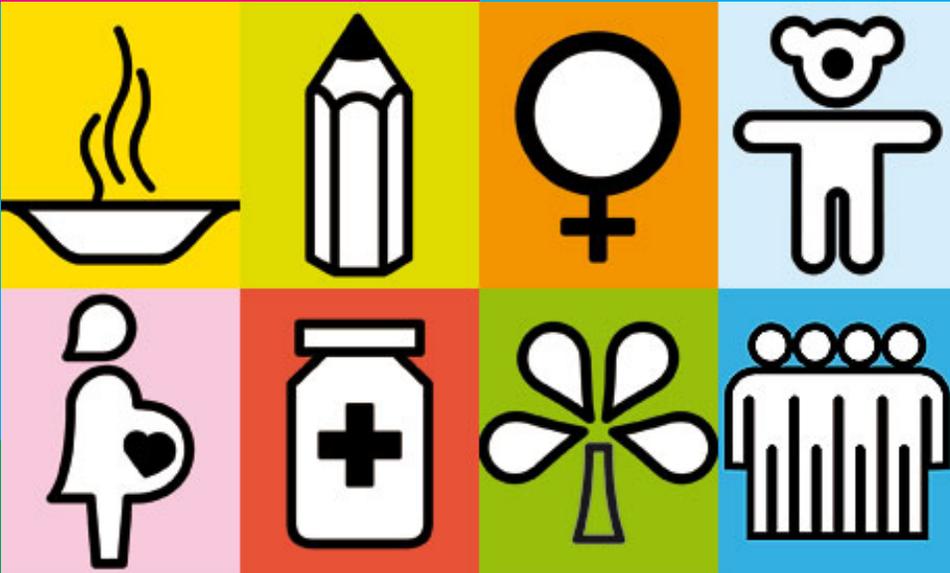


UNICEF HAITI



# Haiti's Children and the MDGs

Overcoming Disaster and Ensuring Development with Equity for All Children in Haiti

September 2010

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## MDGs in Haiti

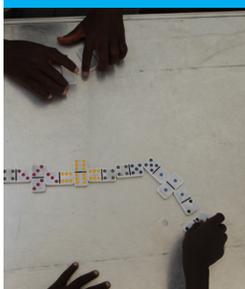
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# FOREWORD

When the Millennium Declaration was adopted in 2000, leaders of the world came together to recognise a collective responsibility to uphold the principles of human dignity, equality and equity for the most vulnerable, and in particular the children of the world to whom the future belongs. Ambitious albeit achievable goals were set out, and a campaign was launched to deliver a better future for the world's children by 2015.

Ten years later, the world is taking stock of progress and gaps and focusing on how to accelerate achievements. With less than five years left, UNICEF is hard at work to put children at the centre of the effort for us to reach and deliver on the promise of the Millennium Declaration and the Millennium Development Goals (MDGs). As we are not inheriting our world from our ancestors, but borrowing it from our children, the best way to move forward and build support for the MDGs is to give them a human face — and preferably that of a child.

While world leaders gather in New York, only a few hundred miles south Haiti is one among many examples of how progress has been mixed at best, and how it can be fragile and highly uneven, with children and women in Haiti suffering most from underdevelopment.

Children in Haiti are also still reeling from the devastating impact of the earthquake of 12 January 2010, and what little progress had been made for children before the quake risks being seriously jeopardised if the country is not given a chance to recover and rebuild with its future generations in mind.

Children are Haiti's treasures — *timoun sé richès Ayiti* — as the Haitian proverb goes. We owe it to them to build a Haiti fit for Children. The blueprint for that is achievement of the MDGs, the building blocks are policies that systematically have children's best interest in mind, and our tools must be strengthening government capacity, building good governance to deliver results for children, promoting civic education alongside citizen and youth participation to orient policies on children's needs, and creating an enabling environment for *all* children Haiti, with a focus on the most vulnerable children, on the hardest to reach and on where needs are the greatest.

But the scale of children's needs in Haiti and the extent of child poverty even before the earthquake calls for careful planning.

We must think of every child—of those still trapped in plain sight in spontaneous settlements in downtown Port-au-Prince who struggle every day to have their most basic needs met, and of all the others, whose struggles may be the same or even worse, but who are invisible, trapped in pockets of poverty, in remote and hard to reach areas, or in communities that have never benefited from any of the dividends of progress and development. Haiti was the most disparity-ridden country in the region, and endemic vulnerability persists throughout the country

Advancing the MDGs for all children in Haiti will therefore be no small endeavour. Progress was already unacceptably slow and the few hard-won gains were meager—and are now at risk of being eroded. Nowhere else in the region is the challenge greater, and nowhere else in the region is the promise of the MDGs more important for child survival and development. Keeping that promise for all children is therefore at the core of what will drive all of UNICEF's efforts in Haiti for the next five years.

Our hope is for the children of Haiti to soon be able to testify from the same lofty rostrum where world leaders are today renewing their commitments to the MDGs, and for their message to be—despite incredible odds—one of success.

