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Country programme document

Haiti

Summary

The country programme document (CPD) for Haiti is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$26,735,000 from regular resources, subject to the availability of funds, and \$156,088,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2023 to December 2027.

* [E/ICEF/2023/1](#)

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. Haiti has suffered devastating human and economic losses over the past decade following two major earthquakes, four hurricanes, a cholera epidemic and the coronavirus disease 2019 (COVID-19) pandemic. The President was assassinated in 2021. Armed and civil unrest and protracted socioeconomic and political crises continue, coupled with high rates of violence, urban crime and insecurity as gangs expand control over regions and infrastructure. This has caused prolonged service shutdowns and undermines capacities to provide essential services. An increasing number of children are recruited, used and violated by armed groups. The dire situation has pushed many people to try to emigrate, only to be returned to Haiti. Foreign assistance is, however, showing signs of aid fatigue.

2. With an estimated population of 11.7 million people (42.5 per cent children),¹ Haiti is ranked 170 out of 189 countries and territories in the 2021 Human Development Index. The annual per capita income is \$760;² around 58.5 per cent of the population lives below the national poverty line and 24 per cent in extreme poverty. A staggering 90.4 per cent of children (aged 0–17 years) live in multidimensional poverty, while the social protection system covers less than 5 per cent of families.

3. The maternal mortality ratio is 529 per 100,000 live births. Infant, neonatal and child mortality rates are 59, 32 and 24 per 1,000 live births, respectively.³ Haiti has faced repeated outbreaks of diphtheria since 2014, with only 41 per cent of 0–1-year-olds fully vaccinated and 10 per cent never vaccinated. The HIV prevalence rate is 0.8 per cent among children aged 0–9 years, and 0.5 per cent among adolescents aged 10–18 years. The rate of mother-to-child transmission of HIV is 9.1 per cent.⁴ The rates of wasting and stunting, respectively, increased from 3.7 and 21.9 per cent in 2017 to 6 and 22.7 per cent in 2020.⁵ In 2016, 66 per cent of children (aged 0–5 years) were anaemic and the rate of exclusive breastfeeding was 39.9 per cent. Factors driving malnutrition include the ongoing food crisis, poverty and poor access by women and children to basic health, nutrition and water, sanitation and hygiene (WASH) services due to ongoing gang violence and insecurity.

4. There is unequal distribution⁶ and a lack of qualified health-care and nutrition personnel, including community health workers. There are only 0.6 health-care providers per 1,000 inhabitants. Only 34 per cent of health facilities are public. There are recurrent shortages of health and nutrition commodities, including vaccine supplies; and limited mental health services. Basic services for vaccination, nutrition and maternal and child health are available in 42 per cent of health facilities.⁷ Almost 40 per cent of health facilities that provide prenatal care do not test pregnant women for HIV, and only 46 per cent provide HIV counselling and screening services. Some communes lack health facilities, forcing people to travel long distances to access health and nutrition services. Families face financial barriers to accessing basic health

¹ Institut Haïtien de l'Enfance (IHE) and ICF, *Enquête Mortalité, Morbidité et Utilisation des Services 2016-2017 (EMMUS-VI)* (Haiti Mortality, Morbidity and Service Utilization Survey 2016-2017), Pétiion-Ville and Rockville, Maryland, 2018.

² Unless otherwise specified, data are from UNICEF, *Analyse de la situation des enfants et des femmes en Haïti 2022* (Situation analysis of children and women in Haiti), forthcoming in 2022.

³ EMMUS-VI.

⁴ Joint United Nations Programme on HIV/AIDS, *Spectrum national HIV estimation*, 2019.

⁵ Ministry of Public Health and Population/UNICEF, *Enquête nationale nutritionnelle et de mortalité*, (SMART nutrition survey), Port-au-Prince, 2020.

⁶ Eighty-eight per cent of health-care personnel are in urban areas.

