

# Haiti

## Country programme document 2009-2011

The draft country programme document for Haiti (E/ICEF/2008/P/L.23) was presented to the Executive Board for discussion and comments at its 2008 second regular session (15-18 September 2008).

The document was subsequently revised, and this final version was approved at the 2009 first regular session of the Executive Board on (5 February 2009).

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*Basic data<sup>†</sup>*  
*(2006 unless otherwise stated)*

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Child population (millions, under 18 years)	4.2
U5MR (per 1,000 live births)	80
Underweight (% , moderate and severe)	22
Maternal mortality ratio (per 100,000 live births, 1999-2006) <sup>a</sup>	630
Primary school attendance (% net, male/female)	48/51
Primary school children reaching grade 5 (% , 2005)	89
Use of improved drinking water sources (% , 2005) <sup>b</sup>	54
Use of adequate sanitation facilities (% , 2005)	30
Adult HIV prevalence rate (%)	2.2
Child work (% , children 5-14 years old)	...
GNI per capita (US\$)	480
One-year-olds immunized against DPT3 (%)	53
One-year-olds immunized against measles (%)	58

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<sup>†</sup> More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

<sup>a</sup> This figure is a 2005 estimate developed by WHO, UNICEF, UNFPA and the World Bank, which is adjusted for under-reporting and misclassification of maternal deaths.

<sup>b</sup> The data from a 2005-2006 Demographic and Health Survey for the use of improved drinking water sources and for use of adequate sanitation facilities are 55.2 per cent and 13.6 per cent, respectively.

### **The situation of children and women**

1. In 2007, Haiti had an estimated population of 9.6 million with an annual growth rate of about 2.1 per cent. Haitian women have an average of 4.0 children. Around 46 per cent of Haiti's population is under the age of 18 and about 37 per cent of the population is 14 or younger. Haiti is the Western hemisphere's second most densely populated country (302 persons per km<sup>2</sup>), and is faced with an increasing urban-rural divide marked by rapid urbanization and persistent rural impoverishment. Almost half of the population lives in urban areas. Two thirds of the urban population growth has occurred in Port-au-Prince.

2. In response to the outbreak of armed conflict, the United Nations Stabilization Mission in Haiti (Mission des Nations Unies pour la stabilisation en Haïti, or MINUSTAH) was established in April 2004 to support a secure and stable environment, democratic governance and respect for human rights. The country held presidential and parliamentary elections in 2006, and democracy and constitutional legitimacy began to take root with difficulty. The measure of political stability achieved was soon threatened by social and political unrest related to rising food prices. This led to an April 2008 vote of no-confidence in the Prime Minister and his Government. Several factors suggest that political instability will remain a risk over the next programme cycle: slow progress towards poverty alleviation, political tensions, and challenges to judicial and security sector reform.

3. Haiti remains the least developed country in the Western hemisphere, with a potential for economic growth hindered by political instability, lack of infrastructure and recurrent disasters. Since 2006, Haiti has improved its economic and social

stability and launched wide-ranging reforms, which further qualified it in November 2006 for debt relief under the enhanced Heavily Indebted Poor Countries Initiative. Economic growth has resumed, but remains slow, reaching only 2.5 per cent in 2007. Discontent is increasing among the many people who are expecting rapid social returns, given the improvements in security and the stabilization of some economic indicators. Remittances from the diaspora, estimated at \$1.65 billion in 2007 according to the Inter-American Development Bank, account for about 30 per cent of household revenue.

4. Haiti ranks 146 out of 177 countries on the United Nations Development Programme (UNDP) Human Development Index (2007). About 76 per cent of the population lives below the poverty line (on less than \$2 per day). Extreme poverty is experienced in 58 per cent of households headed by women, compared to 53 per cent of households headed by men. Only one in five Haitians has a steady wage-earning job, and unemployment is particularly high among youth in crowded urban areas. Income distribution is highly skewed, as seen in the country's Gini coefficient of 0.66. Social inequalities are high: for example, the chances that a child whose parents are among the richest 20 per cent of the population will go to secondary school are 18 times those of a child whose parents are among the poorest 20 per cent.