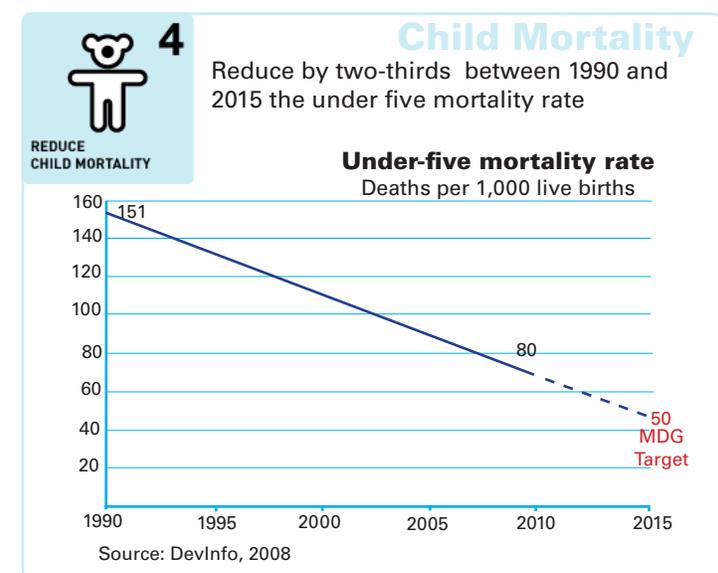
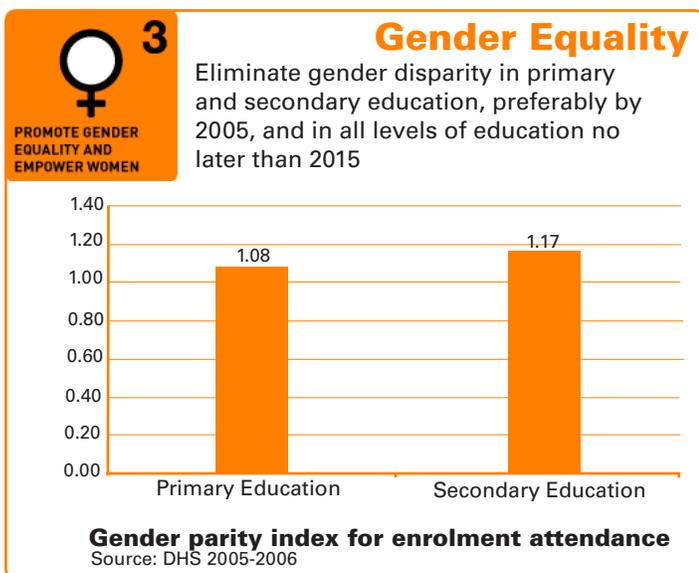
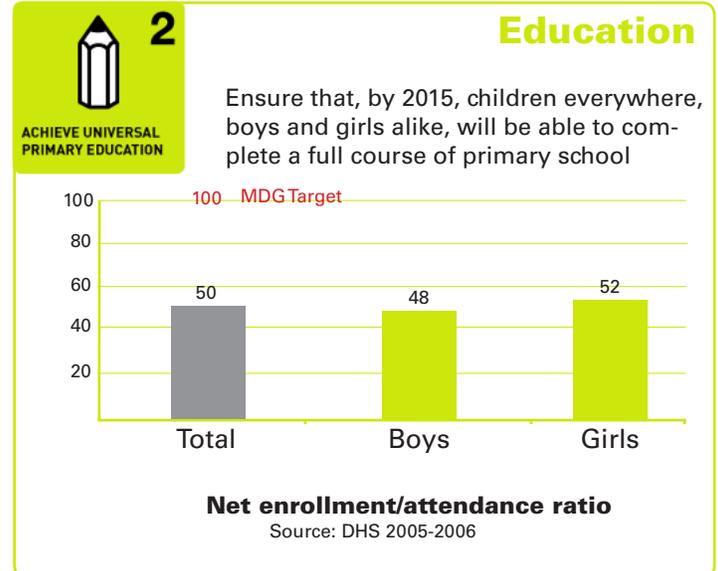
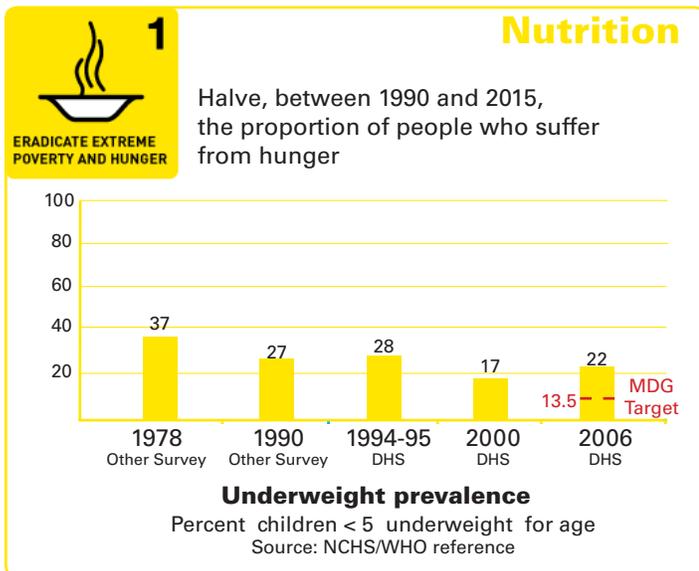
# MDGs in Haiti

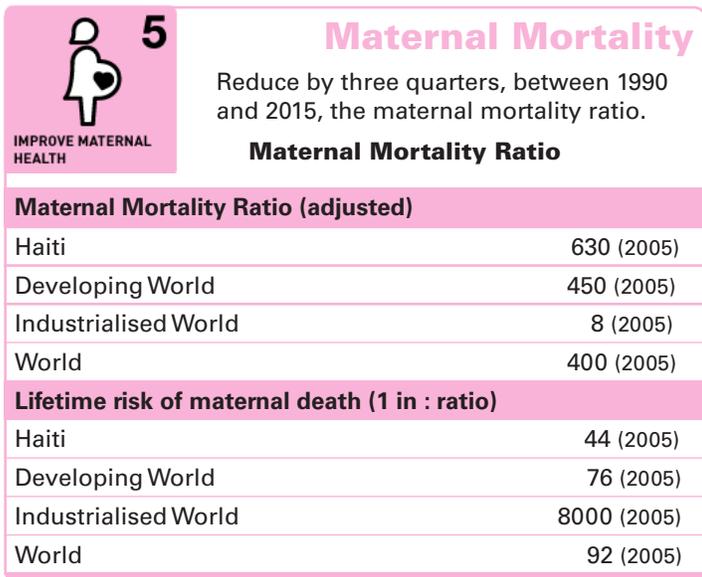
## A Snapshot on children before the earthquake

The picture remains mixed and achieving the MDGs for children in Haiti will remain a challenge. Only under MDG 4 – child mortality – is the country on track, with a sharp decline in under-five mortality that needs to be sustained to meet the goal by 2015.