⁷ Ministry of Public Health and Population, *Évaluation de la Prestation des Services de Soins de Santé (EPSSS II)* (Health care services delivery assessment), Port-au-Prince, 2018.

and nutrition services, with financing of health care mainly dependent on external aid (41 per cent) and out-of-pocket expenditures (34 per cent). Central and decentralized coordination, including in emergencies, is weak, as is the capacity to collect, analyse, use and monitor health and nutrition data. Parents and communities lack knowledge of essential family practices related to child development, particularly sexual and reproductive health and immunization. Most health promotion campaigns are geographically limited, and broadcast coverage of community radio programmes is insufficient. Since 2020, 15 per cent of health facilities in Port-au-Prince have been dysfunctional or closed, and, due to insecurity, attendance decreased at 71.3 per cent of those facilities that are still functional.⁸ The 2021 earthquake destroyed 60 per cent of health facilities in three southern peninsula departments.

5. The learning crisis was worsened by prolonged school closures, the 2021 earthquake and insecurity and armed violence that continue to disrupt education and early childhood development (ECD) services. In 2020, the average number of years of education was 11.4, with 6 years of actual learning. Preschool attendance rates in rural and urban areas were 55 and 78 per cent, respectively, with only 7 per cent of preschools being public. Net school attendance was 80 per cent among children aged 6–11 years and 25 per cent among adolescents aged 12–17 years, with many overage students. Only 16 per cent of primary schools and 5 per cent of secondary schools are public. The quality of private schools is generally low. Gender parity exists at primary level, but there are fewer girls than boys in secondary and higher education. Among the most excluded are children in domestic service (children in *restavek* situations), of whom there are an estimated 207,000 to 250,000 children, and two thirds are girls.

6. An estimated 1,250 schools were damaged by the 2021 earthquake, most still to be rebuilt; school closures in 2019/20 affected 4 million children; and over 200 schools were closed in Port-au-Prince due to increasing insecurity, with many occupied by armed groups or displaced populations. Schools are often used as shelters in emergencies, yet lack resources for emergency preparedness and resilience, including related to climate and environmental hazards. There are insufficient schools, supplies and shock-resilient WASH capacity in educational facilities. The coverage and quality of non-formal education is limited.

7. Less than half of fourth grade students can read easily in Creole and less than one third in French. Models for schools teaching the full cycle of basic education are not effectively implemented. Preschool governance is weak. Haiti lacks comprehensive normative, pedagogical and budgetary frameworks for distance learning and alternative modalities, and for addressing violence in and around schools. Financing for capacity development and school maintenance is insufficient. There are insufficient institutional capacities for implementing and monitoring quality standards, for effective intersectoral coordination, and for ensuring social accountability around budgets; insufficient teacher training and management; curricula and pedagogy that are outdated or ill-adapted to children's needs; financial costs to families despite the free education policy; and families not being adequately aware of alternative education models or valuing bilingual education. Adolescent pregnancy, gang recruitment, violence and sexual abuse interrupt children's learning pathways. Yet the importance of education remains a national priority that the population generally agrees on, thus representing a strategic area for strengthening social cohesion.

8. Children face protection challenges that are exacerbated during humanitarian situations. They are killed, raped, abducted, recruited and used by armed groups; the widespread practice of children in *restavek* situations continues; corporal punishment

⁸ IHE, Assessment of health institutions in the metropolitan zone of Port-au-Prince, Port-au-Prince, 2021.

is common; and one in four girls is a victim of sexual violence before the age of 18 years. One in six children (aged 0–5 years) are not registered at birth, nor are 60 per cent of births that occur outside health facilities. Around 85 per cent of children deprived of liberty are in prolonged preventive detention; only 23 per cent are detained in child-exclusive centres; and there are only nine juvenile justice judges countrywide and no dedicated centre for children's rehabilitation. Children in conflict with the law are stigmatized. Many children are deprived of family care, particularly victims of trafficking or children in restavek situations. Eighty per cent of children in institutions are not orphans. Around 5,000 children cross the border into Haiti each year, many of them returnees.

9. The legal frameworks on violence prevention, birth registration and children in conflict with the law are outdated, while existing laws are insufficiently enforced. The child protection code has not yet been adopted by Parliament. Budgets are not equity-based, sufficient nor adequately distributed. Coordination and child protection referral mechanisms are weak. Protection services, including civil registry offices and violence response and care services, are lacking. Institutional and human capacities, including specialized social workers, juvenile justice judges and trained police officers, are insufficient. Alternatives for the prosecution and incarceration of children in conflict with the law, including those involved with armed groups, are scarce and capacities for their rehabilitation and reintegration insufficient. Haiti lacks precise data on the situation of children at communal level, exacerbating challenges for rapid data collection in emergencies. A culture of silence or blaming survivors persists, exacerbated by impunity and low public awareness of available referral systems and services.