5. Haiti is a fragile state, where people, especially in rural areas, have developed strong coping mechanisms in response to the State's failure to deliver on governance and public services such as security, infrastructure, and basic health and education services. Haiti is currently one of the highest aid-recipient countries in the world.<sup>1</sup> Concern is growing about aid effectiveness and its impact on children. The absorption capacity of the Government and non-governmental organizations (NGOs) is impaired by weak administrative systems and lack of qualified personnel. Basic services reach few of the most vulnerable.

6. Results of a recent child poverty study<sup>2</sup> indicate that more than 4 in 10 children in Haiti live in absolute poverty. The same study indicates that 7 out of 10 children (2.66 million) experience at least one form of deprivation among those related to food, health, education, water, sanitation, shelter or information.

7. A positive trend is shown in the neonatal mortality rate, infant mortality rate (IMR) and under-five mortality rate (U5MR). For example, the U5MR declined from 152 to 80 per 1,000 live births between 1990 and 2006. However, the pace of improvement remains insufficient to meet most health-related Millennium Development Goals. Despite significant progress towards reduction in IMR and U5MR, there is a need to focus on excluded children, as these examples demonstrate: some 13 per cent of children have never been vaccinated; the dropout rate for one-year-olds immunized against diphtheria/pertussis/tetanus vaccine (DPT3) is as high as 47 per cent. Large geographical disparities prevail. The main causes of child mortality in Haiti are neonatal, and they include pneumonia, diarrhoea and chronic malnutrition. An estimated 24 per cent of children under the age of five suffer from chronic malnutrition, and 9 per cent suffer from acute

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<sup>1</sup> The 2005 per capita aid estimated at \$29 was higher than the average of the least developed countries group.

<sup>2</sup> David Gordon and Nandy Shailen. *Absolute Child Poverty in the 21st century in Haiti*. (Bristol University/UNICEF Haiti, 2007.)

malnutrition. The effect of diarrhoea on child mortality is exacerbated by limited access to improved drinking water sources, hygiene and sanitation facilities.

8. Mortality related to pregnancy and childbirth is also high. The maternal mortality ratio rose from 523 per 100,000 live births in 1993-2000 to 630 per 100,000 live births in 1999-2006. This is partly due to the fact that only a quarter of births are attended by trained medical personnel.

9. Haiti is still the country most affected by HIV/AIDS in the Western hemisphere, with an adult prevalence rate of 2.2 per cent (2.3 per cent for females, against 2 per cent for males). HIV prevalence among pregnant women in the capital is 3.7 per cent, one of the highest percentages in the region. The country is receiving a considerable level of funding to address HIV/AIDS. However, lack of coordination, weak national strategies and erratic integration of HIV/AIDS services in the national health system prevent the country from successfully scaling up coverage. Access to treatment remains significantly limited for individuals who test HIV-positive; access to antiretroviral therapy is available only to one in five HIV-positive pregnant women.

10. Haiti is not able to ensure the right to education for all. One in two school-aged children is out of school. The ratio of girls to boys is 1.02 for primary school, and 0.94 for secondary school. Public education services are limited in Haiti, and only 18 per cent of enrolled primary school children attend government schools. In both Government and non-government schools, fees and other costs result in the exclusion of many children from school. More than any other group, children from poorer and rural households are denied the right to education. With only 21 per cent of teachers trained, the overall quality of education is low, as indicated by a high repetition rate in first grade (30 per cent of students).