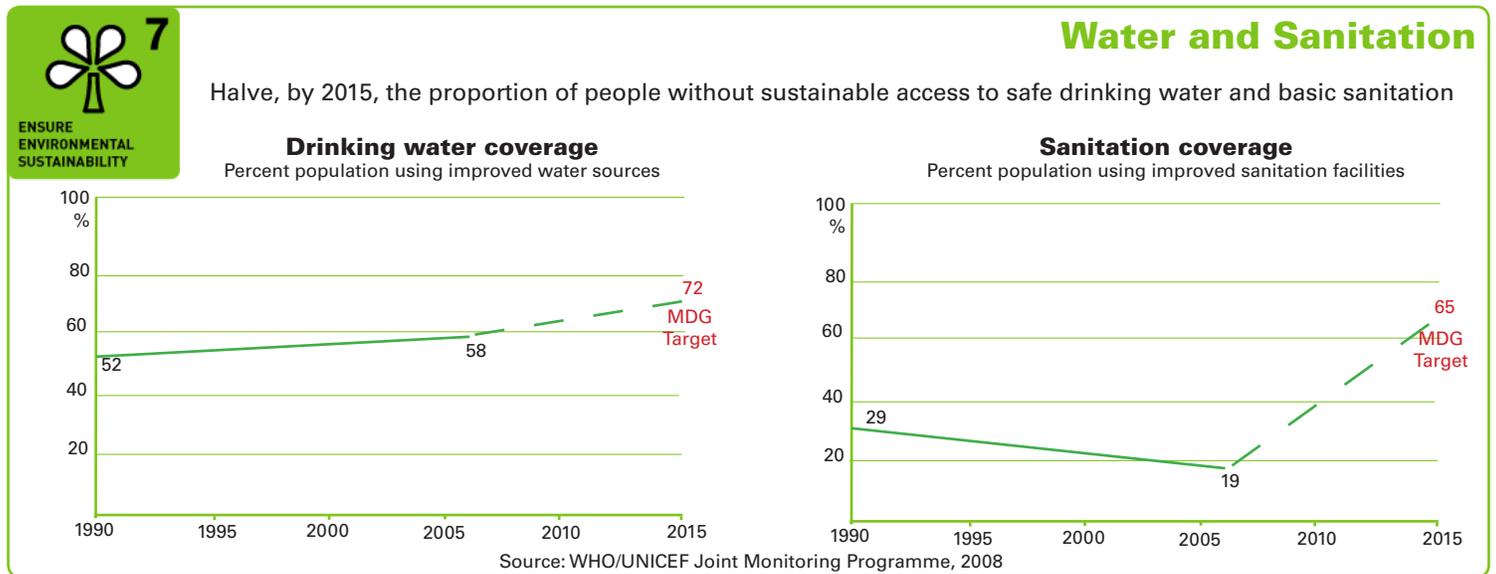
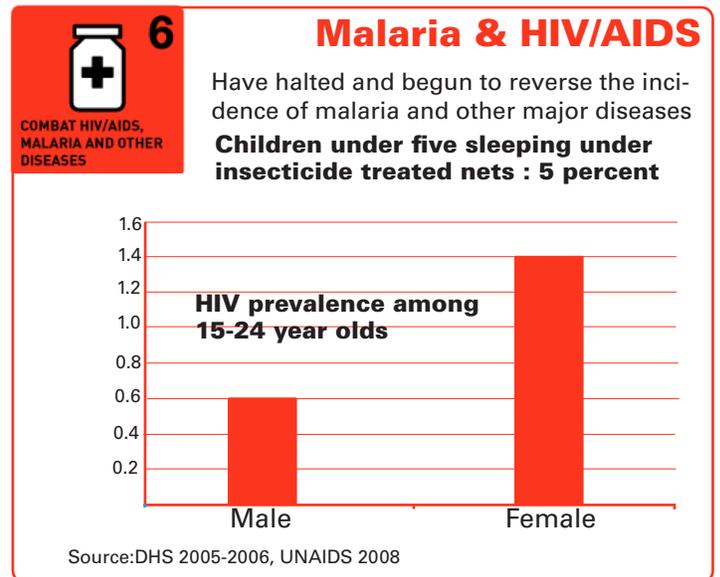
Progress meanwhile is insufficient in battling under-nutrition and disease, in ensuring all children are in school and in ensuring gender parity in education. Alarming, there has been no progress in curbing maternal mortality, which remains extremely high.

Access to safe water and sanitation is not on track, with a serious challenge in sanitation currently being addressed with the massive humanitarian operation following the earthquake – still, these are only temporary solutions and continued investment will be needed to make sure the trend is really reversed and the goal can be met everywhere in Haiti.





Source: WHO, UNFPA, World Bank, ChildInfo, DHS / EMMUS-IV.



## Millennium Declaration Commitments to Child Protection

Some 1.2 million children were estimated to be generally vulnerable to violence and abuse before the earthquake, including physical domestic violence, armed violence and sexual exploitation and abuse, which can seriously impede health and empowerment indicators.

Twice as many children in Haiti find themselves caught in some form of child labour compared to the regional average, as 21 per cent of children aged 5 to 14 were found to be involved in labour activities at the time of the 2006 DHS survey, compared to 10 per cent in Latin American and Caribbean region.

Different studies estimate that there are approximately 225,000 children living as “restaveks” which is often synonymous of unpaid domestic service where children are deprived of their most basic rights. Some 2,000 children were trafficked externally every year through the Dominican Republic (while the number of children trafficked internally has not been well documented so far).

Child birth registration is lower than the regional average at 81 per cent against 89 regionally, and child marriage is also proportionally higher (30 per cent) than in other countries the Caribbean (25 per cent).

## Building on Haiti's National Plan for Recovery Priorities to achieve the MDGs for Children

**T**he “re-foundation” of Haiti outlined the Government’s Action Plan for National Recovery and Development highlights critical steps to prevent Haiti from sliding deeper into poverty and vulnerability in the aftermath of the earthquake.

While focused on immediate needs and priorities for 2010-2011, the Government’s plan also lays some key foundations to build on to ensure Haiti can catch up where it was off track against the MDGs, and to accelerate progress in the final five years to 2015. Already before the earthquake, child poverty was identified as a key cross-cutting theme in the government’s poverty reduction strategy for 2008-2010.

Today the commitment remains as strong to deliver results for Haiti’s children and their children’s children and all four of the government’s sectoral priorities for territorial, economic, social and institutional rebuilding will be instrumental in plotting a course to reach 2015 with progress made for children’s and women’s survival and well-being. Investments in the four priority pillars must be mutually reinforcing and consistently focused on the interest of the most vulnerable, especially children.

The MDGs provide the blueprint, the indicators showing lack of progress are the beacons and warning signs to use to prioritise efforts, and making children fully visible in the policies, strategies and budgets designed to meet the goals is the path to keep the promise for 2015.

### MDG 1 - Nutrition

**C**hronic malnutrition was already endemic in Haiti with a continuing level of growth retardation prevalence stagnating at 24 per cent since 2005, and little to no progress in curbing under-nutrition.

Community level management of malnutrition is weak or inexistent, and simple life-saving interventions are under-practiced, including exclusive maternal breastfeeding in the first six months, which only 41 per cent of mothers practiced up-to 2-3 months and only 24 per cent up to six months, translating into challenges for child survival and cognitive development for children, with impacts on their performance in school and their economic opportunities later in life.



After the earthquake, the massive humanitarian operation prevented a much feared malnutrition crisis, and today the nutritional situation remains stable, although risk remain with an active hurricane season and flood risks. Now, the objective is to build capacity and systems to reduce under-nutrition, chronic and acute malnutrition, and micronutrient deficiencies. Quick wins and key

interventions include training of community health workers for the development of community-based management of malnutrition throughout the country, and promoting simple, cost-effective interventions at key stages in a child’s life – such as breastfeeding within one hour of birth and exclusive breastfeeding for the first six month, and complementary feeding and micronutrient supplementation for both children and women.

### **One in four children is chronically malnourished**

Schemes to improve access to clean drinking water and safe sanitation will also act as key preventive interventions to halve the prevalence of underweight and undernourished children in Haiti, alongside efforts to extend immunisations and Vitamin A supplementation for all children.

At the same time, treatment-based interventions for children suffering from moderate and severe acute malnutrition need to reach universal coverage, through investment in formal training of health and nutrition staff, alongside preventive efforts for mass de-worming for children.

All stakeholders need to be invested in the effort, and there are clear opportunities to seek synergies with other pillars of the Government's plan for re-foundation—including rebuilding the agricultural sector and reaching out to the private sector to promote production of better quality and more nutritious foods for children. Because the goals themselves are synergistic, gains in nutrition for children will also mean gains for children surviving, achieving more in school, and living generally healthier and more fulfilling lives.

