

Haiti

Executive Summary

In the second year of the Country Programme 2013-2016, UNICEF Haiti began to see concrete results from its strategic shift to long-term recovery, development and institutional capacity building. Barriers and bottlenecks to the realization of child rights were addressed and the policy environment and systems for disadvantaged and excluded children were improved.

Given the reduced budget and lighter organizational structure, improved efficiency and effectiveness were essential to delivering results for children and continuing to respond to humanitarian emergencies, deliver services related to cholera elimination efforts, respond to natural disasters and support to internally displaced persons still living in camps five years after the 2010 earthquake.

In 2014, progress continued to be made towards strengthening the enabling environment and legal frameworks. Thanks to years of UNICEF technical support and advocacy, the Optional Protocol to the Convention on the Rights of the Child (CRC) on the Sale of Children, Child Prostitution and Child Pornography (OPSC) was ratified and the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict (OPAC) was voted for by the Parliament in June. The Law on Paternity, Maternity and Filiation and the Law on Trafficking were promulgated, and the Child Protection Code was drafted and is awaiting parliamentary approval. A political impasse over elections delayed the approval of legal frameworks during the last quarter of 2014.

The Every Newborn Action Plan initiative was reinforced, using the results of the recently completed national study on the causes of neonatal mortality. Despite decreases in infant and under-5 mortality rates, neonatal mortality rates remain stagnant, which is evidence that intervention is needed. Seventy-five health care professionals were trained on emergency obstetrics and neonatal care, and 19 maternity clinics were improved to provide adequate maternal and neonatal care.

UNICEF Haiti launched a national sanitation campaign targeting 3.8 million people, 2,500 schools and 500 health care centres in 6 of out of 16 priority communes identified for cholera elimination. In 2014, 7,477 families were declared open defecation free and 538,265 people accessed treated water in Artibonite and Centre Departments.

In 2014, 15 new schools were constructed in remote areas with no education services, benefitting 8,000 children. These new schools were built according to an anti-seismic, anti-cyclonic concept. To improve the quality of education, 100 schools in the North and South Departments targeted for a reading programme saw an increase in the average speed of reading from 17 words per minute before the programme to 30 words per minute at the end of the year.

The cholera epidemic has slowed down, with suspected cholera cases and deaths down by half from 2013 levels. Elimination of cholera remained a key priority in 2014, however. The cholera

vaccination campaign reached 185,714 persons in seven priority communes as well as 5,625 inmates and personnel from 16 prisons.

The child-focused social budget analysis was finalized and provided key evidence for informing advocacy around inclusive social policies and social protection measures. Socio-economic commune surveys were implemented in six communes and provided disaggregated data on multi-dimensional vulnerability.

UNICEF Haiti faced challenges in the scale up of the Household Development Agents (HDA) initiative, also known as Kore Fanmi, a decentralized, integrated approach for improving the access of vulnerable households to services. Without the evaluation of the World Bank pilot approach, it was difficult to review tools and processes. Another key challenge faced in 2014 was the delayed implementation of key studies that would have generated important evidence (e.g. the multi-dimensional child poverty study and the out-of-school children study), due to lack of funds. Partnerships involving multiple stakeholders also slowed down the process.

UNICEF Haiti closed all 17 audit observations in 2014 and also rolled out the harmonized approach to cash transfer (HACT) in August, in line with one of the audit's key recommendations. The Country Programme underwent a midterm review in December to adjust results and indicators to reflect national priorities and the UNICEF Strategic Plan 2014-2017.

Humanitarian Assistance

Cholera response

Despite a reduction in the reported number of cholera cases in 2014, the cholera outbreak in Haiti remains a threat. The on-going outbreak in the highly populated West Department demonstrates that sustained efforts are needed to reduce transmission and eliminate the epidemic.

The cholera incidence rate has decreased by 60 per cent since 2013 to 0.24 per cent in 2014 (against the 0.5 per cent annual target), according to the latest bulletin from the Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population) (MSPP) published on 13 December 2014. This represents a 60 per cent reduction in the incidence rate compared to 2013. The cholera caseload has also decreased, with both suspected cases and deaths reduced by over 50 per cent from 2013 (over 27,000 suspected cases in 2014 compared to 58,574 suspected cases in 2013, and over 290 deaths in 2014 compared to 587 deaths in 2013).

In 2014, in the fight to eradicate cholera, UNICEF supported MSPP and the Directorate of Water Supply and Sanitation (Direction de l'Eau Potable et de l'Assainissement (DINEPA)) at both the national and departmental levels. This included technical and financial support to MSPP for the cholera response operations (e.g. the telephone hotline, salaries and supervision) and support to the rapid mobile teams deployed in all 10 departments, including for the provision of oral rehydration salts, Ringer's lactate and chlorine tablets.

In partnership with MSPP and the Pan American Health Organization (PAHO), UNICEF Haiti supported the vaccination of 184,517 people against cholera (96 per cent received two doses of Shanchol™) in seven high-risk areas in September. In addition, 5,625 inmates and personnel from 16 prisons were vaccinated in December through a supplementary campaign.

Through its partnership with six water, sanitation and hygiene (WASH) non-governmental organizations (NGOs) and DINEPA, UNICEF responded to more than 1,300 cholera alerts, out of which 84 per cent were targeted rapid responses and 16 per cent were prevention activities. Prevention activities included the sensitization of 560,000 people and the distribution of cholera kits to 45,000 people. Of these responses, 92 per cent were carried out within 72 hours during the high incidence period (October to December).

UNICEF also supported the development of a joint health/WASH coordination mechanism at the departmental level to help convene monthly meetings among MSPP, DINEPA and health/WASH NGOs.

Internally displaced persons (IDPs) response

As of the end of 2014, 94 per cent of persons displaced by the 2010 earthquake had left the displacement sites. In 2014, UNICEF helped provide access to sanitation facilities to over 100,000 people living in camps for displaced persons in Port-au-Prince, including through the desludging and disinfection of latrines, maintenance and repair of 216 latrines, solid waste collection in 64 camps, and camp committee trainings on hygiene promotion and cholera prevention that reached 438 persons (214 men and 224 women).

Flood response and other emergencies

In November 2014, heavy rainfall caused flooding in the North and North-West Departments and affected 15,000 households. UNICEF Haiti focused its assistance on the most-affected schools in both departments, overall supporting 6,636 pupils and 167 teachers through the provision of 20 Early Childhood Development (ECD) kits, 64 School-in-a-Box Kits and 5 tents. Haiti was also hit by an outbreak of Chikungunya fever in 2014, affecting some 64,695 persons, including 5,000 children under 5. UNICEF supported MSPP in the distribution of 108,000 doses of Paracetamol.

UNICEF also continued to support MSPP in the treatment of 7,145 children under 5 with severe acute malnutrition (SAM) through the therapeutic feeding programme.

Emergency preparedness

UNICEF Haiti supported DINEPA to provide emergency response training to 266 municipal drinking water and sanitation technicians. UNICEF also supported the update of the DINEPA departmental contingency plans prior to the hurricane season in June and July 2014. UNICEF Haiti participated in the national emergency simulation exercise (SIMEX) in August 2014, assuming the role of mechanism evaluator with the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and the Office of United States Foreign Disaster Assistance (OFDA).

Equity Case Study

Background

In Haiti, many poor and vulnerable families, most of which live in rural communities, lack access to basic social services, including medical and education services. In order to address household vulnerability in remote rural areas, the Government of Haiti has committed to strengthening its social protection system, focusing on a multi-dimensional approach aimed at

improving the supply of essential services while promoting behavioural change and stimulating demand for available services. In this context, the World Bank, UNICEF and the Fonds d'Assistance Economique et Sociale (FAES) are partnering to support the community-level HDA initiative. The initiative aims to contribute to political dialogue on the development of a national social protection framework in Haiti.

UNICEF conducted socio-economic commune surveys in six communes (one in the Centre Department and five in the South-East Department), to establish baseline data on multi-dimensional household vulnerability for identifying and targeting the most vulnerable families. An inventory of existing institutions and services in the South-East Department was also developed for the referral of existing services as well as for mobilizing partners and resources to provide services that are lacking.

Strategy and implementation

The socio-economic commune survey, which is a census of the entire commune population, covers data on demography, economic status, health, education, water and sanitation, food security and protection.

The data was collected using a mobile application, Open Data Kit (ODK), an open-source survey tool, which enabled data collection and transmission using a third generation (3G) or Wi-Fi network. The same system will be used by the HDAs to update data, enabling real-time monitoring of the household situation (see the innovation section for more details).

The data contributes to each household analysis to determine their level of vulnerability, as well as the development of a household development plan to address specific vulnerabilities with the support of the HDAs. The data enables the HDAs to refer the family to appropriate services, provide direct services (such as immunization) and/or provide key messages for positive behavioural change.

Household vulnerability data is also entered into the national single beneficiary registry to allow participating partners (i.e. government, NGOs and international organizations) to target social protection initiatives. The initiative contributes to evidence generation and policy dialogue, partnership development, cross-sector strategies (e.g. communication for development (C4D)), innovation and service delivery.

The role of UNICEF and other actors

UNICEF Haiti scaled up the pilot initiative implemented by the World Bank and FAES in the Centre Department by modifying and improving the approach to enable more efficient data collection (using tablets) and by ensuring the dissemination of geographically disaggregated data to stakeholders. Of the six surveys conducted, one was carried out in Maissade to complement partners' (the World Bank and FAES) missing information and five were conducted in the South-East Department. Data collection was conducted in partnership with the NGO Heart to Heart, the Federation des Associations de Femmes de Maissade (FAM) and the Haitian Institute of Statistics.

Progress and results achieved

To date, household data for six rural communes has been collected and vulnerability analyses have been carried out with the technical and financial support of UNICEF. This enabled the

identification and targeting of the most vulnerable families for HDA, as well as for other social protection/assistance initiatives, including the distribution of food vouchers through the United States Agency for International Development (USAID) initiative Kore Lavi, implemented with partners CARE International, ACF and the World Food Programme (WFP) in the South-East Department.

The survey results also supported the implementation of the HDA initiative through the identification of key determinants of household vulnerability and bottlenecks. For example, common bottlenecks to social service access experienced by the most vulnerable families included financial barriers and geographical remoteness. This led partners to consider unconditional cash transfers as one approach to providing social protection.

As a stakeholder in the Single Beneficiary Registry (Registre Unique de Beneficiaires or RUB) initiative, UNICEF Haiti provided technical and financial support for the finalization of the data collection questionnaire and the vulnerability analysis algorithm. The survey results also contributed directly to RUB, enabling eventual access to information for participating partners.

Measurable results on the reduction of household vulnerability will be available in 2015 once the HDAs are deployed and interventions (i.e. service delivery, service referral, C4D, cash transfer) are carried out. The results of this intervention will eventually be evaluated to use as evidence for resource mobilization as well as advocacy for potential scale up/replication.

Next steps

The next steps for the implementation of the initiative are the elaboration of household development plans for each family and the deployment of the HDAs to carry out appropriate interventions in 2015. A data collection and information management system will be developed in partnership with the World Bank, FAES and DIMAGI, a social venture, using a mobile application for HDA case management and regular monitoring of household situations. A pilot unconditional cash transfer initiative will be implemented targeting the most vulnerable families. The impact of the interventions on household vulnerability and other changes in household situations will be measured after one year of intervention.