10. Access to basic and safely managed WASH services, including to ensure girls' menstrual hygiene and security, remains low. Only 43 per cent of the rural population and 85 per cent of the urban population has access to basic water services. In Port-au-Prince, 57.1 per cent of people are supplied by private operators. An estimated 63 per cent of people lack access to basic sanitation and 78 per cent to hand-washing services; 18 per cent practice open defecation. Access to improved WASH in institutions and public spaces is poor. Around 48 per cent of primary schools, 63 per cent of secondary schools and 36 per cent of health-care institutions do not have access to safe water.

11. Ninety-three per cent of the country's surface area and 96 per cent of its population are at risk of at least two hazards, including hurricanes, floods, earthquakes, landslides and droughts, which are projected to be exacerbated by climate change.⁹ This highlights the urgent need for climate-resilient systems and infrastructure, including WASH facilities and services, resources and capacities for quality technical design, construction, operation, maintenance and improved post-emergency reconstruction of facilities.

12. There are insufficient financial resources for the WASH sector and its capacity development, with strong dependence on international aid; weak coordination, evidence-generating capacity, sectoral monitoring and evaluation; and insufficient capacity among sector actors and technicians, particularly in sanitation and hygiene and in urban violence contexts. Water and sanitation services and infrastructure, including in institutions, lack resilience to shocks and rarely consider menstrual health and hygiene. The population lacks knowledge about safe WASH practices, including in emergencies, and about taking ownership of community WASH

⁹ Centre for Research on the Epidemiology of Disaster, Emergency Events Database, www.emdat.be/, accessed on 12 September 2022.

infrastructure cost recovery, operation and management. Accountability mechanisms are scarce and community resilience to multidimensional cyclical crises is weak.

13. Ninety-two per cent of the population is not covered by the social protection system. The government budget is cyclical and highly dependent on crises-related funding. Governance and budget transparency need improvement for equitable resource distribution. Challenges include weak institutional capacities for real-time data and evidence collection, analysis and use to inform policies and programmes; inequitable distribution of social services; uncontrolled urbanization that increases vulnerabilities among populations in underserved settlements; low household purchasing power; and scarce social awareness and accountability on social protection rights. The National Policy for Social Protection and Promotion requires more effective implementation, monitoring and sustainable funding. Coordination of cash-based interventions remains weak. Social protection lacks reliable risk and disaster management mechanisms. There is insufficient support for the institutionalization of the National Disaster Risk Management Plan, contingency partners and multisectoral commitments, including cash benefits in emergencies.

14. With a gender inequality index of 0.635, Haiti is ranked 163 among 191 countries and territories.¹⁰ There are gaps in the management of gender-based violence, insufficient national and internal capacities, and inadequate positive masculinity interventions and partnerships to promote gender equality.

15. Lessons from the previous country programme evaluation and the real-time evaluation of the UNICEF response to the 2021 earthquake highlight the need to strengthen coordination and intersectoral integration for convergent interventions within a longer-term strategy; institutionalize national capacity development; reinforce evidence generation and use; and expand field presence, working with decentralized structures.

Programme priorities and partnerships

16. This programme is the product of a consultative process engaging the Government, development partners, the United Nations and adolescents. Supporting the Strategic Plan for the Development of Haiti 2012–2030 and sectoral plans, it contributes to four United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023–2027 outcomes, namely basic social services; justice and human rights; protection; and resilience, contributing to advancing the Sustainable Development Goals and upholding the Convention on the Rights of the Child.

17. The programme maintains a strong focus on systems strengthening based on risk-informed, shock-responsive, integrated and convergent interventions to strengthen service delivery and provide life-saving support to the most vulnerable children, and to support emergency preparedness and response, while also focusing on longer-term systemic changes, child-friendly legislation, national capacity-building for resilience and supporting social cohesion. Implementing flexible programming and adaptive management, UNICEF will strengthen its field presence, focusing on populations and regions with the greatest deprivations and risks to shocks, including in urban contexts affected by violence.