## MDGs 2 and 3 - Universal Education and Gender Equality

**A** majority of children in Haiti were out of school before the earthquake (55 per cent), and to achieve the goal by the target date, all children of entry age for primary school would have had to be attending classes by 2009. Hope was dim for universal education, and the 2010 earthquake crippled the education system, reducing schools to rubble and causing 2.5 million children to suffer an interruption in their schooling.

Recognising previous shortcomings in the system and the investment needed over several generations, the Government made education the cornerstone of its strategy for recovery. However, there is much to be done to meet the Goals in education - from safety and security of schools to the creation of a fully inclusive, regulated, free and effective education system.

Expanding on the Government's plan, UNICEF will seek to work on three priorities including overcoming barriers for all children to access education, ensuring quality of education, and planning for regulation and transformation in the education sector.

Breaking down barriers to access means focusing simultaneously on physical and social barriers by building more schools and advocating for the universal abolition of school fees. Better access means also

working on more innovative approaches to schooling, such as community schools and mobile schooling in hard to reach areas to overcome geographical barriers to access.

### ***Only four in ten Haitian children are in school***

Ensuring quality education meanwhile requires investment in teacher training, developing accelerated learning programmes and supporting early childhood development and care as a means to encourage timely enrolment, boost retention and completion rates.

Improving opportunities for quality non-formal education should be a further priority for youth who may have missed on earlier opportunities for schooling. Haiti's youth remain untapped resource, and more than 60 per cent of children in school are already

over aged. Non-formal education will not only increase access and quality of education but will equip youth with the skills they need to develop livelihoods, and contribute to the economic and social rebuilding of their country.

Regulation and transformation in the education sector finally means investing in reinforcing the Government's capacity

and regulatory role in a largely private-run sector, including for better decentralised access, alongside support to community-level participatory management of school facilities.

Standard setting for appropriate learning environments and development of child-friendly schools is another priority, with more programmes for school meals and access to safe water and sanitation. Programmes to expand WASH in schools, school feeding and cash transfer to subsidise school costs will attract children from the poorest and most vulnerable households, increase enrolment and ensure better retention, and will help achieve several key MDGs for children in Haiti.



## MDGs 4, 5 and 6 - Child and Maternal Health and combating HIV/AIDS and other diseases

**H**aiti had the highest under-five and neonatal mortality rate, the highest maternal mortality rate and the highest level of HIV/AIDS prevalence in the Americas before the earthquake, and progress was highly uneven between health-related MDGs and between Haiti's top and bottom quintiles, with the burden of high child and maternal mortality weighing disproportionately on the poorest and most vulnerable segments of society.

Some remarkable progress was still being made in reducing child mortality and Haiti was on track to achieve MDG 4—reducing under-five mortality by two-thirds by 2015. The number of children still dying from preventable causes however remained unacceptably high—one in every thirteen children died before their fifth birthday, and measles and DTP coverage reached only respectively 58 and 53 per cent of children under five.



**One in every thirteen children in Haiti dies before the age of five**

Overall, up to fifty per cent of the population was estimated to have no access to health care partly because of the extremely centralised nature of the health system, and almost 1.5 million children had not received immunisations against any disease, nor could receive treatment from serious illnesses, especially for children living in rural areas.

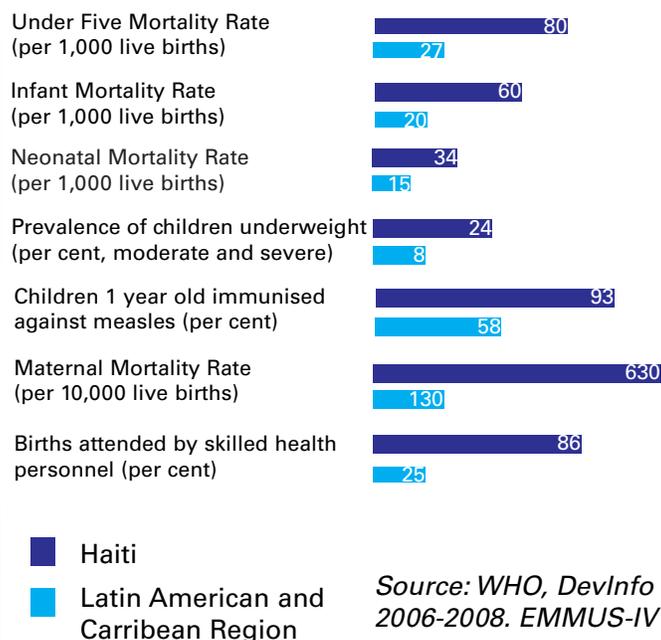
Maternal mortality in Haiti is meanwhile far off track with an alarming decline in maternal health indicators. Before the earthquake, Haiti was in fact moving further away from the targets set out under MDG 5, meaning that the number of needless deaths in childbirth was on the rise, and a sad reminder of the lack of care available for women. Maternal mortality indeed increased from 523 per 100,000 live births for the period 1993-2000 to 630 per live 100,000 live births between 1999-2006, meaning women in Haiti

today have a 1 in 37 chance of dying in labour and 75 per cent of deliveries take place without a skilled attendant at birth.

Regarding the burden of disease, malaria prevalence remains under-documented, but 70 to 80 per cent of people living in low-lying coastal areas are deemed to be at risk of contracting the disease, and only five per cent of children suffering from fevers received anti-malarial treatment. HIV/AIDS prevalence meanwhile remains the highest in the region, and only one in five women could get tested and could receive counselling on Prevention of Mother-to-Child Transmission of HIV/AIDS (PMTCT) due to critical gaps in access to HIV/AIDS related services.

By quite literally shattering the health system, the earthquake today threatens to erode the little hard-won gains in child mortality. The dislocation in access to already scarce and inadequate health services also threatens to make matters even worse for maternal health and prevention of killer diseases for children.

### REGIONAL COMPARATIVE DATA MDGs 4-5-6



As a result of the massive influx of medical relief aid, there were no significant epidemic outbreaks following the earthquake, and for some, care was not only accessible for the first time, but also came free of charge. The challenge to reach health-related MDGs is to convert short term humanitarian outcomes into long-term gains for neonatal, child and maternal health in Haiti.

A quantum leap in access to care and in quality of care is needed to hope to achieve all health-related MDGs in Haiti, with strong investment needed in (re)building and strengthening health systems, and extending their reach throughout all of Haiti's departments and most difficult to reach areas. This involves investing in human resources, rebuilding hospitals and adding new infrastructure, and supporting the Ministry of Health to ensure proper stewardship and regulation of the health system, through a larger and multi-layered role in coordinating informal, formal, centralised and decentralised health systems.

For UNICEF, this means supporting general health systems strengthening with vertical initiatives such as working with the Ministry of Health to rebuild and expand the cold chain as the backbone of extending the reach of the Expanded Programme on Immunisation (EPI), and focusing on sector-wide approaches in maternal health to improve coverage of services, including developing access to family planning and increasing the number of trained midwives to reach universal access to sexual and reproductive health.

Beyond vertical interventions, at the service delivery level efforts need to be focused on key points in life when children's and mothers' lives are most at risk, so efforts and interventions save the most lives.