11. Statistics on juvenile detention, violence against children and child labour further describe the situation of children. More than 90 per cent of the estimated 300 children in jails are in prolonged pre-trial detention. Another concern is sexual violence against women and children. Between January 2006 and June 2007, some 4,000 cases of gender-based violence were documented in four Departments (South East, West, Artibonite, Grande Anse). An estimated 3 out of 10 children have no birth certificate. Although there is no reliable data on child labour, children in domestic service and child trafficking, the data from the 2005-2006 Demographic and Health Survey known as EMMUS IV (*Enquête Mortalité, Morbidité, et Utilisation des Services IV*) suggest that approximately 70,000 children are reported to be “restaveks”, or children in domestic service. About 2,500 children live in the streets of Port-au-Prince. Efforts to promote the rights of these and other children are seriously undermined by insecurity and violence. Making matters worse is kidnapping, which has surged recently, at times with brutal and fatal outcomes for children.

12. Programming and delivering results for children are seriously impaired in key areas such as education, child protection, HIV and gender equality. This is due mainly to a lack of capacity among implementing partners at the central and sub-national levels, including for data collection and analysis. Moreover, the country's capacities are limited for monitoring, evaluation and reporting on programmes, policies and key issues affecting child rights. For example, no periodic report has been submitted since 2001 to the Committee on the Rights of the Child, and the Government has never submitted a report on measures adopted to implement

the Convention on the Elimination of All Forms of Discrimination against Women. Weak institutional capacities, in combination with a lack of sustained and coordinated support from donors, contribute to isolated and overlapping initiatives in data collection and analysis.

13. Haiti is affected by severe deforestation (about 97 per cent), soil erosion, and heavy environmental degradation. These conditions lead to or exacerbate recurrent natural disasters and humanitarian crisis. Over the year 2008, the already dire situation facing Haiti has been compounded by a series of threats, ranging from rising food prices, political instability, with nearly four months of no official approved Government, to recent onslaughts of tropical storms and hurricanes (Fay, Gustav, Hanna and Ike) that killed more than 800 people and left nearly 1 million homeless or in dire need of help. Some 300,000 children were directly affected as a result of the worst catastrophes that hit the impoverished country. The few existing basic social services were severely damaged. The storms, which caused nearly \$1 billion damage, would hamper recovery and reconstruction efforts by the current Government, as well as the establishment of stable democratic institutions. In the absence of more inclusive and child-friendly recovery and reconstruction frameworks, the poorest children could face dire situation due to likely increased malnutrition, schools drops-out and abuses.

## **Key results and lessons learned from previous cooperation, 2002-2008<sup>3</sup>**

### **Key results achieved**

14. UNICEF supported a wide range of life-saving strategies in cooperation with the World Health Organization (WHO)/Pan American Health Organization (PAHO), MINUSTAH and the Ministry of Health. These strategies contributed to the improvement of most health-related indicators, as shown by EMMUS IV, which reported that UNICEF contributed to an increase in the overall immunization coverage rate from 43 per cent in 2000 to 54 per cent in 2005. This was accomplished with vaccine provision, cold chain equipment, operating systems, training and social mobilization. More than 100,000 people benefited from access to improved drinking water sources and sanitation facilities, with this number representing a reduction of 2.5 per cent of the population lacking access to water. During 2002 and 2008, UNICEF supported care for 1,000 severely acute malnourished children and 3,000 moderately malnourished children per year through the provision of technical assistance and supply of therapeutic foods and drugs.

15. UNICEF in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Organization for Migration (IOM), and the World Bank, among other partners, worked with the Ministry of Education on improving access to quality pre-school and primary education. Largely as a result, a National Education for All (EFA) Strategy was endorsed in 2007, and early childhood development (ECD) issues previously neglected by the education system are integrated in the EFA strategy. Based on a costing model, UNICEF and

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<sup>3</sup> Results reported in this section come from the country programme for 2002-2006 and the short-duration country programmes for 2007 and for 2008.

the World Bank advocated strongly for the abolition of public school fees, for a reduction in fees for non-public schools; and for an increase in the number of government-funded schools.

