Executive Summary

After two years of a transitional programme focused on post-earthquake emergency response and recovery, the new Country Programme saw a strategic shift from a post-emergency agenda towards recovery, development and systems building, national capacity building, institutional strengthening of line ministries, informing policy design and influencing programmes to address challenges that prevent the realisation of child rights. The Programme also had a new organisational structure (with a drop in staff from 254 in 2012 to 108 in 2013), incorporating three “clusters” to strengthen inter-sectoral integration and the VISION Pool. At the same time, the Office continued to respond to emergencies, especially supporting internally displaced person (IDP) camps and cholera elimination.

Notable progress was made in 2013 in strengthening the enabling environment and legal frameworks. In the area of child protection, progress included the vote and promulgation of the Law on Adoption, a Trafficking Law voted on by the Chamber of Deputies, new foster care family guidelines adopted, the overdue Convention on the Rights of the Child (CRC) Periodic Report submitted to Geneva, and Haiti’s ratification of the Hague Convention deposited in December. The two CRC Optional Protocols and the Food Fortification were submitted to Parliament. In education, the new national and harmonized early childhood and development (ECD) curriculum was finalized, contributing to set standards on early learning for preschool-age children. UNICEF also supported the adoption of the Technical Reference Handbook providing minimum technical standards to improve the provision of safe drinking water and sanitation in Haiti.

In 2013 two-year and ten-year Cholera Elimination Plans were launched by the Direction de l’Eau Potable et de l’Assainissement (DINEPA) with strong UNICEF support. As of June, UNICEF is the lead agency for cholera elimination efforts. Through UNICEF’s Cholera Elimination Strategy a network of NGOs was established, which contributed to a 40 per cent reduction in the number of reported cholera cases, to 58,701.

Access to maternal and neonatal health care was improved by providing 28 maternity clinics with Emergency Obstetric and Neonatal Care (EmONC) equipment. A maternal and neonatal tetanus (MNT) vaccination campaign combined with micronutrients supplementation was supported (coverage of 96 per cent and 75 per cent, first and second rounds, respectively). The Reach Every District (RED) approach was reinforced. The Creole edition of Facts for Life was translated and launched.

The Enquête Mortalité, Morbidité, Utilisation des Services (EMMUS)-V/DHS data were finalised and disseminated in 2013, providing updated disaggregated data (sex, urban/rural/department) for the first time since 2005/6. The new data will be used to better inform programming.

In partnership with the World Bank, Haiti Country Office (HCO) contributed to the expansion of the Kore Fanmi initiative in the South-East and Central departments. This is a decentralized integrated approach for improving access of vulnerable households to basic services by accompanying them through Household Development Agents (HDAs), and by identifying who and where the most vulnerable households are, and what the bottlenecks are in supply and use of services. In 2013, HCO completed the initial phase of mapping available services and a household survey that will allow for identification and real-time monitoring of progress at household level.

Agreement and funds were received from Headquarters for reconstruction of the old Office premises, which were destroyed during the 2010 earthquake.

Country Situation as Affecting Children & Women

Haiti continues to have the dubious distinction of being the least developed country in the Western Hemisphere, ranked 161 out of 187 countries and territories in the Human Development Index (2013). With a Gini coefficient of 0.65, more than half (56 per cent) of the population lives on less than US$1 a day. Glaring disparities are also evidenced by the fact that 70 per cent of the national income belongs to the richest quintile.
The country has an estimated population of 10.4 million (IHSI 2012), close to half (42 per cent) of whom are under the age of 18. In terms the rural-urban divide, 49.5 per cent of the population reside in urban areas, and 50.5 per cent in rural areas. Within the urban population, 30 per cent live in the capital, Port-au-Prince.

The political climate in 2013 was tumultuous given the divergences between the Executive and the Opposition about the process of municipal and senatorial elections. After a relatively long and tense period marked by sporadic demonstrations in different parts of the country, both Chambers (Parliament, Senate) finally passed the electoral law and forwarded it to the Executive. It was agreed to extend the term of the Senate by one year.

Relations between Haiti and the Dominican Republic are increasingly strained since a Dominican court issued a decision in September, threatening to revoke the citizenship of persons of Haitian origin. Human rights groups argue that the decision could penalize more than 200,000 people, including children, depriving them of essential documents to travel and/or access basic services, and would be likely to cause massive repatriation of people of Haitian origin.

Economically, the Government expects a growth rate of 3.4 per cent in 2013 and 4.5 per cent in 2014. The state budget continues to rely primarily on foreign aid, budget effectiveness remains a major challenge, and social services are overly privatized. The 2013-2014 budget clearly prioritizes the economic sector, with social budgets remaining persistently low. Nearly half of the budget (49 per cent) is vested in the economic sector, generating growth and employment, while social and cultural sectors receive only a quarter of the budget. This includes 12.8 per cent of the budget for national education and vocational training, and only 5.5 per cent of the budget allocated to health.

The results of the Demographic Health Survey (EMMUS) 2012 were launched in July, updating for the first time since 2005/06 data on key social development indicators and progress against the Millennium Development Goals (MDGs). Data confirmed notable progress in the situation of children and women in Haiti, with fewer children under the age of five dying. The Under Five Mortality Rate fell from 96 deaths per 1,000 live births in 2005 to 88 per 1,000 live births in 2012. Among the same age group, acute malnutrition has been reduced by half since 2005, from 10 per cent to 5 per cent. Three out of four children go to school, as compared to 2006, when it was one in every two children. Access to adequate sanitation has doubled from 14 per cent in 2006 to 28 per cent in 2012.

Notable progress notwithstanding, children and women in Haiti continue to face multiple and multidimensional obstacles to the realisation of their rights. Haiti’s infant mortality rates remain unacceptably high, with 59 children out of every 1,000 born dying before their first birthday. There are still 22 per cent of children suffering from chronic malnutrition and ingrained inequities therein. The incidence of chronic malnutrition is almost five times higher among children born in the poorest households as compared with children born in the richest households. There is also an undeniable link between healthy children and healthy mothers, and with 49 per cent of women ages 15-49 suffering from anaemia, the prospects of giving children the best start to life dim even further.

While overall HIV prevalence has not changed since 2005-2006, prevalence among women has increased from 2.3 per cent (2005) to 2.7 per cent, signifying a feminization of the epidemic. The transition from primary to secondary education remains a challenge. While 77 per cent of primary school age children attend school, this percentage falls drastically for secondary school age children, to 25 per cent. Child protection indicators are another serious concern, with a staggering 81 per cent of children ages 2-14 having experienced physical punishment as disciplinary action, and 50 per cent of children ages 5-14 being involved in child labour (defined as economic activity for at least one hour and/or domestic work for 28 hours or more per week).

Almost 35 per cent of the population does not use an improved source of drinking water, and 45 per cent do not use an improved sanitation facility, including more than half of whom (26 per cent) are practicing open defecation. These statistics have even greater consequences given the persistence of cholera three years after its outbreak. In 2013, there were 58,701 suspected cholera cases and 593 reported deaths 2013 (Ministère de la Sante Publique et de la Population, MSPP).
The geographic location of Haiti makes it highly exposed to multiple natural hazards, the effects of which are far reaching both in terms of impact and time. Four years after the devastating 2010 earthquake, the country still has more than 146,573 people living in IDP camps. In 2013, floods in three departments and the Tropical Storm Chantal caused a loss of livelihoods, damaged infrastructure and further affected the cholera epidemic, all of which adversely affected access to services and enhanced the vulnerability of children and women.

Given these challenges, the Office continued to invest efforts in addressing key bottlenecks to the achievement of results. An analysis conducted at the end of 2012 showed that all sectors faced challenges in the areas of enabling environment, supply, demand, and quality. The Country Programme and workplans are explicitly designed to address those challenges. The Kore Fanmi approach, incorporating opportunity and vulnerability analyses at the local level, will assist in targeting the most vulnerable and expediting the achievement of results.

### Country Programme Analytical Overview

In line with the Country Programme Action Plan (CPAP) strategies and overall objective of “accompanying” the Government at national, departmental and commune levels, identified determinants, barriers and bottlenecks were addressed.

The legal framework for child protection was strengthened through the vote and promulgation of the Law on Adoption, and through a trafficking law that was voted by the Chamber of Deputies. The two CRC Optional Protocols and a law on food fortification were submitted to Parliament for approval. Norms and standards of service were defined and adopted in the areas of Water, Sanitation and Hygiene (WASH) through national technical Guidelines on Drinking Water and Sanitation. The new national and harmonized ECD curriculum was finalized, contributing to set standards on early learning for children of preschool age. An analysis of public spending for children is underway that will provide evidence to influence social budgets for the reduction of child poverty. At the decentralised level, the Office supported the National Directorate of Water and Sanitation (DINEPA) to establish 266 trained Water and Sanitation Technicians (TEPACs) at the commune level. The education management information system was strengthened at central/departmental level, thus leading to improved micro-planning and decision-making processes at both levels.

Access to maternal and neonatal health care was improved by providing 28 maternity clinics with EmONC equipment. A vaccination campaign against maternal and neonatal tetanus combined with micronutrients supplementation was supported. Immunization services were strengthened through improved coverage of cold chain and enhanced capacities of cold chain technicians. The Reach Every District (RED) approach was reinforced as part of an advanced immunization strategy. To improve the supply of quality services in education, the Office built capacities of teachers and principals in select departments on issues ranging from reading methodology and didactics to school library management; and of Ministry of Education personnel on disaster risk reduction.

In partnership with the World Bank, the Office contributed to the expansion of the Kore Fanmi initiative in the South East department and Plateau Central. This is a decentralized integrated approach aimed at improving access of vulnerable households to basic services by accompanying them in reaching family development objectives by Household Development Agents (HDAs), and by identifying who and where the most vulnerable households are, and what are the bottlenecks in supply and use of services. In 2013, the Office completed the initial phase, consisting of mapping of available services and a household survey that will allow for identification as well as a real-time monitoring of the impact at household level.

In 2014, the Office will continue to address bottlenecks, with additional emphasis on the enabling environment. Important issues will include management and coordination capacity of Government at the intra- and inter-sectoral levels, funding of social sectors, quality of health/nutrition and education services, strengthening the legal framework in areas like nutrition (law on food fortification), and improving availability of data needed for decision making and planning in areas like child protection.
Humanitarian Assistance

In support of the Two Year National Contingency Plan to eliminate cholera, UNICEF, under the leadership of the Ministry of Health (MSPP), launched a rapid response strategy in June 2013 aimed at reducing the annual incidence rate of cholera from 3 per cent to less than 0.5 per cent by the end of 2015, which has almost been achieved at the end of 2013. In 2013, there have been 58,701 suspected cholera cases and 593 deaths, versus the initial projection of 118,000 suspected cholera cases (MSPP/PAHO).

WASH activities ensured de-sludging in 203 IDP camps, reaching 260,000 persons. UNICEF remobilized a network of experienced NGOs to support rapid response to and prevention of cholera outbreaks. From April to December 2013, UNICEF mobilized more than US$11 million to support the National Cholera Elimination Plan.

From July to mid-November 2013, UNICEF donated 30 medical tents to MSPP and NGOs for cholera response. UNICEF’s partners sensitized more than 550,000 people, and 350,000 people benefitted from the distribution of cholera kits and aqua tabs/soap/Oral Rehydration Solution (ORS). UNICEF provided cholera supplies worth US$830,000 to MSPP, DINEPA and NGO partners.

