

Haiti

Country programme document 2013-2016

The draft country programme document for Haiti (E/ICEF/2012/P/L.30) was presented to the Executive Board for discussion and comments at its 2012 second regular session (11-14 September 2012).

The document was subsequently revised, and this final version was approved at the 2013 first regular session of the Executive Board on 8 February 2013.

<i>Basic data</i> [†] (2010 unless otherwise stated)	
Child population (millions, under 18 years)	4.3
U5MR (per 1,000 live births, 2009)	80 ^a
Underweight (% , moderate and severe, 2005-2006)	18 ^b
(urban/rural, poorest/richest)	12/20, 22/6
Maternal mortality ratio (per 100,000 live births, 2005-2006, reported)	630 ^c
Primary school enrolment/attendance (% , net male/female, 2005-2006)	48/52 ^d
Survival rate to last primary grade (% , male/female, 2005-2006)	85 ^d
Use of improved drinking water sources (%)	69
Use of adequate sanitation facilities (%)	17
Adult HIV prevalence rate (% , 2009)	1.9
Child labour (% , 5- to 14-year-olds, 2005-2006)	21
Birth registration (% , under 5 years, 2005-2006)	81
(% , male/female, urban/rural, poorest/richest)	81/82, 87/78, 72/92
GNI per capita (US\$)	650
One-year-olds immunized against DPT3 (%)	59
One-year-olds immunized against measles (%)	59

[†] More comprehensive country data on children and women are available at www.childinfo.org.

^a 165 deaths per 1,000 live births is the 2010 estimate by the UN Interagency Group on Child Mortality Estimation (IGME; www.childmortality.org/), released on 15 September 2011. This estimate takes into account the under-five deaths in 2010 due to the earthquake. The IGME proposed an addition to child mortality for 2010 of 25,000. Given that the additional mortality shock due to the earthquake doubled the under-five mortality rate for Haiti in 2010 and that it will likely be a single-event peak, the 2009 estimate of 80 deaths per 1,000 live births will be used for the CPD basic data table until the 2011 estimate and the latest Demographic and Health Survey data become available in 2012.

^b Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

^c 350 deaths per 100,000 live births is the 2010 estimate by the UN Interagency Group (WHO, UNICEF, UNFPA and the World Bank), based on internationally comparable sets of maternal mortality data. These account for the well-documented problems of underreporting and misclassification of maternal deaths, including estimates for countries with no data. Comparable time series on maternal mortality ratios for the years 1990, 1995, 2000, 2005 and 2010 are available at www.childinfo.org/maternal_mortality.html.

^d Survey data were used for this education indicator.

Summary of the situation of children and women

1. With an annual growth rate of 1.3 per cent,¹ Haiti has a population estimated at 10 million, with 43 per cent of the population under age 18 and 57 per cent under 24. Nearly half the people live in urban areas and over 25 per cent in the capital. Haiti ranks 158th out of 187 countries in the 2011 Human Development Index.² Only 20 per cent of Haitians have a steady wage-earning job; 75 per cent survive on less than \$2 per day and half on just \$1 per day or less.³ Absolute poverty affects 40 per cent of children; 70 per cent experience at least one form of deprivation.⁴

¹ <http://data.worldbank.org/indicator/SP.POP.GROW> (2010).

² <http://hdrstats.undp.org/en/countries/profiles/HTI.html> (2011).

³ *La pauvreté en Haïti. Profil de la pauvreté à partir des données de l'ECVH*, MPCE, 2005.

⁴ *Absolute child poverty in the 21st century in Haiti*, Bristol University/UNICEF Haiti, 2007.

2. The Gini coefficient of 0.65 reflects striking disparities.⁵ The richest quintile benefits from 70 per cent of the national income, while the poorest only 1.5 per cent. Stark urban-rural disparities are visible: 84 per cent of children living in the countryside are severely deprived, compared to 45 per cent among children living in urban areas. Females head 45 per cent of all households; these are much poorer than male-headed households are. In rural areas, 62 per cent of female-headed households are below the poverty line, compared to 54 per cent for male-headed households.