16. With UNICEF support, focused and integrated work in specific geographical areas ensured that by 2007 more than 80,000 children attending public schools in 16 out of 18 communes of the western Department had access to well-equipped classrooms, school furniture, teaching materials and sanitary facilities, all adapted to age and gender. In addition, more than 8,000 children under six years old benefited from early care and education and from training given to supervisors and the improvement of public pre-school facilities, with these latter two activities undertaken by UNICEF with the Ministry of Education. UNICEF also provided school supplies and equipment for some 100,000 children in areas affected by natural disasters and armed violence.

17. Results have also been achieved in policies for child protection. Haiti ratified the International Labour Organization Conventions 138 and 182 in 2007. In the same year, following advocacy by UNICEF and its partners for international adoption reform, the Government drafted a new law on adoption. Also in 2007, the Ministry of Social Affairs, with UNICEF support, finalized a National Plan for the Protection of Children, which is awaiting Government approval.

18. Overall, the child protection capacity of public social service and law enforcement institutions has been reinforced. A Child Protection Brigade was created within the Haitian National Police, and training on child protection issues was conducted for approximately 1,000 police officers and for more than 200 social workers of the Ministry of Social Affairs and its social protection agency, the Haitian Social Welfare Institute (Institut du Bien-Être Social et de la Recherche). In addition, a child protection unit was established in the Government's Office of the Ombudsman. Psychosocial support was facilitated for 15,000 children affected by violence, exploitation and abuse.

19. Data and knowledge gaps have been reduced through the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID) and UNICEF support to the 2005-2006 EMMUS IV, which includes a wide range of indicators on children and women. Using data from this survey and from 2000, the study on child poverty done by the University of Bristol assessed trends in absolute child poverty in close collaboration with UNICEF. These results of the study are being used to raise awareness of child rights and poverty issues, and have opened up new advocacy opportunities with the Government.

### **Lessons learned**

20. Haiti is affected by chronic instability, severe deprivation, and violations of child rights, in combination with weak institutional capacity. Given this context, the country programme must respond to urgent needs by supporting essential care and services for children and women (including supplies), while at the same time developing national capacity and institutions. Addressing urgent needs is critical to establishing trust and a basis for social mobilization, which in turn are essential for longer-term development goals. The programme of cooperation has adapted to instability, as is evidenced in the short-duration country programme for 2008 and previous country programmes, and will need to continue to be highly sensitive and responsive to a level of instability that might increase.

21. It has been challenging to maintain consistent programme implementation in Haiti, in the context of an unstable political environment and hazardous conditions; the country has been placed in phase III of the United Nations security plan. It has been necessary to ensure a strong field presence in poor urban areas affected by armed violence in order to respond to severe child rights violations, yet access frequently has been impeded by the need to ensure staff security and comply with humanitarian principles. UNICEF made a major investment to improve staff security and to comply with Minimum Operating Security Standards in order to maintain programme implementation and humanitarian activities in the “red zones”. More investment is needed, however, to reinforce field presence and improve staff security. The potential for logistical support offered by MINUSTAH for a stronger field presence is being explored.

22. Advocacy for EFA has not been as successful as expected. The child-friendly school initiative was not integrated with national efforts to increase access to school and improve learning conditions. More emphasis needs to be placed on direct work on education-sector planning that incorporates the promotion of diversity of schools along with government subsidies to guarantee access.

## The country programme, 2009-2011

### Summary budget table

<i>Programme</i>	<i>(In United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Young child survival and development	2 224 800	25 200 000	27 424 800
Basic education	1 518 750	18 750 000	20 268 750
Child protection	1 586 250	7 200 000	8 786 250
Partnership for child poverty reduction	1 350 000	300 000	1 650 000
Cross-sectoral costs	1 485 000	—	1 485 000
<b>Total</b>	<b>8 164 800</b>	<b>51 450 000</b>	<b>60 522 000</b>

### Preparation process

23. In 2007, the extension of the previous country programmes for UNDP, UNICEF, UNFPA and the World Food Programme (WFP) to cover 2008 allowed the alignment with the Government poverty reduction strategy paper (PRSP). Preparations for new country programmes were launched in September 2007. UNICEF actively participated in the United Nations Development Assistance Framework (UNDAF) preparation and provided technical leadership on issues related to children’s and women’s rights. The CPD was prepared with the participation of the Ministry of Planning, Ministry of Health, Ministry of Education, Ministry of Social Affairs, key NGO partners and United Nations agencies. The development of the CPD and preparation for the UNDAF were conducted in tandem.