18. After years of peacekeeping missions, the United Nations presence in Haiti has shifted towards fuller integration of peace and socioeconomic mandates into the “One United Nations plan”. The UNSDCF articulates the United Nations commitment to a coordinated and integrated agenda to help Haiti to emerge from crisis towards sustainable development.

¹⁰ United Nations Development Programme, Gender Inequality Index 2021, New York, 2021.

19. The proposed UNICEF role builds on its child rights knowledge and experience in development and humanitarian contexts; its capacity to strengthen systems based on service delivery; its presence and partnerships throughout Haiti; its multisectoral approach; and its convening and response power, particularly in emergencies. The programme's priorities centre on the five Goal Areas of the Strategic Plan, 2022–2025, supporting the country in building a social contract around child rights, with a special cross-sectoral focus on education as a key entry point for strengthening social cohesion.

Survive and thrive

20. Supporting UNSDCF outcome 4, this programme component will focus on integrated interventions to reinforce service delivery, community capacities, risk detection, prevention and emergency response, while strengthening health and nutrition systems. Focus areas include immunization, maternal, neonatal and child health, HIV prevention and treatment, mental health and nutrition.

21. UNICEF will contribute to establishing a humanitarian cash transfer system to support access to health and nutrition services; developing updated contingency plans with pre-positioning of health and nutrition supplies; strengthening service delivery through mobile teams; strengthening information management and surveillance; and supporting health and nutrition cluster coordination.

22. To support the provision of integrated packages of quality services, including for ECD, and working with community associations, UNICEF will contribute to strengthening human resource capacities, including among community health-care workers; systematizing the digitization, tracking and management of health and nutrition supply chains and human resource needs; strengthening the networking of health-care facilities and improving service referrals for health, HIV, nutrition and sexual violence cases, building capacities on the prevention and response to sexual exploitation and abuse; promoting immunization, including against COVID-19; and supporting community health cooperation plan implementation. Cross-sectoral approaches include: delivering health and nutrition intervention packages in schools and strengthening mobile school clinics; implementing mental health packages; and ensuring integration around ECD, improving screening, counselling and articulation of severe wasting management protocols in nutritional stabilization units with WASH interventions.

23. To enhance shock-responsiveness, UNICEF will advocate for strengthening the service-delivery model to ensure continuity of quality essential services, including through community services; increasing flexible and predictable financing; improving coordination, monitoring and evaluation, including through digital health systems, and evidence generation, analysis and use, including on the impact of climate change; and strengthening early warning systems and preparedness.

24. Another priority is strengthening the capacities of children and families to adopt good health and nutrition practices and to use related services, even during crises. This includes generating and disseminating evidence on such practices; strengthening community platforms and traditional and online media; creating health committees; building parents' capacities on nurturing care and positive parenting; and strengthening community health networks, emphasizing gender-transformative approaches.

Learning

25. Contributing to UNSDCF outcome 4, this component supports shock-resilient, quality, inclusive, equitable and gender-transformative learning services, including during crises.

26. To ensure that children can benefit from quality education services in all circumstances, including in urban violence contexts, UNICEF will work with the Government and community leaders and organizations to expand opportunities for multiple-pathway education, including through educational radio and television, and non-formal education and distance learning, including for displaced children; ensure resilient infrastructure with contingency planning and pre-positioned stocks; expand the safe schools model and improve safe access to public schools in contexts of armed violence, promoting intersectoral interventions for child protection; and improve learning quality by strengthening teaching skills, reinforcing monitoring systems, implementing formative assessments to track learning, and integrating disaster risk reduction, climate adaptation and the prevention of violence and sexual exploitation and abuse into learning curricula.

27. UNICEF will help to:

(a) advocate for resilient schools that provide the full cycle of basic education, including in vulnerable areas;

(b) strengthen early childhood, non-formal and bilingual education;

(c) improve planning, budgeting, monitoring and coordination, including for preschool and non-formal education, strengthening the information system and evidence generation;

(d) strengthen the preschool education subsector's governance and play-based curricula;

(e) promote intersectoral interventions to use education as a platform for strengthening social cohesion, including by combating violence, with a focus on sexual violence, reinforcing cross-sectoral approaches like the WASH in Schools programme and school health, and building disaster risk reduction, resilience and emergency response capacities, emphasizing climate and environmental adaptation.

