

# CHILDREN IN HAITI

January 2011

**EMBARGOED - NOT FOR CIRCULATION  
BEFORE 7 JANUARY 2011**

One Year After — The long road from relief to recovery



unite for  
children

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“ In the last year, the people of Haiti have faced overwhelming challenges, from the devastating earthquake that claimed hundreds of thousands of lives, to a cholera outbreak, to floods and other disasters. I have seen first-hand the everyday heroism of Haitian citizens and their supporters that is helping to rebuild Haiti. Today, despite extreme difficulties, evermore children are being immunized, more children are being reunited with their families, and more children are attending school again. This is proof that progress is possible—even in the worst of circumstances—when we all work together. In 2011, we must reaffirm our commitment to build a better future for all of Haiti’s children. ”

**Anthony Lake, UNICEF Executive Director**



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# Executive Summary

One year on, children in Haiti are still reeling from the lingering impact of the 12 January earthquake, which remains the single largest catastrophe to hit the country in centuries. More than 220,000 lives were lost and countless families were fractured with 750,000 children directly affected. Still today more than one million people remain displaced, living in crowded camps where livelihoods, shelter and services are still hardly sufficient for children to stay healthy, fulfil their right to education, remain protected and have access to safe water, sanitation and hygiene. Bottlenecks to recovery have meanwhile slowed the pace of reconstruction, prolonging humanitarian needs into 2011. Towards the end of the year cholera also broke out in Haiti—in an area that had not been affected by the quake—and the disease quickly spread to all ten departments, sweeping away thousands of lives in the space of a few weeks. Political crisis following the November elections made matters worse with insecurity impeding humanitarian actors' capacity to move swiftly to save lives and expand coverage of preventive interventions to contain the disease.

UNICEF, a long-term development partner in Haiti over decades, focused all of its response in 2010 on its Core Commitments for Children in Humanitarian Action (CCCs)<sup>1</sup> in the face of a truly unprecedented children's emergency. Working with national and private sector partners, UNICEF ensured that up to 680,000 people (out of 1.2 million people reached by the Cluster) had access to safe water at the height of the earthquake-emergency through water-trucking efforts, and UNICEF is now transitioning to more sustainable solutions while looking at investments in rural water and sanitation systems and hygiene promotion in the context of cholera.

Close to two million children were immunised against six key vaccine-preventable diseases, while UNICEF worked with partners to reach more than 102,000 children and 48,900 mothers with nutrition counselling and treated more than 11,250 children suffering from severe acute malnutrition. In Education, UNICEF and partners also worked around the clock between January and March so that earthquake-affected children could return to their classrooms when schools reopened in April. In a context where needs remain daunting and where less than half of all children are out of school, UNICEF extended the effort to the whole country at the start of the 2010-2011 school year, reaching 720,000 children and 15,000 teachers in 2,000 schools.

Partnerships in Child Protection meanwhile helped register and reunite children who were separated in the aftermath of the earthquake, and UNICEF worked with national and international partners to offer children daily opportunities to reclaim their childhood through the establishment of 369 Child-Friendly-Spaces serving

94,800 children. Capacity-building to ensure that norms and legal frameworks better promote children's rights was also accelerated, from training and deploying more social workers through to upgrading legal frameworks to create a protective environment for children.

Throughout the year, UNICEF also played a role in coordinating more than 430 partners in the Education, Water, Sanitation and Hygiene (WASH), and Nutrition Clusters, coordinating as well the Child Protection Sub-Cluster. UNICEF also played a key role in the Health Cluster coordinated by the World Health Organization (WHO), and in the Gender-Based Violence Sub-Cluster led by the United Nations Population Fund (UNFPA). UNICEF was thus engaged in facilitating sectoral level processes aimed at jointly ensuring the establishment and maintenance of appropriate humanitarian coordination mechanisms. This included coordination with national/local authorities, attention to cross-cutting issues, needs assessment and analysis, planning, strategy development, application of standards, monitoring and reporting, and supporting capacity development of cluster members and national partners.

UNICEF has also ensured preparedness to respond to new emergencies. Mobile emergency teams and contingency stocks pre-positioned in twelve different locations in the country served in the response to Hurricane Tomas in November, and proved critical in ensuring an immediate response to the cholera outbreak, with supplies delivered to local hospitals to save lives and to local communities to protect themselves from the disease within the first 24 hours of the outbreak. To date, UNICEF is supporting 72 health facilities in the country to treat patients with cholera, and is leveraging networks and partners to reach 1.5 million children in schools, residential care centres and hard-to-reach communities, with essential supplies and prevention messages.

Looking back at the past year, new crises should not overshadow the results achieved for children—but they should serve as a potent reminder of the extreme fragility of their situation. Years before the earthquake, Haiti was already suffering from deep disparities, extreme poverty abetted by fragile infrastructure and weak to absent social safety nets. Looking forward, UNICEF commitments for 2011 will be to address all that is unfinished in the earthquake response and maintaining what has been achieved for children's health, access to safe water and sanitation, nutrition, education and protection, while seeking to strengthen communities' resilience and help Haiti's women and children lift themselves out of vulnerability. As a relentless advocate for children, UNICEF also pledges to ensure their voices are heard, and that children are at the centre of recovery—it is their vision for their country which will be our blueprint to build a Haiti Fit for Children.

All results reported are as of 14 December 2010.

<sup>1</sup>UNICEF CCCs were re-issued in April as CCCs in Humanitarian Action, with the initial response guided by the previous CCCs.

# Overview

A new year begins in Haiti and for some children—who are returning to a rehabilitated home and to new classrooms—it starts with promise and optimism. But for far too many others, it begins almost as it began in 2010, in displacement, as well as in sickness and mourning as yet another crisis is bearing down on communities and collective plans for the future. This is the reality in Haiti, where generations of children have been born and raised in poverty, amidst political strife, social unrest, economic crises and nutrition insecurity. Ranked 149th out of 162 countries on the Human Development Index in 2009, Haiti has long been characterised by weak institutions and governance. Adding an incredible burden to an already complex environment, the unprecedented emergency triggered by the January 2010 earthquake led to the death of over 220,000 people. Later in the year illness and death also returned with cholera's quick spread to all ten departments in Haiti.

Despite the rubble and the ruin there was a timid sense of hope in the capacity of Haiti to overcome in the very first weeks after the quake. This optimism was spurred by extraordinary declarations of international solidarity, pledges of billions of dollars of aid—and the arrival of literally thousands of aid organisations with capacity to push through recovery efforts that were needed long before the earthquake.

Continued displacement, the emergence of cholera in late 2010 (and its rapid spread throughout the country in less than three weeks), and riots after the elections provided a heart wrenching reality check that children continue to face serious challenges. Gaps also remain in the earthquake response and decade-long disparities threaten to erode the overall stability and development of the country. Now, as a second emergency response for cholera is being mounted, Haitians are not only in danger of losing additional loved ones—they are also in danger of losing that hesitant sense of hope, while the fear is that the few seeds of change that have been sown will be neglected.

This cannot be allowed to happen. Haiti's social and cultural wealth is coupled with economic potential which can be realised through renewed political will, and fulfilled promises of investment and decentralisation of social services. Building on its experience before, during and after the emergency, UNICEF will continue to focus on meeting the many humanitarian needs that remain in earthquake-affected areas, extending response efforts in 2011 to reach those who have not yet been reached, and tackling endemic poverty and disparities throughout the entire country—so the vision of a Haiti Fit for Children can progressively take shape.

## Fast Facts

- **Just over one million people remain displaced—380,000 of them children—as a result of the January earthquake, living in a total 1,200 displacement sites.**
- **At the height of the emergency UNICEF and WASH Cluster partners were collectively reaching 1.2 million people with safe water. Today, UNICEF is focusing on building sustainable solutions for access to safe water. Since January UNICEF and partners installed more than 11,300 latrines out of 15,300 set-up by the WASH Cluster whose overall efforts are serving a total 1.7 million people .**
- **Some 720,000 children are receiving support in a nationwide "All to School" campaign in 2,000 schools, also reaching 15,000 teachers with materials and training.**
- **94,800 children are benefiting from daily opportunities for sports and recreational activities in a network of 369 Child-Friendly Spaces in earthquake-affected areas.**
- **With partners in the Health Cluster, UNICEF worked to protect more than 1.9 million children from being needlessly exposed to six key vaccine-preventable diseases.**
- **There has been no increase in levels of acute malnutrition in children under five. UNICEF continues to support therapeutic feeding centres which treated more than 11,250 children with severe acute malnutrition.**
- **As of end-December cholera had spread to all of Haiti's ten departments, claiming more than 2,500 lives and causing more than 100,000 people to be sick. Riots and insecurity following the November 28 elections have however led to challenges for humanitarian actors to ensure a nimble and fast-moving response.**
- **UNICEF's cholera response is expanding to support network of 72 cholera treatment centres and units, working also in 5,000 schools, 300 child-friendly nutrition centres and more than 700 residential care centres to distribute soap, water purification tablets and train teachers and children on safe hygiene practices and promote adequate and safe child feeding practices for cholera prevention.**

## Context

# PERSISTENT BOTTLENECKS AND NEW CHALLENGES

- BOTTLENECKS TO RECONSTRUCTION
- CHOLERA OUTBREAK
- DEEP DISPARITIES AND INEQUITY

For thirty five seconds one year ago, time in Haiti was at a sudden standstill. Thirty five seconds of a late afternoon in January also suddenly became the defining moment, if ever so short, for countless generations of children in Haiti. Thirty five seconds have flown by a countless number of times since 12 January, but mounds of rubble and miles at a time of faded blue tents in Port-au-Prince's landscape seem to convey a different sense of standstill—but a sense of standstill all the same. One year on, bottlenecks to reconstruction have been under-estimated and are now weighing on the pace of progress. New challenges with the outbreak of cholera and election-related violence have also brought crisis in the midst of crisis—and overcoming decades of deep disparities and inequity will be an effort over the long haul to break the standstill, to lift Haiti's new and younger generations out of crushing poverty and to build a Haiti fit for Children.