### **Goals, key results and strategies**

24. The overall goal of the country programme is to contribute to the reduction of child mortality and the strengthening of an enabling environment for the fulfilment of children's rights.

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

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

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

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

29. The country programme will emphasize several strategies. Institutional support and capacity development will be key. Promoting judicial and legal reforms will be critical for protection issues. Community-based interventions will place a strong emphasis on strengthening the capacity of rights holders to claim their rights. Reaching the most vulnerable children and women facing critical deprivations will be an operational strategy in supporting service provision at the community level; criteria for populations to be reached will be agreed with Government officials, pending vulnerability and capacity assessment. Coordination of donors and United

Nations agencies will be a priority within the framework of the development, humanitarian and peacekeeping continuum. Emergency preparedness and response, as well as early recovery, will be integrated into all programmes. Greater field presence through the protection offered by MINUSTAH will be essential. In order to foster United Nations coherence, joint programming will be a relevant strategy in selected areas such as safe motherhood, school feeding and community-based violence prevention. Two overarching strategies will be results-based management and the human rights-based approach to programming. Special attention will be given to gender approaches in all UNICEF-supported interventions. Partnership will be instrumental to achieve planned results. Performance monitoring, research, data and knowledge-generation will be mainstreamed in each programme component.

### **Relationship to national priorities and the UNDAF**

30. The new country programme is in line with the human development targets of the PRSP in the areas of health, education, and child protection (i.e., pillars 2 and 3, and cross-cutting issues). It is also in line with targets for institutional capacity-building. The UNICEF country programme priorities are integrated in the UNDAF and are also aligned with national priorities set out in the Poverty Reduction Strategy Paper (PRSP). The country programme is also directly linked to sectoral national strategies and plans that have been developed and endorsed by the Government, in order to effectively address the situation of children and women. Policy development work planned in the new country programme builds on efforts already initiated during the previous programme cycle.

### **Relationship to international priorities**

31. The country programme fully supports Government efforts to achieve the Millennium Development Goals. These efforts are outlined in the PSRP, with emphasis on achieving progress towards meeting most Goals related to children and maternal health. Country programme objectives and structure have been developed within the UNICEF medium-term strategic plan framework.

### **Programme components**

32. Improved data availability and performance-monitoring, as well as emergency preparedness, will be integral to all components.

33. **Young child survival and development.** This component will contribute to achievement of Millennium Development Goals 1, 4, 5, 6 and 7 and ensure that women and children have access to high-impact health and nutrition interventions, with a special focus on reduction of neonatal and maternal mortality and HIV/AIDS. The programme has four axes: health and nutrition; safe motherhood; HIV/AIDS; and water, sanitation and hygiene education. In the **health and nutrition subcomponent**, the country programme will support the expansion of high-impact health and nutrition interventions through a combination of strategies such as the Expanded Programme on Immunization (EPI), Integrated Management of Childhood Illness and micronutrient supplementation. These strategies will benefit 500,000 women and 3 million children annually. Given that rising food prices and numerous natural disasters threaten to increase levels of acute malnutrition, special attention will be given to community treatment of acute malnutrition to supporting the development of nutrition policies, strategies and standards. Take-home