28. UNICEF will strengthen the capacity of children and families to prioritize, demand and use quality learning and positive practices, by:

(a) advocating to reduce education costs and implement the free education policy while strengthening social protection and cash transfer measures for vulnerable families and children with disabilities;

(b) socializing alternative and flexible learning models, and preventing adolescent pregnancy;

(c) implementing intersectoral approaches to empower caregivers and families to provide nurturing care, prioritizing learning from birth and the value of bilingual education; and to prevent violence, including violent discipline and gender-based violence;

(d) fostering participation by adolescents and families and creating accountability and feedback mechanisms to protect children.

Child protection

29. Supporting UNSDCF outcome 2, this component combines: (a) an emergency preparedness and response approach, building a resilient child protection system through multi-year programming, with (b) reinforcing community child protection

structures, strengthening service provision at departmental level and working on longer-term social and behaviour change to protect children from violence and other violations. Thematic priorities include the prevention and response to violence, particularly armed violence, sexual violence and corporal punishment; birth registration; children deprived of parental care; and children in conflict with the law. The programme focuses on migrant, returnee, internally displaced, separated and unaccompanied children, and children at risk or survivors of violence, associated with armed gangs, living with HIV, with disabilities, in child labour (including children in restavek situations), in institutions and children from the lesbian, gay, bisexual, transgender, intersex, queer or questioning and other terms (LGBTQI+) community. In urban violence contexts, UNICEF will prioritize psychosocial support interventions, strengthening community child protection networks, providing services to victims, and developing capacities within the health, nutrition, education and WASH sectors to prevent, identify and refer cases of child violations, particularly violence against children.

30. Building a resilient child protection system requires strengthening management, coordination and financing. Interventions include:

- (a) strengthening data collection and monitoring on child protection rights violations, including during emergencies, coordinating with education and other sectoral information management systems, including to inform a multi-year financing plan;
- (b) implementing a national intersectoral case management and referral mechanism, including for children associated with armed groups, and improving coordination among relevant actors;
- (c) strengthening the civil registry information system;
- (d) progressively improving the normative and legal framework, adopting and implementing a shock-responsive national child protection policy and child protection code;
- (e) supporting juvenile justice reform and modelling of the continuum of measures for children in conflict with the law;
- (f) including child protection in the mental health strategy.

31. UNICEF will support national partners to improve quality child protection services, focusing on increasing access to safe spaces; strengthening institutional capacities for child protection among service providers and the police, including during shocks and armed violence; increasing capacities for violence prevention in schools and learning environments, and strengthening referrals of out-of-school children; pre-positioning of contingency stocks; establishing child protection mobile teams, particularly for zones affected by urban violence and border areas; and strengthening civil registry offices' administrative birth registration processes.

32. Intersectoral awareness-raising and empowerment interventions will strengthen the capacities of children, families and communities to adopt positive behaviours and practices to protect children and prevent violence and discrimination and empower communities to ensure meaningful participation and accountability.

Resilient water, sanitation and hygiene

33. Supporting UNSDCF outcome 4, this component focuses on improving WASH service delivery and strengthening emergency response and preparedness, emphasizing climate adaptation and resilience. Priorities include: rural service delivery, particularly sanitation, and ending faecal contamination; urban WASH, including in violent contexts, and cholera response; and improving WASH sector

governance. UNICEF will build on its inter-agency experience in securing access to urban areas with high rates of violence to scale up WASH interventions for hard-to-reach populations, collaborating with local urban champions.

34. To ensure more accessible, shock-responsive and safe WASH services, UNICEF will work with the Government, communities and partners, including from the private sector, to scale up the Community Approaches to Total Sanitation; implement a progressive package of WASH interventions, including the WASH in Schools programme; develop and jointly implement municipal development plans, particularly in priority municipalities, building emergency preparedness and response capacities; and develop an intersectoral strategy for service delivery to people on the move.

35. UNICEF will contribute to:

(a) improving information, including the national information system on drinking water and sanitation, mWater, and supporting regular sector monitoring and evaluation;

(b) strengthening financing predictability and governance through a sector basket fund and mobilizing additional resources;

(c) reinforcing sector coordination and the WASH normative and technical frameworks, considering multiple risks.