3. The state budget relies primarily on foreign aid, which provided 58 per cent of the 2010-2011 budget.⁶ Despite greater transparency in the budget process through publication of public expenditures, budget effectiveness remains a challenge. Social-service budgets remain persistently low and social services overly privatized; only 12 per cent of education providers and 28 per cent of health providers are state-operated. For the 2011-2012 fiscal year, the budget allocations for social sectors were 13.6 per cent for education, 6.9 per cent for health and 0.53 per cent for social affairs.⁷

4. The latest data on realization of child rights and progress on the Millennium Development Goals are from 2006 (though results of the Demographic and Health Survey will be available by end 2012), and administrative data management remains weak. No periodic report has been submitted to the Committee on the Rights of the Child since the initial report in 2001, and the first-ever report to the Committee on the Elimination of All Forms of Discrimination against Women was submitted in 2008.

5. Challenges remain in terms of vaccination, underlining the need to reach the hardest-to-reach children, particularly those who have received no vaccine. In addition to neonatal causes, diarrhoea and pneumonia, malnutrition contributes to 30 per cent of deaths among children under 5: 30 per cent are stunted, 18 per cent are underweight and 10 per cent are wasted.⁸ In addition, three quarters of infants aged 6 to 23 months and more than half of pregnant women are anaemic. Vitamin A supplementation reaches less than 40 per cent of children aged 6-59 months.⁹

6. The HIV/AIDS prevalence is the highest in the region, at 1.9 per cent, and rises to 3.7 per cent among pregnant women in Port-au-Prince.¹⁰ Twenty per cent of women tested receive counselling on prevention of mother-to-child transmission, and less than one third of HIV-positive pregnant women receive antiretroviral treatment. Only 14 per cent of the estimated 12,000 infected children (up to age 14) receive antiretroviral treatment.¹¹

7. Haiti is not on track to achieve the water and sanitation (WASH) targets under Millennium Development Goal 7. In fact, between 1990 and 2009, sanitation coverage declined from 26 per cent to 17 per cent. Half of the rural population practices open defecation, and over 31 per cent lack access to safe water. The geographical disparities are stark: 85 per cent of urban residents have access to safe

⁵ *La pauvreté en Haïti. Profil de la pauvreté à partir des données de l'ECVH*, MPCE, 2005.

⁶ Budget 2010-2011. Ministry of Economy and Finance.

⁷ Budget 2010-2011. Ministry of Economy and Finance.

⁸ *Enquête sur la mortalité, la morbidité et l'utilisation des services* (EMMUS IV), 2005-2006.

⁹ Administrative data for routine immunization, Ministère de la santé et de la population (MSPP).

¹⁰ *Bulletin épidémiologique, Programme national de lutte contre les IST/VIH/Sida*, MSPP, 2009-2010.

¹¹ Monitoring, evaluation and surveillance interface data, 2010.

water compared to 51 per cent of rural residents; 24 per cent of urban residents have adequate sanitation facilities while only 10 per cent do in rural settings.¹²

8. Half of Haitian children are out of school, and gaps in access to education are particularly glaring in rural areas and among the poorest quintiles. Education services are largely privately run with fees (88 per cent non-public); half of the preschools are privately run on a fee basis.¹³ Two thirds of pupils are over-aged, presenting a challenge to education efficiency.¹⁴ Only 15 per cent of teachers are qualified; without a significant increase in this proportion, the quality of education will remain low.¹⁵ An estimated 40 per cent of schools lack drinking water and 60 per cent lack sanitation facilities.¹⁶

9. Multidimensional challenges threaten Haitian children, increasing risks of abuse, violence, exploitation and child trafficking. According to a 2012 survey, an estimated 30,000 children live in more than 722 residential care centres.¹⁷ Reports from 2011 indicate that 173,000 to 225,000 children are working as domestic servants,¹⁸ and 3,380 children and youths (11 per cent girls) are living on the streets of Port-au-Prince — a 50 per cent increase from 2006.¹⁹

10. The geographic location of Haiti makes it highly exposed to multiple hazards: earthquakes, hurricanes, floods and droughts. This vulnerability is magnified by the country's topography, hydrography, and its environmental degradation, particularly deforestation. Lack of building standards and poor construction regulations elevate the risk of human casualties as well as economic losses during seismic events, as seen so tragically in the January 2010 earthquake. The crisis demonstrated the urgent need to strengthen disaster-risk management mechanisms both nationally and locally.