Effective Advocacy

Mostly met benchmarks

For the first time since 2005/6, impact data are available to strengthen Evidence based advocacy was bolstered by EMMUS-V that provided updated data on key indicators and the MDGs. Data from a periodic cholera surveillance mechanism was fundamental in advocating for garnering international support for the Ten-Year and Two-Year Cholera Elimination Plans. Data on violence against women and girls was used to underline the need to develop a Children’s Code to pursue more effective action against violations and abuses.

HCO engaged with Regional Office (RO) /Headquarter (HQ) on cholera. UNICEF played a key role in convening various actors, with a clear vision on how to accelerate cutting cholera transmission, leading to donors and partners pledging their support. The Office provided regular information to the Humanitarian Bulletin and monthly UN situation report, contributed to the UN strategy and report on cholera, and facilitated field visits for journalists to raise the profile of this issue.

Advocacy efforts also centred on the Kore Fanmi approach, using data collected from the mapping of services and correlating this with existing demographic data and preliminary data from the socio-economic survey to determine gaps in service accessibility and availability. UNICEF advocated with Ministries (National Coordination for Food Security (CNSA), MSPP, Education, Planning, and the Ministere des Affaires Sociaux et Travail, MAST) and development partners (World Food Programme/Action against Hunger) (ACF)/CARE) for services for vulnerable populations.

The office advocated for the review and reform of laws so as to harmonize the Haitian legislative framework with international standards in child protection. High level advocacy and technical support resulted in the promulgation of the Law on Adoption on 15 October 2013. Haiti’s ratification of the 1993 Hague Convention was deposited in December 2013. UNICEF’s advocacy also resulted in: new guidelines for the placement of children in foster care families; the CRC Periodic Report being validated and submitted to Geneva (November 2013); and a trafficking law voted and promulgated by the Chamber of Representatives. HCO advocated with the Group de Montreal to strengthen support to the Institut du Bien Etre Social et de Recherches (IBESR). HCO also advocated for the Parliament and MAST to change the legal status of IBESR.

UNICEF advocacy also contributed to the Fortification Law being submitted to Parliament for approval.
Joint efforts with the Ministry of Health led to the establishment of a national alliance for newborns, which will bring together key players in joint efforts to reduce neonatal mortality.

Strategic partnerships and interagency collaboration included trainings on child rights and journalism ethics that helped raise awareness and increased child-related media stories. HCO collaborated with WFP-UNDP-WHO-UNFPA-UNAIDS-MINUSTAH to produce education, health and HIV/AIDS communication materials, and with the Office of the First Lady office on World AIDS Day.

Media articles (AlterPress, RadioMetropole, Le Nouvelliste, MiamiHerald) were written on the adoption law, CRC Periodic Report and the national vaccination campaign, referencing UNICEF’s contributions and facilitating a clearer understanding of issues. HCO developed and distributed IEC materials, reinforced social media tools, and renovated the Office website in French, thereby increasing visibility. Human interest stories on programme activities were produced and disseminated and weekly media monitoring conducted.

HCO developed an Advocacy Strategy 2013/2016, prioritizing themes for advocacy in future engagement with Government and partners.

### Capacity Development

**Mostly met benchmarks**

Given the weak technical and institutional capacities of Ministries in the social sector, capacity development remains a key strategy underlying the achievement of the country programme outcomes. The key initiatives undertaken promoted knowledge of new and cost effective methodologies and infrastructure and built the necessary skills and expertise to operationalize them.

New and strengthened capacities at the decentralized level (commune) were made possible through a network of 266 Water and Sanitation Technicians (TEPACs) newly recruited by the National Directorate of Water and Sanitation (DINEPA). Some 260 were trained to work at the commune level on emergency preparedness and response and now have the skills to identify non-functional water points, monitor the distribution of WASH supplies in cholera persistent areas, and monitor other programme activities implemented by DINEPA and NGOs. Training of staff of DINEPA, NGOs and the private sector is currently underway, based on the recently developed national WASH guidelines and directives, dissemination and.

UNICEF helped technically improve the Education Management Information System (EMIS) at the central level and in four selected departments. This will allow inspectors and local Ministry of Education personnel to enhance their skills in data collection and analysis of education needs as a precursor to improving the quality of planning and decision-making processes. In an effort to improve children's learning and achievement outcomes, UNICEF built the capacities of both teachers and principals in reading methodology, didactics and school library management in the North and South departments. The sensitization of teachers on the importance of playtime in children's learning paths helped children to develop and increase their social, motor and cognitive skills. Recognizing the importance of Disaster Risk Reduction in education in Haiti, the Office initiated a cascade training of 40 trainers in 10 departments who will be responsible for training 350 inspectors. Those trained inspectors will in turn train more than 2,000 teachers and principals in 2014, to strengthen resilience.

The health strategy was to promote low cost, high impact practices like Kangaroo care for premature babies through training health workers, and to introduce solar chills as a more cost effective and feasible alternative for vaccine cold chain management, which necessitated the training of both health workers as well as cold chain technicians.

Child protection efforts focused on strengthening capacities of state actors (police, magistrates, judges, NGO partners, social services and volunteers) on international instruments and national legislations and specific implementation procedures and the cooperation mechanisms between stakeholders.
UNICEF engaged the Haitian Institute of Statistics and Informatics (IHSI) in socio economic surveys that will provide data for mapping vulnerability at the household level in the Kore Fanmi initiative. In connection with the scaling up of Kore Fanmi, this will lead eventually to the integration of such surveys in the national data collection system, thus strengthening IHSI capacity to collect and analyse demographic and social data.

**Service Delivery**

* Mostly met benchmarks

UNICEF directly supported a private sector partner, JEDCO, and the NGO IRC for de-sludging of latrines in 203 IDP camps covering 260,000 individuals, in order to address one of the major challenges including the management of solid waste mixtures with sludge.

The Nutrition sector remained highly dependent on the support to services and provision of supplies by UNICEF. UNICEF continued to advocate with the MSPP for a minimal participation in the procurement of the essential supplies such as therapeutic milks (F-100, F-75), ready-to-use therapeutic food (RUTF), and medicines. To increase availability of iodized salt on the national market, UNICEF supported an additional staff member at the MSPP Plant to ensure quality control of the salt production. Through a network of national and international NGOs (Gheskio, FONDEFH, AVSI, St. Bonface Foundation), along with direct support to MSPP departmental levels, a complete package of preventive and curative nutrition interventions was delivered in 378 health facilities (348 outpatient care and 30 stabilization centres) in the ten Departments.

UNICEF supported the Ministry of Public Health and Population (MOH) by strengthening the capacities of maternities and emergency neonatal and obstetric care sites (e-moncs), with the provision of materials, equipment and training of health providers, in order to ensure proper management of childbirth and clean deliveries through comprehensive and qualitative care by health centres. To date, a total of 28 maternities and e-moncs have been equipped.

The partnership with Gheskio will continue for the provision of HIV/AIDS care to adolescents.

In 2013, 350,000 people benefitted from the distribution of cholera kits and aqua tabs/soap/ORS.

In 2013, UNICEF supported the MoH for the implementation of the Expanded Programme on Immunization (EPI) multi-year plan 2011-2015, reaching 79 per cent coverage for DPT3 persons. As part of this plan, UNICEF supported the logistical preparations for the introduction of new vaccines through a physical cold chain equipment inventory followed by the development of a cold chain rehabilitation and maintenance plan; an evaluation of vaccines management (EVM) followed by a plan to improve vaccine management; and endowment of 78 solar refrigerators and an optimizing 103 (SC) Solar Chill. RR vaccines and supply costs for departments and health centres in routine immunization were provided. Cholera vaccinations were provided to 102,270 people.

Through its Opportunity Maps and Vulnerability Surveys, the Kore Fanmi approach is designed to link supply and services with demand, and through the Household Development Agents (HDAs), to identify areas where supply may be lacking or inadequate, starting in 2014.

Construction began for 15 schools for 8,000 children in areas with no public schools (North/South Departments). Tents were distributed to each school location while construction is underway. A total of 49,500 students received kits, including 1,000 students living with a disability, and 2,310 teachers received teaching materials in 330 schools in the selected departments.
Strategic Partnerships

Mostly met benchmarks

In 2013, HCO strengthened partnerships to promote social protection mechanisms. HCO partnered with the World Bank, Fonds d’Assistance Economique et Sociale (FAES), MAST and line Ministries in scaling up the Kore Fanmi approach, which targets the most vulnerable households and aims at reducing the gap between demand for and availability of services. This partnership was expanded to include the consortium of CARE-WFP-ACF and the Kore Lavi programme on food security funded by USAID, which will build on existing Kore Fanmi networks and expand to additional geographic areas not yet covered.

UNICEF HCO played a major role in convening major actors and partners to strengthen overall response to cholera prevention and elimination. A strategic partnership with MSPP, DINEPA, PAHO/WHO and several NGOs contributed to reducing the overall number of suspected cholera cases to less than 58,701, thus achieving the objective to cut by half the number of estimated cases for 2013. A partnership with the French Embassy fostered collaboration with the University of Marseille that reinforced epidemiological capacity within MSPP to improve quality of data in order to better target areas of persistence.

HCO’s collaboration with IBESR, the Ministry of Justice, MAST, the Senate and the Lower Chamber led to milestone developments including the promulgation of the Law on Adoption; the voting in of a law on trafficking by the Chamber of Representatives; and the finalisation and submission of the much overdue CRC report to Geneva. This partnership will continue in 2014 to further strengthen the legislative and normative framework on child protection.

The strategic partnership with DINEPA, the International Office of Water (Office International de l’EAU) and other key partners led to the Technical Reference Handbook that provides minimum technical standards in order to improve the provision of safe drinking water and sanitation in Haiti. The partnership with MSPP and partners that helped deposit the finalised law on food fortification to the Parliament for its approval was also notable.

A broad partnership platform (with MSPP, UNFPA, UNAIDS, World Bank, WFP, UNESCO, WHO, UNDP, USAID, CIDA, Global Fund, Haitian Institute of Statistics and others) contributed to the launch of the EMMUS V 2012 that provided updated data against the MDGs and key development indicators; as well as the Facts for Life in Creole that provides an important tool for community workers to use to spread key messages among the most marginalised.

Continuing partnerships forged in 2012, UNICEF acted as a Coordinator for the WASH Cluster and the Child Protection Sub-Cluster. In the case of the WASH Cluster, UNICEF provided technical assistance imbedded within the WASH Directorate to support national contingency planning, sector innovations, standard-setting and information management, as well as to build capacities on emergency coordination. This responsibility will now be handed over to DINEPA, with UNICEF maintaining technical support and advice to the WASH cluster.

Knowledge Management

Initiating action to meet benchmarks

Nothing new to report for 2013.
Human Rights Based Approach to Cooperation

Mostly met benchmarks

Significant progress was made in strengthening the legal framework for child protection and harmonizing it with international instruments. UNICEF’s sustained advocacy, supported by key partners (MINUSTAH, OHCHR, OSC), resulted in the passage of the law on trafficking at the Parliament and of the revised law on adoption at the Parliament and the Senate. The law on adoption was enacted in November 2013. A draft law on the establishment of juvenile courts at the four Courts of Appeal was drafted, and a draft Standard Operating Procedure on the determination of the best interests of the child is now available.

UNICEF HCO engaged in increased advocacy with the Haitian government to improve fulfilment of its obligations to the Convention on the Rights of the Child. UNICEF provided substantial financial and technical support toward the completion of the long overdue second and third periodic reports to the CRC. Public institutions and major civil society organizations were consulted as part of the writing process. The progress report for the implementation of the CRC was validated and submitted to the Committee on the Rights of the Child in Geneva, and the two additional CRC Protocols were adopted.