Summary Notes and Acronyms

AVSI- Associazione Volontari per il Servizio Internazionale
BCP - Business Continuity Plan
BPM - Brigade de Protection des Mineurs
C4D - Communication for Development
CERF- Central Emergency Response Fund
CLTS- Community-Led Total Sanitation
CMT- Country Management Team
CPWG - Child Protection Working Group
CRC- Convention on the Rights of the Child
DCT- direct cash transfer
DFID - Department for International Development
DINEPA- Direction de l'Eau Potable et de l'Assainissement
DPC - Civil Protection Directorate
DRR - disaster risk reduction
ECD - Early Childhood Development
ECHO - European Commission
ECLAC- Economic Commission for Latin America and the Caribbean

EMIS - Education Management Information System
EPF - Emergency Programme Fund
EPI- Expanded Programme for Immunization
EU - European Union
FAES- Fonds d'Assistance Economique et Sociale
FONDEFH- Fondation pour le Developpement et l'Encadrement de la Famille Haïtienne
HACT- harmonized approach to cash transfer
HCT - Humanitarian Country Team
HDA - Household Development Agent
HQ - UNICEF Headquarters
HRBA - human rights-based approach
HWTS - Household Water Treatment and Storage
IBESR- Institut du Bien Etre Social et de Recherches
ICT - information and communications technology
IDP - Inter-American Development Bank
IDP- internally displaced person
ILO- International Labour Organization
IOM- International Organization for Migration
IT - Information technology
LACRO - Latin America and the Caribbean Regional Office
MAST- Ministère des Affaires Sociales et Travail
MENFP- Ministère de l'Education National et de la Formation Professionnelle
MICS - Multiple Indicator Cluster Survey
MINUSTAH- United Nations Stabilisation Mission in Haiti
MOSS - Minimum Operating Security Standards
MSP- Ministère de la Sante Publique et de la Population
MTCT - mother-to-child transmission
NGO - non-governmental organization
ODK - Open Data Kit
OFDA - Office of United States Foreign Disaster Assistance
OHCHR- Office of the United Nations High Commissioner for Human Rights
OIA - Office of Internal Audit
OMT- Operations Management Team
OPAC - Optional Protocol to the CRC on the Involvement of Children in Armed Conflict
OPSC - Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography
ORE – other resources emergency
ORR - other resources regular
ORS - oral rehydration salts
PAHO - Pan American Health Organization
PBR - Programme Budget Review
PFP - Private Fundraising and Partnership Division
PPP- programme policy and procedure
RR - regular resources
RUB - Single Beneficiary Registry
SAM - severe acute malnutrition
STI - sexually transmitted infection
UNDP - United Nations Development Programme
UNDSS – United Nations Department for Safety and Security
UNFPA- United Nations Population Fund
USAID - United States Agency for International Development

WASH- water, sanitation and hygiene
WFP- World Food Programme
WHO- World Health Organization

Capacity Development

UNICEF continued to provide technical support to state counterparts to build their institutional capacities, especially their capacities to provide direct services to vulnerable children. For the child protection sector, UNICEF made financial and technical contributions to the capacity development of the Haitian Social Services (Institut du Bien Etre Social et de Recherches or IBESR) and the Child Protection Brigade (Brigade de Protection des Mineurs or BPM) of the Haitian National Police. IBESR social workers were trained in alternative care to prevent family separation, deinstitutionalize children and implement the newly introduced foster family scheme. IBESR staff also received close support to implement the adoption reform law and carry out data collection and information management.

UNICEF also provided coordination support to interagency and cross-sector child protection working groups operating at the central level as well as in the nine departments. These working groups are attended by representatives of line ministries and other government institutions including those in charge of social services, child protection services, justice for children, women's rights, the Haitian National Police, national and international NGOs and community-based groups. These groups aim to reinforce collaboration and partnerships, particularly by improving quick and appropriate referral mechanisms for children in need of protection.

State capacity to prepare for and respond to emergencies was reinforced in all sectors. For the child protection sector, trainings on child protection in emergencies were provided to child protection focal points in all 10 departments. In the education sector, 2,000 teachers and principals in all 10 departments were trained on disaster risk reduction (DRR) as part of an effort to strengthen community resilience. In the WASH sector, UNICEF support DINEPA to train 266 commune water and sanitation technicians on emergency response and to update departmental contingency plans prior to the hurricane season.

Evidence Generation, Policy Dialogue and Advocacy

To provide evidence to influence social budgets for children, an update of an analysis of public spending for children was conducted using a methodology jointly developed by the Argentinian Ministry of Economy and Production and UNICEF in 2010. The study showed that expenditures allocated to children increased three-fold between 2008/2009 and 2012/2013, from US\$ 8.5 billion to US\$ 27 billion respectively, driven mainly by education spending (see the evaluation section for more details). The study included the establishment of a national team composed of members from line ministry research and programme units to replicate a similar exercise on a regular basis. The team was trained on the methodology, assisted in data collection, and is expected to participate in future update exercises. The results of the study are undergoing final validation and will be disseminated among policy makers, parliamentarians, civil society, rights holders, and development partners for advocacy purposes in early 2015.

UNICEF is working closely with the World Bank to carry out secondary analyses from the Living Conditions survey, notably the study on social budgeting and the on-going multi-dimensional child poverty study. These efforts will consolidate results and support common messaging around poverty reduction. The World Bank and UNICEF held a consultation on social protection using the life-cycle approach, in particular ECD, vocational training for adolescents/youth, and the situation of girls and women. The multi-dimensional child poverty study, which is on-going with technical support from the Economic Commission for Latin America and the Caribbean

(ECLAC), will be finalized in 2015 and will feed into the Situation Analysis update.

Partnerships

In partnership with the International Labour Organization (ILO), the International Organization for Migration (IOM), the International Rescue Committee and Terre des Hommes, and in support of the Ministère des Affaires Sociales et Travail (MAST) and IBESR, UNICEF Haiti has led the implementation of the largest-ever research on child domestic workers. Since its inception, more than 30 national and international organizations have joined the technical committee and have provided technical and financial contributions to the study. Member organisations include Aba Sistem Restavek, the French Embassy, the Associazione Volontari per il Servizio Internazionale (AVSI), Care International, Church World Service, Catholic Relief Services, EnpaK, Equitas, Foyer Maurice Sixto, Fondation Maurice Sixto, Free the Slaves, Handicap International, Kindernothilfe, the United Nations Stabilisation Mission in Haiti (MINUSTAH), the National Human Rights Defense Network, the Office of the UN High Commissioner for Human Rights (OHCHR), Plan International, Restavek Freedom, Save the Children, the UN High Commissioner for Refugees (UNHCR), UN Women and World Vision. Following the completion of the study, the committee members will develop a common understanding and a joint strategy and action plan to address the issue of children exploited as domestic workers.

2014 saw continued partnerships aimed at promoting social protection mechanisms. UNICEF Haiti partnered with the World Bank, FAES and MAST to scale up the HDA approach in the South-East Department. This partnership was expanded to include the Kore Lavi programme on food security, implemented by CARE International, WFP, ACF and USAID. UNICEF shared baseline data from socio-economic commune surveys in four communes in the South-East Department to enable targeted Kore Lavi programming in those areas. Partners of the HDA initiative, Kore Lavi, the Office of the Prime Minister and the United Nations Development Programme (UNDP) also worked together closely in 2014 to define technical and operational requirements and develop the questionnaires for the single beneficiary registry initiative.

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

External Communication and Public Advocacy

After an initial focus on the preservation of UNICEF's image and reputation during the first half of 2014, UNICEF Haiti increasingly sought to reach out to new and existing stakeholders during the latter half of the year. The 25th anniversary of the CRC was celebrated with the equity-focused slogan, 'every child counts'. The slogan was adopted by all partners, spearheaded by IBESR and integrated into messaging for various international days (e.g. Global Hand washing Day) and national initiatives (e.g. the National Sanitation Campaign) held between September and December. A nationwide sensitization campaign was conducted to familiarize journalists, families, caregivers, teachers and authorities on children's right to participate. Children were positioned as stakeholders in the 25th anniversary of the CRC and decision-makers for Haiti's future. UNICEF Haiti actively used social media (i.e. Facebook and Twitter) to communicate key messages and reach a wider audience.

UNICEF Haiti hosted two Activate Talks in 2014. The first event, held on 10 September 2014, focused on technological innovation for children in Haiti. Participants included the Minister for Social Affairs, two NGOs involved in technology for development, Digicel, the national telecommunications company, which also provided free live streaming, and Surtab, the Haitian tablet producer. The second event, held on 20 November 2014, was organized in partnership with IBERS and Digicel and focused on children's rights yesterday and tomorrow. In addition to the rights activists and children that participated in the physical event in Port-au-Prince, a large online crowd followed and joined the Talk. An interactive CRC anniversary feature published in *The Guardian* included the views of a boy and a girl from Haiti's countryside.

On 21 November 2014, children from across Haiti visited the National Assembly to push for the adoption of the Child Protection Code. A simulation session was organized with the head of IBERS and the President of the Senate ahead of the real session planned in 2015.

Identification Promotion of Innovation

UNICEF Haiti partnered with Surtab to use customized mobile devices to collect data for the socio-economic commune survey. Data from more than 55,000 households was collected using ODK, and geo-localization of households was carried out using Open Street Map. Completed questionnaires were sent directly to the server using either a 3G or Wi-Fi network and data were compiled and analysed automatically using the ODK software. This resulted in considerable gains in efficiency and cost savings, as there was no need for production of paper-based questionnaires, data entry, field editing and transportation of completed questionnaires. Instant access to the completed questionnaires from the central server, and geo-localization of the survey teams and the covered households on Google Earth enabled real-time quality control and monitoring of the field data collection. The system enabled, for example, quick changes in the questionnaires in response to issues identified in the field and then uploaded onto the server and downloaded by the survey supervisors onto the tablets to avoid interruption of the survey.

The introduction of tablet-based data collection by UNICEF Haiti is quickly changing the way data is collected in Haiti. Inspired and convinced by the results, various partners have since adopted the same methodology for their data collection. With technical support from UNICEF, partners DINEPA, FAES, UN Habitat, WFP, CNSA and the World Health Organization (WHO) have switched to tablet-based data collection. The Haitian Institute of Statistics, which implemented the socio-economic surveys in Cayes-Jacmel and Belle Anse, now has a trained team of programmers and enumerators in ODK and tablet-based data collection, and is considering using the methodology for future national surveys.

Some of the key challenges were difficulties transmitting data in rural areas lacking 3G/Wi-Fi networks, as well as the limited battery life of the tablets. In order to overcome this issue, Digicel expanded their networks in Thiotte, one of the communes surveyed, while Surtab is looking into developing a more battery durable version of their product.

Support to Integration and cross-sectoral linkages

The HDA initiative was a key entry point for an integrated, decentralized approach, as articulated in the Haiti Country Programme Action Plan, which cited HDA as a key strategy. The midterm review generated lessons for further strengthening the synergy among interventions in targeted communes. An inventory of existing services in target areas highlighted gaps in services and assessed the quality of existing ones. This led to the identification and prioritization of services to be delivered or improved, as well as advocacy priorities for mobilizing resources and/or advocating for partners to provide services. The internal task force comprises members from programme sections as well as from monitoring and evaluation communication to ensure

cross-sector linkages and collaboration. This included the development of training materials and the implementation of the supervisor training, which covered social protection, human rights, gender, interpersonal communication, C4D, education, child protection, nutrition and health. The midterm review resulted in the formulation of an additional output under the social policy section to enable all components of the programme to contribute to the initiative with synergy.

UNICEF Haiti continued to promote key practices from 'Facts for Life'. Cross-sector training sessions on health, protection and education were organized as part of a three-day training targeting journalists, IBESR field protection agents, a group of traditional women healers and local school committees. Facts of Life was also used as a base reference for training HDAs.

The HACT rollout in August 2014 provided an opportunity to comprehensively review existing mechanisms for programme monitoring and strengthening results-based planning and reporting for NGO partnership agreements. The new UNICEF policy and guidance on HACT, which emphasizes the importance of programme monitoring as part of assurance activities and justification for cash transfers, shifted the previous approach to HACT, which focused on financial aspects, to an approach integrating both operations and programme. This helped add rigor to programme monitoring and the standardization of tools (i.e. checklists, reporting formats) for all partners.