11. The earthquake, which measured 7.3 on the Richter scale, hit Port-au-Prince and surrounding areas, killing over 220,000 people, injuring 300,000 and leaving over 1.3 million people living in camps.²⁰ One third of the country's civil servants died, 87 per cent of ministry buildings were reduced to rubble and 4,000 schools and 50 health facilities were damaged or destroyed. Assessments set damages and losses at \$7.8 billion and reconstruction needs at \$11.5 billion — 120 per cent of gross domestic product.²¹ This earthquake likely killed more children under five than die on average in a year and increased disability prevalence due to injuries and amputations. A cholera epidemic also hit Haiti in 2010. Its worst effects were in rural areas lacking basic health care, water and sanitation services. As of April 2012, 536,666 people had been infected (69,034 children under 5), and 7,111 had died (550 children under 5).²²

12. The National Strategic Development Plan provides a long-term vision for Haitian reconstruction and development. It is built around four pillars: territorial,

¹² All WASH estimates are from the WHO-UNICEF Joint Monitoring Programme Report, 2012.

¹³ Preliminary results from the 2011 School Census, Ministry of Education (MENFP), 2012.

¹⁴ *Education for All in the Caribbean*, Government of Haiti, 2000.

¹⁵ National Education Action Strategy for Education For All, MENFP, April 2007.

¹⁶ MENFP, 2003.

¹⁷ Directory of Residential Care Centres, IBESR, 2012. Registration of all children in the residential care centres is under way.

¹⁸ *Trafficking in Persons Report*, US Department of State, 2011.

¹⁹ AMI Report on Street Children in Port-au-Prince, 2011.

²⁰ Haiti Earthquake Post Disaster Needs Assessment (PDNA) Report, 2010.

²¹ Haiti Earthquake PDNA Report, 2010.

²² Daily Situation Report, MSPP, April 2012.

economic, social and institutional. However, the fragile political context poses challenges to its implementation.

Key results and lessons learned from previous cooperation, 2009-2012

Key results achieved

13. Following the earthquake, a one-year extension of the CPD facilitated a smooth transition from humanitarian response to a transitional programme to address persistent structural issues hindering the realization of child rights.

14. In coordination with partners in earthquake-affected areas,²³ 1,940,000 children were immunized and 12,000 pregnant women were enabled to deliver in adequate conditions, benefiting from essential commodities, midwifery kits and obstetric equipment. Routine DPT3 coverage improved from 68 per cent in 2009 to 82 per cent in 2011, partly through the Reach Every District approach targeting 36 low-coverage communes.²⁴

15. UNICEF supported the development and dissemination (including training) of national protocols for management of severe acute malnutrition and infant and young child feeding. Half a million children were screened, and 15,300 who were severely wasted were treated in 290 outpatient treatment units and 24 inpatient stabilization units. The recovery rate was 76 per cent and the mortality rate less than 2 per cent. UNICEF also supported 177 (out of 198) baby-friendly corners and established 40 mother clubs, enabling 460,000 mother-and-baby pairs to receive nutrition counselling. In 2011, 88 per cent of children aged 6-59 months received one dose of vitamin A, an iodine supplement and de-worming tablets, while 22 per cent of women of childbearing age received iron and folic acid.

16. UNICEF support for policy development also contributed significantly to the formulation and implementation of a new national policy on nutrition. Programme support after the earthquake contributed to a significant reduction in stunting, which decreased from 29.7 per cent in 2006 to 23.4 per cent in 2012.