## Persistent bottlenecks

One of the most visible symbols of persistent bottlenecks is the more than one million people still living in crowded displacement sites, 38 per cent of them children<sup>1</sup>. The bottlenecks making displacement a protracted crisis today are rooted in the disparities and poverty of pre-earthquake Haiti. With 61 per cent of the displaced poor tenants who lost their homes in the quake, a lack of space and economic capacity to rebuild in Port-au-Prince's dense neighborhoods, and with basic social services provided free of charge in displacement sites, the pull factor around sites remains tremendous. The complex equation of space, land rights, overwhelming poverty and lack of livelihoods also offers few options for quick exit strategies and requires investment in areas as varied as urban planning, livelihood and skills training, community development and legal reform to clarify land tenure, to cite just a few. Moreover, only nine per cent of sites host more than 500 households, and represent in fact more than half all of the total displaced population<sup>1</sup>. The other half meanwhile are scattered in literally hundreds of sites with less than a thousand people, making the pattern of displacement a challenging equation in itself. Contributing to the push factor, one year after the earthquake, many private landowners are claiming back their land, with evictions a growing risk and a new challenge for displaced communities and humanitarian actors alike.

Moreover, before moving towards rebuilding communities, the issue of rubble clearance is almost as acute today as it was twelve months ago and weaving a new network of schools, health and nutrition rehabilitation centres, along with new water and sanitation systems depends almost directly on the pace of rubble being cleared and land rights being redefined, meaning that



a year later, the bulk of the effort is still ahead of us. At the same time, competing priorities for an over-stretched and under-resourced government—in a year with Presidential and Parliamentary elections—also delayed roll-out of the Action Plan for National Recovery and Development, while less than half of pledges (US\$ 897 million<sup>2</sup>) made at the donor conference have been disbursed to support the longer-term reconstruction agenda—in stark contrast to the tremendous outpouring of support and contributions from around the world to ensure immediate humanitarian needs were met. The elections themselves have brought challenges—with decisions delayed, and sporadic rioting grinding nearly all efforts to a halt for actors working on immediate humanitarian needs and longer-term recovery projects.

With the international presence in Haiti itself deeply affected by the earthquake, including the loss of 101 United Nations staff, there were also immediate constraints on the international community's capacity to respond and coordinate in the early days. Rebuilding capacity for these two key functions in turn had an impact on how fast the United Nations and partners could roll-out efforts and help the government for the longer term, while recovery in itself simply takes time, whatever the circumstances.

## Cholera: Crisis in a Crisis

A grim new challenge also emerged towards the end of the year, with the outbreak of cholera bringing a new emergency to Haiti. Just as schools had re-opened and just as long-term development projects were gathering momentum through the work of the Interim Haiti Recovery Commission, cholera threw the country back into crisis—affecting all ten of Haiti's departments, with the cholera *vibrio* rapidly spreading and transmission accelerating after Haiti's brush with Hurricane Tomas in early November.

Overburdened, depleted and critically under-staffed, Haiti's health system was unprepared and had no knowledge or experience to handle a public health crisis of this magnitude. Humanitarian actors on the ground responding to post-earthquake humanitarian needs are working to fill gaps, but the poor state of sanitation continues to offer a breeding ground for the *vibrio* to multiply almost exponentially, leading to a unique epidemic in living history in Haiti, corresponding to no existing models or epidemiological scenarios according to the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC). UNICEF and partners have been responding with the same sense of urgency that guided the response to the earthquake, with the added dimension that needs are nationwide. This new crisis also shed more light on the

challenges caused by over-centralisation of health and emergency response systems—a challenge and a gap which needs to be addressed to advance recovery from the earthquake and move forward life-saving humanitarian efforts in the context of cholera. The disease is indeed taking its largest toll outside of Port-au-Prince, in areas that are the hardest to reach, and whose common characteristics are a vacuum of basic social services as a result of the country's history of underdevelopment.

## Poverty, Deep Disparities and Inequity

Beyond the threat of cholera and beyond the devastation caused by the earthquake, there is indeed a silent emergency whose timeframe is measured not in seconds or in hours, nor even in days or years, but in decades of grinding poverty, disparity and inequity. Before the earthquake, Haiti's children lived in a country already at a standstill, with the nation off track on nearly all targets set under the Millennium Development Goals (MDGs). In Haiti, a child born in the poorest 20 per cent of households has fifty per cent fewer chances to reach his fifth birthday than a child born in the top quintile. Children living in rural communities are also nearly twice as likely to be underweight compared to children living urban areas. More than four out of five had no access to sanitation facilities. Only one in sixteen pregnant women in the bottom quintile had a skilled attendant at delivery (under one in two in the top quintile). Only one in two children were in school before 12 January 2010 and there was a 25 percentage point difference in primary school completion rates between children living in urban and rural areas. More than 1.2 million children were also deemed to be extremely vulnerable to violence, exploitation and abuse.

For these children and women who were the most vulnerable in rural areas and in the bottom quintiles, development was even moving backwards—with gaps widening for child nutrition, maternal health, education, sanitation and access to clean water. The earthquake and cholera have only exacerbated these challenges, making sustainable recovery all the more complex. To reverse this trend, efforts need to take all these dynamics into account, and need to be aligned to the simultaneous yet different timelines of emergency and development. Simply put we must continue to work to save lives *now*, and we must maintain our commitments for tomorrow—and the day after—to hope to bring lasting change and build better lives for Haiti's children.

<sup>1</sup> Camp Coordination & Camp Management Cluster, Displacement Tracking Matrix, 30 November 2010.

<sup>2</sup> Office of the Special Envoy for Haiti, Key Facts as of November 2010.

## Core Commitments for Children in Humanitarian Action

# WATER SANITATION AND HYGIENE

### STRATEGIC RESULT

*Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation facilities*

**B**efore 12 January 2010, access to safe water, sanitation and hygiene was on the decline in Haiti. Only 19 per cent of people had access to improved sanitation facilities, down from 29 per cent in 1990. The earthquake threatened to set Haiti further back—especially in Port-au-Prince’s slums where uncontrolled development had led to appalling conditions. Emergency efforts to bring safe water and sanitation to the displaced saved lives but the underlying challenge remains the same: building sustainable solutions—and now fighting back against cholera.

### Water Supply

At the height of the emergency, UNICEF and partners were trucking a daily average of 8.3 million litres of clean water to close to 680,000 people—the equivalent of a line of trucks the length of 160 football pitches. Out of 1.2 million people reached by the WASH Cluster, UNICEF’s contribution amounted to more than half the effort. Starting in May, with WASH Cluster partners taking over water-trucking, UNICEF transitioned its effort to support more sustainable solutions, including repairs and expansion of piped networks. UNICEF is now working with partners on extension of water networks in slums to serve more than 130,000 people. With the cholera outbreak, another priority has been ensuring water remains safe at the point of consumption and simultaneously monitoring water quality. Working with national partners, UNICEF provided more than 10.9 tons of chlorine and over 45 million water purification tablets in overall efforts to ensure water is safe for 3 million people in Port-au-Prince and forty towns in the country, with UNICEF directly covering half of the population in Port-au-Prince.

### Sanitation

With prolonged and unpredictable movement of populations, land rights issues and changing strategies, installing latrines and upgrading sanitation in temporary sites has been a major challenge from day one. To date, through a combination of installation of portable toilets, digging of pit latrines, and UNICEF support with sanitation supplies and materials, more than 11,300 latrines have been set-up serving over 800,000 people. Serious gaps however remain with the challenges above preventing the WASH Cluster as a whole to reach the target 1:50 latrine per person ratio, requiring 34,000 latrines. Nonetheless UNICEF is working to keep camps clean and maintain sanitation standards where these have been achieved, working with private companies to de-sludge 600 latrines every day, with guidelines in place and partners trained to ensure this is done safely. The next step for recovery is to move to sustainable solutions and UNICEF is working with partners to roll-out “Community-Led Total Sanitation” as an approach to put communities in the driver’s seat to reduce risks linked to open defecation and promote ownership in building and managing local solutions for improved sanitation.