Service Delivery

UNICEF Haiti supported six WASH NGO partners and DINEPA to respond to 1,300 cholera alerts. About 560,000 people were sensitized on cholera preventive measures, including 45,000 who received cholera prevention kits. Of these responses, 92 per cent were carried out within the first 72 hours of the alert, in line with the target.

In support of the cholera Rapid Response Teams, UNICEF Haiti provided MSPP with 81,000 litres of Ringer's lactate, 5.1 million chlorine tablets, 102,000 sachets of oral rehydration salts (ORS), 4.95 million antibiotic pills and 42,000 rapid testing kits to ensure adequate treatment of cholera patients. UNICEF also supported MSPP to vaccinate 184,517 people in seven high-risks communes, reaching 96 per cent of the initial target of 200,000 people.

UNICEF Haiti ensured the provision of basic sanitation services to IDP camps by extracting 3,200 cubic meters of excreta and disinfecting latrines, benefiting 106,000 internally displaced persons and six cholera treatment centres.

UNICEF Haiti supported MSPP to implement three rounds of the national maternal and neonatal tetanus campaign targeting women aged 15-49 years. The campaign covered 2.8 million women (exceeding 100 per cent coverage) in the first round and 2.2 million (approximately 99 per cent coverage) in the second round. The results of the third round are still being analysed. UNICEF Haiti also supported the introduction of the rotavirus vaccine in Haiti and the distribution of vaccine supplies to departments and health institutions. UNICEF Haiti provided measles and rubella vaccines; other vaccines were provided by PAHO, WHO and the GAVI Alliance. In response to the diphtheria outbreak in Ganthier in December, UNICEF Haiti supported the vaccination of approximately 48,000 children at risk. In the nutrition sector, 8,811 children with SAM were treated, and 110,300 households (550,000 people) received iodized salt locally produced in the MSPP plant supported by UNICEF Haiti.

7,477 families in the Centre Department are using latrines and have been declared open defecation free. In the same geographical area, 3,288 schoolchildren benefited from the construction of 20 hand-washing stations in their schools. In rural communities, 30,000 people

benefitted from the distribution of chlorine products as part of a programme promoting household water treatment.

Human Rights-Based Approach to Cooperation

Thirty-five UNICEF Haiti programme and operations staff were trained on a human rights-based approach to programming (HRBA) as part of the programme, policy and procedure (PPP) training conducted in April 2014. HRBA was also used as a core module for training HDA supervisors to ensure that they apply these principles in their daily work. The training module will also be shared with MSPP for the core training of community health agents as part of the cooperation agreement between the two institutions.

UNICEF Haiti disseminated the results of the socio-economic commune surveys to local stakeholders and decision-makers, which enabled the identification of intra-commune disparities and barriers to access to basic social services and allowed them to use the results to prioritize geographic areas for commune and departmental level planning.

In 2014, UNICEF Haiti made significant progress towards strengthening the enabling environment for promoting the CRC. OPSC was ratified and OPAC was voted for by the Parliament in June. UNICEF Haiti also contributed to the promulgation of the Law on Paternity, Maternity and Filiation, which bans all discrimination against from unmarried couples. In line with the recommendations of the Committee on the Rights of the Child, UNICEF supported the drafting of the Child Protection Code, which was endorsed by the Government of Haiti in August 2014 and is currently awaiting approval by the Parliament.

Gender Mainstreaming and Equality

The C4D specialist within the Communication Section serves as the office focal point on gender. Approximately 30 per cent of the specialist's responsibilities relate to gender equality.

In 2014, gender indicators were included in the annual work plans to monitor the participation of women in the local WASH committees; the percentage of women covered in the sensitization on cholera prevention; the construction of separate school latrines for boys and girls; and the disaggregation of data and indicators by gender in work plans and in all funding proposals.

Through a joint UNFPA/WHO/UNICEF project on gender and adolescents in Nippes and South-East Departments, UNICEF Haiti supported the capacity building of the Ministry of Women's Affairs and the Ministry of Youth through the establishment of community youth houses, where trainings and sensitization were conducted on gender and adolescent issues, sexual and reproductive health and gender-based violence. Activities targeted schoolchildren, youth, adolescents, parents, men's groups and other local stakeholders.

UNICEF Haiti also actively participated in the gender-based violence sector table of the Ministry of Women's Conditions and the UN Inter-Agency Gender Group. In collaboration with Plan International, UNICEF also contributed to the 'Because I'm a Girl' campaign to promote girls' rights.

Environmental Sustainability

A cold chain that functions according to established standards is essential to maintaining the quality of vaccines. The majority of equipment in Haiti operates with propane gas or electricity from generators, however. Therefore, UNICEF Haiti sought out a solar-powered cold chain as a sustainable replacement for gas-fuelled equipment. To date, 180 solar refrigerators have been installed in health institutions and are operational.

There is increasing hazardous vaccine waste in Haiti. Of the six routine Expanded Programme on Immunization (EPI) vaccines, five are currently injectable, and the oral polio vaccine will be replaced with an injectable vaccine in 2015. In order to ensure safe disposal of vaccine waste and to avoid environmental contamination, UNICEF provided safety boxes for waste disposal, repaired 36 incinerators and trained 112 personnel on the treatment of hazardous waste and the correct use and maintenance of incinerators and tools.

Effective Leadership

The internal VISION hub for both programmes and operations was fully operationalized in 2014, which resulted in more streamlined and effective functioning of VISION transactions and processes. UNICEF Haiti continuously updated the composition of all statutory committees, ensured regular meetings with all committees, and regularly updated tables of authority to ensure accountability and segregation of duties.

The internal audit (conducted in May and June 2013) made 17 recommendations, all of which were addressed and closed in 2014. The office of internal audit and investigation (OIA) confirmed this in a memorandum on the closure of the audit recommendations.

UNICEF Haiti integrated key audit recommendations into the Country Management Team (CMT) standing agenda and into operations and programme coordination meetings. These include the monthly monitoring of direct cash transfers (DCTs) (reinforced as weekly stand-alone meetings at the close of each quarter); implementation of HACT; status of IMEP and field monitoring.

On 1 August 2014, UNICEF Haiti became the second agency operating in Haiti after the UN Population Fund (UNFPA) to implement HACT. UNICEF staff and partners underwent training on HACT principles and procedures in May, and an internal HACT committee was established to support the rollout. UNICEF also coordinated the first inter-agency HACT meeting with the participation of Ex-Com agencies to share information, resources, lessons learned and good practices. To date, 26 UNICEF partners have been micro-assessed and 19 partners receive a DCT using HACT modalities. Spot checks and programme visits were conducted for partners who received a cash transfer during the third quarter of 2014. An additional HACT training for staff, partners and inter-agency staff will be conducted in early 2015 to fully reflect the new UNICEF HACT policies and procedures and to address any issues that emerged during the initial implementation period.

An emergency preparedness and response plan is in place, as is an inter-agency contingency plan and the Humanitarian Coordination Team (HCT). UNICEF Haiti has a well-functioning tree of communication in the event of an emergency, with a list of essential and critical staff that is updated weekly and shared with the UN Department for Safety and Security (UNDSS).

To ensure business continuity, UNICEF Haiti regularly updated the Business Continuity Plan (BCP). The office's information technology (IT) backup is maintained in the Latin America and the Caribbean Regional Office (LACRO) in Panama and at UNICEF Headquarters (HQ) in New York, and provides 24/7 backup and access to email in case of a systems failure at the UNICEF Haiti office premises.

Financial Resources Management

Indicators on the status of budget utilization are integrated into the key performance indicators, which are reviewed monthly by the CMT.

The total amount of regular resources (RR) available to UNICEF Haiti in 2014 was US\$ 4,037,941; the total amount of other resources regular (ORR) available was US\$ 10.7 million; and the total amount of other resources emergency (ORE) available was US\$ 15.4 million. The utilization of RR, ORR and ORE were 99 per cent, 93 per cent and 99 per cent, respectively. Nearly 100 per cent of the Programme Budget Allocation (PBAs) were used by the PBA expiry date.

Outstanding DCT over more than nine months was 2 per cent (US\$ 120,457) and those over six months were 4 per cent (US\$ 259,774) at the end of 2014. Of this, US\$ 50,000 is under consideration by HQ for a write-off.

UNICEF Haiti rolled out HACT in August 2014 and is currently providing DCT to 19 governments and NGO partners (all of whom have been micro-assessed). An additional 11 partners will be micro-assessed in 2015 and a long-term agreement is being considered with an external firm to conduct part of the financial spot checks.

UNICEF Haiti mobilized US\$ 1.7 million of the Capital Asset Fund to rebuild its new office premises following the collapse of the building in the 2010 earthquake. The construction work, which began in March 2014, will be completed in August 2015.

In terms of bank reconciliation, UNICEF Haiti is up to date with reconciling items not exceeding a maximum three months, and bank reconciliations continue to be sent regularly and on time to HQ. Standard operating procedures for programme, equipment and vendor registration have been adhered to, and DCT forms have been standardised across the office

Fund-raising and Donor Relations

UNICEF Haiti continued to invest in the timely submission of quality donor reports. Of 30 reports due in 2014, the office sent 25 on time, for an 83 per cent on-time completion rate.

Strong relationships continued with national committees, with regular exchanges of information on key programme developments. Eight PBAs are contributions against the Natcom Donor Toolkit, of which one (the United States Committee for UNICEF) is a new contribution in 2014. In addition, the office hosted five visits from the national committees of Canada, Denmark, France, Lithuania and Kiwanis International/United States.

Close relationships were also maintained with bilateral donors. UNICEF Haiti shared proposals with Canada, Japan, the European Union (EU), the European Commission (ECHO), the Kingdom of Norway, the Department for International Development (DFID), the United Mexican States, the Republic of Korea and the Republic of Chile. Of this, contributions were received for WASH from Canada and Japan, and for the cholera response from the republic of Korea, Norway, Chile, DFID, and ECHO.

UNICEF Haiti mobilised a total of US\$ 31.7 million (ORR 18.2 million and ORE 13.5 million) in new resources in 2014, excluding HQ recovery costs. Successful fundraising in 2014 resulted in a higher percentage of available ORR than ORE in 2015 for the first time since 2010.

In mid-December, UNICEF Haiti received an urgent communication from the Private Fundraising and Partnership (PFP) Division informing that the contribution from the Government of the Kingdom of the Netherlands would expire on 31 December 2014 instead of the originally planned June 2015. Effective negotiation between UNICEF Haiti, PFP and the donor led to the

mobilization of US\$ 860,000 to cover the cost of activities already programmed for 2015, including salaries. In the meantime, the PBA was fully utilized through the change of funding source, enabling UNICEF Haiti to safeguard its credibility to the donor while also reimbursing more than US\$ 400,000 to the Emergency Programme Fund (EPF).

Evaluation

The Monitoring and Evaluation Section played a key role by providing quality assurance for all terms of reference and draft reports to ensure that research activities met programme needs and expectations.

UNICEF Haiti completed 33 per cent of the nine IMEP activities planned for completion in 2014 (compared to 11 planned in 2013), representing a decrease in performance from the 64 per cent completion rate in 2013. This was mainly caused by delays in initiating studies, due to the timing of resource allocation and donor funding for data collection.

At the same time, strategic studies implemented in 2014 contributed to the generation of new evidence and knowledge for informing policy advocacy and programming. This included the social budget study, which analysed public spending for child-related sectors; the commune socio-economic survey, which provides baseline data for the HDA initiative as well as vulnerability data for the single beneficiary registry; as well the child labour in domestic work study, the first comprehensive study on the situation of child domestic workers.

As internal and in-country capacity and demand for conducting independent evaluations remain weak, UNICEF Haiti plans to develop the capacities of both UNICEF staff and partners to conduct high quality independent evaluations in 2015.