In Haiti, where neonatal mortality is more than twice the regional average, this means focusing on the first days of life for a child and ensuring timely access to obstetric care for women. Comprehensive newborn

care and a continuum of care from household to hospital and from mother to child is critical for both children's and mothers' survival.

On the demand side the key is also to work on behaviour change and Communication for Development (C4D) to encourage more health-care seeking reflexes – while ensuring that the structures are there for people to seek and access care.

Beyond infrastructures and behaviours, and beyond demand and supply, with 70 per cent of the population living on less than US\$ 2 dollars a day, cash transfers and social safety nets for health are a *sine qua non* condition to overcome barriers preventing women and children to access care.

The quantum leaps in access, quality and health outcomes can be achieved by implementing equity-driven strategies on the ground, such as "Reach Every District" (RED), and at the institutional level with marginal budgeting for bottlenecks (MBB) and a focus on equity which can bring exponential gains with only incremental investments in health systems strengthening.

As outlined in the Government's plan, public and private partnerships in health need to be better leveraged to improve child and maternal health and it will be important to harness the strength of civil society organisations to work simultaneously on improving systems and service delivery.



Investment in education, water and sanitation and synergies in equipping health facilities and communities with WASH facilities will bring cumulative benefits to accelerate progress for health-related MDGs in Haiti.

Finally, the most vulnerable and the hardest to reach should be prioritised, with special attention to the poorest, the displaced, and children in rural areas—to ensure efforts not only reach the most children but also save the most lives.

## MDG 7 - Water and Sanitation

**F**our out of ten children in Haiti before the earthquake had access to sanitation—one in ten in rural areas. Only one in five drank from safe water piping systems within their homes—one in twenty-five in rural areas.

Sanitation coverage stood at a low 17 per cent—below than the 1990 baseline— and very far off from the 2015 MDG target of 63 per cent for the country. Few schools had proper water and sanitation facilities, with impacts on retention of children in schools and health.

One half of the rural population also practices open defecation and household sanitation was basic and limited to rudimentary latrines. Sanitation access was stagnant at best, and for the most part regressing as a result of sprawling urban development and continuing gaps in rural areas.

The massive humanitarian response in earthquake-affected areas, despite the fact that it remains under SPHERE standards, has in fact increased access to safe drinking water and sanitation for 1.2 million people, sometimes even improving access to above pre-earthquake levels. However, the input from the relief effort is hardly sustainable for the longer-term—especially costly water-trucking, portable latrines and daily latrine desludging.

A grand scheme to increase access to sustainable options is urgently needed, with investments starting now that need to be sustained until 2015 and beyond. This involves expanding access to water supply through borehole drilling and repairing and expanding the coverage of existing water piping systems—in and outside of Port-au-Prince, while simultaneously tackling the complicated issue of land rights. Local dynamics and behaviours need also to be taken into account, as people in Haiti have had the habit to pay for purified water making it a combined challenge of cost, quality, behaviours and access.

Meanwhile, for sustainable results in sanitation, people also need to be supported to take ownership of the process to improve sanitation, eliminate open defecation and altogether improve living conditions through local solutions and locally-led management of sanitation facilities.

Because of the scale of needs, and to avoid creating new urban slums, investment in land management and territorial development will be critical to successfully achieve MDG 7 in Haiti. The Government's plans for territorial rebuilding needs to be aggressively pursued and steadfastly supported, with UNICEF focusing on ensuring resettlement and returns are supported with an integrated package of services including access to safe water and sanitation. Only when people can recover a sense of stability can they also be empowered to take on leadership in advancing local solutions for improved sanitation and water supply, and only then can behaviours change among the poorest and the most disadvantaged.

At the same time, if we fail to make the same investments in rural communities we will have failed altogether against the goals. Here the Government's plan for decentralisation of services will be the driving force and the vehicle to work on reaching the hardest to reach with sustainable options for water and for them to lead their own overhaul of sanitation. UNICEF therefore plans to continuously build the capacity of the government's water and sanitation authority, DINEPA (Direction Nationale de l'Eau Potable et de l'Assainissement) to extend its presence throughout Haiti's ten departments, and build on the experience of sub-national and municipal coordination during the emergency to ensure all needs are addressed.

Investing in MDG 7 in Haiti will also have many cross-cutting and beneficial effects—safe water and sanitation will have an enormous impact on reducing child deaths and undernutrition and WASH in schools will be a pull factor to advance MDG 2 in Education.



## Millennium Commitments to Child Rights and Child Protection

**M**eeting commitments to fulfill the rights of children will require investment in services, systems and capacity development so that children in Haiti can claim their rights and have their status as children recognised and protected.

UNICEF's vision and strategy in Haiti is the one it is advancing globally – creating a protective environment where boys and girls are free from violence, exploitation, unnecessary separation from their families and where laws, behaviours, practices, and services are designed to minimise a child's vulnerability, address known risk factors, and emphasise prevention and accountability of the Government, as the primary duty bearer for children's rights.

In Haiti this means building the capacity of key duty bearers including the Ministry of Social Affairs and Labour, the Ministry of Women's Affairs, the Institut de Bien Etre Social et de Recherches, and key arms of the Justice and Interior Ministries, including the Brigade de Protection des Mineurs (BPM) within the Haitian National Police (PNH).

Capacity building also implies working to improve the legal protection frameworks for children – with laws to prevent and protect children from trafficking and adhesion by Haiti to the Hague Convention on International Adoption, among others.

Another critical goal UNICEF will be supporting is the full professionalisation of social work, and extending the number of trained staff and social workers to protect and uphold the rights of children in all circumstances.

Creating a protective environment for children also means curbing the widespread cultural phenomenon of family separation and placement of children in residential care, and addressing the issue of children in domestic service being exploited and working as “restaveks”.

Delivering on the promise to protect children thus requires support to scale up options for family-based care and building capacity for family tracing and reunification, with a simultaneous aim to ensure all children are systematically registered at birth by 2015—as previous trends showed a decline in child birth registration in Haiti.

Tackling known risk factors meanwhile implies working on creating the “social protection floor” under the Government's plan for social sector rebuilding. This means working to create multi-layered safety nets in health, nutrition, water and sanitation, education and child protection, including mechanisms for income generation for youth and women, and cash transfers to ensure the most excluded children and families have access to services to realise their rights.

Social safety net programmes focusing on children and women's needs will indeed help address vulnerabilities that affect children and the households they live in, and will help children progres-

sively achieve their rights and stay shielded from future crises.

Delivering on the promises of the Millennium Declaration and the Convention on the Rights of the Child thus means simultaneous investment is needed in legislation, policy development, institutional support and capacity building for universal access to services for vulnerable children.