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Indicators	WASH Cluster 2010 Targets	WASH Cluster Progress to Date	UNICEF 2010 Targets	UNICEF Progress to Date
Access to safe water for earthquake-affected people	1.2 million people 10 litres/person/day	1.2 million people 6 litres/person/day	500,000 people 10 litres/person/day	678,000 people* 6.5 litres/person/day
Emergency sanitation for displaced people (latrines installed)	1.7 million people** 34,000 latrines	1 million people 15,309 latrines	250,000 people 12,500 latrines	804,000 people 11,324 latrines
People who can demonstrate knowledge of hygiene practices	1.54 million people (90 % of 1.71 million)	1,030,000 people (60% of 1.71 million)	250,000 people (14% of 1.71 million)	709,000 people (41% of 1.71 million)

Source: WASH Cluster, UNICEF programme. \*Results from water-trucking effort from January through May, after which UNICEF transitioned to systems repairs and extensions to serve 130,000 people with the remainder of the effort covered by the WASH Cluster. \*\* Sanitation strategies and targets for people supported with emergency sanitation evolved over the year with changes in displacement patterns, and the target following the dynamic of displacement and realigning progressively to just above 1 million people displaced as of December 2010.

## Hygiene Promotion

Hygiene promotion has been a key component in keeping water-borne diseases at bay in camps—including with celebration of Global Handwashing Day on 15 October with UNICEF convening over 70 partners in and outside of Port-au-Prince. At the same time 90,000 hygiene kits have been distributed to displaced families (one kit covers needs for one household over one month) and over the year, UNICEF and partners have built a network of 5,185 trained hygiene mobilisers, who have to date reached more than 709,000 people through inter-personal hygiene promotion sessions and social mobilisation efforts. This network was immediately activated to reach people with key messages for cholera prevention as soon as the disease broke out, with specific hygiene messaging and social mobilisation to reinforce prevention at community level in urban slums and hard-to-reach rural communities.

## WASH in Schools

Over the past year 150 schools were supported by UNICEF with a comprehensive WASH package including drilling boreholes, installing sex-segregated latrines and hand washing facilities and disseminating hygiene promotion messages benefiting a total 76,800 children with schools supported throughout all areas affected by the earthquake. Specifically in response to cholera, more than 865,000 bars of soap have been distributed, focusing notably on 1.5 million children in 5,000 schools and 30,000 vulnerable children living in residential care centres in all ten departments throughout the country.

## WASH Cluster Coordination

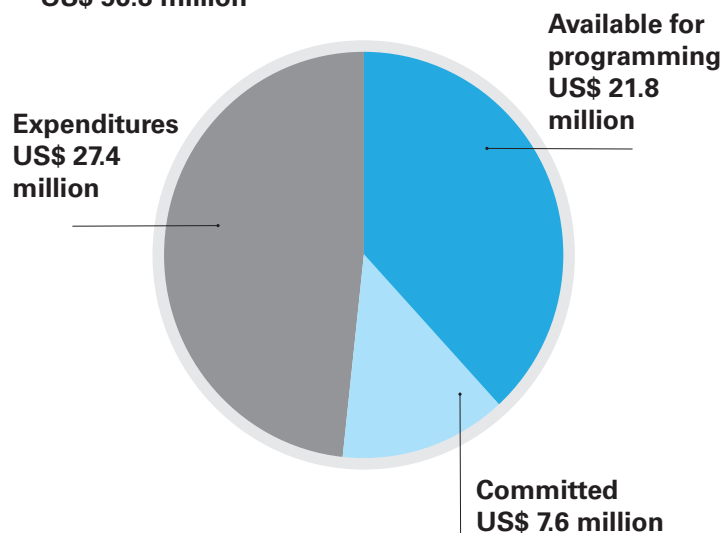
UNICEF mobilised staff to facilitate WASH Cluster coordination in the aftermath of the quake, focusing on strengthening the leadership role of DINEPA (*Direction Nationale de l'Eau Potable et de l'Assainissement*) in coordinating more than 60 partners. With funding from UNICEF, the Cluster embedded staff in DINEPA and also helped set and disseminate standards on waste disposal, water-tankering, de-sludging, chlorination in the context of the cholera response, while also ensuring presence and decentralised mechanisms for coordination in four departments and in all seven of Port-au-Prince's different municipalities. UNICEF is now further scaling up coordination capacity in all ten departments to support the ongoing cholera response.

## Challenges and Looking Forward

UNICEF's available resources for 2011 will focus on extending coverage for sanitation where gaps remain for displaced and earthquake-affected communities, with investment in more water systems repairs and extension for 200,000 more people, and a focus on community-driven solutions for sanitation to overcome decades of under-investment in Haiti's towns and countrysides. With the need to invest in reform and regulation, UNICEF will support efforts by the Government for WASH sector reform by focusing on providing poor urban and rural communities with the tools and training to plan, budget for and better manage water and sanitation systems at the community level, and to also improve hygiene practices critical to reducing diarrhoea in children and in halting the spread of cholera. At the same time, UNICEF is building a national alliance for WASH in schools and will continue to support upgrading of WASH services to facilitate relocation outside of camps and into renewed communities, contributing to national strategies for decentralisation and development in rural areas outside the capital—particularly in support of preventive WASH efforts in the response to cholera.

## Funding

**Total Allocation**  
US\$ 56.8 million



## Core Commitments for Children in Humanitarian Action

# EDUCATION

### STRATEGIC RESULT

*Girls and boys access safe and secure education and critical information for their own well-being*

There was perhaps no worse symbol for the future of Haiti's children than the image of collapsed schools in the aftermath of the quake. But there was also no stronger commitment than making education the main avenue for rebuilding Haiti and securing a better future for its children. Still, more than half remain out of school, and children in camps face continuing challenges to access education. New challenges are also threatening the continuity of education for children who could go back to school, and dimming the hopes of those millions of children who were out of school and aspired to fulfil their right to quality basic education.

### Improving Access to Quality Basic Education

Close to 5,000 schools were affected by the earthquake which caused the whole education system to shut down while the Ministry of Education itself collapsed. With children out of school, UNICEF and partners distributed 1,600 tents to set up more than 225 temporary learning spaces, while overall efforts helped 600 schools to reopen on 5 April with distributions of learning materials and school equipment benefiting more than 325,000 children and 42,000 teachers at the time. When schools closed for one month in the summer, UNICEF and partners in the Education Cluster were already preparing the start of the next school year, launching a new nationwide "All to School" campaign on 4 October targeting not only children who had suffered an interruption in their schooling as a result of the quake, but also children in sites, slums and neglected rural areas who had never before accessed education. With schools opening gradually since October, UNICEF has been working to roll out this campaign and is reaching 720,000 children nationwide (out of 2.2 million primary school age children at national level, with more than half out of school), 15,000 teachers and 2,000 schools in all ten departments, reaching 80 per cent of those children directly affected by the quake, with efforts coordinated with the World Food Programme and other partner's school feeding initiative.

### Improving Quality of Education

After the earthquake, UNICEF worked with the Ministry of Education to strengthen the capacity of education personnel with a combination of trainings that reached more than 11,300 teachers and education personnel. Training focused on the adapted curriculum that was developed so children would not have to repeat a year, the detailed curriculum for the new school year, and psychosocial care for children with 6,000 teachers trained so classrooms could offer a space where children could be helped to overcome trauma caused by the disaster. Part of UNICEF's efforts to build national capacity has also been to invest in Early Childhood Development (ECD), with UNICEF supporting the work of the Early Childhood Bureau in the Ministry of Education, with trainings now underway for preschool animators on the national curriculum, while over 53,000 children benefited from ECD opportunities through distributions of ECD kits. UNICEF



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Indicators	Education Cluster 2010 Targets	Education Cluster Progress to Date	UNICEF 2010 Targets	UNICEF Progress to Date
Children provided with learning materials*	700,000*	842,097	720,000	720,000
School tents to set-up temporary learning spaces	4,000	2,729	2,000	1,600
Semi-permanent schools (built/construction ongoing)	464	298	200	127
Education staff trained on psychosocial care for children	5,000	7,592	5,000	6,000
Children benefiting from ECD kits and opportunities	100,000	65,704	60,000	53,520

Source: Education Cluster, UNICEF programme. \*Cluster target for the initial response and April re-opening of schools. Under the Ministry's plan for the 2010-2011 school year, the target was extended to the total of over 2.2 million primary school-age children, including children out-of-school before the quake.

also embedded experts at the Ministries of Education and Planning to support a planning and costing exercise for the Operational Response Plan for Education Sector Reform piloted by the Presidential Commission on Education, and to help in the development of Government proposals submitted to the Interim Haiti Recovery Commission in support of the education sector. UNICEF also worked to train 154 school inspectors, directors and teachers on disaster risk reduction and education in emergencies. Part of the effort included setting up local emergency coordination cells to help identify needs, organise trainings and sensitisations, monitor distributions in schools, and coordinate partners with the overall aim of ensuring continuity of education in emergencies. With the outbreak of cholera, UNICEF moved swiftly to support 5,000 vulnerable schools with distributions of soap and water purification tablets benefiting 1.5 million children, alongside social mobilisation efforts reaching school directors and teachers in 20,000 schools.