As part of its management response to the 2012 evaluation on school construction, UNICEF Haiti reflected key recommendations for improving management and standards in the completion of 15 public schools in 2014.

Efficiency Gains and Cost Savings

Given declining resources, UNICEF Haiti continued to reduce operational costs in 2014. The 'right sizing' of the warehouse contributed to a 10.5 per cent reduction in rental costs, contributing to a total annual savings of US\$ 14,880. The same exercise was carried out for office parking, which resulted in a 33 per cent reduction in costs, or a total annual savings of US\$ 30,000.

Repeated negotiations over the reconstruction of the Debussy office led to the reduction of costs from the originally quoted US\$ 2.4 million to US\$ 1.7 million. These savings will allow the office to absorb the current office rental cost US\$ 502,000 in 4-5 years.

In 2014, UNICEF Haiti secured eight long-term agreements for regular supplies (e.g. soap, Plumpy'Nut, fuel, event management services, HACT micro-assessment), thereby reducing the time involved in procurement processes.

As a result of the Programme Budget Review (PBR) process, UNICEF Haiti experienced a 13 per cent reduction in staff posts (fixed-term), from 87 posts in 2013 to 76 in 2014.

Telephone costs were reduced through participation in a UN agreement with Digicel. As a result, the office has decreased a significant portion of its monthly communication cost.

Supply Management

The total procurement amount decreased by 32 per cent from the previous year, from US\$ 16.3 million in 2013 to US\$ 11 million in 2014. Supplies accounted for 36 per cent of procurement and services accounted for 64 per cent. The procurement of new programme supplies represented US\$ 3.7 million in 2014. Of this, local procurement accounted for 44 per cent and offshore procurement for 56 per cent. Corporate contracts accounted for a large proportion of service procurement for a total of 89 per cent or US\$ 5.9 million, of which 19 per cent (US\$ 1.1 million) was for the WASH programme and 10 per cent (US\$ 601,822) was for the education programme.

The office halved its storage capacity from four units to two concrete cells managed by UNICEF in Port-au-Prince. The total value of programme supplies was US\$ 1.3 million. The Civil Protection Directorate (Direction Protection Civile or DPC) managed the largest portion of emergency stocks, while emergency supplies in the UNICEF warehouse were worth US\$ 379,862.

In 2014, UNICEF Haiti received new programme supplies worth US\$ 3.6 million and issued existing and new supplies worth US\$ 4.1 to implementing partners.

Close collaboration with programme sectors led to the development of realistic supply plans and their effective implementation through strategic procurement as well as timely supply utilization through distribution planning.

Security for Staff and Premises

Security Level Three continued to apply to Port-au-Prince, Cap Haitien and Miragoane in 2014. All other areas of the country remained at Security Level Two. Civil unrest, criminal activities and natural hazards constitute major threat categories that UNICEF staff, facilities and operations in Haiti are exposed to daily.

Access to programme areas was occasionally affected in the yellow and red zones in downtown Port-au-Prince, Delmas, Carrefour, Croix de Bouquets and Cite Soleil due to gang violence, criminal activities and demonstrations. The on-going political impasse gave rise to frequent anti-government demonstrations and roadblocks, restricting staff movements in Port-au-Prince and in the departments (notably the West and North Departments). Civil unrest increased in the last quarter of 2014 due to unresolved political issues; 56 demonstrations and roadblocks were observed during the month of December alone. This also impacted access to government and NGO partners, many of whom are based in downtown Port-au-Prince.

Armed attacks on UN personnel leaving banks increased in 2014 and gangs continued to carry out kidnappings of local and foreign nationals for ransom. A total of 12 security incidents involving UNICEF staff were reported in 2014. This included street assault and robbery, car robbery, ambush of a UNICEF vehicle returning from a mission and a case of unlawful detention of a local staff member that was eventually resolved.

Located at the juncture of two tectonic plates characterized by multiple geological faults, Haiti is at continuous risk of earthquakes. Threats of hurricanes and floods are a constant risk, especially during the rainy season between June and November. In addition to cholera, malaria and dengue, 2014 saw an epidemic of Chikungunya fever, a non-fatal but debilitating disease transmitted by mosquitos, which affected scores of UNICEF staff members.

The security of the UNICEF Haiti office building was strengthened in 2014 and has been assessed as 91 per cent compliant with Minimum Operating Security Standards (MOSS). Weekly radio checks were implemented and UNICEF personnel were required to monitor their radios for security announcements and to request travel authorizations from UNDSS communication centres before traveling. UNICEF personnel were also notified of movement restrictions and other pertinent security information by e-mail. The agency-wide security warden system was reactivated in 2014.

The UN Security Council extended the mandate of MINUSTAH until October 2015 with the intention of further renewal. The Mission's overall force levels have been reduced by half to 2,370 troops while the size of the police force (2,600) has been maintained at the same level.

Human Resources

The 2014 PBR led to a reduced staffing structure, with 76 fixed-term posts (compared to 87 posts in 2013) including 14 international professionals (IPs), 27 national officers (NO) and 35 general service (GS) staff. In addition UNICEF Haiti had eight temporary assignment (TA) positions for drivers. Of the 89 fixed-term and TA posts, 84 were filled as of 31 December 2014. Five positions remained unfilled.

The 2014 PBR downgraded the chief of operations position from professional level five to professional level four, abolished five positions (one IP, three NO and one GS) and established one national staff member, the recruitment of which has been finalized (the candidate will be on board in January 2015). The abolition of two professional positions in finance resulted in the chief of operations becoming more involved in finance issues to ensure continuity.

UNICEF Haiti also experienced significant turnover of senior management and international staff in 2014, including the representative, chief of operations, human resources manager, chief of WASH and chief of communication positions. Additional staff turnover will take place in 2015, including the deputy representative and the chief of child protection posts.

As a result of a proactive search for qualified female candidates using a multi-channel advertising system, UNICEF Haiti has achieved a gender balance of 48 per cent female staff. The average length of the recruitment process was 80 days, including from the 15-day advertisement time.

Performance management is an office priority and is regularly monitored by the CMT through the review of human resource indicators as part of the key performance indicators. UNICEF Haiti has demonstrated a 100 per cent on-time completion rate for 2013 PER/PAS and a 100 per cent for 2014 objectives, phases one and two. A monitoring table is maintained to track PAS/PER progress and is reviewed monthly by the CMT.

UNICEF Haiti ensured that the services of the UN staff counsellor were available to all staff throughout the year. A staff retreat was held in April 2014 to promote participatory team building, to reinforce the team spirit and to boost overall motivation and productivity.

Effective Use of Information and Communication Technology

In 2014, UNICEF Haiti rolled out the Microsoft Outlook platform and converted the Lotus archive, which was made available to staff. All users were provided with smart phones that are connected to their email accounts, calendars and other tools harmonized with Outlook.

Information and communications technology (ICT) inventory was significantly reduced through a rigorous review of ICT infrastructure needs and to meet the new requirements of the smaller warehouse in 2014. A thorough property survey board was conducted to classify equipment for partner donation, sale or disposal. The latter was adequately supervised to ensure proper recycling or disposal of hazardous materials.

UNICEF Haiti implemented a secure wireless network to ensure that locations outside the building (e.g. the warehouse, garage) are connected and can perform their duties from their respective locations away from the office.

Following the recommendation of the regional ICT manager, ICT disaster recovery backup systems were moved from the Digicel facility in Port-au-Prince to LACRO for cost savings and better disaster risk mitigation. UNICEF Haiti IT staff members are closely monitoring the backup via a remote connection. The new system is more efficient in terms of cost and maintenance and is more manageable by the smaller ICT team at UNICEF Haiti.

UNICEF Haiti continued its inter-agency participation with close cooperation with the Operations Management Team (OMT) and the ICT Working Group. Following discussions on the new radio telecommunication standard with OMT partners and UNDSS, it was agreed that MINUSTAH would operate its radio room until the end of 2015.

In 2014, the ICT Unit consisted of one international staff member, a senior ICT assistant and an ICT assistant. Efforts continued to be made to redistribute and redefine the tasks to be performed by the team in 2014.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2016, girls, boys and women have equal access to and benefit equitably from an essential package of preventive and curative nutrition interventions at the community level and in health care facilities.

Analytical Statement of Progress:

MSPP improved their capacity to implement and manage the nationwide nutrition programme by directly managing 190 out of the 319 outpatient and inpatient care units, or 60 per cent of inpatient care units in the country, with the support of UNICEF Haiti. The Law on Food Fortification, developed in 2013, was approved by the House of the Senate and is awaiting approval by the House of Congress.

Through a UNOCHA financial mechanism, six national and international NGO partners (FONDEFH, SHASSMEPPE, AVSI, St. Boniface Foundation, GHESKIO and Hospital Albert Schweitzer) continued to support preventive and curative interventions in remote areas of the country.

With UNICEF Haiti and WFP advocacy, Renewed Effort for Child Hunger and Under-Nutrition (REACH), an inter-agency initiative, included Haiti as a member country to support MSPP to achieve a sustainable reduction in child undernutrition and to reinforce the Scaling Up Nutrition (SUN) movement.

One of the key constraints faced in 2014 was the lack of financial means to maintain key life-saving interventions for children, pregnant and lactating women. The weak capacity and lack of ownership of the nutrition programme by MSPP was another key constraint. For example, without the support of UNICEF Haiti, 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 stocks at the commune level was a key factor in undermining the performance of the nutrition programme. To overcome these constraints, UNICEF Haiti developed a multiyear nutrition plan to attract development donors. UNICEF Haiti also reinforced the capacity of MSPP with additional human resources and organized training sessions on the management of SAM, data and stocks.

UNICEF Haiti continued to advocate with the MSPP for participation in the procurement of essential supplies such as therapeutic milk Ready-to-use Therapeutic Food (RUTF) and medicines. At the departmental level, UNICEF reinforced messaging around SAM, as any other disease, such as malaria or typhoid fever. The National Nutrition Committee was a key coordination platform where all nutrition partners could share their experiences.

OUTPUT 1 By the 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

Analytical Statement of Progress:

At the national level, UNICEF strives to improve the capacity of the Director of Nutrition at the MSPP through technical and financial support aimed at improving the quality of services and the management of the nutrition programme (i.e. training, leadership and supervision). In addition, UNICEF is supporting the MSPP to improve data collection and analysis to manage and disseminate information on the treatment of malnutrition on a timely manner.

In order to strengthen departmental capacity in nutrition, UNICEF Haiti supported the appointment of 20 departmental nutrition focal points, including two nutrition assistants, for each department, as well as a nutrition advisor for the Minister of Public Health. The presence of nutrition focal points facilitated coordination and adequate provision of services at the departmental level. Priority actions will be identified for each department to accelerate the integration of nutrition in the training curricula of vocational training schools.

One hundred and ninety outpatient care units are directly managed by the MSPP and closely monitored by UNICEF Haiti. At the community level, 278 staff members were trained on the management of severe acute malnutrition (SAM). Ten of those trained received an additional orientation on managing cases of gender-based violence. Seventy-one community health agents were trained on the prevention and management of malnutrition.

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 these constraints, UNICEF Haiti established a communication channel to ensure information sharing between the departmental and central levels on financial and technical requests to UNICEF. UNICEF Haiti also accompanied field visits in order to ensure close monitoring of the programme and timely liquidation.

OUTPUT 2 By the end of 2016, children, adolescents and women and especially the most vulnerable among them, including those with disabilities, those living in rural and urban areas,

are regularly dewormed with Albendazole and benefit from adequate supplementation in essential micronutrients - vitamin A, folic acid iron, iodine and zinc.