## Grounding our Efforts on Equity Reaching the most vulnerable

The most disadvantaged children have always been UNICEF's priority—and Haiti is no exception. In a country with weak institutions, where two thirds of the population lives with less than two dollars a day, it is not surprising that progress against the MDGs is mixed. Viewing the country with an “equity lens” also reveals deep disparities. Not only is Haiti the poorest country in the region, it is among the most unequal in the region in the world which is the most unequal. A focus on equity in Haiti thus clearly presents us with a unique challenge, and one made even more unique in the aftermath of the earthquake, whose tremors have rippled throughout society, exacerbated and created new disparities, compounded and complicated vulnerabilities and widened the gap of inequity.

The stakes in Haiti—catching up where the country is off track and overcoming the grave dislocations caused by the earthquake—are one of a kind, as is the profile of women and children who are the most vulnerable. In urban areas the gap is glaring with top and bottom quintiles living within a few yards of each other in Port-au-Prince's neighborhoods and spontaneous settlements, but scores of other vulnerable children are also out of reach and out sight in Haiti's mountainous rural districts, in areas almost universally under-served and where even the most basic services are inaccessible.

UNICEF's role in Haiti will be to turn the spotlight not only on earthquake-affected children but on those “invisible children”, in the urban slums peppered throughout Haiti's towns and cities, or in far-off neglected rural areas. Reaching the hardest to reach has been daunting for as long as Haiti has existed but UNICEF strongly believes that a focus on the most deprived children is not only a moral imperative, it is a cost-effective and sensible strategy for long-term development.

Boosting the government's capacity as the primary duty bearer for children and developing its presence and regulatory role will be key to sustainable change for the next generation. This is a unique challenge in a country where over 90 per cent of schools are non-public and fee based, and where the situation is similar for access to child and maternal health services. UNICEF will thus focus on supporting the Government's capacity to plan for sustainable financing strategies to ensure subsidised, affordable (and ultimately free) access to basic services for the most vulnerable.

Ensuring that the most excluded able children can enjoy the same opportunities as those from the wealthiest

quintiles will require a calibrated approach to identify and target the most deprived children and communities. Updating and expanding the evidence base with additional disaggregated data will be critical to better informing our strategies, targets and priorities. One major undertaking is the upcoming Multi-Indicator Cluster Survey (MICS) intended to construct a comprehensive social-economic profile of all ten departments. The survey—scheduled for 2011—will disaggregate urban from rural data and help update Haiti's child poverty profile based on multidimensional indicators in nutrition, health, education, water and sanitation and child protection.

The mapping of vulnerability and population density (see opposite page) provides an indication of the evidence that has already driven efforts by UNICEF to decentralise its presence to reach the most vulnerable. UNICEF is extending its partnerships in rural areas through its mobile field support teams—while simultaneously focusing on the urban poor and earthquake affected.

Rebuilding schools in under-served urban areas is boosting progress against MDG2. Lessons learned from the emergency response in WASH—where interventions were disaggregated at the communal level—will also help guide more equity-driven strategies to accelerate progress towards MDG 7. Community management of malnutrition will expand coverage in hard to reach areas, and help overcome the lack of formal structures that made malnutrition a chronic condition for children. UNICEF also continues to support more agents from the police's Child Protection Brigade at key points on the border where children are most vulnerable to trafficking. Beyond the geography of disparities however, curbing inequity means breaking down financial barriers to access through cash transfers and social protection schemes, while also promoting social values and norms that support the best interest of children in all public and private decisions.

Facing the immense needs in Haiti, equity must serve to refocus our energies and best target our investments to reach the children and women who need it most—the heart of UNICEF's mission. Behind statistics and MDG targets are the lives of Haiti's children and the struggles they face day-to-day. Changing these statistics and meeting these targets is the transformational effort Haiti needs for its younger generations.

Grounding our efforts in equity will help Haiti catch up and move more quickly towards meeting the MDGs and building a Haiti fit for all its children.

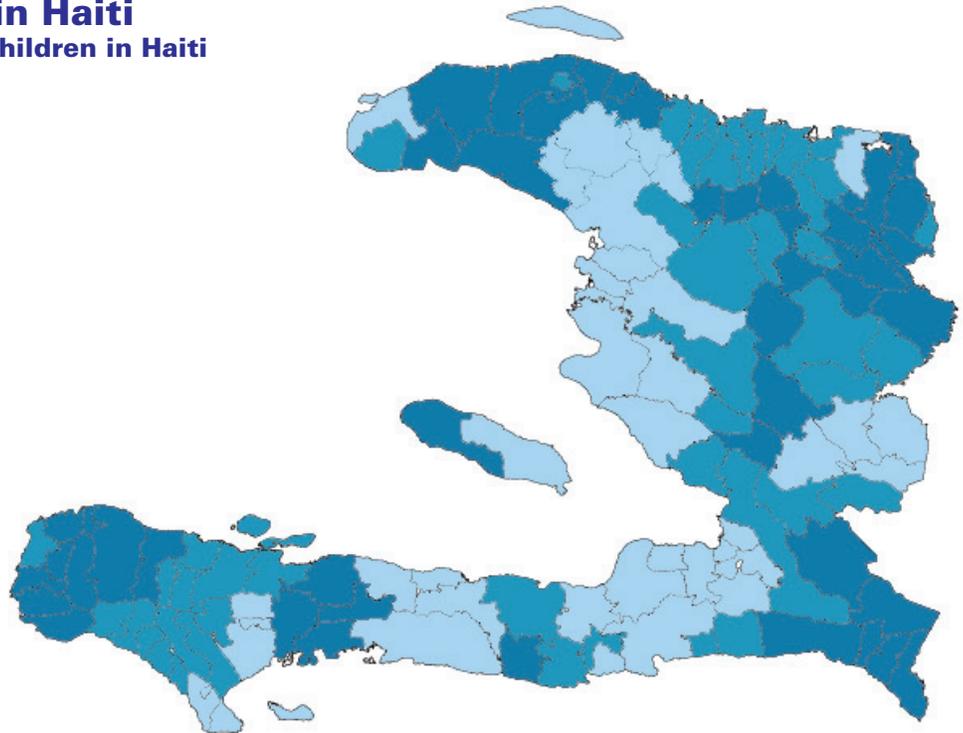
## Absolute Child Poverty in Haiti

### Percentage of severely deprived children in Haiti

- 75 to 100 per cent
- 50 to 75 per cent
- 20 to 50 per cent

Severe deprivation is defined as a combined lack of shelter, access to sanitation, water, health, education and food.

Source: Adapted from Absolute Child Poverty in Haiti in the 21st Century - UNICEF - University of Bristol 2007.