### School Construction

Perhaps one area where bottlenecks where the greatest was school construction, with issues of rubble clearance leading UNICEF to constantly adapt to changing circumstances. To date, UNICEF has built 57 semi-permanent schools using hurricane and earthquake-resistant designs and including WASH facilities, with construction ongoing in 60 further schools benefiting more than 24,400 children. More contracts are being awarded and the target is to reach 200 semi-permanent schools. UNICEF will continue to coordinate with international development partners on permanent school construction to help restore the 5,000 schools damaged by the quake.

### Education Cluster Coordination

Working to coordinate more than 196 organisations, UNICEF and Save the Children Alliance, as co-leads of the Education Cluster, helped organise emergency efforts and disseminated guidelines on minimum standards for Education in Emergencies in the aftermath of the quake. The Cluster also supported the Ministry of Education in developing norms for child-friendly schools, psychosocial support for children and WASH in schools. Recognising chronic vulnerability that characterised the education system long before the earthquake, the Cluster is also working on a transition plan to leverage emergency efforts as a starting point for longer-term planning and reform. A database with information on affected schools and attendance by displaced children is being developed in partnership with the UN Office for Project Services (UNOPS)

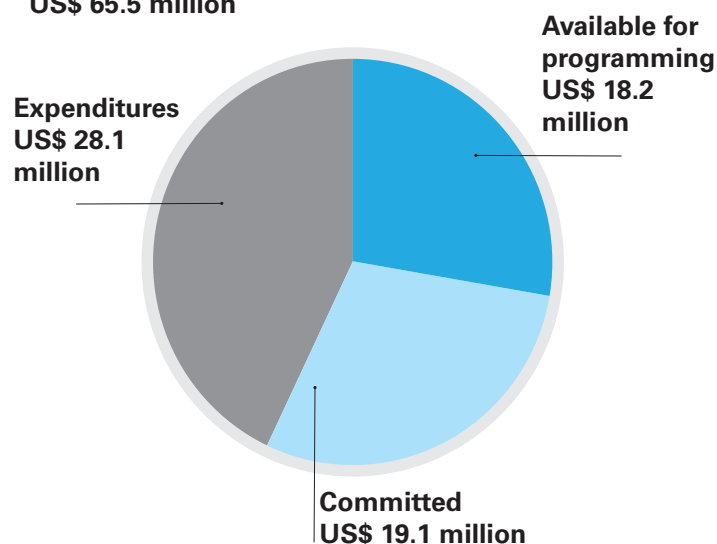
and will be handed over to the government to contribute to the development of an Education Information Management System to build capacity for planning and coordination.

### Challenges and Looking Forward

With funds available in 2011, UNICEF will invest in three key priorities including improving access to education, improving quality of education, and investing in reform and regulation in the education sector. Overcoming bottlenecks in access means building more schools, but also advocating for the universal abolition of school fees as the main social barrier for children to access education in Haiti. Improving quality means strengthening government capacity to lead, plan and coordinate, training more teachers and education staff and unifying a fragmented system divided between private and public actors, marred by inequity, and where more than half all children remain out of school. Addressing the gaps that remain in the earthquake response—one in five affected children in school before the quake has indeed still not been able to regain access to education—and tackling these bottlenecks will be the way forward for UNICEF, alongside efforts to build capacity at the decentralised level for local management of schools, and advocating for a greater allocation of the national budget for education.

### Funding

**Total Allocation**  
US\$ 65.5 million



## Core Commitments for Children in Humanitarian Action

# CHILD PROTECTION

### STRATEGIC RESULT

*Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted*

**F**orgotten in hard to reach rural areas, invisible in plain sight in Port-au-Prince's slums, and at constant risk of abuse, violence and exploitation, children in Haiti were already up against incredible odds twelve months ago. Caught in a silent emergency, 1.2 million children in Haiti were already deemed to be extremely vulnerable before the quake, with their plight all too often overlooked and their voices unheard. One year on, Haiti's children are still on the brink, but the rally of attention on child rights still holds the promise of a new deal for children in Haiti.

### Children without Family Care

Children who had lost parents and caregivers or had become separated was a major concern in the immediate hours and days after the quake. Many children were taken in and cared for by extended family members and neighbours, but for the most acute cases, UNICEF and partners worked to identify, register and reunite these children with parents and caregivers. To date, 4,948 children have been registered and 1,265 have been reunited, while all others are being followed-up on and monitored in various temporary care solutions. The hotline UNICEF set-up with partner Save the Children meanwhile continues to take calls referring cases of separated children to mobile teams who operate throughout the country, including border areas with the Dominican Republic, to register and reunite children. Highlighting the need for continued investment in social work, today more cases involve children who were separated before the earthquake than after, and close to 40 per cent of children registered so far were separated before 12 January, underlining how deep-seated child protection challenges are in Haiti.

### Community Based Child Protection

After one month, 33 Child-Friendly Spaces had been established, serving 7,425 children. Twelve months on, coverage has expanded more than ten-fold with 369 spaces offering more than 94,800 children daily opportunities to engage in recreational activities, access psychosocial support, and reclaim their childhood. UNICEF and partners adapted activities to children's needs throughout the year, focusing first on psychosocial assistance, and, as children were helped to overcome the distress caused by the quake, partners moved to more traditional activities, including strengthening referral mechanisms, introducing creative arts, and developing basic learning activities when schools were closed and for those children not yet able to access education, so children could maintain literacy and numeracy skills. Since the cholera outbreak, the network of Child-Friendly Space animators has also been trained and mobilised to work in their communities and to date more than 116,000 children and 129,000 families were reached with messages on cholera prevention.



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Indicators	Child Protection Sub-Cluster 2010 Targets	Child Protection Sub-Cluster Progress to Date	UNICEF 2010 Targets	UNICEF 2010 Progress to Date
Children benefiting from Child-Friendly Spaces	120,000 in 450 spaces	112,300 in 437 spaces	120,000 in 450 spaces	94,800 in 369 spaces
Separated and/or unaccompanied children registered and reunited	50,000 children in residential care*	4,948 registered, 1,265 reunited**	50,000 children in residential care*	4,948 registered, 1,265 reunited**

Source: Child Protection Sub-Cluster, UNICEF programme. Targets are the same for UNICEF and Sub-Cluster. \* Target for nationwide registration campaign launched at end-year 2010. \*\*UNICEF/Sub-Cluster results in 2010 reflect Family Tracing and Reunification efforts after the earthquake.

## Building Better Systems

Lasting change for children in Haiti is however a matter of investing in the long-term systems that will ensure children’s rights are fulfilled, with a state in full capacity of exercising its responsibility as primary duty bearer for children—programmes that were part of UNICEF’s efforts before the quake. UNICEF thus worked from the very first days of the disaster to build the capacity of state actors for the longer-term. One objective is developing a network of trained social workers and the overall professionalisation of social work, with UNICEF supporting the training and deployment throughout the country of 140 staff from Haiti’s child protection agency, the *Institut de Bien Etre Social et de Recherche* (IBESR), NGOs and the Haitian Police’s *Brigade de Protection des Mineurs* (BPM)—which has now 65 trained staff up from only 12 in 2008 to cover the entire territory. UNICEF also worked to strengthen IBESR in Les Cayes, Gonaïves, and Cap Haïtien, also helping a new office to open in Jacmel. Similar efforts have also taken place to reinforce BPM presence to prevent child trafficking at the borders and the airport in Port-au-Prince. Work is meanwhile underway with IBESR to enforce national-level policies on residential care centres, including standards for accreditation. A nationwide civil registration campaign has also been launched in partnership with IBESR and the Organization of American States, focusing on children living in institutions and spontaneous sites and expanding to all children throughout the country. UNICEF is also supporting government efforts to upgrade its legal frameworks on adoption—including ratification of the Hague Convention on Inter-Country Adoption, with safeguards that are today stronger to ensure inter-country adoptions are done in the best interest of the child and as a last resort when family-based solutions for care are not available or appropriate. UNICEF has also worked with government partners in Haiti and the Dominican Republic to reinforce legal frameworks against child trafficking, and in Haiti to tackle the worst forms of child labour, including support to implement legal frameworks designed to curb the phenomenon of children used as domestic servants or “*restaveks*”, whose numbers are feared to have increased over the past year.