Analytical Statement of Progress:

Routine vitamin A coverage decreased from 68.18 per cent to 61.5 per cent. 47.5 per cent of pregnant women received iron and folic acid supplementation and 45.25 per cent of children with diarrhoea received zinc in addition to ORS. 43.71 per cent of targeted children received Albendazole (deworming tablets) and 27.81 per cent of adolescent girls aged 10-18 years received Albendazole, iron and folic acid.

UNICEF Haiti also supported MSPP to run sensitization campaigns on the importance of the use of micronutrients and iodized salt in all 10 departments.

The law on food fortification was voted for by one of the two branches of the Haitian Parliament.

Around 110,300 households (550,000 people) received iodized salt produced locally in the MSPP plant supported by UNICEF Haiti.

UNICEF Haiti also supported MSPP to reinforce routine micronutrient services in 7 of the 10 departments, through which 445,000 children were supplemented with vitamin A.

Weak reporting remained a primary constraint, as did supply shortages due to late requisitions. Thanks to advocacy by UNICEF Haiti, the MSPP finally determined key indicators for the health and nutrition sector and plans to put a unique reporting for into place in 2015. To overcome supply shortages, UNICEF also organized on-the-job training for epidemiologists, nutrition focal points and stock managers of MSPP.

OUTPUT 3 By the end 2016, infants and young children benefit equitably from improved feeding and nutritional care practices

A complete package of preventive and curative nutrition interventions was delivered through a network of national and international NGOs (including GHESKIO, FONDEFH, SHASSMEPPE, St. Boniface Foundation, and AVSI,) and through direct technical and financial support to the MSPP at departmental levels. Preventive and curative nutrition intervention services were delivered in 319 health facilities in all 10 departments. A total of 8,811 children with SAM received timely and effective care in 2014. The Carrefour Hospital (West Department) was accredited as a baby-friendly hospital thanks to the support of UNICEF Haiti.

Despite the significant funding shortfall during the first trimester of 2014, UNICEF Haiti caught up with the delivery of preventive and curative interventions for SAM, including the availability of necessary therapeutic and medical supplies. To address these constraints, UNICEF Haiti developed a multi-year nutrition plan and obtained funds from USAID to ensure the availability of Plumpy'Nut for the entire year of 2014.

OUTPUT 4.By the end of 2016, the Government and its partners have the means and adequate technical capacity to reduce vulnerability to disasters and provide adequate nutrition and a coordinated response to emergency situations

Analytical Statement of Progress:

A national contingency plan for nutrition was developed for emergency preparedness and response. UNICEF Haiti provided and pre-positioned therapeutic and medical supplies in all 10 departments. Thanks to the integration of nutrition into the framework of the DPC rapid assessment, better coordination for rapid response was obtained at the municipal level (e.g. for partial floods).

US \$1,875,000 was mobilized for emergency purposes.

OUTCOME 2 Children, women and their families in rural areas and poor urban areas, especially the most vulnerable, have equitable and sustainable access to the supply of drinking water, basic sanitation and hygiene education.

Analytical Statement of Progress:

In partnership with UN agencies and international and local NGOs, UNICEF Haiti continued to support MSPP to ensure equal access to qualified integrated health care systems targeting vulnerable women, adolescents and children. The main realizations were as follows:

- 1) 19 (out of 27 maternity clinics) and e-MONCS were equipped to provide emergency obstetrics and neonatal care services;
- 2) 391 low birthweight/premature newborns were cared for, with the mortality rate decreasing from 31 per cent to 19 per cent thanks to capacity building of health institutions in the South Department and the neonatal unit of the State University on specialized newborn care for premature and low birth weight newborns;
- 3) A bottleneck analysis of mother-to-child transmission of HIV/AIDS (MTCT) was conducted and used to finalize the operational plan on the elimination of MTCT;
- 4) In partnership with GHESKIO, 4,740 adolescents were sensitized on the risks and prevention of HIV and AIDS, and 2,733 were counselled and tested for HIV;
- 5) 2 of 3 rounds of the Maternal and Neonatal Tetanus Vaccination campaign were completed, with 127 per cent coverage for the first round and approximately 99 per cent coverage for the second round;
- 6) The number of suspected cholera cases and deaths were halved from 58,574 cases and 587 deaths in 2013 to over 27,000 suspected cases and over 290 deaths in 2014. The cholera case fatality rate declined from 1.3 per cent in 2013 to 1.04 per cent in 2014.
- 7) In collaboration with PAHO, UNICEF supported MSPP in vaccinating 184,517 people with the cholera vaccine, reaching 96 per cent of targeted coverage.

In addition, 83 per cent of pregnant women diagnosed with syphilis were treated, 84 per cent of HIV seropositive pregnant women are placed on ART and 66 per cent of HIV-exposed infants received ARV prophylaxis. However, all the other health indicators remained constrained, with only 57 per cent of boys and girls having access to basic health services; 36 per cent of women having been assisted by skilled birth attendants at delivery; and the pentavalent vaccine coverage reaching only 57 per cent of target. The reasons for this slow progress are due to: reduced and weak capacity of qualified staff at all health care levels; a huge turnover of trained professionals at departmental levels; reduced government funding for health and a high dependency on external donors; lack of coordination of health development partners and a very weak health information management system. In the area of immunization, Haiti experienced a stock-out of vaccines (BCG, OPV and pentavalent) during a three-month period, which negatively affected measles and rubella vaccinations (supplied by UNICEF). In order to tackle the above bottlenecks, UNICEF Haiti supported capacity building for health staff in maternal, newborn care and immunization and the strengthening of MSPP coordination mechanisms for newborn immunization. Coordination for cholera rapid response was also reinforced at the departmental level.

In 2015, UNICEF will continue to support MSPP in maternal and neonatal care, HIV/AIDS prevention and care, immunization and cholera response, while focusing on the implementation of the community HDA initiative. The health sector will also focus on an integrated approach to C4D and the All in All initiative for adolescents living with HIV. Linkages with other sectors will also be reinforced (education, protection, nutrition and WASH) and monitoring of health interventions will be strengthened at all levels, especially in view of HACT implementation. Several output level indicators were reviewed and will be updated in the RWP 2015-2016 following the health indicator review exercise as well as the midterm review.

OUTPUT 1 By 2016, the MSPP has models of decentralized management (of the system of performance-based health tools) for budget planning interventions

Analytical Statement of Progress:

In order to reinforce the capacity of the MSPP, UNICEF Haiti supported the bottleneck analysis of MTCT using the Monitoring Results for Equity System (MoRES)/Tanahashi approach, which was used as a basis for the development of an operational plan for the elimination of MTCT. Three out of 10 departments continue to have functional sectorial table meetings for the coordination of health interventions with all involved partners, using the integrated departmental health plans. Due to lack of funds, UNICEF Haiti discontinued the partnership with AEDES and was therefore not able to support a performance-based financing model. In 2014, through the support of the internal HDA working group involving all sectors within UNICEF Haiti (including health), 178 polyvalent community workers were recruited and supervisors were trained in human rights and inter-personal communication to enable effective supervision.

In 2015, UNICEF Haiti will continue to work with partners to support the implementation of HDA in three communes and the health sector will contribute to the training and supervision of the 178 polyvalent community workers on the community health care package. Besides the three usual departments (South East, Grande Anse and Nippe), UNICEF Haiti will reinforce two more departmental sectorial table meetings with the development of an integrated health departmental plan. The indicator on household accessibility will be reviewed in order to be more specific and measurable. More emphasis will be put in the implementation of an integrated C4D approach with a reinforcement of capacity at central and departmental levels.

OUTPUT 2 By 2016, SONU-B maternity and community services in targeted areas provide integrated support for newborns (girls/boys).

Analytical Statement of Progress:

UNICEF supported MSPP in strengthening the capacities of maternity and emergency neonatal and obstetric care sites (e-MONCS) with the provision of materials, equipment and training of health providers. To date, a total of 19 (out 27 planned) maternal health facilities and e-MONCS have been adequately equipped to provide services. UNICEF Haiti also facilitated institutional capacity building by reinforcing core human resources in the South Department public health department and also within the neonatal unit of the State University Hospital. The aim was to develop capacities to provide specialized newborn care to premature and low birth weight newborns. As a result, in 2014, 391 newborns were cared for and the mortality rate decreased from 31 per cent in 2013 to 19 per cent in 2014. In addition, 35 providers in nine departments received training on neonatal and emergency obstetrics care, including the kangaroo mother care method for premature newborns, and 40 maternal healthcare staff in the South Department were trained on obstetrics care. The study on the causes of neonatal mortality was finalized and

showed that of 23,576 live births registered, 638 deaths were reported, translating to a neonatal mortality rate of 27 per 1,000 live births. The principal causes of neonatal mortality were birth asphyxia, obstetrical trauma and neonatal infections.

The involvement of UNICEF Haiti in the joint project on reproductive health (UNFPA/ WHO) facilitated the strengthening of communication and social mobilization initiatives through C4D strategies. The strategies aimed to decrease maternal mortality by educating young girls, women of childbearing ages and young men on reproductive health issues. By the end of 2014, also the end of the project, 134,000 individuals, out of 40,000 targeted, (young people, adults, lawmakers and journalists) were sensitized and educated.

Maternal and neonatal care continue to experience a lack of staff quality and quantity and for maternal care, poor accessibility in remote areas. Very few institutions offer 24 hour delivery services.

In 2015, the Maternal and Neonatal Health component will continue to support the MoH and will extend maternal and neonatal health services to the South-East and Grande-Anse Departments. Emphasis will be placed on reaching the unreached through targeted community mobilization and education.

OUTPUT 3 By 2016, pregnant women have access to a complete package of PMTCT services to prevent the vertical transmission of HIV and congenital Syphilis in targeted areas.

Analytical Statement of Progress:

UNICEF Haiti supported the strengthening of the coordination capacity of MSPP, in particular that of the Directorate of Family Health, which is in charge of the elimination of mother-to-child transmission (MTCT) of HIV and Syphilis. Two staff members were recruited for the Directorate of Family Health to support the application of the operational plan for MTCT and to assess the national rate of transmission from mother to child. The HIV and AIDS programme achieved its annual output targets: 83 per cent of pregnant women diagnosed with syphilis have been treated, 84 per cent of HIV seropositive pregnant women were placed on ART and 66 per cent of HIV exposed infants received ARV prophylaxis. This strong performance is due to the strong partnerships, the country coordination mechanism and the substantial financial support provided by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). In 2014, UNICEF Haiti participated actively in the country dialogue by advocating for and influencing the inclusion of the prevention of MTCT cascade in the concept note submitted to the Global Fund.

Through its partnership with GHESKIO, UNICEF Haiti continued to support prevention of HIV and other sexually transmitted infections (STIs) and undesirable pregnancies, as well as clinical care and support for adolescents. In 2014, 4,740 adolescents were sensitized on prevention of HIV and STIs, and 2,733 were counselled and tested for HIV. Of those tested, 75 were HIV positive (2.7 per cent), and 37 of those were placed on ART. Challenges remain, however, regarding scaling up the approach without clear, strategic cross-sectorial guidelines involving sectors beyond health (education, youth and protection).

In 2015, UNICEF Haiti will continue to collaborate with MSPP in the monitoring and evaluation of the rate of transmission of HIV and syphilis from mother to child. Technical assistance will be given to realize a national forum, which will be held in March, on the elimination of MTCT of HIV and syphilis. Through collaboration with UNAIDS, a new global initiative targeting the elimination of the HIV among adolescents by 2030 will be implemented.

OUTPUT 4 By 2016, children (girls/boys) under five years and women of childbearing age, particularly the most vulnerable use disease prevention services using the ENP and IMCI (integrated management of childhood illness).

Analytical Statement of Progress:

In 2014, UNICEF Haiti focused on the implementation of the Maternal and Neonatal Tetanus campaign targeting women of childbearing age. The provisional results are as follows: first round: 2,819,175 vaccinated (126.6 per cent coverage); second round: 2,194,186 vaccinated (approximately 99 per cent coverage); third round, still on-going, 1,019,437 vaccinated (45.8 per cent coverage).

