in July 2012. The office structure reflects the programme strategy and the staffing needed for the equity-driven, development-oriented New Country Programme 2013-2016, focused on priorities established in line with national plans and strategies and the UN Integrated Strategic Framework. The key change has been with regards to the programme structure, one that is aligned to a country programme that is more focused on long term development while facing overall budgetary constraints. The new structure will take effect in 2013, with the office seeing a phased downsizing with a reduction from 254 posts in 2011 to 211 in 2012 and to only 87 posts starting 2013. The selection and recruitment process was ensured to avoid any gap in core positions and to get ensure the right staff profile for the new country programme.

Considering the still fragile political situation, institutional weaknesses accompanied by a highly centralized administration and a predominance of non-public sector bodies, the country programme will reorient its implementation strategies and partnerships to ensure the important shift from “recovery” towards “sustainable development”. This will mean reviewing the collaboration with civil society organisations and with the private sector, as well as management mechanisms (e.g. Project Cooperation Agreements, HACT), in order to ensure UNICEF gives the best value assistance to the Government of Haiti in its medium and long-term development efforts.

For cost effectiveness purposes, internal controls and cooperation with sister agencies will be strengthened. Bottlenecks in programme implementation will be identified and addressed, and the office will strive to improve the timely delivery of supplies, the recruitment of personnel and the reduction of outstanding DCTs.

Other key areas for the monitoring of office performance will include the management of audit recommendations and effective management response to evaluations.

Summary Notes and Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AEDES</td>
<td>European Agency for Development and Health</td>
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<td>BPM</td>
<td>Brigade de Protection des Mineurs; Child Protection Brigade</td>
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<td>CERF</td>
<td>United Nations Central Emergency Response Fund</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CONANI</td>
<td>Consejo Nacional para la Niñez y la Adolescencia (The Dominican Republic’s National Council for Children and Adolescents).</td>
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<tr>
<td>CTC</td>
<td>Cholera Treatment Centre</td>
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<td>CTU</td>
<td>Cholera Treatment Unit</td>
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<td>DCT</td>
<td>Direct Cash Transfers</td>
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<td>DDE</td>
<td>Departmental Directorates of Education</td>
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<td>DINEPA</td>
<td>Direction de l’Eau Potable et de l’Assainissement; Directorate of Water and Sanitation</td>
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<td>ECD</td>
<td>Early Childhood and Development</td>
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<td>EMMUS</td>
<td>Enquête Mortalité, Morbidité, Utilisation des Services; Survey on Mortality, Morbidity, and Utilization of Services</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<tr>
<td>FAES</td>
<td>Fonds d’Assistance Economique et Sociale; the Fund for Social and Economic Assistance</td>
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<td>GMC</td>
<td>Global Movement for Children</td>
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<td>HACT</td>
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### Evaluation

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<td>2012/002</td>
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<td>2 Haiti Demographic and Health Survey 2012 Preliminary Results</td>
<td>2012/012</td>
<td>Survey</td>
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<td>3 KAP Survey on cholera prevention in 4 Departments</td>
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<td>5 SMART Nutrition Survey 2012</td>
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<tr>
<td>6 Mapping and analysis of social protection related initiatives in Haiti</td>
<td>2012/010</td>
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<td>7 Child Severe Acute Malnutrition in Haiti</td>
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### Other Publications

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### Lessons Learned

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<td>Social Protection Programmes in Haiti</td>
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#### Lessons Learned

1. **Social Protection Programmes in Haiti**

   **Abstract**

   In partnership with Oxfam, UNICEF mapped and examined the current status of the nascent social protection initiatives and programming in Haiti and found that it is falling significantly short as a policy response to address the needs of the poor.

   Analysis demonstrates the need to i. generate a widespread consensus and political commitment to social protection among the different institutional actors and the civil society; ii. define and agree upon a social protection institutional framework to provide clear institutional roles and responsibility which guides social protection design and implementation; iii. Development of an strategic framework identifying key priorities, target groups and setting up a minimum package of social protection instrument; iv. identify sustainable financing and investment in service delivery; v. strengthen the governance of social protection systems.

   A community-based initiative aiming at identifying the poorest in communities to channel adequate social protection initiatives has been examined for its future scale up and application to implement equity-based monitoring and programming at a wider scale.

   **Innovation or Lesson Learned**

   Both the Aba Grangou and Kore Fanmi initiatives are at a pilot phase, and key results and lessons learned of the pilots are to yet be determined in depth.