## Child Protection Sub-Cluster Coordination

The UNICEF-coordinated Child Protection Sub-Cluster, now co-led with the Ministry of Social Affairs, convened a total 130 organisations, with partners People in Need and Save the Children co-leading coordination outside

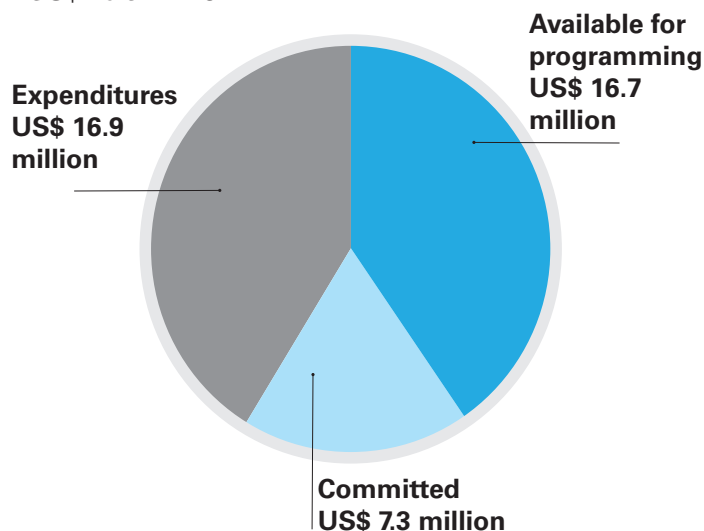
of Port-au-Prince. Over the year, the Cluster organised trainings for member organisations on family tracing and reunification, and played an advocacy role to ensure a preventive presence of BPM and MINUSTAH in different camps hosting a total of more than 236,000 people. The Cluster also worked to upgrade referrals for child protection cases including linking actions by government, UN and NGO actors, mapping of services in camps and at the Dominican border to prevent child trafficking, and mainstreaming child protection across relevant sectors.

## Challenges and Looking Forward

Structural challenges remain deep, and risks are looming largely for children. Nonetheless, the momentum for change remains strong. With available resources over the next years, UNICEF will invest in the people, the communities and the systems needed to strengthen child protection, by expanding the network of Child-Friendly Spaces to reach 150,000 children, by establishing 350 Child Protection Committees, by seeking to build up BPM presence to 200 trained staff nationwide over the next years, and by moving forward civil registration for children in residential care centres, in camps and throughout Haiti. UNICEF will also work with IBESR to train more social workers, improve standards of care, and advance legal and judicial reforms to improve adoption frameworks and curb child trafficking and child labour.

## Funding

**Total Allocation**  
US\$ 40.9 million



## Core Commitments for Children in Humanitarian Action

# HEALTH

### STRATEGIC RESULT

*Excess mortality among girls, boys and women in humanitarian crisis is prevented*



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Preventing any serious epidemic outbreak in the months after the quake—despite the near total collapse of the entire health system—was perhaps the single largest measure of success of the relief effort. Twelve months on however, cholera—which erupted in an area untouched by the quake—has dramatically changed the landscape and is without a doubt the single largest challenge ahead. Cholera is now adding onto an almost endless list of threats to child and maternal health in a country that has the highest under-five, neonatal and maternal mortality rates in the region. Today UNICEF is responding with a renewed sense of urgency in health, looking at efforts to save lives today and build systems to preserve them for tomorrow.

### Maternal and Child Health

Over successive emergency campaigns from January to October, UNICEF and partners in the WHO-coordinated Health Cluster reached close to 1,940,000 children with immunisations against vaccine-preventable diseases (including measles, DTP, rubella and polio), with children simultaneously receiving Vitamin A supplementation. Efforts focused on children living in displacement camps and expanded in a second phase to surrounding communities, schools and residential care centres in earthquake-affected areas.

Today, UNICEF is focusing on the re-establishment of routine immunisation services at the nationwide level, with a particular emphasis in twenty low-coverage communes where fewer than fifty per cent of children are immunised and are needlessly exposed to preventable diseases. UNICEF's support includes a combination of technical support for micro-planning at commune level, as well as installation and maintenance of cold chain equipment, with simultaneous training of cold chain technicians in departments outside of Port-au-Prince. In November, working with the Inter-American Development Bank in support of the Ministry of Health, UNICEF helped organise the second Child Health Week in Haiti, with 1,350,000 children receiving Vitamin A capsules, deworming tablets and catch-up immunisations with efforts in all ten departments throughout the country.

With serious gaps in maternal health—and declining indicators even before the earthquake—UNICEF also reinforced its partnership with the United Nations Population Fund (UNFPA), United Nations Volunteers (UNV) and UNOPS with efforts underway to re-establish access and rehabilitate basic emergency obstetric care facilities in ten locations including Martissant at the heart of some of Port-au-Prince's most densely populated slums, as well as in far-off towns in hard to reach areas in Grande Anse, Artibonite and Sud Est departments.

Indicators	UNICEF 2010 Targets	UNICEF Progress to Date
Children immunised against major vaccine-preventable diseases*	1.5 million	1,939,651
Households with at least two insecticide treated nets	100,000	163,588
Health facilities receiving medical supplies and technical assistance for cholera response.	25 CTCs and 200 CTUs	24 CTCs and 48 CTUs

Source: UNICEF programme. \* Children also receiving Vitamin A supplementation.

## Malaria Prevention

Mass distribution of long-lasting insecticide treated nets for malaria prevention began with the start of the rain and hurricane season, and focused on low-lying coastal departments with high malaria endemicity, targeting as a priority people living in displacement camps. More than 163,000 households benefited from the distribution of over 360,000 bednets in four departments in Haiti's southern claw. Trainings were also organised in partnership with the Ministry of Health and nine partner NGOs for community health workers to disseminate messages on the importance of sleeping under mosquito nets for infants and pregnant women.

## Cholera Response

When cholera broke out in October, UNICEF responded with the utmost urgency, deploying staff and sending supplies within 24 hours to kick-start efforts to save lives and to immediately train and build capacity of first-level responders. UNICEF also advocated with counterparts to ensure epidemiological data is properly disaggregated by age to map the impact on children. By the end of December, despite election-related violence slowing down the response, UNICEF and more than sixteen partners were supporting 24 Cholera Treatment Centres (CTC), 48 smaller Cholera Treatment Units (CTU) and a network of distribution points where people can quickly access Oral Rehydration Therapy. More than 2.6 million sachets of Oral Rehydration Salts (ORS) have been distributed at the community level, along with Diarrhoea Kits to treat up to 4,600 severe cases and 18,400 moderate cases, Ringers Lactate to treat a further 1,350 cases, and over 38 million Zinc tablets to reduce the severity and duration of diarrhoea episodes among children. Some 3.7 tons of chlorine were also dispatched to disinfect health facilities, while over 250 tents were distributed to set-up CTCs and CTUs in all ten departments, with total space capacity to set-up over 2,200 cholera beds.

UNICEF also supported the Ministry of Health in defining and disseminating messages on cholera response and prevention—both to promote health seeking behaviours and safe hygiene practices, with support from the WASH Cluster in defining messages. UNICEF also deployed emergency health specialists to provide technical assistance for local health departments to coordinate the response, set-up facilities, and ensure referrals and services are accessible even in the most remote and hard-to-reach areas.



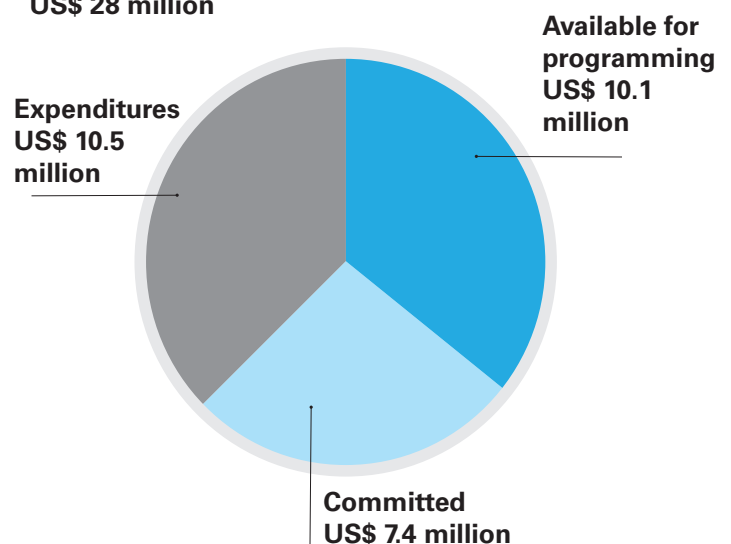
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## Challenges and Looking Forward

With funds available for 2011, UNICEF will invest in improving access to primary health care in vulnerable communities in Port-au-Prince while extending efforts to under-served areas in the Nord Ouest, Nord and Nord Est to reach more than 1.7 million people. Working with partners, UNICEF will focus on community level access and quality of care by strengthening the capacity of health staff and structures, focusing notably on first-level responders (community health workers, nurses and doctors) in the context of cholera. Battling cholera is indeed the single most pressing priority and will be the focus for the next six to twelve months, with UNICEF investing in setting up 3,000 Oral Rehydration Points nationwide to ensure quick-access to Oral Rehydration Therapy and rapid referrals for patients. Responding to the outbreak will also require central and decentralised investments to overcome the whole range of structural bottlenecks preventing renewal in the health system, including weak capacity of national health actors, fragmented approaches and a difficult balance to strike between strengthening the national health system and working through NGOs for rapid service delivery in response to emergencies.