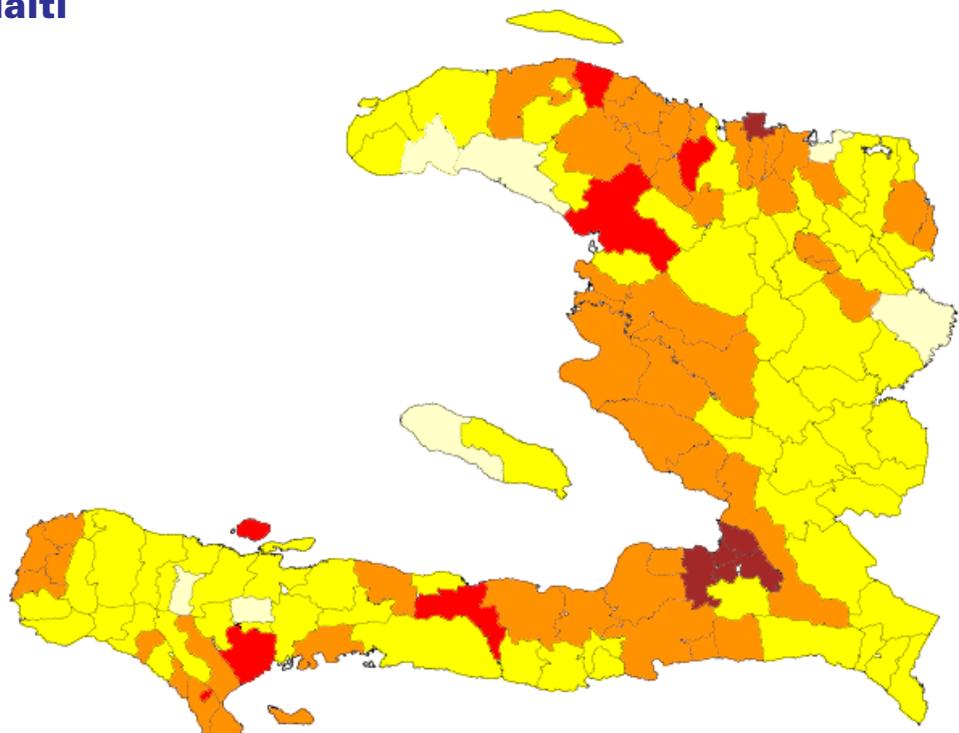


The boundaries and names shown and the designations used on these maps do not imply official endorsement by the United Nations.

## Population Density in Haiti

### Persons per square kilometre

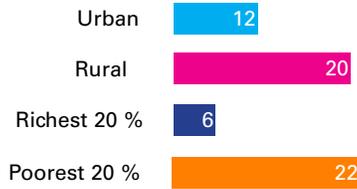
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- 250 - 500
- 100 - 250
- 0 - 100



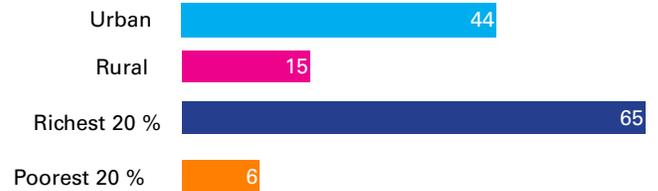
Source: MapAction

## SAMPLE DISPARITY INDICATORS - RURAL/URBAN DIVIDE AND TOP/BOTTOM QUINTILES

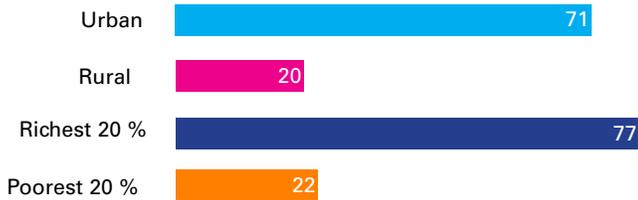
**Underweight prevalence (%) children under five - 2003-09**



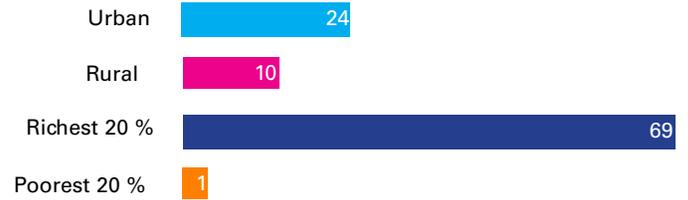
**Skilled attendant at delivery (%) - 2003-09**



**Use of improved drinking water sources (%) - 2008**



**Use of improved sanitation facilities (%) - 2008**

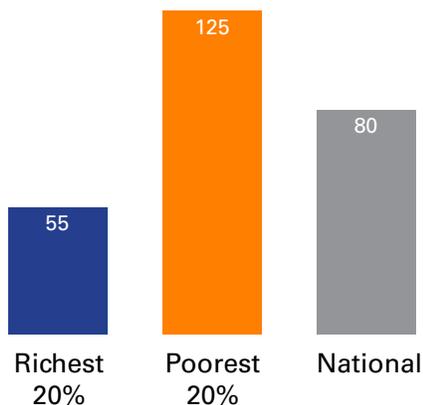


Source: Progress for Children - Achieving the MDGs with Equity - September 2010

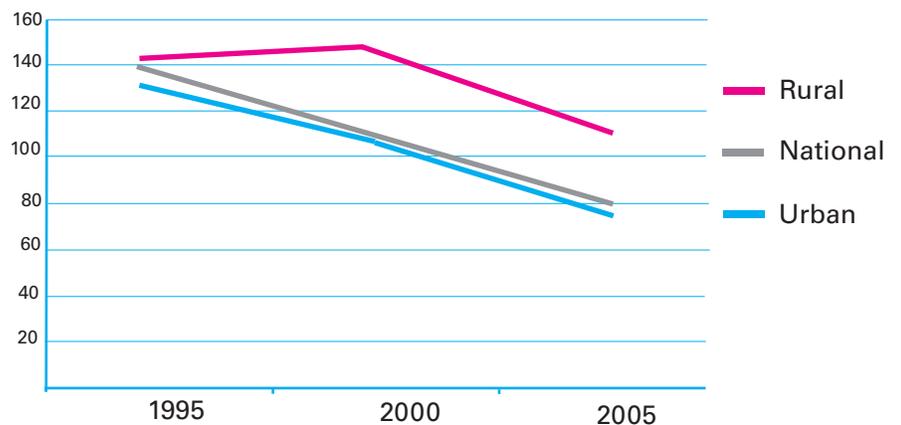
## DECONSTRUCTING CHILD MORTALITY IN HAITI

Child Mortality is the only indicator showing significant progress in Haiti while all others are stagnating at best. However, the decline in child mortality is far from being uniform, and national aggregates conceal clear disparities between wealth quintiles, rural and urban population and levels of education.