   However, experience to date indicates a need for a solid and coordinated institutional and operational framework of social protection programmes in Haiti. The Aba Grangou framework provides institutional coordination to all the initiatives and programmes aiming at fighting against hunger and malnutrition, however there is not yet a social protection policy and multiple stakeholders assume responsibilities for policymaking, coordination and implementation of different social protection initiatives with no effective communication, duplication of efforts, inefficiencies and limited cost effectiveness. thus the launch of the
Etats Generaux de la Protection Sociale d’Haiti in 2013 is an essential step in this regard.

The Kore Fanmi initiative is encompassed in the Aba Grangou framework and thus contributes to a coherent pro-poor, multisectoral social protection programming. It encompasses the development of Map of Opportunities, an inventory of services available to the population; the socio-economic survey for the collection of information on vulnerability at the household level; family support through the intervention of polyvalent community agents for referral of services to ensure the well-being of the families; and coordination of the provision of basic social services as well as the management of the dynamic information management system.

For both initiatives, ensuring consistent data on programmes and beneficiaries, and regular monitoring of their situation, are key to ensure evidence-based decision making focused on equity. Knowledge about coverage—in terms of the geographical location, numbers of beneficiaries, and service provision need to be strengthened at decentralized and national levels to enable impact to be measured at the aggregate level.

Social protection initiatives in Haiti have been limited in coverage and outreach capacity. Thus a clear plan on scaling up need to be identified to expand outreach while local level capacity in implementation, sustainable financing, as well as strengthening service provision are imperative.

**Potential Application**

The scaling up of Kore Fanmi initiative will enable equity based monitoring and programming at a wider level, and can strengthen local (commune-level) data collection systems and identification and mapping of the most vulnerable families.

It will potentially enable the Commune to be the strategic level for the coordination of social interventions, by providing a common platform to all service providers - private or public - through which priorities can be set, interventions coordinated and the most vulnerable beneficiaries are identified and supported.

**Issue**

Haiti ranks 158th of 168 countries in the United Nations Human Development Index and is characterized as a least developed country: 80% of the population is living under the poverty line and 54.9% in abject poverty, Haitians had limited access to jobs and basic services such as health and education. The 2010 earthquake inflicted to Haiti $7.8 billion in damage and caused the country's GDP to contract 5.4% in 2010.

Expenditure on health, education and social welfare by the government of Haiti is low. In addition, within these sectors, as well as in the economic and agriculture sectors, existing social protection programme is their limited capacity to effectively reach the poor.

Although a number of actors are involved in funding and implementation, including government, donors, international non-governmental organisations (NGOs) and civil society, they are ad-hoc in nature and poorly coordinated.

**Strategy and Implementation**

In the aftermaths of the January 2010 earthquake several safety nets programmes were implemented with the aim at facilitating the recovery of the affected populations. However, they have not necessarily reached the poorest and the most vulnerable population in the rural area. The 2008 Child Poverty Study has demonstrated that children of rural families working in the agricultural sector were poorer than those in the urban areas from unemployed families. Moreover, the preliminary results of the 2012 have marked the urban-rural disparity in all sectors, identifying the most poor and the vulnerable in rural Haiti outside Port au Prince and the Ouest Department.

Through analyses, the key determinants of chronic poverty have been identified as follows: Economical: low productivity, lack of qualifications, inadequate economic policies, deterioration of foreign exchange indicators, technological backwardness and lack of research and investments, globalization...
- Social: discrimination (gender, age, etc..); high fertility and dependency rates; poor health; inequality; poor social capital; culture of poverty...
- Political: poor governance; insecurity; violence; strong dependency from regional or global powers; globalization...
- Environmental: poverty of natural resources; environmental degradation; natural disasters (earthquakes, cyclones, etc..); difficult topography; vulnerability to certain diseases...
UNICEF, therefore, supported social protection programmes that are multi-sectoral in nature, focused on capacity building of national and local actors and focusing on the most vulnerable.

**Progress and Results**

UNICEF support to social protection programmes include targeted nutrition programmes (encompassing food distribution, therapeutic feeding, and the school feeding programmes) and a fee waiver initiatives in the education sector - Lekol Timoun Yo - School for the Children.

The Aba Grangou (Down with the Hunger) initiative aims at coordinating a set of programmes targeting hunger and malnutrition.

UNICEF also partnered with World Bank and FAES in the Kore Fanmi programme, which aims at identifying the poorest in communities in order to channel adequate social protection initiatives towards them.

**Next Steps**

The integration of the scaling up of Kore Fanmi initiative into the new country programme, while continuing national-level advocacy, policy development, coordination efforts to strengthen the overall social protection system in Haiti.