A specific partnership is being built with the newly established “Interministerial Committee on the Rights of the Persons” (les droits des personnes) for an increased consideration of children’s rights in the development of public policies and social programmes. On the basis of the Universal Periodic Report’s recommendations agreed to by the Haitian state, UNICEF is also engaging with child protection actors for a follow-up of those recommendations specific to children’s rights.

Going forward, UNICEF will continue working closely with the Haitian government on the development of a Child Protection Policy and a Children’s Code to pursue more effective action against violations and abuses, particularly violence affecting children separated from their families. UNICEF will also continue to advocate for the enactment of the law on paternity, maternity and filiation.

UNICEF partnered with GHESKIO and the Ministry of Health to implement an environmental adolescents’ vulnerability analysis/mapping with regard to HIV, which involved 24 adolescents from the underprivileged neighbourhoods of Cité Plus and Village de Dieu in Port au Prince to investigate and map HIV/AIDS risk and vulnerability catalysts in their communities. The digital tools used in this project also had the benefit of giving young people a voice.

Gender Equality

Mostly met benchmarks

Cross sectoral subjects such as gender, disabilities and adolescents were mainstreamed within the new programme. However, the lack of a national database on these issues and the absence of integrated actions within government settings have made support rather difficult.

UNICEF continued its intervention on maternal health within the joint programme (UNFPA/WHO/UNICEF) in the Nippers and South-East Departments, sharing training sessions on Gender based Violence (GBV) with UNFPA. With the Ministry of Women’s Conditions and Rights, 21 local women’s committees were mobilized on gender-based-violence and reproductive health in the Nippes department; and training sessions on the subject are ongoing. A prevention project on early pregnancy and sexual health, targeting 10,000 youth, was initiated in the South-East department. Ten health workers were trained within the nutrition programme, in the rights of girls and women and GBV, and children with disabilities. Those individuals are now able to identify and to refer victims of GBV and handicapped children to proper services. UNICEF also shared training sessions with UNFPA and OHCHR on GBV to protection agents. Women’s participation within local committees was ensured during WASH project planning and support to neonatal services was provided, focusing on equal quality to boys and girls.
UNICEF is participating in the drawing-up of the national adolescent Health strategy launched by the Ministry of Health.

UNICEF also provided technical and financial support to the Child Protection Brigade (Brigade de Protection des Mineurs, or BPM) to deal with cases of children in contact with the law, in particular to prevent and respond to cases of violence, including those of a sexual nature. Similar support was also extended to the Bar Association in the southern region (Les Cayes) to provide assistance to children, whether victims or perpetrator of crimes, the majority of those being girl victims of sexual abuse. Training modules were being developed for magistrates and the police academy, including specific modules on GBV and sexual violence. HCO also advocated with the Government to reflect GBV in the country’s CRC periodic report as well as in the Child Protection Policy.

With TACRO’s support, HCO’s Gender focal point participated in a Prevention of and Response to Gender-Based Violence training, and will increase the CO’s capacity to support prevention and response programming and coordination in addressing GBV in an emergency setting. It will also ensure that interventions on GBV are mainstreamed across humanitarian response.

The State World of Children Report was launched with the Bureau du Secrétaire d’Etat pour l’Intégration des Personnes Handicapées (the Office of Secretary of State for the Integration of Handicapped People) and has opened partnership possibilities, especially for advocating the inclusion of children with disabilities within the regular school system. Ongoing construction of 15 new schools includes access for disabled children. UNICEF programs, including communication for development (C4D), continued to progressively include children with disabilities as a national concern.

**Environmental Sustainability**

*Initiating action to meet benchmarks*

Nothing new to report for 2013.

**South-South and Triangular Cooperation**

UNICEF provided financial and technical support to a number of initiatives of the Ministry of Health that are implemented under the tripartite partnership between the Governments of Brazil, Cuba and Haiti. Those initiatives are related to immunization and provision of health services at the community level, promotion of Household Development Agents, and communication in health.

UNICEF produced a Creole version of Facts for Life ("Konesans pou n sove lavi") in support of the program of communication in health, currently implemented through a network of 40 community and local radio stations in the ten departments, which are part of the network of the Animation and Social Communication Society ("Sosyete Animsyon ak Kominikasyon Sosyal" - SAKS). The tripartite Cooperation Brazil-Cuba-Haiti supported the dissemination of radio broadcasts prepared by trained journalists and based on the topics covered in the "Konesans pou n sove lavi" handbook for a period of six months. At year’s end these local radio stations continue to broadcast such types of emission. The "Konesans pou n sove lavi" handbook was also used by the Polyvalent Community Agents to promote key practices for child survival, development and protection at the household level.

The **Institut Haitien de Statistique et Informatique** (IHSI), a key partner responsible for the National
Population Census, also has a very close relationship with the Government of Brazil, which provided 20,000 personal digital assistants (PDAs for data collection and conducted capacity building activities for IHSI staff in preparation for the Census, to which UNICEF provided support to the Cartography in four Departments.

A Cuban Medical Brigade is part of the Cholera elimination activities in Haiti, and is fully integrated in the Ministry of Health.

Joint advocacy efforts on issues of common concern between UNICEF and other governments from the region were also regularly undertaken.
## Narrative Analysis by Programme Component Results and Intermediate Results
### Haiti – 1830

### PC 1 - SURVIE ET DEVELOPPEMENT DE L'ENFANT

**On-track**

**PCR 1830/A0/07/401** By 2016, girls, boys and women have equal access to and benefit equitably an essential package of nutritional preventive and curative interventions at the community level and in health care facilities.

**Progress:** With many key NGOs phasing out, UNICEF reinforced the capacity of the Ministry of Public Health and Population (MSPP) for improved implementation of the nutrition program nationwide: 156 outpatient care units are directly managed by MSPP with UNICEF close monitoring, compared to 40 in 2012. The National Coordination for Food Security (CNSA) included a Nutrition component in their national Food security survey for a second consecutive year. Key strategic and operational partnerships with FONDEFH, GHESKIO, and AVSI were strengthened to provide services to the most vulnerable and hard to reach population groups. Through a Knowledge, Attitudes and Practice (KAP) study, UNICEF analyzed the breastfeeding practices in three departments (West, Artibonite and South-East), which generated clear recommendations for improvement. UNICEF contributed to reaching 68.16 per cent of the target beneficiaries with Vitamin A supplementation due to reinforcement of the routine strategy. Some 16,760 children were treated for Severe Acute Malnutrition (SAM) with UNICEF financial and technical support.

UNICEF, along with partners such as WHO and WFP, provided technical assistance to elaborate a law on food fortification which is awaiting Parliament’s approval. The Core group composed of UNICEF, WHO, WFP, USAID, and the European Union provided technical guidance to the MSPP in the SUN movement, resulting in the development of a 5-year strategic plan on Nutrition for the country (2013-2017).

The main constraint faced was lack of funding for the Nutrition program by the MSPP. Without UNICEF support, no supplies would have been available for the management of SAM. Another constraint was that MSPP staff members considered Nutrition activities as an overload of work. Mismanagement of stock at the commune level was a key factor in undermining the Nutrition program performance. To overcome these constraints, UNICEF reinforced the MSPP with additional Human Resources and organized training sessions on management of SAM, data and stock management. UNICEF continued to advocate with the MSPP for a minimal participation in the procurement of essential supplies such as therapeutic milks (F-100, F-75), ready-to-use therapeutic food (RUTF), and medicines. At the departmental level, UNICEF reinforced messages to consider SAM in the same way as other diseases such as malaria or typhoid fever.

The commitment of certain health departments (South, Nippes) helped the MSPP replace some of the key international NGOs phasing out. The National Nutrition Committee was a key coordination platform where all Nutrition partners could share their experience.

**On-track**

**IR 1830/A0/07/401/001** Here end 2016, Government and communities have the technical capabilities and tools necessary for the effective implementation of quality nutritional interventions based on established scientific evidence

**Progress:** In order to ensure better coordination among the partners and maintain Nutrition high on the political agenda, UNICEF reinforced institutions at the national level such as the Ministry of Public Health and Population (MSPP), National Coordination for Food Security (CNSA) and National Commission to fight Hunger and Undernutrition (COLFAM), providing support for seven additional staff. At the departmental level, two additional staff in each department funded by UNICEF supported the MSPP Focal Point in the planning and supervision of the delivery of the nutrition package, as well as the coordination of the partners. At year end, 156 outpatient care units were directly managed by the MSPP and closely monitored by UNICEF. At the community level, of the 439 staff trained on the management of severe acute malnutrition (SAM), 10 received clear orientation how to cope with gender based violence.

A KAP survey on breastfeeding was conducted in the West, South-East and Artibonite Departments, with comprehensive recommendations on how to adapt the current MSPP communication strategy to obtain better results. A national survey on Food Security and Nutrition was conducted with WFP and USAID; and an anthropometric survey was conducted in the Grande Anse Department and in the Belle Anse Commune.

Some constraints faced included the limited communication between the central and departmental levels and the repeated delays in the liquidation of funds received by MSPP. To address those constraints, UNICEF established a communication channel where the departmental and central levels were always aware of all submitted financial and technical requests to UNICEF and the subsequent follow-up. UNICEF also accompanied the Government in very close monitoring to ensure timely liquidations.

A line item was created in the national budget dedicated exclusively to the Nutrition program, reflecting the obvious interest for Nutrition from partners like EU and USAID.

**Constrained**

**IR 1830/A0/07/401/ Until late 2016,** children, adolescents and women and especially the most vulnerable among them, those with disabilities, living in rural or urban areas, are regularly dewormed with albendazole and enjoy adequate supplementation in essential micronutrients - vitamin A, folic acid, iron, iodine and zinc.

**Progress:** In 2013, routine coverage of Vitamin A significantly increased from 25 per cent to 68.18 per cent compared to 2012 as a result of the technical support provided to the different health departments and implementing partners, close monitoring of activities and improvement in reporting. For the other micronutrients, 41.13 per cent of pregnant women were supplemented with iron and folic acid, 40.24 per cent of children with diarrhea received zinc in addition to Oral Rehydration Solution (ORS). For deworming activities,
39.81 per cent of children received albendazole.

To increase availability of iodized salt on the national market, UNICEF supported an additional staff member at the MSPP Plant to ensure quality control of the salt production.

In 2013, with UNICEF advocacy and technical support, a law on food fortification was developed by the Government and submitted to the Parliament for its approval.

To reach the established target in micronutrient supplementation, UNICEF, with BID and NGO partners, financially and technically supported the MSPP during the Child Health Week (CHW) organized in June 2013.

Weak reporting is one of the main constraints in micronutrient supplementation due to an absence of a unique MSPP reporting form. Poor stock mismanagement at the commune and departmental levels led to preventable out of stock situations. To address this constraint, UNICEF supported harmonization of the immunization data and Vitamin A supplementation so that the participating institutions report together. The MSPP Direction for Family Health (DSF) was asked to share data relating to pregnant women supplemented with Iron with the Nutrition sector.

With no more funds from BID to organize CHW, a major involvement in the coordination of the activities from the departmental levels contributed a strengthening of the routine primary care strategy.

**On-track**

**IR 1830/A0/07/401/003** By the end of 2016, infants and young children benefit from equitably improved supply and nutritional care practices. Family care practices to improve young child survival, growth and development with emphasis on disadvantaged

**Progress:** With UNICEF technical support, MSPP designed a communication strategy on Infant and Young Child Feeding (IYCF), especially breastfeeding. Some 686 health agents were trained on Severe Acute Malnutrition (SAM) and IYCF. A total of 16,760 children with SAM received timely and effective care.