Technical and financial support was provided to repair and maintain 110 SolarChills in institutions and install 70 large capacity solar refrigerators in the departments. This enabled the introduction of the rotavirus vaccine in April 2014. UNICEF Haiti was in charge of distributing the vaccine to the departments and health institutions. The joint UNICEF and Centres for Disease Control and Prevention (CDC) Remote Temperature Monitoring project was expanded from five facilities covering 11 refrigerators in 2013 to 15 facilities covering 23 refrigerators in 2014. Since October 2014, MSPP has maintained the SolarChills with support from of the CDC. Vaccine waste management was also strengthened through the repair of 36 incinerators and the training of 36 institutional focal points and 76 operators, all of whom were provided with maintenance tools and protective equipment.

Despite these actions, the routine coverage rates decreased from 2013 to 2014: from 85.3 per cent to 67 per cent for pentavalent vaccine; from 92.4 per cent to 72.2 per cent for oral poliovirus vaccine type 3 (OPV3); and from 80.4 per cent to 61.8 per cent for measles and rubella vaccines. This was mainly due to the three month stock out of vaccines (bacille Calmette-Guerin (BCG), OPV and Penta, procured by PAHO/WHO and the Global Fund) as well as weak vaccine management at all levels, which discouraged mothers from returning to the health facilities for vaccinations or vaccines that were available (measles/rubella). The Reach Every District (RED) immunisation strategy was supported in hard-to-reach communes as was the implementation of C4D on immunization.

Due to lack of funds and the difficulty coordinating with the EPI Unit of MSPP, IMCI activities were not carried out in 2014. EPI indicators were adjusted during the mid-term review and the IMCI indicator was transferred to the neonatal and maternal health project.

Priorities for 2015 will be the finalization of the MNT campaign, the implementation of the RED strategy in communes with weak performance and advocacy to mobilize funds for cold chain and routine vaccines.

OUTPUT 5 By 2016, the MSPP and its partners and communities have adequate technical capacity to reduce vulnerability to disasters and to provide an adequate and coordinated response in emergency situations.

Analytical Statement of Progress:

In 2014, UNICEF supported the MSPP at various levels (upstream and downstream) in the fight to eradicate cholera. At the upstream level, UNICEF Haiti provided technical support to the MSPP to prepare cholera operational plans for the 10 departments from April to December 2014 for the implementation of the national cholera elimination plan 2013-2022. UNICEF Haiti also supported service delivery in health promotion, epidemiological surveillance, treatment and WASH interventions.

The number of suspected cholera cases continued to fall from 101,503 suspected cases reported in 2012 to 58,574 suspected cholera cases and 587 cholera related deaths in 2013. As of the end of 2014, there were over 27,000 suspected cholera cases and over 290 deaths reported, while the case fatality rate fell from 1.3 per cent in 2013 to 1.04 per cent.

The following activities were supported in 2014:

1. Financial and technical support to the MSPP for the implementation of its cholera operation (i.e. call centre, salaries, supervision).
2. The MSPP Directorate of Epidemiology, Laboratory and Research (DELR) surveillance activities, with the support of two epidemiologists from Assistance Publique- Hopitaux de Marseille (APHM).
3. Technical and financial support provided to MSPP rapid mobile teams (EMIRA) in each of the 10 departments in April 2014 through six NGO partners.
4. Worked closely with MSPP and PAHO/WHO to vaccinate 184,517 people against cholera (96 per cent received two doses of Shanchol™) in seven high-risk areas in September (Lasachobas, Savanette, Saut d'Eau (Centre), Ennery (Artibonite), Section Sarazin in Mirebalais (Centre), section Poteau in Gonaives (Artibonite) and Section Delices in Arachie (West)). Furthermore, 5,625 inmates and personnel from 16 prisons also received two doses in December through a supplementary campaign.
5. Provided MSPP with 81,000 litres of Ringer lactate, 5.1 million water purification tablets, 102,000 sachets of ORS, especially in support of the EMIRA teams.

In addition, UNICEF Haiti supported the medium-term cholera elimination objectives: the launch in October of the Clean Water Improved Sanitation and Better Health strategy (Government/UN/World Bank) prioritizing 17 high-risk communes, with support from the National Sanitation Campaign (see WASH section). 2015 priorities include the maintenance of the emergency cholera response while strengthening water, sanitation and health care to reduce vulnerability.

OUTCOME 3 Children, women and their families in rural areas and poor urban areas, especially the most vulnerable, have equitable and sustainable access to the supply of drinking water, basic sanitation and hygiene education.

Analytical Statement of Progress:

In 2014, UNICEF continued to support DINEPA, MENFP, and MSPP and worked in partnership with NGOs to implement the WASH programme. UNICEF mobilized funding from the governments of Canada and Japan to realize WASH projects in Artibonite and Centre Departments. Partnerships were established with World Vision for an integrated community approach (nutrition, WASH and health sectors) and with JEDCO and Solidarité for latrine desludging services in the remaining 100 IDP camps, benefitting 106,000 internally displaced persons.

The national technical guidelines for the WASH sector were disseminated and DINEPA staff and other partners from the private sector and NGOs were trained on its use and application. Major WASH events, such as World Water Day, Global Hand washing Day and World Toilet Day were celebrated with the support of UNICEF Haiti and with the participation of key stakeholders, to promote the importance of water, hand-washing with soap, and latrines, which are essential in the on-going cholera response.

The support of UNICEF Haiti to cholera elimination contributed to a 50 per cent reduction of the number of cholera cases from 58,574 cases in 2013 to over 27,000 cases in 2014. Deaths from cholera also declined, from 587 deaths in the previous year to over 290 cases in 2014. UNICEF supported six NGO partners and DINEPA to respond to 1,300 cholera alerts, sensitized 560,000 people on prevention measures and distributed 45,000 cholera prevention kits.

UNICEF Haiti supported MSPP and DINEPA on the implementation of the National Strategy on Household Water Treatment and Storage (HWTS). Support was provided to MENFP on the certification of hygiene-friendly schools and the development of hygiene promotion tools with a focus on education.

With the support of UNICEF Haiti, 7,477 families in the Centre Department are using latrines and have been declared open defecation free. In the same geographical area, 3,288 school children benefitted from the construction of 20 hand-washing stations in their schools. In rural communities, 30,000 people benefitted from the distribution of chlorine products as part of a programme promoting household water treatment.

Implementation of information management systems (DevInfo) as well as key studies and evaluations experienced delays during the reporting period due to lack of available financial and human resources (including consultants to undertake the study) for its implementation.

OUTPUT 1 By 2016, DINEPA and partners have standards, technical guidelines and tools for monitoring drinking water, sanitation and hygiene (EPAH) responding with sustainable services to the needs of children and women, especially the most vulnerable.

Analytical Statement of Progress:

The National Strategy for Sanitation was revised by DINEPA and sanitation partners. UNICEF Haiti, DINEPA and MSPP also revised the Community-Led Total Sanitation (CLTS) guidelines. A new implementation strategy on CLTS was validated by DINEPA and MSPP. With UNICEF support, DINEPA created a partnership with a local Université de Quisqueya to realize the formative sanitation study on people's motivations for having latrines. A communications plan will be developed based on the results to boost sustainable access to sanitation. The initial results were presented to partners during a sanitation workshop. UNICEF Haiti 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 America and Caribbean region, were both postponed due to lack of sector coordination.

OUTPUT 2 By 2016, children and women in rural areas and poor urban communities have access to sustainable services EPAH.

Analytical Statement of Progress:

A partnership with World Vision was developed to increase access to sanitation services in the rural area of the Centre Department. A total of 7,477 households in two communities have stopped open defecation as a result of CLTS. The United Nations Secretary-General and the then Haitian Prime Minister launched the national sanitation campaign in these two communities in July 2014.

UNICEF Haiti, MSPP and DINEPA revised the CLTS guidelines with the technical support of the CDC. The new CLTS guidelines were used to train stakeholders involved in sanitation projects

and to sensitize communities. Sensitization was carried out in three other communities in the Centre Department in partnership with the NGO Zanmi Lasante.

With technical support from UNICEF Haiti, DINEPA is finalizing the National Strategy on Household Water Treatment and Storage (HWTS). UNICEF Haiti also supported the Ministry of Health to develop and disseminate hygiene promotion tools focused on the education sector.

UNICEF received funds from Canada and Japan to implement a WASH intervention targeting 170,000 people in rural communities in the Centre and Artibonite Departments. Technical studies are on-going for the preparation of these interventions and partnerships with two NGOs (Zanmi Lasante and OXFAM) were signed to implement WASH interventions in 170 communities including community mobilization, sanitation activities, training on hygiene promotion, HTWS and to monitor the construction of WASH infrastructure in communities and in schools. The main constraint was the limited funds available for scaling up WASH interventions in other vulnerable departments, especially in the context of the National Campaign on Sanitation.

OUTPUT 4 By 2016, DINEPA and partners have the means and the technical capacity to reduce vulnerability to disasters and provide an adequate and coordinated response in emergency situations.

Analytical Statement of Progress:

In 2014, UNICEF Haiti continued its support to the desludging of latrines through the private firm JEDCO. UNICEF also supported Solidarités International to rehabilitate 100 latrines, clean latrines, train camp committees, and implement sensitization on hygiene and solid waste management in 13 camps in Delmas and Tabarre.

Key achievement in the camps include:

1. 16,000 drums of excreta extracted from IDP camps, including through the disinfection of latrines for approximately 106,000 people and six cholera treatment centres.
2. Maintenance and repair of latrines: 100 toilets with funding from the Central Emergency Response Fund (CERF) (216 latrines rehabilitated using ECHO funds)
3. 62,591 people in 64 IDP camps benefitted from the distribution of cleaning kits for latrines and solid waste collection (heavy duty rubber gloves, dust masks, wheelbarrows, round shovels with long handles, rakes and liquid bleach).
4. 438 people (214 males and 224 females) trained through camp committees on hygiene promotion and cholera prevention.

Sensitization was provided through focus groups on water treatment, hand washing, cholera prevention, DRR and solid waste management in which 1,332 children, 1,406 women and 3,815 men participated. In total 53,279 persons have been sensitized either through door-to-door campaigns or events organized by Solidarités International.

278 houses disinfected in camps following a cholera alert and 20 cholera alerts were responded to within 48 hours (100 per cent coverage).

With support from UNICEF Haiti, DINEPA trained 266 TEPACs on emergency response.

UNICEF Haiti also supported the update of the departmental contingency plans before the hurricane season hit in June and July 2014.

In addition, UNICEF provided WASH emergency supplies to flood-affected people in Mirebalais (May 2014) and Cap-Haitien (November 2014).

OUTPUT 5 By end 2015, the National Plan to Eliminate Cholera in Haiti has been supported in the prevention of cholera, response to alerts and coordination of cholera elimination efforts to reduce the annual incidence rate to 0.5 per cent

Analytical Statement of Progress:

In 2014, the cholera incidence rate of 0.22 per cent met its annual target, according to the last official MSPP bulletin published on 13 December 2014. This represents a 60 per cent reduction from the 2013 rate. The support of UNICEF Haiti to the elimination of cholera contributed to a 50 per cent reduction in the number of cholera cases from 58,574 cases in 2013 to over 27,000 cases in 2014. Deaths from cholera also declined, from 587 deaths in 2013 to over 290 cases in 2014. UNICEF supported six NGO partners and DINEPA to respond to 1,300 cholera alerts, of which 84 per cent were targeted for rapid response and 16 per cent for prevention activities. Five hundred and sixty thousand people were sensitized on prevention measures and 45,000 cholera prevention kits were distributed.