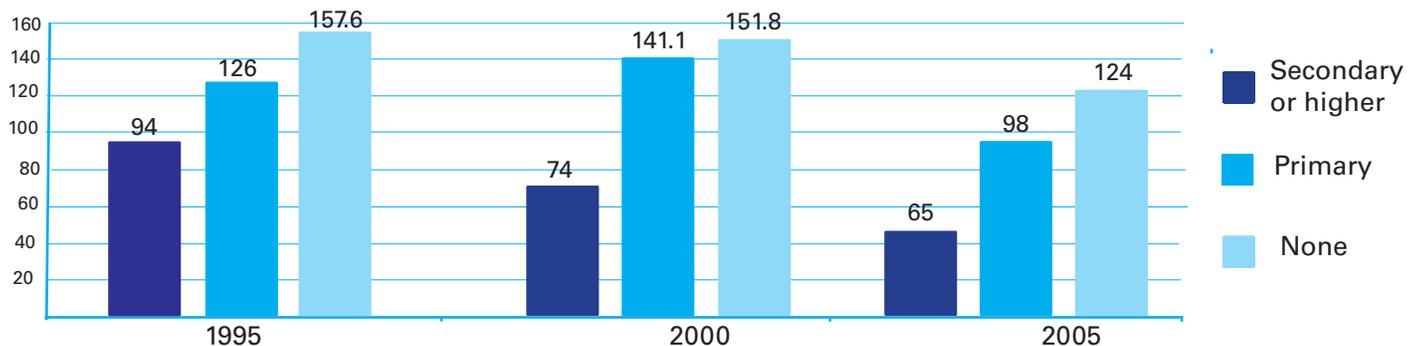
**Under-five mortality (DHS 2005)**



**Rural vs. Urban under-five mortality 1995-2005 (DHS-1995-2005)**



**Child Mortality by level of education of mothers (DHS 1995-2005)**



# Children's voices in Haiti

## The Haiti we will inherit in 2015

By Marie-Moïse Louissaint, 15 years old,  
UNICEF Climate Ambassador

My name is Marie-Moïse. I was among one of the thousands who slept outdoors after the earthquake. Yet I count myself among the most fortunate: my house is still standing, I still have a home.

Still, my bigger home is Haiti, and it is barely standing. The rubble Mother Nature left in her wake is only part of the challenge facing me and my fellow Haitians. The earthquake that struck Haiti on January 12th merely added to our vulnerability.

We, Haiti's children and young people, who account for more than half the population, will inherit a land that bears the legacy of man-made degradation, a disregard of our environment that existed before the quake and which has now become worse.

I walk around Pétion-Ville, my neighborhood, once residential, now has half a dozen settlements for the internally displaced. There are two large camps located on the town's two main squares, Place Saint Pierre and Place Boyer, that shelter over 3000 people, including many of my friends.

I am appalled by the degradation, the human waste. In many spontaneous settlements, babies and small children live in unhealthy conditions among parasites and pigs, surrounded by human waste and endless mounds of discarded plastic bags and bottles. The streets serve as immense garbage dumps in many places in Port au Prince.

Our country has been weakened by severe deforestation, leading to flooding and landslides. The lack of proper emergency services and infrastructure has resulted in the deaths of thousands of Haitians. In 2008 alone, there were four separate hurricanes in the space of 30 days which led to the deaths of over 800 people, deaths which could have been prevented. Close to 60 per cent of the country's harvest was destroyed and entire cities have become desolate and uninhabitable.

My Ayiti cherie, is at great risk.

This situation is appalling but not inevitable. We can turn this reality around and we need to do this now.

The decisions we make today will shape Haiti's tomorrow. If we fail to act, we are failing ourselves.

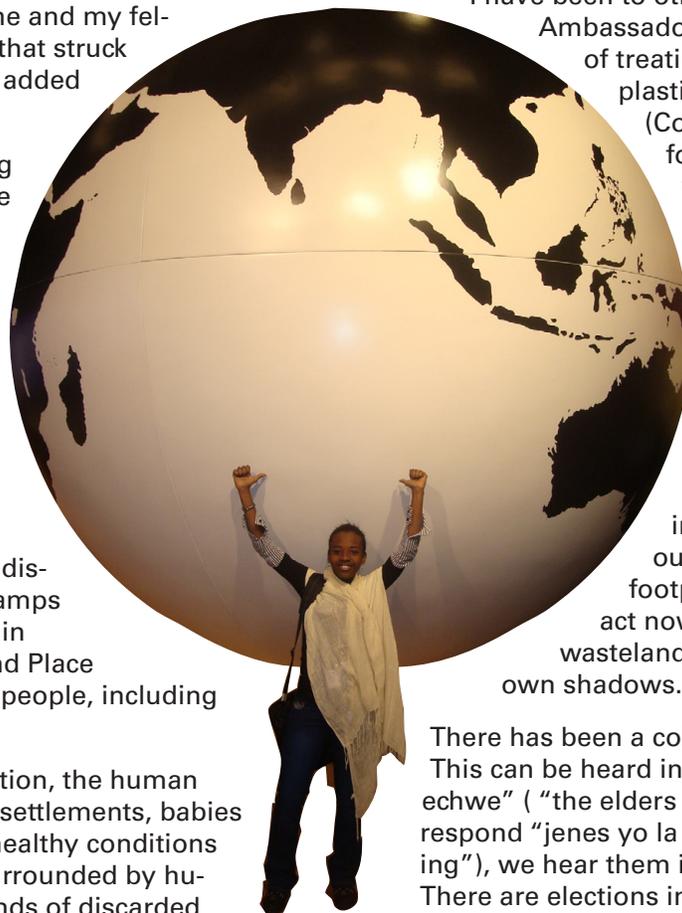
I have been to other countries as a UNICEF Climate Ambassador and have seen good examples of treating waste and recycling. There plastic bottles become pens, a city (Copenhagen) trading automobiles for bicycles and harvesting the wind to produce power. This is where young people from all over the world came together to be trained as advocates for environmental change, and to propose initiatives and projects in their respective countries.

In Haiti, we know that if don't reduce pollution and the risk of flooding, improve our weak infrastructure, stop cutting down our trees and reduce our carbon footprint, we are doomed. We must act now or my country will become a wasteland where people will live in their own shadows.

There has been a collective loss of faith among youth. This can be heard in the phrase, "granmoun yo echwe" ("the elders have failed us.") When the adults respond "jenes yo la dejwe" ("the youth are deviating"), we hear them ignoring our legitimate voice. There are elections in late November. This is a chance for our country's youth to have a real part in shaping Haiti's future.

We need opportunities that help us build a better, more resilient Haiti. It's no secret that education is a priority - perhaps the priority. If we want to have any hope of reaching the Millennium Development Goals by 2015, we have no time to waste.

If we don't act now, by 2015 Haiti's dependence on the world will only deepen. Our only option is to teach people to be responsible citizens. This is our chance to change our destiny. We have to seize it - we have no other choice.



# Timoun sé richès Ayiti

*Children are Haiti's treasures*



For more information please contact  
Jean-Jacques Simon, Chief of Communication  
[jjsimon@unicef.org](mailto:jjsimon@unicef.org)

Stephanie Kleschnitzki, Reporting Manager  
[skleschnitzki@unicef.org](mailto:skleschnitzki@unicef.org)

Jeremy Shusterman, Reports Specialist  
[jshusterman@unicef.org](mailto:jshusterman@unicef.org)

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United Nations Children's Fund  
Haiti Country Office  
[portauprincehaiti@unicef.org](mailto:portauprincehaiti@unicef.org)

Website: [www.unicef.org/haiti](http://www.unicef.org/haiti)