As part of the revival of the Baby Friendly Hospital Initiative (BFHI), Hospital Notre Dame de Petit Goave was certified by MSPP with support from UNICEF and partners such as WFP and WHO/PAHO.

Through a network of national and international NGOs (Gheskio, FONDEFH, AVSI, St Bonface Foundation), along with direct support to MSPP departmental levels, a complete package of preventive and curative nutrition interventions was delivered in 378 health facilities (348 outpatient care and 30 stabilization centres) in the ten Departments.

One of the major constraints is the lack of qualified human resources in the public sector and effective integration of the nutrition interventions in the minimal health service package. Reporting of the IYCF activities at the institutional and community levels was another major constraint.

The therapeutic and medical supplies supplied by UNICEF enhanced performance in SAM management. With many of the key NGOs phasing out, improvements in the coordination, data and stock management at the Departmental levels allowed MSPP to be in charge of almost 50 per cent of the outpatient care units.

To address these constraints UNICEF invested in training of public sector staff and hiring of additional essential staff for public nutrition program management.

UNICEF also worked with the MSPP Evaluation & Planning Unit to include data on breastfeeding/IYCF and sensitive nutrition communication in the reporting canvas at the institutional level.

**On-track**

**IR 1830/A0/07/401/004** Until late 2016, the Government and its partners have the means and adequate technical capacity to reduce vulnerability to disasters and provide a nutrition adequate and coordinated response to emergency situations

**Progress:** A national contingency plan for Nutrition was developed. UNICEF provided and pre-positioned therapeutic and medical supplies in all ten departments. Preventive and curative activities following hurricane Sandy continued in 2013 to avoid any deterioration of the levels of malnutrition.

Thanks to the integration of nutrition into the framework of the Civil Protection Directorate (DPC) rapid assessment, there was better coordination for rapid response at the municipal level. UNICEF also mobilized US$1.2 million through the Central Emergency and Relief Fund (CERF) for preparation and possible response.
In 2014, UNICEF will focus on support of the community health workers initiatives; the C4D approach for health and the support of health staff in maternal, newborn care and immunization, and strengthen development partners and a very weak health information management system. The reduced government funding on health and a high dependency on external donors; a lack of coordination among health development partners and a very weak health information management system. In order to tackle those bottlenecks, UNICEF supported the capacity building of health staff in maternal, newborn care and immunization, and strengthened the MOH coordination board such as CCIA (immunization) and the creation of a newborn care alliance. Coordination for cholera rapid response at Departmental level was also reinforced.

Health indicators remained constrained, with only 57 per cent of boys and girls accessing basic health services; 36 per cent skilled birth attendance delivery; 76.7 per cent coverage of pentavalent coverage; 67 per cent of HIV pregnant women receiving HIV treatment and a cholera lethality rate of 1.2 per cent. Reasons for this slow progress include: the reduced and weak capacity of qualified staff at all health care levels; a high turnover of trained professionals at departmental levels; the reduced government funding on health and a high dependency on external donors; a lack of coordination among health development partners and a very weak health information management system. In order to tackle those bottlenecks, UNICEF supported the capacity building of health staff in maternal, newborn care and immunization, and strengthened the MOH coordination board such as CCIA (immunization) and the creation of a newborn care alliance. Coordination for cholera rapid response at Departmental level was also reinforced.

In 2014, UNICEF will focus on support of the community health workers initiatives; the C4D approach for health and the support to an effective health management and monitoring system.

IR 1830/A0/07/402/001. By 2016, the MSPP has models of decentralized management of the health system based on the performance and tools centered budget accomplish on interventions with high impact for the survival of the child.

**Progress:** In 2013, in order to reinforce the capacity of the Ministry of Public Health and Population (MSPP/MoH), UNICEF supported the evaluation of the impact of the European Agency for Development (AEDES), which has shown a lack of ownership at all levels. Only three of ten departments have a functional sectoral meeting; one department applies a performance based financing model and has an integrated departmental plan for health interventions. With support from the University of Montreal, an assessment of the operational MOH system was conducted and found a series of poor administration processes. The University made recommendations and tools were developed to improve the MOH operational system. In partnership with World Vision, community health activities such as rally posts and home visits were performed, which achieved 46 per cent of coverage of pregnant women and 38 per cent of under-five children. As part of UNICEF HCO’s equity strategy, in 2013 it was decided to focus in 2014 on the deployment and support to 178 polyclinic household development agents in South East department through Kore Fannmi, and the Marginal Budgeting for Bottlenecks (MBB) approach planned to commence in 2014.

IR 1830/A0/07/402/002 By 2016, SONU-B maternity and the community services in targeted areas are integrated management of newborns (girls/boys).

**Progress:**

The involvement of UNICEF in the joint project on reproductive health with UNFPA and WHO facilitated the strengthening of communication and social mobilization initiatives through the use of communication strategies designed to educate young girls, women of childbearing ages and young men on reproductive health issues and to decrease maternal mortality in Haiti. At year’s end 40,000 beneficiaries were sensitized on related topics. In order to ensure proper management of childbirth and clean deliveries through comprehensive and qualitative care by health centers, UNICEF supported the Ministry of Public Health and Population (MOH) by strengthening the capacities of maternity and emergency neonatal and obstetric care sites (e-moncs), providing materials, equipment and training for health providers. At year’s end a total of 28 maternity and e-moncs were equipped. Thirty five providers in nine departments received training on neonatal and emergency care, including the kangaroo mother care method (KMC) for premature newborns. In an ongoing effort to collaborate with other partners, UNICEF teamed with PAHO, WHO and the State University Hospital Neonatal Unit (HUEH), who contributed to the training of providers at the national level. A first draft of a national study on the causes of newborn mortality in Haiti, sponsored by UNICEF, was submitted to the MOH for review. A study was completed on the situation analysis on maternal and child health services for the MUSKOKA project (with French funding). A national neonatal alliance was created by the Ministry of Health to fine tune the strategic plan for neonatal care in Haiti in 2014. Focus will continue in strengthening neonatal care and expansion of E-moncs.

IR 1830/A0/07/402/003. By 2016, pregnant women have access to a complete package of PMTCT services to prevent the vertical transmission of the systematic congenital syphilis in targeted area.

**Progress:** In 2013, UNICEF collaborated with the Ministry of Health to assess health care facilities taking care of pregnant women in border areas between Haiti and the Dominican Republic. This assessment demonstrated the weakness of Haitian health care facilities in comparison to those of the Dominican Republic. UNICEF also provided technical assistance to the Direction de la Santé Familiale, the entity of the Ministry of Health in charge of the elimination of mother to child transmission (eMTCT) of HIV by recruiting two consultants: a Haitian national who was in charge of designing an Operational Plan for eMTCT, and an international consultant who was in charge of the costing of the plan, facilitating the coordination among partners and reviewing the health information system. UNICEF partnered with Gheskio to implement an environmental adolescents’ vulnerability analysis/mapping with regard to HIV, which involved adolescents data collection in their own areas. This mapping brought out the need to coordinate all interventions involving youth, with a focus on integrating them in all decisions affecting their rights. Through counselling and testing initiatives, in partnership with Gheskio, UNICEF contributed to the prevention of HIV and other sexually transmitted infections (STIs), as well as to clinical care and support. During 2013, 2,837 adolescents were counselled and tested for HIV, 88 were placed on ART, 619 accepted Family Planning, and 62,717 condoms were distributed. Research is underway on the acceptability of the HPV vaccine.
In 2014, UNICEF will: continue to reinforce the MoH by recruiting a MOH staff member to support the application of the operational eTME plan; and assess the national rate of transmission from mother to child; and continue the partnership with GHESKIO for the provision of care to adolescents.

Constrained

**IR 1830/A0/07/402/004** By 2016, children (girls/boys) under five years and pregnant women, particularly the most vulnerable use of disease prevention services target the ENP and IMCI (integrated management of diseases of the child)

**Progress:** In 2013, UNICEF focused its support to the MoH on the implementation of the Expanded Programme on Immunization (EPI) multi-year plan 2011-2015, which focuses on global and international health goals, resulting in the following achievements:

(i) Support was provided for the logistical preparations for the introduction of new vaccines through a physical cold chain equipment inventory, development of a cold chain rehabilitation and maintenance plan, evaluation of vaccines management (EVM) and a plan to improve vaccine management, as well as endowment of 78 solar refrigerators and optimizing 103 (SC) Solar Chill; (ii) RR vaccines and supply costs for departments and health centres in routine immunization were provided; (iii) UNICEF reviewed and produced the EPI tools management and administrative data collection; and (iv) Communication plans were developed for routine EPI, the introduction of the Rota vaccine and the MNT campaign.

UNICEF continued to support implementation of the RED approach in 70 difficult to access communes with low Penta3 coverage, which contributed to increasing the coverage rate of Penta3 from 80.3 per cent in 2012 to 82.3 per cent in 2013.

UNICEF also focused on the implementation of the vaccination component of the national plan for elimination of maternal and neonatal tetanus (MNT). Ninety five per cent of women of bearing age received MNT vaccines in the first round and 76 per cent in the second round; the third round was taking place at the year's end.

Efforts were combined with partners involved in immunization (WHO, CDC, Bresil Tripartite, USAID) to reinforce the cold chain logistics for the introduction of the vaccine against rotavirus in 2014 and the preparation for the introduction of the vaccine against pneumococcal disease. This will be the main activity in 2014, with the reinforcement of vaccine management and the three MNT rounds campaign in the 75 remaining communes.

Constrained

**IR 1830/A0/07/402/005** By 2016, the Ministry and its partners and communities have means and adequate technical capacity for condoms vulnerability to disasters and to provide an adequate and coordinated response in emergency situations

**Progress:** Throughout 2013, UNICEF supported the MoH at different levels in the fight to eradicate cholera, upstream as well as downstream. At the upstream level, UNICEF provided technical support to the MoH for the preparation of the Cholera elimination plan 2013-2022, the preparation of the short term (two-year) Cholera Elimination Plan 2013-2015 and the preparation of UNICEF’s Strategy to Support the National Plan of the Haitian Government (June 2013 – December 2015) and its financing. Downstream, continuing support was provided to the implementation of the action plan that the MoH operates in four main areas: Health Promotion, Surveillance, Epidemiological, Health Care, Water and Sanitation.

The vaccination campaign against cholera carried out in Cerca Cavajal and Petite Anse communes reached 102,270 people (94 per cent of the target) who received two doses. Four hundred health care providers were trained in the management of cholera in all ten Departments. Some 135,132 home visits were conducted. Sports videos and audios were broadcast on 40 community and commercial radio stations. SMS messaging and voice messages reached 3 million people over three months. The central and departmental coordination were supported technically and financially to support an effective epidemic response. UNICEF contracted the University of Marseille to provide a cholera expert to support the Directorate of Epidemiology, Laboratory and Research (DELR) of MoH for epidemiological surveillance. Overall mortality was reduced from 2.4 per cent in 2010 to 1.2 per cent at the 46th epidemiological week of 2013, but much remains to be done to achieve the national target of less than 0.5 per cent.