17. UNICEF provided safe water to 680,000 people and sanitation to 800,000 people living in camps in 2010.²⁵ Service delivery was gradually shifted from camps to return areas to benefit 130,000 dwellers in marginalized urban communities. Strategic partnerships with the Government and other stakeholders raised awareness on household water treatment, hand washing and the community-led total sanitation approach. Through expansion of water and sanitation in schools, 350,000 children in 198 schools improved their awareness of hygiene practices, while 100,000 gained access to water and hygiene/sanitation facilities. Such promising results were leveraged to further the momentum through a National Alliance for WASH in Schools.

18. UNICEF also supported the response to the cholera outbreaks. As of end 2011, over 11,000 suspected cases and 187,000 diarrhoea cases (including 81,000 children

²³ Most of the figures on the results of UNICEF support to humanitarian assistance following the earthquake are from various reports produced by UNICEF Haiti: *Children of Haiti: Milestones and Looking Forward at Six Months* (2010); *Children of Haiti: One Year After — The Long Road from Relief to Recovery* (2010); and *Children of Haiti Two Years After: What is Changing, Who is Making the Change* (2011).

²⁴ Administrative data for routine immunization, MSPP.

²⁵ UNICEF Haiti Reporting and WASH Cluster Reports, 2010.

under 5) had been treated.²⁶ Sixteen cholera treatment centres, 149 treatment units and 1,270 community points for oral rehydration were maintained in four departments.²⁷ Distribution of chlorine products reached over 2.2 million people in communities; school-based distribution reached 1.5 million pupils; and other facility-based distribution reached 30,000 children in residential care centres as well as 120,000 children participating in 520 child-friendly spaces. Around 1,300 trainers were trained on hygiene promotion for cholera prevention, and they then reached over 5,500 mobilizers.

19. To ensure continuation of classes following the earthquake, UNICEF distributed over 1,600 tents to 225 schools for temporary learning spaces and provided learning supplies for 325,000 children. Between 2010 and 2012, anti-seismic classrooms were built in 193 of these schools. Over 720,000 students and 15,000 teachers benefited from learning and teaching supplies, while 12,000 teachers and other education staff, including 500 preschool teachers, were trained on the adapted curriculum.²⁸ Half of them were also trained in psychosocial care. These efforts allowed 82 per cent of children aged 6 to 11 years living in camps to attend school beginning in November 2011.²⁹

20. Through high-level advocacy, universal access to education and abolition of school fees were incorporated into the highest government agenda. In 2011, the Government launched an initiative to enrol 1.6 million children by 2016. The first school census in a decade was conducted, providing a baseline for the education management information system. Micro-planning,³⁰ data collection and analysis were established in the North and South departments. For early childhood development, parental education strategy was discussed with relevant ministries and civil society groups.

21. UNICEF established 520 child-friendly spaces, enabling over 120,000 children to access structured recreation activities. Capacity building enabled the *Institut du Bien Etre Social et de Recherches* (IBESR) (Institute for Social Well-being and Research) to identify 722 residential care centres throughout the country. To date, 372 have been evaluated, of which 67 are accredited.³¹ Seven were closed due to evidence of abuse. UNICEF also supported IBESR to register children to improve basic case management, and to promote family reunification where possible. In addition, 16,000 children without parental care were identified and registered, and 2,711 were reunified with their families.³² The capacity of the child protection brigade of the police was improved, strengthening child trafficking prevention. Some 18,000 children were screened and 500 suspected trafficking cases investigated.³³

22. The legal framework was strengthened. The country ratified the following human rights instruments: Convention on the Rights of Persons with Disabilities;

²⁶ UNICEF Monitoring Reports, 2011.

²⁷ Interim Report to MSPP for Inter-American Development Bank, UNICEF Haiti, 2011.

²⁸ An adapted curriculum was developed so that children would not have to repeat a year due to temporary school closures caused by the earthquake. Psychosocial care was also introduced into the curriculum.

²⁹ Data from Displacement Tracking Matrix, OIM, November to April 2012.

³⁰ Micro-planning relates to decentralized education planning to implement national policies at local level while reflecting specific local needs.