## Funding

**Total Allocation**  
US\$ 28 million



## Core Commitments for Children in Humanitarian Action

# NUTRITION

### STRATEGIC RESULT

*The nutritional status of girls, boys, and women is protected from the effects of humanitarian crisis*

One year on there has been no surge or deterioration of malnutrition levels among children in Haiti—but what the earthquake underlined is that malnutrition is a deeply rooted structural challenge for Haiti’s children. Levels of acute malnutrition never approached emergency thresholds, but chronic malnutrition has remained a silent crisis for one in three children under five in the country. Large gaps remain in access to services for children in far-off rural areas and for children living in highly populated urban slums, where the network of services still needs to be strengthened to reach all children.

### Systems Strengthening and Capacity Building

Over the past twelve months UNICEF provided technical and financial support to the Ministry of Health for the development of a national protocol for the management of severe acute malnutrition (SAM) and the implementation of a model for integrated management of SAM involving both facility-based care for children with medical complications and community based care for children without complications, with the protocol ensuring appropriate cross-referral between both levels of care. Training of trainers was organised on this protocol for forty staff from the Ministry and forty staff from NGO partners, with cascade training reaching community focal points and health facilities in all ten of Haiti’s departments. Dissemination of this protocol—with a key role played by the UNICEF-coordinated Nutrition Cluster—allowed for standardisation and harmonisation of practices, a key step in working beyond emergency responses and contributing to reduce SAM related morbidity and mortality among children. In the response to cholera, UNICEF also worked with the World Health Organization (WHO) to develop a treatment protocol for appropriate rehydration for undernourished children and has been rolling out trainings for medical staff across all departments.

### Infant and Young Child Feeding

By mid-year a network of 107 Baby-Friendly Tents was already operational to provide nutritional advice and counselling for mothers and children, including a safe space for mothers to breastfeed—and efforts since then have been stepped up to move from tents to “Baby-Friendly Corners” in permanent health facilities, building the capacity for the health system to meet the needs of children and women who are at risk or suffering from malnutrition. By December 2010 more than 102,000 children under twelve months and over 48,900 mothers had been reached through these Baby-Friendly Tents and Corners. With a combination of technical assistance, supplies and financial assistance, UNICEF is supporting the entire network of 107 tents and corners operated by partners in the UNICEF-coordinated Nutrition Cluster.



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Indicators	Nutrition Cluster 2010 Target*	Nutrition Cluster Progress to Date	UNICEF 2010 Target	UNICEF Progress to Date
Baby-Friendly Tents and spaces in facilities established	150	107	107	107
Infants under 12 months receiving feeding support, and mothers receiving counselling	71,000 children and mothers	102,035 children and 48,913 mothers	71,000 children and mothers	102,035 children and 48,913 mothers
Children with severe acute malnutrition receiving treatment in affected areas	4,850	11,250*	4,850	11,250*

Source: Nutrition Cluster, UNICEF programme. Targets are the same for UNICEF and the Sub-Cluster. \*Progress to date is the same, reflecting supply support and technical assistance provided by UNICEF to members of the Nutrition Cluster. Children treated include children suffering from SAM without medical complications in 159 Outpatient Therapeutic Programmes and children suffering from SAM with medical complications receiving care in 28 Stabilisation Centres.

### Preventing micronutrient deficiencies and responding to acute malnutrition

Surveys and assessments over the second half of 2010 confirmed no uptick in levels of acute malnutrition compared to the pre-earthquake situation, suggesting that preventive activities including blanket feeding and large distribution of deworming tablets and micronutrients (including Vitamin A and iodine for 1,000,000 children and iron/folic acid for 500,000 women) had a positive impact—along with WASH interventions designed to prevent diarrhoea in children. UNICEF efforts also focused on strengthening capacity to prevent under nutrition and respond with adequate nutrition interventions to the needs of children and child-bearing women. One year after the quake UNICEF continues to support 159 Outpatient Therapeutic Programmes, which treated more than 10,000 severely acutely malnourished children without medical complications since January, while more than 1,250 children suffering from severe acute malnutrition with medical complications received facility-based nutritional care in 28 Stabilisation Centres.

### Nutrition Cluster Coordination

The UNICEF-led Cluster, working with the Ministry of Health and WHO, organised rapid screening in the first months of the crisis, moving onto standard nutrition surveys in May-June, and then developing a database to build capacity for the Ministry of Health's Nutrition Unit to plan interventions. As the earthquake struck fears of deterioration of the situation in the context of prevalent chronic malnutrition, the Cluster worked to focus partners on where risks and needs were greatest, and through the joint efforts of fifty one partners, set-up a network of therapeutic and supplementary feeding centres for children, covering needs in the metropolitan area of Port-au-Prince. Today the Cluster is working to map localised gaps in coverage in high-density high-vulnerability areas, including Cité Soleil and Croix des Bouquets, to improve equity in access to care. The Cluster also helped develop national protocols for Infant and Young Child Feeding (IYCF) that could be replicated globally. In support of the ongoing cholera response, UNICEF and WHO have also worked to develop specific guidelines for rehydration of severely malnourished children, along with protocols for IYCF in cholera treatment facilities and promotion of exclusive maternal breastfeeding.

### Challenges and Looking Forward

Emergency efforts in earthquake-affected areas prevented thousands of children from sliding into malnutrition and saved thousands who were severely malnourished, but chronic needs in the rest of country have remained largely unaddressed. With funds available in 2011, UNICEF will seek to maintain results for child nutrition in earthquake-affected areas, with treatment of an anticipated caseload of 10,000 children under-five with severe acute malnutrition, expanded counselling on breastfeeding and complementary feeding for 250,000 mothers, and deworming for 253,000 children. Working with partners UNICEF also aims to reach 160,000 children aged 6-24 months and 668,000 women of child bearing age months with iodine supplementation. Significant investments will focus on scaling up coverage nationwide, particularly in hard-to-reach areas with the aim to reach 90 per cent of the population with preventive interventions. Cholera is meanwhile synonymous with additional risks for children, and a need to adapt cholera treatment protocols for malnourished children, while redoubling efforts for the protection, promotion and support of exclusive breastfeeding in the first six months.

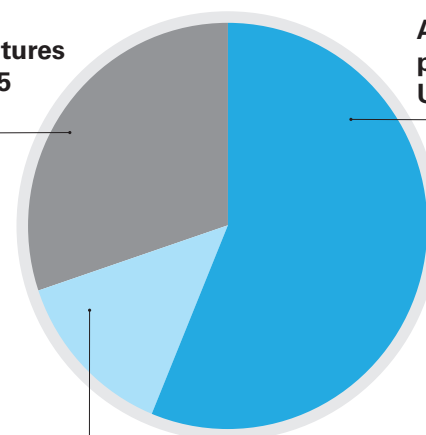
### Funding

**Total Allocation**  
US\$ 44.6 million

**Expenditures**  
US\$ 13.5 million

**Available for programming**  
US\$ 25 million

**Committed**  
US\$ 6.1 million



## Core Commitments for Children in Humanitarian Action

# CROSS-CUTTING PRIORITIES

- GENDER AND GENDER BASED VIOLENCE
- MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT
- HIV/AIDS
- YOUTH AND ADOLESCENTS
- PLANNING, MONITORING AND EVALUATION
- SOCIAL PROTECTION
- COMMUNICATION FOR DEVELOPMENT



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## Gender and Gender Based Violence

The earthquake had different impacts on the vulnerabilities of girls, boys, women, and men and on their ability to respond, exacerbating pre-existing gender inequalities. For example, women, who were over-represented among the poor prior to the quake, and who are traditionally responsible for meeting the basic needs of their families, were left with limited resources to respond. UNICEF thus worked to ensure its efforts are gender-responsive to avoid inadvertently reproducing discrimination and to promote greater gender equality. Early on in the response UNICEF helped prepare recommendations for Clusters on how to strengthen the gender responsiveness of their programmes. In WASH, UNICEF worked to ensure the safety and dignity of women and girls through building of sex-segregated latrines. UNICEF is also working to ensure that girls, boys, women and men have equitable access to quality social services as part of the longer-term effort of social rebuilding, as well as in cholera prevention at household level.