Constrained

**PCR 1830/A0/07/403.** Children, women and their families, especially the most vulnerable, in rural areas and poor urban areas, have equitable and sustainable access to drinking water, basic sanitation and education at supply hygiene

**Progress:** In 2013 UNICEF focused on the promotion of children’s rights with strong advocacy for a better coordination of the WASH sector, in strong collaboration with other technical and financial partners. The planned activities were conducted with NGOs and Governmental partners (National Directorate of Drinking Water and Sanitation/DINEPA, Ministry of Education/MENFP). However, most funds were allocated to emergency response, which contributed to the challenge in funding regular WASH projects.

Partnerships were established between 11 NGOs and UNICEF. Cash transferred to the Ministry of Health and DINEPA supported their response to the cholera outbreak in ten departments.

Other WASH-sector partnerships were also established:

(i) a partnership with World Vision for an integrated community approach (nutrition, wash and health sector),
(ii) extension of the agreement with Inter-Aide and Action Concert for the construction/rehabilitation of water points (4,000 people) and construction of latrines (10,000 people),
(iii) services for desludinho latrines in 203 camos (260.000) by JEDCO and IRC.
The referential handbook of the WASH sector was finalized and launched in October 2013. Major WASH events, such as World Water Day, Global Handwashing Day and World Toilet Day were celebrated with UNICEF support and with the participation of key stakeholders. This supported progress on the full acknowledge of the function of water, hand-washing with soap and latrines, which was essential during the ongoing cholera outbreak. UNICEF contributed to reducing the number of cholera cases from 100,000 cases in 2012 to roughly 50,000 cases in 2013. More than 55 responses to outbreaks notified reaching 30,200 people.

**Constrained**

**IR 1830/A0/07/403/005** By 2016, DINEPA and partners have standards, standards, technical guidelines and tools of monitoring drinking water, sanitation and Hygiene (EPAH) responding to the needs of sustainable services for children and women, including the most vulnerable.

**Progress:** Technical and financial support from UNICEF supported finalizing of the National Technical Guidelines of the WASH sector ("Referential Technique National Eau Potable et Assainissement") launched on October 22. The guidelines will enable DINEPA to improve its implementation of the water and sanitation program.

UNICEF supported DINEPA to update its database using DevInfo, for future use by Development Rural Units. The list of indicators for the data management system was defined and a data template was developed that is now available at the Observatoire National de l’Eau potable et de l’Assainissement (ONEPA) of DINEPA.

Under the Ministry of Environment and with the support of UNICEF, a Conference and Exposition Stand on water were organized for World Water Day (WWD) in coordination with partners (UNESCO, UNIQ, PSI).

UNICEF also participated in bimonthly meetings of the Safe Drinking Water and Sanitation Group, with key technical and financial partners (Inter-American Development Bank, Spanish Cooperation, Switzerland, USAID and JICA) to facilitate sharing information and experience on issues and to move the WASH sector coordination forward.

Every two months, all WASH actors gathered together in a "sectoral table” under the leadership of DINEPA. The National Strategy for sanitation was made available. UNICEF and DINEPA completed the bidding process for a sanitation formative study on people’s motivations to have latrines, based on which a communication plan will be developed to boost sustainable access to sanitation.

UNICEF was involved in the development of the methodological guide for WASH interventions in rural areas. The "Partnership for Sanitation and Water for All" and The Country Status Overview, a Water Sanitation Programme/UNICEF joint initiative of the Latin American and Caribbean region, were postponed due to lack of sector coordination.

**Constrained**

**IR 1830/A0/07/403/006** By 2016, children and women in rural areas and poor urban communities have access to durable EPAH services.

**Progress:** UNICEF extended its partnership with NGOs (Inter-Aide and Concert-Action) and DINEPA to allow access to water and sanitation services in rural and urban areas for a total of 41,600 people in 26 communities (in the departments of Centre and North) who have now stopped open defecation and have access to safe drinking water. With support from UNICEF and DINEPA, 30,200 people nationwide gained access to water through the rehabilitation of water points with the installation of 48 India hand pumps and spare parts. The maintenance chain was increased, making the provision of safe water in selected areas sustainable.

The strategic approach to community sanitation was revised during a capitalization workshop that also reinforced capacities of key stakeholders such as World Vision, Plan, ARC, CRH and CRS to include more hygiene aspects during the sensitization for behavior changes.

The national awareness campaign with the NGO PSI for household water treatment and storage (HWTS) was developed in nine departments and has reached 3 million people. PSI promoted awareness and used social marketing to increasing access to HWTS products.

The main constraint was the lack of funds to fully roll out this IR.

**No Progress**

**IR 1830/A0/07/403/007** By 2016, school populations benefit from EPAH complying with rules, standards and guidelines 'friends information' and adopt improved hygiene and sanitation practices.

**Progress:** UNICEF supported the Health and Nutrition Division of the Ministry of National Education to develop the “Certification Program” action plan for the “Hygiene Friendly School” initiative. The Inter-American Development Bank (IDB) financed this initiative for reaching 100 schools in 10 departments, with UNICEF’s technical assistance.

The WASH in Schools Alliance in the South and the North and the construction of WASH infrastructure was not carried out due to the underfunded IR3 Component. Together with ACTED and Inter-Aide, 8,287 students from 25 schools of the Southern Department have benefited from hygiene promotion activities and sanitation facilities built in three of them.
In 2013, the document “Situation Analysis of WASH in Schools” developed in 2012 was disseminated. The Guidelines for hygiene promotion in schools were also developed in 2013.

IR 1830/A0/07/403/008 By 2016, DINEPA and partners have the means and the technical capability to reduce the sensitivity disasters and provide an adequate and coordinated response in emergency situations.

**Progress:** UNICEF signed Programme Cooperation Agreements (PCA) with 11 NGOs and supported DINEPA and MSPP for emergency cholera response. A two year UNICEF Strategic Plan was developed with MSPP and DINEPA in support of the Government’s Short-Term (two-year) Cholera Elimination Plan. This strategy helped respond to more than 54 outbreaks identified in 10 departments and reached 30,200 affected people with 100,000 people benefited from the distributed items. As a result, the number of cases was reduced by approximately 50 per cent in comparison to 2012 (100,000 cases in 2012 down to 58,701 cholera cases and 593 deaths reported in 2013).

The presence of a Technician Eau Potable et Assainissement Communal/Municipal Drinking Water and Sanitation Technician (TEPACS) ensured close monitoring and documentation of patients. This information was provided to NGOs tracking other information related to cholera outbreaks in relation to health departments and to other NGOs in the 10 departments.

In the IDP camps, with support from UNICEF, the private sector company JEDCO and the NGO IRC, de-sludging of latrines reached 203 camps and more than 200,000 people. IRC ensured hygiene education for 40,000 people and DINEPA ensured coordination and conducted monthly WASH surveys in camps. The major challenges were the management of solid waste mixtures with sludge, and the lack of awareness about the proper use of the latrines installed.

A strategic de-sludging plan was developed to meet the humanitarian needs of 145,000 people in the camps as of December 2013.

To acknowledge the intensified effort required and UNICEF’s commitment to support the Government’s Cholera Elimination Strategy, a separate IR5 will be created for this set of results for 2014-2015.

### PC 2 - ENVIRONNEMENT D’APPRENTISSAGE ET DE PROTECTION

**Progress:** UNICEF continued to support the strengthening of PSUGO both in terms of expanding access and improving quality. Support was provided to develop the third level of the accelerated learning program for children 10 years and older who had never been to school or dropped out in the early grades. School construction is ongoing in remote areas without public schools. Tents, furniture, school materials, student and teachers’ kits were distributed to enable the schools to function while under construction. Throughout 2013, UNICEF contributed to improving governance by reinforcing data collection and micro-planning at central and local levels in four departments. UNICEF supported the dissemination and promotion of the recently validated ECD policy, of which one of the main priorities is the development of norms and standards for early learning and preschool education. UNICEF technically and financially assisted the development and harmonization of a national preschool curriculum. This new preschool program will enable children ages 3-5, especially the most disadvantaged, to have access to common basic knowledge and to develop core competencies that will prepare them for primary school learning.

**IR 1830/A0/07/404/004** By 2016, girls and boys 0-14 years, in the three poorest quintiles, benefit policy educative guaranteeing equitable access to quality basic education and early childhood development opportunities.

**Progress:** 2013 marks the third year of the Government’s program providing free and universal education (PSUGO) for children. According to the Ministry of Education’s (MoE) figures, more than 1.3 million children now have access to free education thanks to this initiative. Although notable progress has been made over the years in terms of access (the Net Attendance Rate rose from 50 per cent in 2006 to 77 per cent in 2012, according to DHS), major challenges remain in terms of quality. The latest Early Grade Reading Assessment conducted by USAID and a study (to be finalized) by UNICEF on reading skills revealed that Haitian children have very poor reading competencies and are reading below international standards, meaning that they lack the necessary minimal competencies to understand what they are reading, and are therefore not able to learn and are underperforming.

UNICEF continued to support the strengthening of PSUGO both in terms of expanding access and improving quality. Support was provided to develop the third level of the accelerated learning program for children 10 years and older who had never been to school or dropped out in the early grades. School construction is ongoing in remote areas without public schools. Tents, furniture, school materials, student and teachers’ kits were distributed to enable the schools to function while under construction. Throughout 2013, UNICEF contributed to improving governance by reinforcing data collection and micro-planning at central and local levels in four departments. UNICEF supported the dissemination and promotion of the recently validated ECD policy, of which one of the main priorities is the development of norms and standards for early learning and preschool education. UNICEF technically and financially assisted the development and harmonization of a national preschool curriculum. This new preschool program will enable children ages 3-5, especially the most disadvantaged, to have access to common basic knowledge and to develop core competencies that will prepare them for primary school learning.

UNICEF also provided assistance in emergency preparedness and response where the MoE was able to organize training and develop contingency plans in the departments.

Many constraints persist and impair proper program implementation and progress in terms of indicators. Some data are still not available (for instance, the drop-out rate or the preschool NER). But the MoE is making tremendous progress in terms of improving the data collection mechanism as well as modernizing its database on schools and children’s registrations.

**IR 1830/A0/07/404/001** By 2015, the mechanisms to promote the access to all children 0-14 years (boys and girls) to Awakening opportunities and dissimulation and quality basic education are in place, as well as to improve the effectiveness of the central and local level governance.

**Progress:** UNICEF supported capacity building of the Ministry of Education (MoE) at departmental and local levels and reinforced EMIS through micro-planning and data collection interventions. UNICEF completed the installation of DevInfo in all ten Education Departments and training was provided to 75 MoE staff, who gained better and easier access to education data for their respective areas. UNICEF supported the MoE to pilot the Municipal Education Commissions in four selected departments, in line with actions targeting capacity building and improvement of governance mechanisms.

The ECD policy was disseminated through a national media campaign. The new national and harmonized ECD curriculum was finalized, contributing to set standards of early learning for children ages 3 to 6 years old. The ECD situation analysis was conducted through
collaboration between UNICEF, IADB and Save the Children. An inter-ministerial committee for ECD was set up and two preschool inspectors per department were selected as members.

With UNICEF support, the MoE finalized and reproduced all tools and guides for the last module (Level 3) of the accelerated program for over-age students, an important component of the Government’s National Program for Free Universal Education (PSUGO).

There were also some constraints in 2013. A decrease in UNICEF funding made the collaboration with the MoE difficult in terms of advocacy and implementation. There were major delays in obtaining agreement from the Ministry. Lack of synergy between the Ministry and UNICEF caused delays in planning, decision-making and implementation. Consequently, UNICEF maintained continuous dialogue and advocacy with different entities putting forward the MoE’s priorities and sector plan goals.