³¹ Directory of Residential Care Centres, IBESR, 2012.

³² IBESR inter-agency database on separated children. The number (16,000) includes family tracing and reunification efforts and documentation of all children in residential care centres, which is not yet finished.

³³ Monthly statistics, Brigade de la Police des Mineurs, 2012.

Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities; Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption; and the Trafficking Protocol. A law on the integration of people with disabilities was passed in 2010. Legislation on inter-country adoption and on trafficking is being revised, opening the door for additional advocacy for improved national legislation that meets international norms.

23. A National Youth Policy was adopted and a National Youth Council established, facilitating youth participation in decision-making processes. In partnership with the Global Movement for Children, 250 children and young people participated in consultations, culminating in the first policy monitoring report reflecting their perspectives.

24. A state budget analysis increased knowledge on public expenditures for children. In 2011, UNICEF supported authorities in the North and South departments to develop action plans to strengthen the capacity of stakeholders to be accountable vis-à-vis child rights and of rights-holders to articulate their claims. UNICEF supported the Institute of Statistics to update the Master Sampling Frame to serve as a foundation of ongoing and future surveys.

25. UNICEF coordinated over 400 humanitarian actors, leveraging resources and managing information in water and sanitation, education, nutrition and child protection. In 2011, relevant clusters and sub-clusters supported national contingency planning, sector innovations, policymaking, standard setting and capacity development of national authorities and civil society organizations to facilitate the transition from the emergency.

26. UNICEF worked with four NGOs to strengthen government capacity in emergency preparedness and response. This consisted of rapid assessments, risk reduction measures and pre-positioning of emergency supplies for the needs of up to 100,000 beneficiaries, 33 per cent of the targeted population of the Haiti contingency plan. This mechanism enabled a swift and effective response to hurricane Irene in 2011, helping to meet the immediate needs of 400 affected families.

Lessons learned

27. Close collaboration with counterparts in the North-west department highlighted a positive model for implementing a partnership approach known as “*accompagnement*”. This provided evidence that national capacities in emergency preparedness and response can be strengthened at the subnational level by working through national systems. Such partnerships focused on expanding human resources, boosting technical knowledge around cholera treatment, planning emergency response, pre-positioning supplies and channelling funds to targeted areas. Local authorities scaled up cholera treatment facilities and effectively controlled a major outbreak with a significantly lower case-fatality rate than the national and previous departmental averages. With appropriate mechanisms in place, they coordinated international actors and leveraged resources while avoiding parallel structures.

28. While reinforcing institutional capacity must be emphasized, the current severe deprivation calls for partnerships to deliver essential services needed to address the urgent needs of children and women. Experience demonstrated the importance of community participation for programme expansion and scaling up in underserved areas. UNICEF must focus increasingly on leveraging its community-based networks of national actors to contribute to planning and programming in hard-to-reach areas.

29. The independent review of the UNICEF operational response to the earthquake was instrumental in shaping programmatic strategies, partnerships and management structures.³⁴ Lessons learned from the review have contributed to strengthened cluster leadership and coordination and enhanced national capacity development. The review acknowledged the logic of linking gender-based violence and child protection given the revised UNICEF Core Commitments for Children in Humanitarian Action (CCCs), but it noted that gender-based violence should be integrated into other UNICEF sectoral work as well. The new country programme reflects this recommendation.

30. UNICEF needs to ensure Government's genuine commitment for advancement of strategic programmes and form partnerships with non-public stakeholders to achieve results. Government failure to meet its commitment to supplement the salaries of non-public teachers in a UNICEF-supported school left hundreds of children potentially without access to school and endangered the positive public-private dialogue that UNICEF had fostered between stakeholders. UNICEF will continue its efforts to strengthen the Government's regulatory role in social service delivery, while also facilitating dialogue between public and non-public service providers.