UNICEF supported the establishment of a joint health/WASH coordination mechanism at the departmental level. Monthly meetings (minimum) involving the MSPP, DINEPA, and medical and WASH NGOs were carried out in each department.

In addition to rapid response, UNICEF supported DINEPA to implement a WASH prevention project in the cholera vaccination areas of Centre Department.

OUTCOME 4. By 2016, girls and boys 0-14 years, in the three poorest quintiles, benefit from education policies guaranteeing equitable access to basic education of quality and opportunities for development of the young child

Analytical Statement of Progress

2014 was marked by important changes in the MENFP and noticeable progress was achieved towards improving children's access to quality education for preschool and basic education levels, as well as for secondary school and higher education.

With support from UNICEF Haiti, MENFP recently launched a sector reform based on four interrelated pillars: 1) curriculum reform; 2) teacher qualification and improvement of human resource management; 3) governance and regulation; and 4) development of higher education. Twelve short and medium-term measures were launched during the last semester of 2014 and changes in the Ministry's structure took place to set the stage for the new reform.

Despite a marked improvement in the net enrolment rate (census: 88 per cent) and the net attendance rate (EMMUSV revised from 77 to 82.7 per cent), there are still too many children between the ages of 6 and 18 years that are out of school (between 200,000 and 400,000 children are out of school).

OUTPUT 1. By 2015, mechanisms to promote the access for all children 0-14 years (boys and girls) to stimulating opportunities and quality basic education are in place, as well as an improvement in the effectiveness of governance at central and local levels.

Analytical Statement of Progress:

In 2014, UNICEF Haiti contributed to and supported MENFP to reinforce mechanisms that lead to improved governance and regulation at both the central and local levels.

- With technical and financial support from UNICEF Haiti, MENFP formed a steering committee to monitor the free universal education programme and improve its regulation mechanisms. Management guides and procedures for the inspectorate were developed and validated in a participatory manner with MENFP personnel and UNICEF technical staff.
- MENFP reinforced the Education Management Information System (EMIS) by updating the 2013/2014 census data and creating a new database on teachers and schools. The latter was developed during the last quarter of 2014 following the announcement of the reform. A vast census took place to register all teachers and schools in the system. After this was completed, MENFP began delivering temporary teaching permits and school identification cards. These will give MENFP better control of the quality of teaching and school standards and, most importantly, of the performance of teachers, schools and children.
- 700 principals, 185 inspectors and 3,885 teachers developed and improved their skills through training and are using the handbook for educational progress for better planning.

These efforts will improve the system in the medium and long terms if they are given the same priority and are maintained by the next team at MENFP. Continuity in policies and initiatives will remain the most important challenge in 2015 and beyond. UNICEF will continue to strongly advocate in favour of and contribute to these very important measures leading to the reform of the education sector.

OUTPUT 2 By 2016, 80,000 children in 80 per cent of the most remote areas targeted, have access to quality education integrating children living with a disability, and based on an essential package that can be used as a standard for the definition of a national policy.

Analytical Statement of Progress:

In 2014, noticeable progress was made towards improving access to quality education. The net enrolment rate has been maintained since 2012 at around 90 per cent. Given that too many children are still out of school (up to an estimated 400,000), MENFP is looking for new ways of tackling this challenge with support from UNICEF Haiti and other partners.

Given the poor results registered for the four national exams during the 2013/14 academic year, MENFP engaged in vast reform targeting teachers' qualifications and the school curriculum (preschool and 9 years of basic education). In addition to working towards longer-term goals with a comprehensive teacher training programme and curriculum reform, MENFP is investing substantial resources and efforts in short-term improvements, such as reading skills to support children's learning achievement.

UNICEF Haiti made technical and financial contributions to these efforts and achieved the following:

- The reading programme implemented in 100 schools in the North and the South Departments led to an increase in the average speed of reading from 17 words per

minute before the programme to 30 words per minute at the end of the year. School committees and mini libraries are now functional in these schools.

- 35,000 children, including 1,000 children living with disabilities, attended school and improved their learning conditions through the distribution of school kits.
- 15 national schools were completed, benefitting nearly 5,000 children in remote areas with limited education services. The schools were built using child-friendly standards and are earthquake and hurricane resistant.

Partners from the Local Donors Group have also supported MENFP to increase the share of public investments made in education by building new schools in areas where education services were poor and by continuing to provide financial support to PSUGO to keep children in school and facilitate the enrolment of additional children at the right age. Lack of coordinated actions and information sharing between donors and MENFP has made it difficult to improve the impact of multiple interventions. Another challenge has been the mobilization of financial and human resources to support and implement the reform process.

OUTPUT 3 By 2016, 45,000 children aged 0-5 years (boys and girls) particularly vulnerable ones, receive early childhood services in targeted areas.

Analytical Statement of Progress:

Following the validation of the National Early Childhood Development Policy in 2012, a series of actions, mainly supported by UNICEF Haiti, the World Bank and the Inter-American Development Bank (IDB), took place to improve the policy framework and national standards. In 2014, UNICEF Haiti supported the improvement of learning conditions in public preschools. The following results were achieved:

- The ECD strategy paper for implementing the policy was developed.
- The first national preschool curriculum for children aged 3-6 years old was finalized and validated by all actors.
- Approximately 2,000 children aged 3-5 years benefited from adequate classroom furniture and materials to facilitate and improve their preschool learning in four departments (Centre, Grand-Anse, Nippes, and Southeast).

ECD is one of the areas for which the Ministry of Education (Ministère de l'Éducation Nationale et de la Formation Professionnelle or MENFP) is not yet allocating sufficient effort and resources, especially for the 0-3 years age group. Some steps are being taken to increase the provision of public preschool and MENFP is promoting at least two years of preschool education in all public schools. While the school census is indicating an increase in the preschool enrolment rate, preschools face the same challenges that exist for basic education with a high number of over-aged students (38 per cent, according to the 2010/2011 school census). UNICEF Haiti has advocated with MENFP to normalize this by issuing an official circular on the appropriate age to school and sensitizing parents through a public communications campaign. UNICEF Haiti has favoured an upstream approach in terms of setting minimum standards for ECD and has been advocating for a multi-sector approach that would engage other ministries, such as health, social welfare and justice.

OUTPUT 4. By 2014, the Haitian educational system and its actors have the means and technical capabilities to reduce vulnerability and the impact of emergency situations on children of preschool

Analytical Statement of Progress:

In 2014, MENFP continued to advance DRR to make the education sector more prepared to respond to emergencies. As part of the National Disaster Risk Reduction System led by the Ministry of Interior, MENFP has been active in building the resilience of the sector and its actors. MENFP has been engaging in a national programme to evaluate the safety of school buildings and to train its personnel in all ten departments. With advocacy and technical support from UNICEF Haiti, MENFP established an Emergency Management Unit in 2014 and allocated adequate resources for its operation.

In 2014, UNICEF supported MENFP to achieve the following results:

- 60 professional staff in MENFP's central office and departmental directorates, as well as 400 inspectors, acquired the necessary skills to train school principals and teachers on emergency preparedness/DRR.
- 2,300 teachers in 10 departments developed the skills to prepare students and to respond during emergencies.
- 7,500 students and 110 members of 14 school committees in the West Department developed the knowledge and abilities to respond in case of an emergency.
- 14 schools in the West Department have safer infrastructure and tools and adequate emergency materials.
- The five most at-risk departments (Artibonite, Grand-Anse, North, South and West) have contingency stocks (emergency education supplies) to react quickly in case of an emergency.
- 6,636 and 167 teachers resumed their education activities quickly following the distribution of school materials and tents in areas affected by flooding in the North at the end of 2014.

There are still many gaps to fill in terms of preparedness planning. For instance, in case of an emergency, it is still likely that schools can and will be used as shelters. There is no legal provision nor are there any alternative shelters that can prevent this scenario from taking place. Response capacity will also be impacted by gaps in national financial and material resources. Another area that needs to be strengthened is communication and sensitization of at-risk populations. UNICEF and partners need to continue the discussions with MENFP and with the Directorate of Civil Protection of the Ministry of the Interior to improve weak areas and develop systematic contingency plans.

OUTCOME 5 Girls and boys, including adolescents, are protected from violence, abuse, exploitation and family separation by social and legal systems (at the national and community levels)

Analytical Statement of Progress:

2014 saw major progress towards reinforcing the child protection legal framework, thanks to the technical support and high-level advocacy of UNICEF Haiti. The OPSC and the OPAC were both voted for by the Parliament in April; the OPSC was ratified on 9 September while a declaration is yet to be sent to the UN for the OPAC. The Hague Convention on international adoption entered into force in April. Implementation procedures on the Law on Adoption, voted for in 2013, were finalized in December, as were sensitization materials. The Law on Paternity, Maternity and Filiation was promulgated in June, as was the Law against Trafficking, voted for by the Chamber of Deputies in April. During the first semester, a Child Protection Code and a Law reforming IBESR, the government agency in charge of child protection social services, were drafted, endorsed by the Council of Ministers on 24 August and transmitted to the

Parliament in September. The mobilization of parliamentarians, expected to be a challenge, was successful, thanks to UNICEF Haiti advocacy efforts with governmental counterparts and legislators.

Improvement of reliable child protection data collection in Haiti also progressed with the finalization of definitions for qualifying vulnerabilities and quantitative indicators with governmental and nongovernmental partners. The involvement of all actors was considered key to promoting the use of a common language for qualifying child protection issues.

Coordination of child protection actors was reinforced at the central and departmental levels with monthly meetings among state and non-governmental entities supporting child protection initiatives. These coordination mechanisms also served as fora for inter-sectorial management of child protection cases to ensure timely response. UNICEF Haiti continued to provide financial and technical assistance to IBESR and BPM to have nationwide presences. An inter-agency study on child domesticity is underway as planned, while the study on children in institutions has yet to be completed.

UNICEF Haiti supported MAST and particularly IBESR to achieve major results in the legal arena, both by ensuring constant technical inputs and by carrying out major advocacy efforts with key stakeholders from the civil society. UNICEF Haiti also played a key role in the coordination of child protection actors. The continuous support provided to the Child Protection Working Group (CPWG), gathering actors in human rights, gender, law enforcement, social protection and justice sectors, allowed partners to regularly interact at the departmental level. The introduction of the case management concept is being viewed as a major step forward in how child rights violations are being dealt by the concerned entities. Thanks to the leadership of UNICEF Haiti, additional progress was achieved in the operationalization of the Foster Family Scheme endorsed at the end 2013 by MAST. The scheme has been piloted in the South and West Departments since mid-2014. UNICEF technical assistance was also crucial for the completion of the implementation directives for the law reforming adoption.

Child protection organizations have all demonstrated active support for the functioning of child protection working groups at the central level and in all departments.. ILO, IOM, TDH-L and IRC have been keep in regards to the addressing the issue of children in domesticity, having supported the efforts of UNICEF Haiti to mobilize 28 organizations whose contributions will be crucial to following up on the research underway.

Efforts will now be dedicated to the implementation of recently adopted legal instruments. The reform of social services is a priority, and will benefit from technical collaboration with other countries. The birth registration system will also be reinforced with concerned stakeholders, as will the juvenile justice system.

At the community level, UNICEF Haiti will strengthen the provision of services in the three HDA target communes in the South-East and in Belladère, the bordering area with the Dominican Republic, as well as with other partners such as Plan, UNHCR, R and IBESR. The coordination of child protection services will be reinforced at the departmental level through technical assistance to the departmental CPWG and by leading inter-agency case management meetings.

OUTPUT 1 By 2016, a child protection policy and a legal framework based on evidence and conforming to international standards is available and implemented in Haiti.