Constrained

IR 1830/A0/07/404/002 Here 2016, 80,000 children 80 per cent the remotest areas of the targeted departments, have access to quality education. Integrant children living with a disability, and based on an essential package that can serve as a standard for the national definition of a policy.

Progress: UNICEF supported establishment and functioning of a reading skills platform within the MoE. The results of a national study on children’s reading skills in Haiti were shared with the MoE through a workshop conducted in July–August. Support was also provided for the organization of a nationwide reading summer championship for more than 1,000 children.

Two institutions were selected for the definition and monitoring of quality standards in schools (CARE and Caritas), with whom UNICEF supported 50 national schools in rural areas (North and South). UNICEF also worked with FONHEP in Central and South-east departments to improve reading skills and learning outcomes of more than 20,000 children. At year’s end 341 teachers and school principals (almost half) were trained in the North and South in reading methodology, didactics, and in school library management. Through the ‘Kore Fanmi’ approach, 5,000 out-of-school children were identified in the Central Department, and an agreement with JICA was reached for their integration in the education system.

Eight schools in the South and seven in the North are being constructed for approximately 8,000 children in areas where there were no public schools. Tents were distributed to each school to provide the children access to education until their schools are completely built. Some 49,500 students received kits, including 1,000 living with a disability, and 2,310 teachers received teaching materials in 330 schools in the selected departments.

Lack of accessibility makes it challenging to reach the remote areas in which UNICEF and partners are implementing all the above-mentioned projects. The lack of funds and capacities makes it difficult to enrol out of school children in schools in their communities. UNICEF is engaging with other partners/donors, including s IADB, WB, USAID and UNESCO.

Constrained

IR 1830/A0/07/404/003 Here 2016, 45,000 children aged 0-5 years (boys and girls) particularly vulnerable, receive services according to standards and standards development as well as arousal and stimulation programs in targeted areas.

Progress: The new preschool curriculum was finalized in 2013 after many consultations and a workshop with key actors. Preschool furniture, teaching materials and first aid kits for 5,000 children were distributed in the four selected departments to improve children’s learning environment and promote better learning conditions in 100 preschool classrooms.

Some 5,000 children in 20 schools were able to learn and develop their potential through play, and 316 teachers were trained to guide and support the children’s learning through playtime.

Major delays were registered in developing the curriculum due to an underestimation of the scope of work of the consultant and of the timeline. Therefore, UNICEF and the MoE delayed the revision and validation workshops for 2014.

A decrease in UNICEF funding made the collaboration with the MoE more difficult in terms of advocacy and of implementation and contributed to causing important delays in the execution of the work plan, and to the cancellation of some activities. UNICEF is working closely with WB and IADB to leverage more financial resources for ECD priorities.

Constrained

IR 1830/A0/07/404/004 By 2014, the Haitian educational system and its actors have means and technical capabilities to reduce the vulnerable and the impact of emergency situations on children of preschool and Basic.

Progress: With UNICEF’s support, an emergency preparedness and response contingency plan was launched. As cluster co-lead in collaboration with Save the Children, UNICEF supported approximately 40 staff from MOE and other humanitarian partners to gain knowledge on tools and techniques in rapid assessment.

UNICEF supported the MoE in creating an Education in Emergencies Unit at the main central Office. In cooperation with this Unit, a project to train the Departmental Directions of Education, Inspectors, teachers, and students was developed. In the framework of this project, 50 staff from the Technical Directions, including staff from 5 Departmental Directions, were trained to train 350 inspectors, 2,300 school teachers and directors, and approximately 15,000 children. Once the training is completed, every department will have a preparedness and response plan and the necessary skills to address children’s needs in case of an emergency in their specific area.

A project to reinforce schools’ infrastructures and capacity building of teachers, students and school principals in DRR was implemented.
in 14 schools in the West Department in partnership with Plan International, and approximately 3,000 children, 84 teachers, and 14 school directors are improving their knowledge in skills in DRR.

A decrease in UNICEF funding made support to the MoE more difficult in terms of advocacy and implementation, resulting in major delays as well as cancellation of planned activities. Delays in setting-up the DRR Unit at the MoE caused the training to start late in 2013, after the hurricane season.

**Constrained**

**PCR 1830/A0/07/405** Girls and boys, including adolescents, are protected from violence, abuse, exploitation and separation from their families, social systems and legal (at the national and community levels)

**Progress:** Significant advances were made in the legislative and regulatory framework, including:

1. The development and promulgation of the law on adoption in accordance with the Hague Convention, whose instruments of ratification have been deposited,
2. The vote by the deputies of the law on trafficking with specific amendments addressing children shared with the Senate, and
3. Alternative Care (Foster Family) Guidelines developed together with the *Institut du Bien-Etre Social et de Recherches* (IBESR), TDH and IRC, and validated by the Ministry of Social Affairs and Labour (MAST).

The CRC periodic report was finalized with UNICEF technical and financial support and sent to Geneva. Capacity building of partners in generating data was initiated with an ongoing evaluation of existing systems by IBESR and *Brigade de Protection des Mineurs* (BPM).

Definitions of main protection indicators and the development of common tools to generate and manage data are key priority issues.

Access to services for the most vulnerable children was promoted through financial and technical support from UNICEF to social services and BPM, whose agents are operating throughout the country. Child Protection Working Groups are functional in eight departments and help better coordinate and facilitate joint processing of cases referred.

Standard Operational Procedures (SOPs) were developed to facilitate the management of cases for children in situations of vulnerability. Prevention procedures and emergency response were strengthened with the DPC (Direction of Civil Protection), IBESR, Haitian Red Cross (HRC) and UN Office of the High Commissioner for Human Rights (OHCHR).

Community responses to the situation of children exposed to armed violence were sustained in peripheral areas in Port-au-Prince, reaching some 25,000 children. A vulnerability analysis was conducted and the findings will be used to inform more specific planning by all stakeholders.

Research is ongoing to inform prevention and sustainable family reunification of institutionalized children. A study is being planned at the national level on child domestic workers with MAST, International Labour Organisation, International Organization for Migration, IRC and Terre du Hommes, which is expected to inform the development of a programmatic policy framework on domestic child labour.

The participation of children and adolescents in the process of revision and/or development of the legal framework was supported by UNICEF and representatives of youth groups advocated with the Government for the development and adoption of a Children's Code in 2014.

**On-track**

**IR 1830/A0/07/405/001** By 2016, a child protection policy and a legal framework based on evidence and conform to the whereabouts are available and implemented in Haiti.

**Progress:** In 2013, the Child Protection legal framework was reinforced in line with international standards. UNICEF focused on the laws on adoption and trafficking and the ratification of the Hague Convention on Inter-country Adoption and the two CRC Optional Protocols on children in armed conflict and on child prostitution, sale and pornography. Although these efforts faced delays caused by an overloaded parliamentary agenda, significant progress was made as a result of constant advocacy, which resulted in sustained MAST and IBESR leadership and increased involvement of some MPs, including Presidents of both chambers and of the parliamentarian Commissions of Social Affairs. UNICEF is also committed to inviting key partners to its advocacy endeavours and technical reviews.

In collaboration with the Hague Conference, UNICEF contributed to the drafting of proposed amendments to the adoption law passed by the Chamber of Representatives in 2010. Advocacy efforts in support of IBESR contributed to approval of the text as amended and its promulgation in November. In support of IOM and MINUSTAH, UNICEF provided technical comments on the draft law on trafficking voted on by the Chamber of Representatives in August. As part of the reinforcement of databases on the situation of child protection, an inventory of existing systems was initiated with two main partners (IBESR, BPM) and a technical review is planned for early 2014.

UNICEF supported the Government in finalising the long overdue periodic report on the UNCRC, hiring a consultant to draft the report. The draft was shared with civil society for comment and input. The finalized report was forwarded to the CRC Committee in November. Following consultations conducted throughout the year, a consensus was reached to make the development of a Child Protection Policy and a Child Code priorities for 2014.

**Constrained**

**IR 1830/A0/07/405/002** By 2016, girls and boys, including adolescents, access to adequate and coordinated programmes ensuring the prevention and response to violence, abuse and farms in the departments and services targets including in situations of emergency
**Progress:** Strengthening Child Protection services is on track through support to MAST, particularly IBESR and the Ministry of Justice and Public Security (MSP), focusing on BPM. UNICEF financially contributed to the salaries of 100 IBESR staff and 32 BPM officers. Significant support was provided to the establishment of Child Protection Working Groups (CPWG), bringing together institutional partners and the NGO sector in order to streamline the thematic CPWG and strengthen cooperation on specific technical issues. The CPWG operated in eight departments.

The development of a referral system with case management procedures suitable for the most vulnerable children must be resumed by IBESR in partnership with TDH and IRC (originally scheduled for end-2013). A delay in the vote on the law reforming adoption prevented the development of implementation procedures in 2013. Support to the planning process allowed the development of a multi-year implementation plan for public social services pertaining to child protection.

The impact of UNICEF interventions on alternatives to detention has yet to be quantified, in spite of advocacy efforts, support to the activities of the working group on justice for children, field missions with judicial actors, and support to the Bar Association in the South. The Contingency Plan for Disaster Risks Prevention includes additional elements on Child protection issues as a result of advocacy by UNICEF with the support of the Protection Cluster, OCHA and DPC. Advocacy efforts for the implementation of genuine SIMEX (simulation exercises) crucial to prevent protection issues in time of emergencies. Advocacy effectively secured the involvement of social services in emergencies encountered in 2013 (floods, social violence). Discussions were initiated within existing forums for a reinforcement of the Child Protection system in Haiti, including the development of a Child Protection Policy.

**Constrained**

**IR 1830/A0/07/405/003. By 2016, girls and boys, including adolescents, bondholders are aware of the risks and situations quietrent in the protection of children and to engage in the protection for the most vulnerable children must be resumed by IBESR in partnership with TDH and IRC (originally scheduled for end-2013). A delay in the vote on the law reforming adoption prevented the development of implementation procedures in 2013. Support to the planning process allowed the development of a multi-year implementation plan for public social services pertaining to child protection.

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to the Health Development Accounts’ HDA network but mainly focused on health.

In order to further knowledge in social protection, orientation sessions were organised through the departmental sectoral tables (technical meetings) in the South-East and Centre Departments, with department level counterparts. An information website on social protection was launched (https://sites.google.com/site/politiquessocialehaiti20122013/). A social protection framework is being developed, but no progress has been made due to constraints. Those included: the national forum on social protection was cancelled following new appointments in the department of Social Affairs; the start of the public expenditures analysis was delayed due to difficulties in identifying relevant/qualified researchers; and the Child Poverty Analysis was postponed, pending Living Standards Survey (ECVMAS) data.

On-track

**IR 1830/A0/07/406/001** By 2016, the Government of Haiti has and uses data and disaggregated analyses at the national and local levels on State of the child and of women, for a decision-making based on evidence-based on equity.

**Progress:** Progress was made in 2013 in strengthening the evidence-base in Haiti. Results from the 2012 EMMUS-V/NDHS were finalised, launched and disseminated at national and departmental levels with UNICEF’s technical and financial support, in partnership with Ministry of Health, UNFPA and CIDA/ACDI. This provided the country with new disaggregated data (by sex, urban/rural, department) on key development and 21 MDG indicators for the first time since 2005. Dissemination workshops were organised for the general public, journalists, parliamentarians, and Departmental decision-makers. EMMUS data were also used to finalise the SitAN, which was validated by the Government in December.