36. Another priority is strengthening the capacities of children and families to adopt good WASH practices, prioritizing the empowerment of communities in infrastructure management and use, including in emergencies; private sector engagement to support households' needs for improved services and income-generating opportunities; and strengthening accountability mechanisms and citizen participation.

Social protection

37. Aligned with UNSDCF outcome 4, UNICEF will contribute to building a more effective and shock-responsive national social protection system, working with the Government, international financial institutions and partners to strengthen national capacities to generate quality, disaggregated and real-time evidence on monetary and multidimensional child poverty, including during emergencies; analyse, disseminate and use data for advocacy and planning, including on budget allocation and expenditures for priority social sectors; and promote social accountability mechanisms.

38. Another priority is ensuring integrated and shock-responsive quality social protection services by operationalizing the National Policy on Social Protection and Promotion at the community and decentralized levels with a package of adapted services for children, building capacities, generating evidence, enhancing child sensitivity and shock-responsiveness; advocating for the adoption and implementation of a child grant programme; implementing shock-responsive cash transfers adapted to local contexts, using education as an entry point to mainstream an integrated childcare package; expanding the information system and institutional capacities of the Ministry of Social Affairs and Labour; and improving multisectoral case management in social protection programmes at community level.

39. UNICEF will contribute to strengthening the capacities of disadvantaged children and families to demand and benefit from social protection mechanisms by supporting the participatory development of communal development plans, mapping relevant social norms, strengthening participatory budgeting and monitoring, and increasing community and stakeholder resilience and capacities on child rights-sensitive approaches in social protection.

Programme effectiveness

40. This component will support quality programme delivery and coordinate:

(a) cross-cutting operational support, including for systematic planning, monitoring, evaluation, learning and reporting, to generate evidence on the effectiveness of interventions and to inform programming and advocacy;

(b) cross-sectoral priorities like social and behaviour change to address harmful practices, preventing sexual exploitation and abuse, coordinating ECD programming and adolescent participation and engagement, and gender- and disability-transformative programming;

(c) communication and advocacy to support integrated programming, raise visibility, influence decision-making and mobilize resources;

(d) leveraging of public and private sector influence and resources;

(e) cross-sectoral coordination of shock-resilient programming, emergency preparedness, climate resilience and humanitarian-development-peace nexus strengthening.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources*</i>	<i>Total</i>
Survive and thrive	5 965	37 316	43 281
Learning	2 870	39 883	42 753
Child protection	2 368	20 272	22 640
Resilient water, sanitation and hygiene	2 577	32 112	34 689
Social protection	1 441	18 844	20 285
Programme effectiveness	11 514	7 661	19 175
Total	26 735	156 088	182 823

* Other resources(emergency) may be mobilized, as required, through humanitarian appeals.

Programme and risk management

41. This country programme document summarizes the contributions of UNICEF to national results and is the principal mechanism for accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. The responsibilities and accountabilities of managers at the country, regional and headquarters levels are defined in the policies and procedures regarding the organization's programmes and operations.

42. The programme will be implemented and monitored in collaboration with the Government of Haiti under the coordination of the Ministry of Planning and External Cooperation. UNICEF will support UNSDCF results groups, and co-lead coordination structures at the national and subnational level and in the education, nutrition, WASH and child protection subsectors during humanitarian crises. UNICEF will work with the United Nations country team on resilience-building and mobilize resources for emergency response when needed.

43. Early warning mechanisms and risk management tools will help to mitigate risks, assess the impact of emergencies on programmes and track fundraising trends.

Risks include natural and climate-related disasters, health emergencies, worsening socioeconomic conditions, funding insufficiency, armed violence and social unrest. UNICEF will regularly assess programmatic, operational and financial risks, defining appropriate mitigation measures to ensure quality and efficiency for results. It will use the harmonized approach to cash transfers to manage programme financial resources and continue to strengthen protection from sexual exploitation and abuse.

Monitoring, learning and evaluation

44. A priority will be developing an innovative, integrated and gender-sensitive data and evidence system to inform decision-making, programme and strategy improvements in a rapidly changing context. The system will strengthen national capacity and facilitate implementation of key data-generating exercises such as surveys and censuses.