supplementary rations will be distributed to vulnerable groups such as pregnant and lactating women and people living with HIV/AIDS, in partnership with WFP. The **safe motherhood subcomponent** will focus on access to quality basic and comprehensive emergency obstetric care. In collaboration with UNFPA and WHO/PAHO, UNICEF efforts will aim to ensure that at least 30,000 women each year (a third of all expected deliveries) will deliver in a safer manner. The **HIV/AIDS subcomponent** will give priority to prevention of mother-to-child transmission, increased access to early diagnosis and treatment, and paediatric care. The **water, sanitation and hygiene education (WASH) subcomponent** will ensure that an additional 800,000 people (10 per cent of the population) use improved drinking water sources and sanitation facilities, practice adequate hygiene behaviour, and safeguard existing water infrastructure and equipment. The coordination mechanism through the cluster lead of UNICEF in WASH and nutrition will be implemented.

34. UNICEF will provide technical assistance, training, supplies, procurement services and social mobilization support at the departmental and local levels. Collaboration with the Ministry of Health at the central level will support policy development and implementation, regulation of standards, advocacy, resource-leveraging and knowledge management. Close collaboration will be maintained with all relevant Ministry of Health technical departments. Partnerships will continue with the Ministry of Public Works, UNDP, UNFPA, WFP, WHO and NGOs. Innovative and strategic partnership with USAID, CIDA, the Spanish Cooperation and other bilateral donors present in Haiti will be extended to cover critical areas of mother and child health, HIV/AIDS and WASH.

35. **Basic education.** This component will focus on advocacy in order to strengthen policies and institutional frameworks to increase public provision and to increase alternative ways to ensure universal access. Interventions will support the National Education for All Strategy. The **ECD subcomponent** supports training for ECD and pre-school education of educators, empowerment of families and communities, coordination between public and non-public sectors, and advocacy. The **basic quality education subcomponent** will improve access and quality through advocacy; support for the abolition or subsidization of school fees; institutionalization of teacher training and curriculum development; support for an integrated multi-sectoral and gender-sensitive approach; and development of models of alternative, adaptive, community-based and cost-effective construction that can be scaled up, and support to norms and policies on construction. The **capacity development subcomponent** will strengthen institutional capacities, policy dialogue and sectoral partnerships by supporting interface between public and non-public supply and coordination mechanisms. Support also will be given to non-formal education, especially for over-aged students. The coordination mechanism in the basic education and ECD sector will be made more effective through the cluster lead of UNICEF.

36. In this component, UNICEF will work with the following partners: Ministry of Education (central and decentralized levels); Ministry of Health on health education, hygiene, sexually transmitted infections and HIV/AIDS; IOM for rehabilitation of school infrastructure and the construction and/or rehabilitation of school water systems and latrines; WFP, to increase access and improve quality through nutrition interventions; the World Bank, UNESCO, USAID, CIDA and the Spanish Cooperation for coordination and support to implement the EFA strategy; and NGOs

to implement field interventions that address basic services, access and quality education.

37. **Child protection.** The component has three subcomponents: (a) **legislation and policy development and enforcement**; (b) **institutional support and data collection**; and (c) **access to services for orphans and other vulnerable children**, including children in institutional care, children who live or work on the streets, child victims and witnesses of crime and children in conflict with the law, children affected by armed violence, children in domestic service, and child and women victims of sexual violence. The programme components will also address primary prevention of HIV/AIDS, especially among adolescents. Close collaboration between child protection, education and health-related programmes will be critical for providing comprehensive services to vulnerable children. Under the subcomponents, priority will be given to developing the institutional capacities of major partners (e.g., Ministry of Social Affairs, the police and the judiciary) as well as their coordination mechanisms. Standards of child care will be improved through advocacy, partnership and coordination. Instrumental activities will include capacity development for social workers in applying or monitoring compliance to existing standards, as well as support for referral mechanisms between service providers. As cluster lead of the protection sector, UNICEF will work with partners to improve preparedness and response capacities in order to prevent human rights violations and protect the most vulnerable in emergencies. Major partners include MINUSTAH, UNDP, USAID, CIDA, the Spanish Cooperation, the Ministry of Social Affairs, Ministry of Justice, Ministry of Women's Affairs, the Haitian National Police and NGOs.