A vulnerability analysis/mapping through "socio-economic-surveys" was implemented in four Communes (one in Central, three in South-East Department) as a tool for identifying and reaching the most vulnerable and excluded families as part of the "Kore Fanmi" and MORES approach. The survey is based on methodologies developed by the World bank for the pilot phase but the tools (interviewer/supervisor Manuals; Integrated Social Information System; data collection tools, including introduction of mobile data collection methodology using tablets) were adapted by UNICEF to allow for real-time monitoring and to incorporate lessons learned from the pilot phase. The results will be used for developing individualised "family development plans" to inform programmatic interventions in partnership with the Fonds d’Assistance Économique et Sociale (FAES) and the World Bank. The survey was delayed by one month due to delays in procurement of the tablets for mobile data collection.

DevInfo was promoted as a tool for data representation, dissemination and utilisation in the National Directorate of Drinking Water and Sanitation (DINEPA) and the Institut Haitien de Statistique et Informatique (IHISI) and was updated with data from EMMUS V. HaitiInfo is also being updated with sectoral data.

UNICEF also supported IHISI for the cartography in four departments for the 2013-2014 Census.

Management responses for two evaluations (Education, WASH) were finalised in 2013.

Constrained

**IR 1830/A0/07/406/002** By 2016, the Government’s ability is enhanced for the development and implementation of a framework for protecting social oriente on the needs of children and based on the social protection floor.

**Progress:** In 2013, UNICEF made progress in expanding the Household Development Agents network (HDAs, Kore Fanmi). The Opportunities Map was established in the departments of Centre and South-East, mapping all available services in the area. With support from the World Bank, the Fonds d’Assistance Économique et Sociale (FAES) is responsible for overall coordination of the initiative and supports its expansion in other departments. UNICEF provided technical and financial support for the expansion in the South-East and advocacy to engage a broader range of partners and donors (UN agencies, DFID, ECHO, JICA, USAID). Discussions are ongoing with WFP, ACF, and CARE to utilize the HDA network in the framework of a USAID-funded food voucher project (Kore Lavi). UNICEF also supported the Ministry of Public Health (MSPP) in the implementation of the Community Health Agents (ASCP) network, similar to the HDA network but focused on health. An NGO partner, Heart-to-Heart International, was identified to implement the HDA network in three communes in the South-East (Thiotte, Grand Gosier, Anse-a-Pitre).

In order to further knowledge in social protection, orientation sessions were organised through the departmental sectoral tables (technical meetings) in the South-East and Centre with department-level counterparts. A website on social protection was also launched (https://sites.google.com/site/politiquessocialehaiti20122013/).

A social protection framework based on the Social Protection Floor is being developed, but no progress was made in 2013 due to the following constraints:

1. the national forum on social protection was cancelled following the appointment of a new minister (January) and a new General Director (June) in the Department of Social Affairs;
2. the start of the public expenditures for children analysis was delayed due to the difficulty in identifying relevant/qualified researchers; and
3. the Child Poverty Analysis was postponed to 2014, pending data from the Living Standards Survey/ECVMAS, which became available in December.
<table>
<thead>
<tr>
<th>PC 4 - TRANS-SECTORIELLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCR</strong> 1830/A0/07/800 Effective and efficient programme management and operations support.</td>
</tr>
<tr>
<td><strong>IR</strong> 1830/A0/07/800/001 Effective and Efficient Government system</td>
</tr>
<tr>
<td><strong>IR</strong> 1830/A0/07/800/002 Effective and efficient management and stewardship of financial Resources</td>
</tr>
<tr>
<td><strong>IR</strong> 1830/A0/07/800/003 Appui à la Coordination d' urgence et C4D</td>
</tr>
<tr>
<td><strong>PCR</strong> 1830/A0/07/880 Development Effectiveness, Policy, guidance and technical support for country programming &amp; reporting</td>
</tr>
<tr>
<td><strong>IR</strong> 1830/A0/07/880/001 Programme Coordination</td>
</tr>
</tbody>
</table>
**Effective Governance Structure**

The year 2013 saw the official operationalization of the internal VISION hub for both programmes and operations, resulting in more streamlined and effective functioning of VISION transactions and processes. HCO continued the practice of continuously updating the composition of all statutory committees and the Table of Authority (TOA), with the last update being done in November 2013. All committees met regularly in order to respond to the needs of the office. The internal audit acknowledged the hard work that the office has been putting into the area of governance and rated this area as being satisfactory.

The internal audit (conducted in May-June 2013) made 17 recommendations and by the time the final audit report was received (November 2013), HCO had already taken proactive steps in addressing the recommendations. Consequently as of December 2013, the office has sent feedback and supporting materials to OIAI asking for the closure of eleven recommendations that have already been addressed.

Following the audit recommendations, the office put in place and operationalized a standing agenda for the CMT as well as standard reports (e.g. analysis of outstanding bank reconciliations, unclosed TRIP reports) that were reviewed during the CMT meetings. The same has been applied to institutionalizing standing agendas for Operations and Programme Coordination meetings as well.

In terms of HACT, this was also identified as an area requiring improvement by the internal auditors. In May this year, the office succeeded in getting the macro-assessment endorsed by the UNCT, and while the office continues to invest efforts in HACT implementation, securing the participation from the other Excom agencies has taken very long. Given this, the office has decided to take the "ACT" route. Consequently, a list of implementing partners for 2014 has been developed; a TOR for doing micro-assessments.

**Strategic Risk Management**

Respecting the deadline of end June, HCO updated its Early Warning Early Action (EWEA) for 2013. The ERM plan was endorsed by the CMT, and uploaded on the UNICEF site. In terms of preparedness, all pre-positioned supplies were handed over to the Government (Civil Protection Department, DPC), with MINUSTAH furnishing free of charge containers for storage. As of today, the office through the DPC, has emergency supplies in five storage sites: Cap-Haitien, Gonaives, Cayes, Jérémie et Port-au-Prince.

An Emergency Preparedness and Response Plan is in place, as is an inter-agency 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 regularly updated its BCP. The office’s IT backup has been recently moved to Panama Regional Office, and provides 24/7 back-up and access to email in case of failure of UNICEF systems within the office premises in Haiti.

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. This was acknowledged in the recent audit.

**Evaluation**

The Integrated Monitoring and Evaluation Plan (IMEP) continued to serve as the framework under which the office prioritised key research activities to strengthen the evidence base and inform programming. The SitAn has been finalised and validated by Government in December.

In recognition of reduced budgets, staff strength and capacities, 2013 saw a reduction in the number of planned IMEP activities and an improvement both in terms of IMEP implementation and quality. Of a total of 11 IMEP activities in 2013 (as compared to 22 in 2012); the office achieved a completion rate of 64 per cent,
an improvement from 2012 where the completion rate was 45 per cent.

The M&E section played a key role by providing quality assurance of all terms of reference and draft reports to ensure that research activities met programme needs and expectations. Monthly bilateral follow up with sections on ongoing and planned research activities; together with a mid-year and end-year analyses that were discussed by senior management all contributed to improved implementation and quality.

For the two evaluations conducted and completed in 2012, one on the construction of semi-permanent schools and the other on WASH in schools, management responses with identified actions and timelines were completed and endorsed by senior management. In 2013, there was one planned evaluation on the AEDES project (capacity building in the health sector) that has been concluded in December 2013 and for which a management response for this will be developed early 2014.

This process of developing and endorsing management responses has helped strengthen the understanding within the office of what constitutes an evaluation and how actionable recommendations with clearly identified follow up actions are integral to the evaluation process. A key lesson learnt has been that given the reduced staff strength of sectoral teams and the close supervision and investment required for overseeing an evaluation; choosing to conduct an evaluation must be based on making a strategic choice that takes into consideration other forms of assessments and lessons learned exercises that could well be more appropriate to meet programme needs in certain cases.

Overall, capacity for conducting and managing evaluations within the office whilst not optimal, is improving. In terms of in-country capacity, this remains weak with most evaluations being conducted by international consultants and firms.

### Effective Use of Information and Communication Technology

The biggest challenges in Haiti in terms of ICT remain the unreliable infrastructure, high cost of internet service and limited availability outside Port-au-Prince, limited hardware/software supplies and lack of local technical support.

With a move from an emergency to a standard operation in 2013, the ICT section adjusted its strategy to provide the most reliable but at the same time cost effective solutions. A service level agreement with a service catalogue was introduced to maintain agreed upon levels of ICT service to users.

While continuing to support UNICEF programmes activities, reaching into the hardest to reach areas of Haiti, ICT provided versatile communications systems consisting of MOSS telecommunication, improved access to DATA service through provision of Lotus Notes Traveller services to 35 smart phone users (office phones and BYOD) in addition to support to the 13 BlackBerry users. This improved the connectivity and availability of e-mail communication to a large number of staff on mission, while reducing costs and met the need for internet access through the use of the more economic 3G data service provided by local telephone companies.

The ICT unit contributed to the M&E’s project on conducting a socio-economic household survey (part of the Kore Fanmi approach) by identifying the right technology and hosting the data collection service in the office for UNICEF partners to collect data from the field and transmit it via internet.

ICT Inter-Agency participation continued with close cooperation with the ICT Working Group, evolved from the Emergency Telecom Cluster in 2012. Particularly on the matter of Inter-Agency connectivity, UNICEF was able to take the lead in the ICT Working Group to connect to a new Backup Site in Digicel Datacenter for BCP purposes and to connect the Warehouse Location to the ERP Vision system.

In support to the Business Continuity Plan for the office, the ICT section provided continuous failover services, using the established back-up site in co-location with Digicel in Port-au-Prince. As of December, the site will be hosted by the Regional Office LACRO to reduce cost and will lead into a Disaster Recovery Plan solution which will be more appropriate for the size of the new office and will not be affected by country wide disasters. The new system mitigates the most important risks and is sustainable in terms of cost and
maintenance by the LACRO ICT team.

ICT inventory was reviewed and reduced to accommodate the reduction of the warehouse capacity. HCO conducted a rigorous review of the ICT infrastructure needs and sized it to the new requirements of the smaller office in 2013. A thorough Property Survey Board submission was prepared, materials classified for partner donation, sale or disposal, with the latter being supervised to ensure proper recycling and proper disposal of hazardous materials.

With a reduced staff of three members in 2013, the office successfully redistributed and redefined tasks within the ICT unit by terminating certain activities no longer necessary and restructuring workflows according to a new Service Level Agreement to be served by the smaller unit.

**Fund-raising and Donor Relations**

On donor reporting, the office continued to invest efforts on the timely submission of quality donor reports with clear articulation of results. Of a total of 28 reports due in 2013, the office sent 24 on time, giving it an on-time completion rate of 86 per cent. Strong relationships with National Committees continued with regular exchanges of information on key programme developments (e.g. results of the 2012 Demographic Health Survey) and challenges (cholera). In addition, the office hosted 5 Natcom visits (two from the U Fund, one each from Sweden, UK and France) as well as a visit from Dubai Cares.

The country office mobilised a total of USD 10,343,812 (ORR 2,243,047/ ORE 8,100,765) new resources in 2013 (excluding HQ recovery cost).

**Management of Financial and Other Assets**

One key measure that the CMT adopted, endorsed and used to improve performance monitoring in both programmes and operations was the Key Performance Indicators (KPI) tool. This includes indicators on budget utilisation (RR, ORR and ORE), status of DCTs and management of supplies that were reviewed every month by the CMT and corrective actions identified and followed up on.