45. UNICEF Haiti will invest 5 per cent of its budget for monitoring and evidence-generation, contributing to strengthening:

- (a) monitoring of the situation of children, multidimensional risks, urban fragility contexts, and results;
- (b) government capacity and systems to generate equity-, gender- and child-sensitive disaggregated data, supporting national surveys and administrative data systems;
- (c) evidence-based targeting; real-time and innovative data collection; field monitoring, programmatic visits and frequent communications with partners;
- (d) learning-oriented and utilization-focused evaluations.

Annex

Results and resources framework

Haiti – UNICEF country programme of cooperation, March 2023–December 2027

Convention on the Rights of the Child: Articles 1–42 National priorities: Strategic Plan for the Development of Haiti 2012–2030 programmes 1–4 Sustainable Development Goals: 1–6, 10–11, 13, 16–17
United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF: 1–5
UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5

UNSDCF Outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
4. The population, particularly vulnerable and marginalized groups, has improved access to equitable, inclusive and quality basic social services, with an emphasis on respect for human rights, gender equality, and disability inclusion, to	1. By 2027, more newborns, children, adolescents, and women, particularly the most vulnerable, benefit from high-impact, quality health and nutrition interventions, including in humanitarian situations.	Percentage of surviving infants who received three doses of diphtheria, tetanus and pertussis vaccine B: 55% T: 75%	National Health and Nutrition Information System Outcome evaluation	1.1 National capacities are strengthened to ensure more evidence-based and shock-responsive health and nutrition governance. 1.2 Health-care institutions' capacities are strengthened to offer an integrated package of quality curative and preventive health and nutrition services to women of reproductive age, newborns, children and adolescents. 1.3 Communities have strengthened capacities to seek and utilize quality health and	Ministry of Planning and External Cooperation (Ministère de la Planification et de la Coopération Externe, MPCE); Ministry of Public Health and Population (Ministère de la Santé Publique et de la Population, MSPP); Civil Protection General Directorate (Direction Générale de la	5 965	37 316	43 281
		Percentage of live births attended by skilled health personnel B: 42% T: 60%						
		Percentage of children (0–5 years) with severe wasting admitted for treatment B: 25% T: 60%						

UNSDCF Outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
strengthen the social contract.		Percentage of infants (0–6 months) exclusively breastfed B: 40% T: 60%		nutrition services and implement nurturing care practices. 1.4 Health and nutrition institutions at the national and decentralized levels have improved capacity to detect, manage and respond to health and nutrition emergencies.	Protection Civile, DGPC); United Nations; civil society organizations (CSOs) and community-based organizations; local associations; media; private sector.			
Outcome 4	2. By 2027, more children and adolescents benefit from inclusive, quality, shock-resilient, equitable and gender-transformative early learning and educational services, and acquire foundational and life skills, including in emergency situations, promoting social cohesion and peacebuilding.	Adjusted net attendance rate of children from the poorest quintile in education Primary: B: 40% T: 50% Lower secondary: B: 29.5% T: 40%	Ministry of National Education and Professional Training (Ministère de l'Éducation Nationale et de la Formation Professionnelle (MENFP) administrative data and evaluation	2.1 The early learning system has greater capacities to provide quality services and to empower parents and caregivers in positive parenting and nurturing care practices. 2.2 The education system has strengthened capacities to manage, coordinate and implement evidence-informed policies and shock-responsive quality learning services.	Ministry of Social Affairs and Labour (Ministère des Affaires Sociales et du Travail, MAST); MPCE; DGPC; MENFP; Bureau of Preschool Education Management; Departmental Education Directorate; National Education Fund; United Nations; CSOs; international financial institutions (IFIs); private sector.	2 870	39 883	42 753
		Rate of out-of-school children in primary education B: 20% T: 15%		2.3 Education authorities have improved capacities to ensure access to sustainable, resilient and full-cycle education services.				
		Percentage of children reaching the minimum level of proficiency in		2.4 The education system has strengthened capacities to improve the				