The country programme, 2013-2016

Summary budget table

Programme component	<i>(In thousands of United States dollars)</i>		
	Regular resources	Other resources	Total
Child survival and development	4 899	27 280	32 179
Learning and protective environment	3 290	17 360	20 650
Partnerships for children's rights	2 093	3 100	5 193
Cross-sectoral	1 814	14 260	16 074
Total	12 096	62 000	74 096

Preparation process

31. The preparation process was based on findings and recommendations from the midterm review; Strategic Moment of Reflection (2010); independent review of the UNICEF response to the earthquake; and other evaluations of lessons learned. It also took into account the planning processes for the one-year extension of the approved country programme and the United Nations Integrated Strategic Framework 2013-2016 (the joint strategy of the United Nations Stabilization Mission in Haiti and the United Nations country team in support of the Government's post-earthquake reconstruction efforts). Outcomes of youth consultations were incorporated, along with recommendations emerging from consultations with the key ministries, civil society, key donors and United Nations agencies.

Programme components, results and strategies

³⁴ The review also contributed to the development of the UNICEF global Corporate Emergency Activation Procedure and Simplified Standard Operating Procedures for level 3 emergencies in 2011.

32. The overall goal is to contribute to nation building by supporting the Government of Haiti to uphold its commitments under the Convention on the Rights of the Child. This involves placing the rights of Haitian boys and girls at the centre of national and decentralized decision-making, social budgeting, planning and programme implementation. Doing so will foster a society that ensures the best interests of children, especially the poorest and most excluded, and provides a safe community and family environment in which children can survive, thrive and achieve their full potential. Knowledge management will be a critical cross-cutting strategy to support informed decision-making and evidence-based policymaking. It will also contribute to advancing gender equality.

Programme components

33. **Child survival and development.** This component will contribute to the reduction of child mortality and morbidity through the following results by 2016:

(a) Girls, boys and women have equal access to and use an essential package of high-impact preventive and curative nutrition interventions at the community level and in health care facilities.

(b) Girls and boys, adolescents and women, particularly the most vulnerable, have equal access to and use quality integrated health services.

(c) The most disadvantaged children and women and their families in rural and poor urban environments have sustainable access to safe water supplies, basic sanitation and hygiene education.

34. To achieve these results, UNICEF will advocate for increased budget allocations to relevant sectors and further sector reform. It will support the development of improved social policies and strategies using approaches such as Marginal Budgeting for Bottlenecks. It will also enhance institutional capacities to plan, manage, monitor and decentralize services, using innovative approaches and appropriate technologies. At the community level, UNICEF will support local networks, civil society organizations and support groups to promote parental involvement in young child stimulation as well as adoption of key family practices for maternal and infant mortality reduction, with a gender equality approach. UNICEF will support strengthening of monitoring and information systems, ensuring that results of pilot programmes contributing to disparity reduction can be leveraged and scaled up. In line with the CCCs, this component will support emergency preparedness and response and promote practical community measures for disaster risk reduction with stakeholders' involvement.

35. Specific strategies include the expanded programme on immunization, integrated management of childhood illness which includes special attention to diarrheal diseases; acute respiratory infections and other leading causes of childhood deaths in Haiti, neonatal and obstetric care, and HIV/AIDS prevention, treatment and care. The work on AIDS is in cooperation with the US President's Emergency Plan for AIDS Relief and other partners. Some 280,000 children under the age of 1 year will be targeted together with their mothers, particularly in the most vulnerable and underserved districts. UNICEF will support key breastfeeding and complementary feeding practices, delivery of micronutrients (vitamin A, zinc, iron and iodine) and de-worming, and quality care for children with severe acute malnutrition, focusing on rural areas with high rates of chronic and acute malnutrition.

36. WASH sector reform will be an opportunity to influence decentralized service providers and scale up high-impact interventions, particularly household water

treatment and safe storage. The Alliance for WASH in Schools will drive national action for all schools to meet water, sanitation and hygiene minimum standards. UNICEF will leverage the broad networks of community-based partners to improve management of WASH investments, with active involvement of women, and scale up community-led total sanitation and health and hygiene behaviours.