Facing crowded and precarious living conditions in displacement camps and little options for livelihoods, women and girls have also grown increasingly vulnerable to gender-based violence (GBV), including sexual exploitation and abuse—with Haiti reporting the highest levels of rapes and sexual assault since 2006 and a rise in domestic violence and commercial sexual exploitation of children. Addressing GBV in the context of continued displacement has thus been a cross-cutting component of UNICEF's efforts, with the first step being to reinforce referrals for survivors to access emergency medical and psychosocial care as well legal and emergency support. Through its support to the GBV Sub-Cluster, UNICEF set up coordination structures and provided guidance to partners in health, police, psychosocial, and judicial sectors. UNICEF worked to reopen the offices and build the capacity of the Ministère à la Condition Féminine et aux Droits des Femmes, which had lost nearly its entire infrastructure in the quake. UNICEF also partnered with UNFPA to train camp managers on referrals for child and women survivors of GBV as well as on key preventive measures including proper lighting in camps, guidance on how to set-up latrines and ensuring women take part in decision-making within camp management committees. Some 100 police officers from the BPM and IBESR were also trained to strengthen referral of cases of sexual abuse against children, while 225 staff from 60 local NGOs were trained in earthquake-affected areas.

## Mental Health and Psychosocial Support

UNICEF's role in Mental Health and Psycho-Social Support (MHPSS) started with leading in the establishment and coordination of the MHPSS working group from the early stages of the disaster. The MHPSS working group worked closely with key clusters and ensured dissemination of messages on counseling and provision of psychiatric training to general practitioners. UNICEF also provided training

of trainers on guidelines on MHPSS in emergencies and worked to build the capacity of the Ministry of Health which is now leading coordination of the MHPSS working group.

## HIV/AIDS

The aftermath of the January 12, 2010 earthquake laid ground for increased risks and vulnerability for HIV transmission especially in camps where availability and access to HIV prevention services were limited. In response, UNICEF partnered with FOSREF, a local NGO, to provide a comprehensive set of life-skills interventions targeting the most-at-risk adolescents and youths aged 10-24 years living residential centres, in camps and surrounding areas. Age-specific interventions (10-15 and 16-24 years) were aimed at providing HIV prevention services (training of peer-educators, provision of Voluntary Counselling and Testing services, community outreach on prevention, treatment of sexually transmitted infections in youth-friendly centres, etc.) directly benefiting 7,000 adolescents and youths, along with an estimated 50,000 indirect beneficiaries from efforts to improve referral for care and treatment for HIV/AIDS.

## Youth and Adolescents

Children and youth represent 43 per cent of the population and are an incredible, untapped resource. Ensuring their participation in decision-making processes about reconstruction in the aftermath of the quake is key to driving forward a transformative agenda for children in Haiti. Maximising its power as a convener, UNICEF initiated a partnership with the Ministry of Youth, Sports and Civic Action to develop opportunities for youth to be heard in discussions and plans for the country's development. Together with the Ministry, local partners and the Global Movement for Children (GMC), a series of consultations have been held bringing together youth from Port-au-Prince, Jacmel and Léogane who were affected by the earthquake. The movement, which expanded with consultations also held in the North is known as "*movman mete men*" and is now formulating a youth agenda with proposals in areas such as education, health, employment, protection and disaster risk reduction. A "*Vwajen*" Blog positioned as the biggest youth hub in Creole has also been developed for young people to express their opinions and access information.

## Planning, Monitoring and Evaluation

To ensure continuous monitoring of the situation of children and to better respond to their needs, UNICEF has led and contributed to key assessments and surveys including a nutrition survey in earthquake affected areas, the nationwide survey on food security in partnership with WFP, and a survey on knowledge, attitude and practices related to cholera conducted by the U.S. Centres of Disease Control and ACTED. To continuously improve its responses, UNICEF also sought to assess strengths, weaknesses and lessons on a real-time basis through 'after-action review' exercises involving key programme, coordination, operations and

planning and monitoring staff. To enable reliable data collection, UNICEF is also supporting the government to update the master sampling frame for Haiti, on which key household surveys will be based, including the combined Demographic and Health Survey (DHS)/Multiple Indicator Cluster Survey (MICS) planned in 2011. An organisational level review of UNICEF's operational response is also underway, expected to be completed by mid-2011.

## Social Protection

Building up social protection measures is one of the main avenues and most cost-effective ways to accelerate progress and overcome inequity in Haiti. Pushing forward the adoption of mechanisms to establish a social protection floor is also among the cornerstones to transition from humanitarian assistance to sustainable recovery and development. In this context, UNICEF has played a convenor role in mobilising and advocating for the Ministry of Planning and External Cooperation and the Ministry of Social Affairs and Labour to establish an integrated social protection system focused on rapid expansion of access and utilisation of basic social services, with capacity to later evolve into a fuller system, along the lines of the minimum social floor initiative. UNICEF, in partnership with the International Labour Organization and the World Bank, is also providing technical and financial support to ensure social protection measures are child sensitive and advance children's rights. Parallel to these efforts, UNICEF is implementing a tripartite South-South partnership with the Government of Argentina and Haiti's Ministry of Finance aiming at influencing public policies and national budget allocations for child poverty reduction and increased investments for children. In addition UNICEF and GMC partners are supporting a study on how aid has benefited Haiti's children and youth, with recommendations to be presented in early 2011.

## Communication For Development

In the aftermath of the quake, UNICEF's Communication for Development team worked with the Ministry of Health to spread key messages to save lives, including promotion of exclusive maternal breastfeeding and handwashing with soap. Posters, banners and leaflets in Creole were also developed on prevention of child trafficking, preparedness for the hurricane season, and other materials timed for key events including National Child Health Week and Global Handwashing Day—as well as messages broadcast during the FIFA World Cup in coordination with the Ministry of Communication and Culture and the Communicating with Disaster Affected Communities (CDAC) group. Since the cholera outbreak, UNICEF has also worked with the Ministry of Health and WHO to develop and disseminate key messages on hygiene, use and preparation of ORS, infant feeding and worked to train and mobilise community networks (churches, schools, scouts, etc.) to engage in mass social mobilisation to spread these messages throughout all ten departments in the country.

# HUMAN INTEREST STORIES

## NO PLACE LIKE HOME: DAVID'S STORY

Three month old David lies in his cot placidly cooing at his foster mother Elvire. He kicks his legs and flails his arms with excitement when he hears her voice and that of his four year old sister Isabelle. "He's a happy boy with a strong personality," says Elvire, pride evident in her voice and eyes.

Life didn't start off quite so rosy for David who was abandoned at only one month by his birth mother near the bus station in Léogane, the epicentre of the earthquake. In just 35 seconds, over eighty per cent of the city was levelled leaving lives frayed and fractured. Handing him to a local woman tending a stall near to the station, his mother struggling with her luggage said she would be back. She never returned. In a convoluted saga, David was passed like a football from person to person, eventually coming to the attention of an international NGO and the police. With support from IBESR (Institut du Bien Etre Social et de la Recherche), Terre des Hommes and UNICEF, David's life was about to change.

Cases of abandonment before the quake were difficult to measure, as systems for registering children separated from their parents were weak. Oftentimes families are also simply unable to support their children. Haiti was indeed mired in poverty prior to the earthquake and many people not only lost their homes but also their livelihoods in the disaster,



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and have since relied on aid or the generosity of friends and family. Partnerships with IBESR and international NGOs such as Terre Des Hommes are critical to ensuring that children who have been abandoned or who are separated from their parents are found, and placed in safe environments that best suit their needs. Providing long term solutions, not quick fixes is also the key to improving conditions for children and their families in Haiti.

Coordination between IBESR, civil society, international NGOs and UNICEF is indeed vital in providing sustainable options for children and infants who have been abandoned. In David's case IBESR worked with Terre des Hommes and immediately set about finding the most suitable environment in which David could be placed. David was registered with IBESR and Elvire's family was identified as being as being appropriate, able and willing to support him. Follow-up visits meanwhile ensured that David was adjusting to his newfound family.

Well established child protection actors such as Terres des Hommes and UNICEF have been working in Haiti for decades in partnership with the Ministry of Social Affairs to improve circumstances for many children who suffered as a result of Haiti's poor socio-economic conditions. It is estimated that some 40 per cent of children who have been registered by the inter-agency working group\* to carry out family tracing were separated from their families before the earthquake. Through these partnerships, improvements have been made in formalising foster care procedures, and training social workers with more efforts planned for 2011 to expand coverage and train and place more IBESR staff throughout the country.