UNSDCF Outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		reading and mathematics Early grades: B: To be determined (TBD) T: 60% Primary (fundamental): B: <40% T: 60% Lower secondary: B: TBD T: 60%		quality of learning services. 2.5 The education sector has increased capacities for disaster risk management, resilience, emergency preparedness and response to ensure learning continuity.				
2. The protection and free movement of people, free from the threats of gangs, is ensured so that they live without fear for their physical and moral integrity.	3. By 2027, more children and adolescents are protected from violence, discrimination, exploitation, abuse, neglect and harmful practices.	Number of children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services B: 44,415 (2021) T: 150,000 Percentage of girls and boys (15–17 years) who have experienced any sexual violence and sought help from a professional B: 12% T: 6 % Percentage of children in family-based care and institutional care of the total number of children in all forms of formal alternative care	Evaluations Demographic and Health Survey; Institute for Social Well-being and Research; CSOs	3.1 Institutional and national capacities are strengthened to adopt and implement legislative, regulatory, budgetary and coordination frameworks that enable a quality child protection system; 3.2 Government and civil society actors have strengthened capacities to provide quality, gender-transformative, inclusive and equitable services for the prevention and protection of children from violence, exploitation, abuse, neglect and harmful practices, including in humanitarian situations. 3.3 More families and communities have increased knowledge and capacities to adopt	Ministry of Justice and Public Security; Ministry for the Status of Women and Women's Rights; DGPC; MAST; MPCE; National Police; United Nations; CSOs.	2 368	20 272	22 640

UNSDCF Outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		(family-based institution): B: TBD T: 25% /75%		positive practices for the protection of children and adolescents. 3.4 Institutional and community capacities are strengthened to adopt risk-informed and shock-responsive child protection measures, including in humanitarian situations.				
Outcome 4	4. By 2027, more children and families, particularly the most disadvantaged, live in healthier and safer environments with improved access to water, hygiene and sanitation (WASH) practices and quality services that are resilient to multiple crises.	Percentage of population using at least: (a) basic drinking water services; (b) basic sanitation services; (c) basic hygiene services B: 66.7% T: 75%	Integrated Water and Sanitation System Government-led mWater platform UNICEF/World Health Organization Joint Monitoring Programme for Water Supply, Sanitation and Hygiene	4.1 The WASH sector has strengthened capacities to develop and manage evidence-based policies, budgets and programmes that guarantee quality, affordable, sustainable, gender-responsive and equitable WASH services that are resilient to multiple risks and shocks, at the national and local levels and in rural and urban areas. 4.2 Communities have greater capacities to ensure quality WASH services for children. 4.3 Educational and health-care institutions have increased capacities to ensure quality WASH services. 4.4 The Government, institutions and	Ministry of Environment, Ministry of Economy and Finance, National Directorate of Drinking Water and Sanitation; MSPP, MENFP, DGPC; IFIs; development partners; United Nations; municipalities; CSOs; private sector.	2 577	32 112	34 689
		Percentage of population using basic sanitation services B: 37.1% T: 50%						
		Percentage of schools with functional latrines complying with national standards B: 37.1 T: 45%						

UNSDCF Outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				communities have strengthened WASH capacities to build resilience and prepare for and respond to emergencies.				
Outcome 4	5. By 2027, more children, particularly the most vulnerable, benefit from comprehensive, equitable and shock-responsive social protection.	Proportion of total government spending on essential services (education/health /social protection) B: 11.69%/3.75%/2.05% T: 15%/6%/5%	Public expenditure survey/Annual budget analysis Economic and social assistance fund/surveys	5.1 Children, adolescents and families, particularly the most disadvantaged, have increased capacities to demand and effectively benefit from social protection mechanisms, including in humanitarian situations. 5.2 National capacities are strengthened to ensure greater access to integrated and shock-responsive quality social protection services to children, particularly in humanitarian situations. 5.3 Government has strengthened capacities to adopt legislative, normative and budgetary frameworks and monitoring and coordination mechanisms to provide an effective national shock-responsive social protection system.	Haitian Institute of Statistics and Information; National Institute of Childhood; DGPC; MAST, IFIs; United Nations; CSOs; academia.	1 441	18 844	20 285
		Proportion of child population covered by social protection floors/systems B: N/A T: 40%						
		Pro-poor public social spending B: 3.7% GDP T: 5% GDP						

<i>UNSDCF Outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
Outcomes 1–5	6. Programme effectiveness					11 514	7 661	19 175
	Total resources					26 735	156 088	182 823