37. Learning and protective environment. This component will contribute to strengthening legal and normative frameworks affecting children's development and empowerment. It will contribute to the empowerment and development of children through the following results by 2016:

(a) Girls and boys, including adolescents, are protected against gender-based violence and other forms of violence, abuse and exploitation nationally and locally in conformity with human rights standards, based on increased awareness of the impact of violence on children.

(b) Girls and boys from birth to age 14 years in the three poorest quintiles benefit from education policies that guarantee equitable access to quality basic education and early childhood development opportunities.

38. This component will include advocacy for ratification of international instruments promoting child protection; harmonization of national legislation with international human rights instruments, particularly on corporal punishment and gender-based violence, including sexual violence and abuse; child trafficking; child labour including for the purpose of domestic servitude and other forms of exploitation; and adoption. It will strengthen the state's capacity to eliminate barriers to birth registration and address under-registration. It also will support government institutions at national and subnational levels to (a) implement, monitor and enforce child protection norms by public and non-public entities; (b) enhance inter-sectoral coordination to address gender-based and other forms of violence by developing protocols and referral mechanisms; and (c) improve availability of and access to child-friendly services and programmes to prevent and mitigate risks by boosting the capacity of child protection service providers.

39. The component will promote access to basic education and early childhood development by supporting the establishment of (a) regulations covering the provision of education and protective services free of gender-based and other forms of violence; and (b) minimum standards and codes of conduct. It will strengthen institutional capacity at national and subnational levels to implement and enforce norms regarding delivery of services for children; to monitor access and quality of education; and to coordinate through inter-sectoral mechanisms.

40. In line with the CCCs, this component will support acceleration of disaster-risk reduction measures in communities, schools and other institutions that provide services to children, to improve emergency preparedness and response.³⁵ It will also support government institutions to (a) increase access to quality formal, community-based and family-based early learning opportunities; (b) develop policy frameworks that regulate the education system, abolish education fees and define quality standards for state and non-state service providers; (c) engage partners in sector-wide reform; and (d) increase access to quality child-friendly education and age-appropriate interventions in safe and healthy schools, with participation by students and parents.

³⁵ In line with the recommendation provided by the independent review of the UNICEF operational response to the January 2010 earthquake.

41. **Partnerships for children's rights.** This component will contribute to the following result: By 2016, evidence-based policies, legislation and budgeting are implemented, including measures for reducing child deprivation and disparities.

42. This component will ensure that the rights of children and women are given priority and integrated into evidence-based planning, design, promotion and implementation of policies, plans, programmes, legislation and spending. This includes the progressive realization of social protection for all, with special attention to children with disabilities and a gender perspective in both emergency and long-term initiatives. It will also work towards ensuring that authorities in selected departments have the capacity to design and implement policies to deliver basic social services, focusing on the most disadvantaged communities, and to facilitate their recovery from disasters and other humanitarian crises.

43. UNICEF will support at central and subnational levels in (a) generating high-quality gender-sensitive disaggregated data and information on the situation of girls, boys and women and on the laws, policies and budgets affecting them; (b) providing advice on sector development plans and budget allocations for children; and (c) promoting good practices and international standards for policy development and implementation. Administrative data collection systems and real-time monitoring systems will be strengthened in the North and South departments. Efforts will be made to increase statistical literacy among stakeholders and encourage the use of HaitiInfo, including for emergency preparedness and response.

44. This component will also seek to empower girls, boys and women to claim their rights and engage in dialogue with service providers, policymakers and legislators. Supporting disaster risk reduction, it will promote social protection interventions in areas most vulnerable to natural disasters as a possible way to implement the first step of an integrated child-sensitive social protection system. UNICEF will provide technical support to the Government in preparing the report to the Committee on the Rights of the Child and in implementing its recommendations.

45. UNICEF will work at the national level to strengthen legislation, policies and systems and at the institutional level to set standards and improve regulation and management in the delivery of social services. To enhance programme convergence, UNICEF will work in the North and South departments to strengthen local government and community capacity to uphold children's rights and ensure access to basic services, working in the most underserved areas.