Analytical Statement of Progress:

In 2014, the technical support and high-level advocacy carried out by UNICEF Haiti led to major progress towards reinforcing the child protection legal framework. The first two CRC optional protocols were voted in by the Parliament in April. The OPSC was ratified on 9 September 2014 and a declaration is yet to be sent to the UN for the OPAC. The Hague Convention on international adoption entered into force in April. Implementation procedures on the Law on Adoption, voted for in in 2013, were finalized in December, as were sensitization materials. The Law on Paternity, Maternity and Filiation was promulgated in June, as was the Law against Trafficking, voted in by the Chamber of Deputies in April. During the first semester, the Child Protection Code and the Law reforming IBESR, the government agency in charge of child protection social services, were drafted, endorsed by the Council of Ministers on 24 August and transmitted to the Parliament in September. While the UNICEF Haiti goals were met, the mobilization of parliamentarians, expected to be a challenge, was successful, thanks to UNICEF advocacy efforts with governmental counterparts and legislators. UNICEF technical assistance was also crucial for the completion of the implementation directives of the law reforming adoption.

The improvement of the reliability of child protection data collection in Haiti is also progressing with the finalization, with governmental and nongovernmental partners, of definitions to qualify vulnerabilities and of quantitative indicators. The involvement of all actors was considered key to the promotion of a common language for qualifying child protection issues.

OUTPUT 2 By 2016, girls and boys, including adolescents, have access to adequate and coordinated programmes ensuring the prevention and response to violence and abuse

Analytical Statement of Progress:

In 2014, UNICEF Haiti played a key role in the coordination of child protection actors. On-going support to the Child Protection Working Group (CPWG), including gathering actors in the human rights, gender, law enforcement, social protection and justice sectors, allowed partners to regularly interact at the departmental level. The introduction of the case management concept is viewed as a major step forward in the way that child rights violations are being addressed by the concerned entities.

The national emergency contingency plan, including child protection considerations, is available at the national level, but needs to be adapted for each department through the CPWG. IBESR agents were trained on emergency response and the while the 24/7 emergency cell within IBESR is not operational, the call centre is functioning.

Field data collection has been completed for an on-going study on children in institutions. The report will be finalized in 2015 and the findings will enable the development of Minimum Standards of Care, regulations that will better control the sector. Updated data on residential care centres are not available due to the weak capacity of IBESR data management.

UNICEF Haiti supported the operationalization of the Foster Family Scheme, which has been being piloted in the South and West Departments since mid-2014. Through a partnership with the NGO Terre des Hommes, 450 vulnerable children benefited from specific and adapted protection and education measures. Forty-five of these children were placed with foster care families that were identified, trained and accredited by IBESR. UNICEF Haiti and Terre des Hommes also reinforced the technical capacity of 40 national non-governmental and public professionals on foster family placement in the South and West Departments. UNICEF Haiti also provided technical support to a working group that developed detailed criteria and

procedures for foster family placement. A national workshop validated these regulations, which were adopted by IBESR as a governmental administrative directive. The option of placement in a foster family is now providing both short and long-term alternative solutions for separated children and is preventing unnecessary institutionalisation. A manual on the process of placing children in foster care was developed in 2013 in partnership with IBESR, Terre des Hommes, International Rescue Committee (IRC) and Handicap International, and was published in 2014 by the Ministry of Social Affairs (MAST). The manual has been used to train social workers to provide comprehensive information on the new regulations.

The juvenile justice sector saw little progress in 2014 due to the priority given to strengthening the legal framework and alternative care. Indicators were revised accordingly during the midterm review.

OUTPUT 3. By 2016, stake holders are aware of the risks and situations that hinder the protection of children and engage in the prevention of violence, abuse and exploitation to girls and boys, including adolescents

Analytical Statement of Progress:

In partnership with ILO, IOM, TDH-L and IRC, UNICEF Haiti is conducting a major study on children in domesticity that will be completed in 2015. Twenty-eight organizations were mobilized to take part in a technical committee for the study. The committee's contributions will be crucial carrying the current research forward.

Studies on vulnerable children (including street children, children living with HIV/AIDS and children involved in gang activities) were carried out in partnership with AVSI in Cite Soleil and Martissant, the most vulnerable zones in the capital. Children's participation was promoted through the study undertaken by AVSI, as was advocacy on the adoption of child protection related legal frameworks. A sensitization campaign on the protection of children and parental responsibility for protecting children targeting 50 families and 24 schools was conducted in Cite Soleil and Martissant. Children also participated at the departmental level in municipal council meetings to express their views and provide inputs.

Indicators for this output were recommended for revision during the midterm review as they do not adequately reflect current programme priorities.

OUTCOME 6 By 2016, policies, legislation, and budgeting based on evidence, including measures to reduce of the deprivations of children and disparities between them, are implemented.

Analytical Statement of Progress:

2014 saw progress made towards strengthening the evidence base at the national and sub-national (commune) levels. Census cartography was completed in four departments and field work in the fifth department (Grand Anse) is on-going. Once completed, this will serve as a key tool for developing a master sampling frame for future national surveys. Commune socio-economic surveys were completed in five communes in the South-East Department (Thiotte, Grand Gosier, Anse-a-Pitres, Cayes-Jacmel and Belle Anse) as well as in Maissade in the Centre Department. Survey data was used for analysis of vulnerability in four communes (Maissade, Thiotte, Anse-a-Pitres and Grand Gosier) for identifying and targeting the most vulnerable families as part of the HDA initiative, in partnership with the World Bank, FAES and the NGO Heart to Heart. The results will contribute to the development of tailored 'family development plans' to inform programmatic interventions (behaviour change, service delivery

and referral to services) by HDAs. The survey data also contributed to the targeting of vulnerable families by other social protection partners, including the Kore Lavi initiative (WFP, Care, ACF and USAID), which is focused on food security, and also the RUB, a single beneficiary registry for social assistance/social protection initiatives. UNICEF contributed technically and financially to the RUB, including with the development of a common questionnaire to be used by all partners for data collection using variables linked to vulnerability indicators.

The national census, which was planned to be implemented in 2013, is facing severe delays and its implementation in 2015 (household data collection) remains unclear. In the absence of the census data, which should have provided key information for planning and monitoring UNICEF, UN and national plans, and with the postponement of EMMUS until 2017, an alternative means for data collection needs to be put in place in 2015 to fill critical data gaps. Although HaitiInfo indicators were updated in 2014, other sector databases were not updated due to staff shortages for UNICEF Haiti and partners). The socio-economic commune survey provided valuable data for the six communes covered and the results were shared with key stakeholders and decision makers for four communes.

A social budget study on child-focused public expenditure completed in 2014 generated new evidence for policy advocacy as well as for building the capacity of 40 managers from 17 government institutions on analysis tools and methodology. UNICEF Haiti also advocated for a life-cycle approach to social protection with key stakeholders during the social protection workshop co-organized by the World Bank, USAID and MAST. This allowed for an increased focus among partners on the development of human capital, in particular regarding early childhood development, vocational training for adolescents/youth, and the situation of girls and women.

While there are no changes in the results, geographical targeting has been revised from the North and South Departments to the South-East Department (three communes) for HDA. Management and use of disaggregated data focuses on commune levels as opposed to departmental levels.

Studies to generate new evidence faced delays in 2014, notably the multi-dimensional child poverty study, due to weak coordination between institutions involved in social protection, the lack of availability of ECLAC experts for technical support in the analysis of child poverty.

OUTPUT 1 By 2016, the Government of Haiti has and uses data and analysis disaggregated at the national and local levels on the situation of children and women, for evidence-based and equity-based decision-making.

Analytical Statement of Progress:

The socio-economic commune survey completed for six communes (one in the Centre Department, five in the South-East Department) contributed to the identification of the most vulnerable and excluded families as part of the HDA initiative. The results will be used to develop individualised family development plans to inform programmatic interventions in partnership with FAES and the World Bank. The surveys in Cayes-Jacmel and Belle Anse were conducted in partnership with National Haitian Child Institute (IHSI), and thereby built their capacities to conduct household surveys using tablets and ODK. The survey data also enabled other social protection partners to target vulnerable families. This was the case for the Kore Lavi initiative (involving WFP, Care International, ACF and USAID), which is focused on food

security, and also RUB, a single beneficiary registry for social assistance/social protection initiatives.

Cartography of the Census was completed in four departments and support was provided in partnership with UNFPA and UNDP for the mapping of Grand Anse, which is expected to be completed in early 2015, and which will enable the completion of cartography in all 10 departments and the development of a Census Atlas. The household data collection for the census is delayed and it is still not certain whether it would be carried out in 2015.

The ECVMAS data was partially released in late 2014 and a workshop on multi-dimensional child poverty was conducted in November to simulate and finalize the methodology for child poverty calculations. Implementation of HaitiInfo/DevInfo was slow in 2014 due to lack of human resources (internal and partners) and lack of updated data. Given the availability of the ECVMAS data and the growing interest in its use for Sustainable Development Goals' (SDG) monitoring, the updating of national and sector databases will be done in 2015 in conjunction with training.

The targets for the indicators of Output 6.1 were revised as a result of the mid-term review.

Indicator 1: given the Demographic and Health Survey (Enquête Mortalité, Morbidité et Utilisation des Services or EMMUS) VI will not take place in 2015, this will be replaced by another household survey (e.g. the Multiple Indicator Cluster Survey (MICS)). The number of socio-economic surveys has been reduced from 10 to 6.

Indicator 2: As the census is delayed, the target will be replaced by MICS or another household survey.

Indicator 3: Adjust target to three national databases and six sub-national databases.

Indicator 4: Adjust target to 10 departments and 6 communes

OUTPUT 2 By 2016, government capacity is strengthened for the development and implementation of a framework for social protection focused on the needs of children and the social protection baseline

Analytical Statement of Progress:

- The final report of the analysis of public expenditure for children is available (to be validated by the steering committee). This exercise provided an opportunity to train 40 managers from 17 government institutions on the analysis tools and methodology so they can regularly conduct similar analyses.
- With technical support from ECLAC, the methodology for the analysis of multidimensional child poverty was adapted to the Haitian context. The analytical work will continue in 2015.
- The implementation of the network of HDA agents in the communes of Grand Gosier, Thiotte, Anse a Pitre continued with the recruitment and training of 178 agents.
- The World Bank and USAID jointly supported the organization of a high-level strategic workshop on protection and social promotion, after which a roadmap was developed that is now pending government endorsement. This exercise gave UNICEF Haiti the opportunity to consult with the World Bank and other stakeholders on issues related to social protection through a life-cycle approach, relating to the development of human

capital, in particular regarding ECD, vocational training for adolescents/youth, and the situation of girls and women.

- In consultation with key stakeholders (UNDP, the World Bank, USAID, WFP, ACF and Care International), the search for synergy with other social protection programmes such as Kore Lavi and Ede Pep continued through harmonization of methodologies, with a view to establishing a single register of beneficiaries.

The main constraints delaying major activities related to weak coordination between institutions involved in social protection, the lack of availability of ECLAC experts for technical support in the analysis of child poverty, and lack of data collection for the analysis of public expenditure for children.

One of the main adjustments that resulted from the mid-term review was the formulation of an additional product related the expansion of HAD. All programme components will contribute synergistically to this product through sectoral interventions.

Document Centre

Other Publication

Title
UNICEF-MSPP : « Album à images pour la vaccination »
UNICEF-MSPP: “Plan Nationale de Communication pour la vaccination
UNICEF: “Dispositif de placement des enfants dans les familles d’accueils (creole + Français)
UNICEF “ Plan de Promotion à l’Hygiène
UNICEF “Situation des enfants et des femmes en Haiti”(2013) SITAN
UNICEF-MSPP :”Critères pour devenir école amis des enfants »
Livret Convention Relative aux Droits Enfant
Manuel sur les droits de l’enfant

Lessons Learned

Document Type/Category	Title
Innovation	Real-time monitoring of partner performance for cholera response