38. **Partnership for child poverty reduction.** The overall intent of this component is to reduce child deprivation and poverty by influencing policies, legislation and spending and by leveraging resources. The programme includes four subcomponents: (a) programme quality assurance and knowledge management; (b) public policies; (c) strategic partnerships; and (d) social mobilization. The **programme quality assurance and knowledge management subcomponent** will ensure that: (a) all UNICEF-supported field interventions meet internal office standards of quality designed to minimize financial risks and sustain programme effectiveness; (b) state and civil society commitment and capacities to deliver effective results are strengthened; and (c) disaggregated data is generated and analysed to support monitoring of the situation of children. The public policies cluster will provide technical assistance for research and evaluation and rigorous analysis and use of data, to inform the design of sector or national policies. Support will also raise awareness of budget processes and spending on children. The partnership, advocacy and programme communication components will work with national and international partners to uphold support for children's and women's rights. This subcomponent will support key communication and social mobilization strategies to inform, advocate and mobilize the actions of governments, legislators, the judiciary, civil society, the media, the private sector and stakeholders (including children and adolescents) to ensure that high priority is given to children in public policies and spending. The main partners will include the Ministry of Police, Ministry of Finance, Institut Haïtien de Statistique et Informatique (the National Statistics Institute), CIDA, academic institutions, United Nations agencies, media associations and NGOs.

39. **Cross-sectoral costs.** The component will ensure that the overall country programme, including fund-raising, operating and staff costs, as well as maintaining compliance with the operating security standards, is well managed.

#### **Major partnerships**

40. UNICEF will continue to strengthen its partnerships with UNESCO, the World Bank, UNFPA, WHO/PAHO, WFP, IOM, USAID, CIDA, the Spanish Cooperation and other bilateral donors present at Haiti in the areas of education, immunization, reproductive health, WASH, school feeding programmes, nutrition and child protection. In order to strengthen emergency preparedness and response, cooperation with UNDP and NGOs will continue to be crucial. UNICEF will be working with relevant components of MINUSTAH on advocacy for the rights of children and women, capacity development for the police and judicial system, and logistic support for EPI. In child protection, UNICEF will continue to work with and strengthen NGO networks and maintain close collaboration with MINUSTAH and UNDP. Cooperation with MINUSTAH will be further expanded to cover areas of emergency preparedness and response. Collaboration with the United Nations Development Fund for Women (UNIFEM) and UNFPA will also be strengthened to prevent sexual and gender-based violence and provide care services for its victims.

#### **Monitoring, evaluation and programme management**

41. The programme will be monitored through Government-led mid-annual and annual programme implementation reviews, as well as through regular field monitoring and consultations with partners at all levels. A three-year Integrated Monitoring and Evaluation Plan (IMEP) and annual IMEPs, will define monitoring and evaluation mechanisms, major studies, surveys, evaluations and research. The monitoring plan will reflect the UNDAF Integrated Monitoring and Evaluation Framework (IMEF). A full situation analysis will be conducted during the first year of the country programme. Implementation of a new Demographic and Health Survey (EMMUS V) will be supported, ensuring availability of up-to-date statistics. The programme also will focus on the promotion and utilization of DevInfo. The country programme will plan and conduct an evaluation of at least one programme component and one major programme strategy. Consistent technical assistance will be given to as many as 50 government and NGO partners to help them improve their monitoring and evaluation capacity, including in emergencies.

42. The country programme will continue the transition, begun over the last two years, from a project approach towards a sector and policy approach. The main coordination partner for UNICEF is the Ministry of Planning and External Relations, which leads the PRSP process. Annual work plans are developed with counterpart Ministries for each sector. For effective management of cross-cutting topics (e.g., HIV/AIDS, ECD, adolescents, gender and emergency), the country office will set up multi-layered working groups that will be responsible for developing and ensuring implementation of inter-sectoral annual work plans.