46. The programme will promote a rights-based and equity-based approach for and with children and adolescents, including those with disabilities, through the following strategies:

(a) *Advocacy and leveraging of resources for policies that recognize children's rights and address disparities.* This will include advocating for increased state budget for children; developing policies and frameworks that define quality standards and regulate service delivery; convening partners and supporting further sector-wide reform processes; strengthening legal and normative frameworks; conducting evidence-based planning; and monitoring implementation of policies and programmes, with government counterparts, including for social protection programmes. Advocacy will also address the need to channel communities' demands to policymakers and legislators.

(b) *Capacity development of national counterparts and civil society partners.* This will include strengthening institutional systems and local capacity to enhance planning, management, implementation and monitoring at national and community levels; and development of sector guidance documents and protocols,

including those for emergencies. It will also involve strengthening supervisory mechanisms and systems for delivery of social services; boosting technical capacity by training professionals and service providers; improving data collection and analysis and dissemination of disaggregated data (including gender-sensitive indicators); and strengthening statistical literacy to aid informed decision-making.

(c) *Partnerships for equity-focused service delivery.* This will include scale-up of high-impact interventions helping to reduce disparities in access to quality, child-friendly, age-appropriate interventions for children, including in emergencies.

(d) *Communication for development.* This will include strengthening and sustaining positive behaviour and social change by integrating communication for development across components. It will serve as a key strategy for breaking social, economic and cultural barriers to equity, while stimulating the demand for and use of services by children, youth, women and families.

(e) *Disaster risk reduction.* This will include strengthening national and local capacity to prepare for and respond in a timely fashion to emergencies, mitigating the impact of disasters by fostering family resilience, particularly in the most vulnerable areas.

47. **Cross-sectoral.** This component covers salaries and related costs not attributable to individual programmes.

Relationship to national priorities and the UNDAF

48. The country programme is harmonized with other United Nations agencies within the Integrated Strategic Framework 2013-2016, which is aligned with national priorities and pillars articulated in the National Strategic Development Plan and the Action Plan for the Recovery and Development of Haiti. It also reflects relevant sector plans in WASH, education and health.

Relationship to international priorities

49. The country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities, the CCCs, the United Nations' Secretary-General's Study on Violence against Children; the goals of the United Nations General Assembly Special Session on HIV/AIDS; and Education for All. Objectives and strategic approaches of the country programme are consistent with the Millennium Declaration, the Millennium Development Goals and the principles of the Paris Declaration on Aid Effectiveness. The programme component results correspond to all five focus areas of the UNICEF medium-term strategic plan.

Major partnerships

50. The main partners will be the line ministries for planning, finance and social sectors and other relevant state institutions, including the national police. The country programme will also promote partnerships with communities in remote areas, as well as with civil society, grassroots and religious organizations, the private sector and the media. Close collaboration will be maintained with United Nations agencies, funds and programmes, as well as the United Nations Stabilization Mission in Haiti, in line with its exit strategy. The country programme will continue its strong partnership with bilateral and multilateral development partners, including the World Bank and the Inter-American Development Bank. Building on experience, South-South cooperation will be instrumental in fostering

partnerships with governments and non-governmental institutions from the region, including with centres of excellence, for sharing lessons learned and best practices.

Monitoring, evaluation and programme management

51. The 2012 Demographic and Health Survey will provide baselines for monitoring programme results and progress. Results will be assessed through the midterm review in 2014 and mid-year and annual programme implementation reviews. Regular field monitoring will take place, including periodic consultations with partners at all levels. A four-year Integrated Monitoring and Evaluation Plan and annual plans, harmonized with the Integrated Strategic Framework, will identify monitoring and evaluation mechanisms and major studies, surveys, evaluations and research. Programme-specific reviews and evaluations will be conducted jointly with partners where appropriate. To ensure effective monitoring and reporting of UNICEF-supported results, the performance monitoring system will be reinforced, for both emergency preparedness and response and regular programming. As part of the programme management plan, emergency efforts will be supported to facilitate risk assessments and monitoring of disaster risk reduction interventions.