The office went through an internal audit this year with financial management (long outstanding reconciling items) and HACT identified as areas for improvement. On the issue of long outstanding reconciling items, although stated in the audit report, The office cleared this by investing concerted efforts in contacting suppliers and clearing the backlog so that by the time the final audit report was received- this issue had already been addressed. In terms of HACT, UNICEF office has led the UN agencies on this issue, and as a result, the macro-assessment was endorsed by the UNCT in April 2013. After waiting for other UN Excom agencies to move forward on the next steps, HCO has launched a bid for getting a company to do the micro-assessment of the identified partners for 2014-2017. The company was selected at the end of 2013, and it is foreseen that by March 2014- all micro-assessments will be done. The office will also have by then a comprehensive assurance plan, therefore becoming ACT.

The RR available to HCO for 2013 was US$3,060,530 and the total including Set-aside $100,000 and BMA $693,576 amounted to US$3,854,106, out of which the global amount spent represents US$3,837,850, i.e., 100% (RR only US$3,048,856). Total ORR available was US$ 7,183,415, with a total utilization of US$7,169,862 (100%).

100% of the PBAs were used within the original duration of the PBA life; of the total amount of PBA expiration in 2013 of US$38,742,003; a total of US$38,707,623 was spent (100% utilization). Utilisation of ORE during the original life of the PBA also reached almost 100%: of a total allocation of US$37,416,554 ORE, a total of $37,370,042 was spent in 2013.

Outstanding DCTs over than 9 months was at 4% at the end of 2013. Most of this amount was caused by a high balance remaining from PBA SM099906 which expired on 30 June and for which the office requested an extension but which was not granted.
In terms of bank reconciliation, HCO is up to date with reconciling items not exceeding a maximum three months, and bank reconciliations were sent regularly and in time to HQ. Standard Operating procedures for programme, plant and equipment and vendor registration were developed and circulated, and DCT forms were standardised across the office.

### Supply Management

Supply and Logistics adapted its strategies to align with the shift of the country programme from recovery to long term sustainable development. The reduction in the volume of supply and procurement has been commensurate with the decrease in the office’s resources, with enhanced emphasis on quality. This is evidenced by the shift from USD 12.2 million spent in 2012 to USD 3.3 million spent on new procurement of programme supplies in 2013. Of this, local procurement is estimated at 58 per cent. Corporate contracts accounted for a large proportion of the procurement of services (72% totaling USD 11.8 million) of which 51% (USD 6.1 million) was attributable to the education programme for its project on schools construction. Programme supplies accounted for 20% (USD 3,385,607) of the total throughput.

#### Table 1 Procurement throughput in 2013

<table>
<thead>
<tr>
<th>Categories</th>
<th>Value in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZCON- Individual contracts</td>
<td>865,713.48</td>
</tr>
<tr>
<td>ZFR- Freight POs</td>
<td>10,101.05</td>
</tr>
<tr>
<td>ZLAM- POs Asset</td>
<td>43,013.00</td>
</tr>
<tr>
<td>ZLC- Programme Supplies</td>
<td>3,385,607.85</td>
</tr>
<tr>
<td>ZLCO – Corporate Contract</td>
<td>11,844,948.14</td>
</tr>
<tr>
<td>ZLP – Operational Consumables</td>
<td>174,730.9</td>
</tr>
<tr>
<td>ZPLC – low value POs</td>
<td>14,036.51</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>16,338,150.93</strong></td>
</tr>
</tbody>
</table>

The office also reduced the number of field storage locations from three to only one controlled warehouse in the capital (Port-au-Prince) with regular programme supplies to the tune of USD 1.7 million, leading to a significant cost saving (approximately USD 12,000 per month) along with a commensurate reduction in security services for these warehouses. Emergency stocks are kept by the Direction de la Protection Civil (DPC) as part of the Rapid Response Mechanism and is not part of the UNICEF controlled warehouse. In 2013, HCO received in its warehouse new programme supplies to the tune of USD 2 million and issued USD 5.7 million worth of both existing and new programme supplies to implementing partners.

#### Table: Warehouse Management

<table>
<thead>
<tr>
<th>Description</th>
<th>Value (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies received in 2013</td>
<td>2,066,038.54</td>
</tr>
<tr>
<td>Supplies (new and existing) Issued in 2013</td>
<td>5,772,440.00</td>
</tr>
<tr>
<td>Stock value after year end physical count (as of 22 Nov 2013)</td>
<td>1,741,163.52</td>
</tr>
</tbody>
</table>

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 2013, access to and timeliness of essential commodities improved. In 2013, HCO secured eight Long Term Agreements for supplies like soap, plumpy-nut, fuel as well as event management services; thereby reducing the time involved in procurement processes.

Close collaboration with programme sectors led to the development of realistic supply plans and their effective implementation through strategic procurement. Of the total programme supplies procured, Health
received 46%, WASH 22% and Nutrition 21%. To ensure timely utilization of these supplies, the office institutionalized a system whereby it is obligatory for programme sections to have distribution plans, prior to placing an order.

In the area of in-country logistics, timely supply and logistics support was provided with the distribution of Program Supplies both new and pre-existing (USD 5.7 million) to implementing partners from Jan 2013 to Nov 2013.

Capacity development remains a key concern given that the Haitian government does not currently have logistics or warehousing capacity. The office was unable to operationalize its plans to build capacity of government and partners in the areas of procurement and supply, warehousing and stock management and logistics in emergency. This will be a priority in 2014.

UNICEF’s Procurement Services (PS) mechanism is one of the strategies to both mobilize additional resources within the humanitarian community and build capacity of government and partners. The office will promote in collaboration with the Supply Division Procurement Service Center, the PS mechanism in the country. CAEC (Country Assessment for Essential Commodities for Children) is another area in which the office will support the government in 2014.

**Human Resources**

2013 saw a reduced staffing structure composed of 87 established posts: 20 IPs, 31 NOs and 36 GS. Eighty three posts were filled as of 11 December 2013, with four positions remaining unfilled, of which two will be abolished at the next PBR.

The 2013 PBR abolished two positions (1IP and GS) and established a Senior Executive Assistant GS7, the recruitment of which has been finalized and the candidate will be on board starting January 2014.

As a result of the intensive recruitment carried out in the last quarter 2012, the office started 2013, the first year of the Country Programme, with 98 per cent of approved positions filled. There has been little turnover of critical staff, and for those positions that did fall vacant, the office effectively managed to ensure minimal disruption to workflow. For example, when the positions of Finance Officer and Finance Specialist became vacant during the last semester of 2013, the office filled this gap by bringing on one staff on mission for one month, and one national consultant recruited for four months. This together with the Chief of Operations dedicating more time to Finance issues, helped ensure smooth continuity.

As a result of the proactive search for qualified female candidates (using a multi-channel advertising system), HCO has a gender balance of 48 per cent of female staff. The average length of recruitment process was 77 days including the advertisement time of 15 days, and a monitoring table was put in place to monitor the recruitment process.

Performance management is an office priority and is regularly monitored by the CMT through reviewing HR indicators as part of the Key Performance Indicators. Two trainings of supervisors and supervisees were conducted in 2013 with a total of 52 staff attending the training.

PER/PAS completion has been closely monitored, and the office has shown an on time completion rate of 91 per cent for 2012 PER/PAS and 93 per cent for 2013 objectives and phase 1 and 2. A monitoring table is maintained to track PAS/PER progress and submitted to the CMT for follow up action.

The office ensured that the services of the UN staff counsellor were available for all staff throughout the year, and these were availed of on a need basis.

A staff retreat was held in February 2013 so as to have a participatory mechanism of dealing with the structural changes and revised staffing strategy of the new country programme, as well as to reinforce/build team spirit and boost overall productivity. A survey to collect staff concerns was conducted prior to the retreat to address current concerns as well as those emanating from the 2011 global staff survey. Work life
balance has been identified as a major area requiring improvement.

Flexible working hours were approved on-demand of staff, and mandatory courses such as “UN cares” were promoted. A presentation on ethics was made during the staff retreat followed by a review of the actions taken by HCO versus the actions recommended by UNICEF.

**Efficiency Gains and Cost Savings**

HCO took several important measures to improve efficiency and cost savings.

- The office succeeded in renting out one floor in the present office premises, thereby decreasing the rent paid by USD 188,000 a year.
- Warehousing facilities were streamlined and consolidated into one single warehouse in Port-au-Prince. This together with the consequent reduction in warehouse workforce has helped reduce costs by almost USD 200,000 per year.
- Costs associated with keeping the backup office for ICT has been decreased significantly with savings estimated at USD 30,000 per year.
- Overall operational costs went down from 11.2% of the total budget in 2012 to 8% in 2013.
- Looking ahead at 2014, there are several initiatives that have already been agreed upon and that will start taking effect in 2014 such as the reduction in costs for parking by USD 42,000 a year and further reducing warehousing cost by USD 18,000 a year.
- Following discussions and advocacy with Regional Office and NYHQ, consensus was reached on proceeding with the reconstruction of the old UNICEF office in Debussy. Repeated negotiations led to the cost price going down from USD 2.4 million to 1.7 million, and the Local Procurement Authorisation (LPA) was approved by Supply Division and funding provided by DFAM. Given this cost saving and taking into account the total rent per year at the moment (USD 502,000), it is foreseen that in 4-5 years the office will break-even.

**Changes in AMP & CPMP**

Having approved a CPMP in 2012, there were no changes to this in 2013. Depending on the funding situation, HCO might submit a revised proposal after the Mid-Term Review in 2014.

The office developed a comprehensive Rolling Management Plan that identified both programme and operations priorities of the office. The RMP has been reviewed at mid-year in light of audit recommendations and findings, to better reflect evolving office priorities and these have been monitored regularly.

One example is the reconstruction of the office in Debussy (destroyed during the 2010 earthquake) on the plot of land that UNICEF owns. Following discussions and advocacy with Regional Office and NYHQ, consensus was reached on proceeding with the reconstruction the office. With funds being made available by Supply Division and DFAM, the building design has been finalised and a company to implement this project identified. This construction project has been reflected as a priority for 2014 with benchmarks and indicators developed to monitor its progress. Another identified priority for 2014 is the development and implementation of an Advocacy Strategy for the office.

**Summary Notes and Acronyms**

- BPM: Brigade de Protection des Mineurs
- CAP: Consolidated Appeals Process
- CIDA: Canadian International Development Agency
- CCCs: Core Commitments for Children in Humanitarian Action
CERF
United Nations Central Emergency Response Fund
CLTS
Community Led Total Sanitation
CMAM
Community Management of Acute Malnutrition
CTC
Cholera Treatment Centre
CTU
Cholera Treatment Unit
DHS
Demographic Health Survey
DINEPA
Direction de l’Eau Potable et de l’Assainissement
EMMUS
Enquête Mortalité, Morbidité, Utilisation des Services
ECD
Early Childhood and Development
FAES
Fonds d’Assistance Economique et Sociale
FONDEFH
Fondation pour le Développement et l’Encadrement de la Famille Haïtienne
GBV
Gender-Based Violence
GFATM
The Global Fund to Fight AIDS, Tuberculosis and Malaria
GMC
Global Movement for Children
HCO
Haiti Country Office
HRF
Haiti Reconstruction Fund
IBD
Inter-American Development Bank
IBESR
Institut du Bien Etre Social et de Recherches
IDP
Internally Displaced Person
IHRC
Interim Haiti Recovery Commission
IOM
International Organization for Migration
IYCF
Infant and Young Child Feeding
LAC
Latin America and Caribbean
MAST
Ministère des Affaires Sociaux et Travail
MDGs
Millennium Development Goals
MENFP
### Evaluation

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