Today Elvire and her daughter live in a modest but comfortable dwelling in Léogane. Her husband is a surgeon in Port-au-Prince. Elvire herself is of more senior years with a gentle grandmotherly manner. "We are in the process of making sure David has all his papers in order," says Elvire. "I know of other families who would also like to be able to help children who have been abandoned but the problem is that they don't have money," she explains. For David, after an inauspicious start, life looks considerably more positive. "All children need love and this is what helps them grow and develop," says Elvire. "With love and affection David is now thriving. "

\*The Child Protection Interagency Working Group on Separated Children is comprised of IBESR, Catholic Relief Services, CISP, Heartland Alliance, ICRC, International Rescue Committee, IOM, Save the Children, Terre des Hommes, World Vision and UNICEF.

## SCHOOLS AS BUILDING BLOCKS FOR THE FUTURE HAITI'S CHILDREN



Christie and her classmates back in school at the Ecole Vision Nouvelle in Port-au-Prince.

© UNICEF 2010/Tania McBride

Christie Lafontant is one of many children in Vision Nouvelle School who are benefiting from the eight new semi permanent classrooms recently constructed by UNICEF.

With Haiti in the eye of storms that regularly sweep across the Caribbean, anti-cyclone and anti-earthquake resistant structures are fundamental to ensuring that Haiti's children feel safe and secure to return to school and resume their education. Treated roofs deflect the sun's intensity and open air classrooms allow for what gentle breeze there is to flow through so that the children can learn in more comfortable surroundings.

"The day of the earthquake I was at home. It felt like a tractor rumbling through the house. I didn't go to school for 3 months. I stayed at home, and was bored. I am happy to be back in this school, I started on the 6 April with my classmates and I feel safe in the new classrooms, and I try and forget what happened. There's a lot of air, and it feels cool inside. I enjoy learning mathematics. I want to be a paediatrician when I grow up, because I would like to take care of children."

In the old school building, which has been deemed unsafe and stands opposite the new classroom across the school yard, the lesson plan for the week of 12 January 2010 is still on one of the blackboards. It serves as a powerful reminder of how time stood still in Haiti that day. New semi-permanent classrooms, new lesson plans, and children like Christie back in school, however are a testimony that time can move forward for Haiti's children, and that challenges, however unprecedented, can be overcome.

## ENSURING THE BEST START IN LIFE FOR CHILDREN

In the cramped and squalid conditions of the tented city in Mais Gate, baby Sebastian brings a sparkle to his mother's eyes. At eight months, he tips the scales at a whopping 11kg and is alert, sitting up, clambering over his mother and almost standing on his own. He is the Brutus in the baby tent, an example to the young mothers of a well fed, breastfed baby.

Lucienne, his mom, credits the nurses at the UNICEF supported CONCERN baby tent with Sebastian's good health and growth. "Before the earthquake I had no idea about how to handle a baby and certainly I knew nothing about breastfeeding," she explains.

Lucienne has been camped in Mais Gate for the past twelve months, surviving as best she could, and has been attending the baby tent every day with Sebastian. "I came to the tents when I was heavily pregnant with Sebastian," she says. "With the information I received from Mauvette, the head nurse, I was able to prepare ahead of time what I would need to ensure Sebastian's survival in these difficult conditions."

"Many of the mothers who came to the tent had fed their babies some form of liquids after they were born and solid foods before they reached six months" says Mauvette. Now approximately 80 per cent of the mothers who come to the baby tent practice exclusive breastfeeding.



Lucienne and eight-month-old Sebastian at a UNICEF-supported 'baby tent' in Mais Gate, where the staff provides information about exclusive breastfeeding and cholera prevention.

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## Core Commitments for Children in Humanitarian Action

# OPERATIONAL COMMITMENTS

- HUMAN RESOURCES
- SUPPLIES
- SECURITY

The operation in Haiti remains one of a kind. Thankfully there were no victims among UNICEF staff, but UNICEF lost its office to the earthquake, and all staff lost someone they knew or loved and many saw their lives and well-being dramatically change. At the same time, the emergency triggered a global corporate response. Operation “Life Line Haiti” was immediately set-up in the Dominican Republic to ensure continuity of vital office systems, at the same time staff were deployed on surge missions from UNICEF Offices from the four corners of the globe, UNICEF Stand-By partners were activated and deployed as part of the surge, support from UNICEF’s Supply Division in Copenhagen helped immediately build up supply and logistics capacity, while UNICEF’s Regional Office in Panama and Headquarters in New York and Geneva provided strategic guidance and support to roll-out emergency programmes and ensure UNICEF could fulfil its Cluster-coordination role in WASH, Nutrition, Education and Child Protection.

## Human Resources

UNICEF’s staff were the first asset the organisation mobilised to launch the response effort in the aftermath of the disaster. The earthquake was declared a corporate priority and triggered UNICEF’s Surge Capacity mechanism, with 395 people including staff and consultants deploying between January and July, with emergency specialists for programmes, operations, coordination and management coming from UNICEF Country and Regional Offices from across the globe, along with Headquarters in New York and Geneva, and UNICEF’s Supply Division in Copenhagen. This effort was also complemented by 42 deployments from 13 UNICEF Stand-By partners. With the end of the “surge” in late July, UNICEF Haiti focused on building the long-term team that will be carrying forward efforts from the immediate response, strengthening capacity of the office to respond to new emergencies, and focusing on implementation of programmes within and beyond Port-au-Prince and earthquake-affected areas.

Today, UNICEF has 255 people on the ground, including 85 International Staff and 127 National Staff and 43 Consultants with a total 36 nationalities in the team. The gender balance has slightly tipped away from the equilibrium at six months, which is why UNICEF is focusing on attracting women candidates to continue building up the team. With the outbreak of cholera, the Country Office is now facing additional needs for emergency staff deployments. With support from UNICEF Headquarters, a new Surge team of approximately forty short-term staff and Stand-By partners is being assembled to expand UNICEF’s presence in the field in order to mount a nationwide response to cholera and build capacity at the local level for the longer-term with the disease expected to remain endemic in Haiti.



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UNICEF works closely with the World Food Programme and MINUSTAH within the Logistics Cluster, and is coordinating logistics in Saint Marc for cholera response operations in Lower Artibonite.

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## Supplies

With the partial collapse of UNICEF’s main warehouse in Port-au-Prince in the disaster, UNICEF Supply Division provided immediate support to re-establish capacity and as early as eight days after the quake on 20 January 2010 a new warehouse was set-up and operational and receiving emergency supplies.

Throughout the year, with support from UNICEF’s Supply Division, UNICEF’s Regional Office for Latin America and the Caribbean, and thanks to partnerships with the World Food Programme to mobilise regionally pre-positioned supplies at the United Nations Humanitarian Response Depot (UNHRD) in Panama, UNICEF Haiti procured US\$ 56.5 million of essential commodities and supplies for children, including supplies to support the response to the recent cholera outbreak. Totalising 31,000 cubic meters, the volume of overall supplies ordered is equivalent to 1,240 units of 20 foot containers which, if all lined up, would stretch over 9 kilometres. Over 41 per cent of all procurement was done

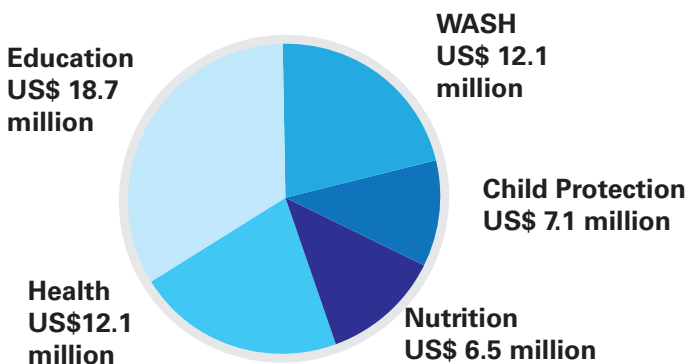
locally, and UNICEF also awarded a further US\$ 19.1 million in institutional contracts, including US\$ 15.6 million in contracts for semi-permanent school construction alone which were awarded to Haitian firms and contractors to support investment and recovery in the local economy. Counting sites in Port-au-Prince and throughout the country under UNICEF’s contingency plan, UNICEF has a total warehousing capacity of 6,500 square metres in eight different locations, with partnerships and agreements for use of storage space in World Food Programme facilities.

## Security

Over the past months, the security situation significantly deteriorated, with civil unrest escalating into violent riots during the election period, leading to restrictions of movements that constrained efforts to respond to the cholera outbreak. Kidnappings are also on the rise and more and more targeting women and children, while murders, gender-based violence and violent assaults have reached a four year high with levels comparable to 2006. Incidents of protests and hostile action targeting the Haitian National Police and government institutions have also increased, accelerating significantly with election-related violence.

In this tenuous situation, UNICEF continues to operate from the MINUSTAH LogBase at the International Airport, and continues to coordinate with the United Nations Department of Safety and Security, MINUSTAH and sister UN agencies for movement of staff in and outside of Port-au-Prince. Security has been a paramount priority and particularly crucial since UNICEF has also been significantly expanding its presence in the field to support the cholera response, with an average of sixty staff in the field on rotation between fourteen provincial capitals and key towns.

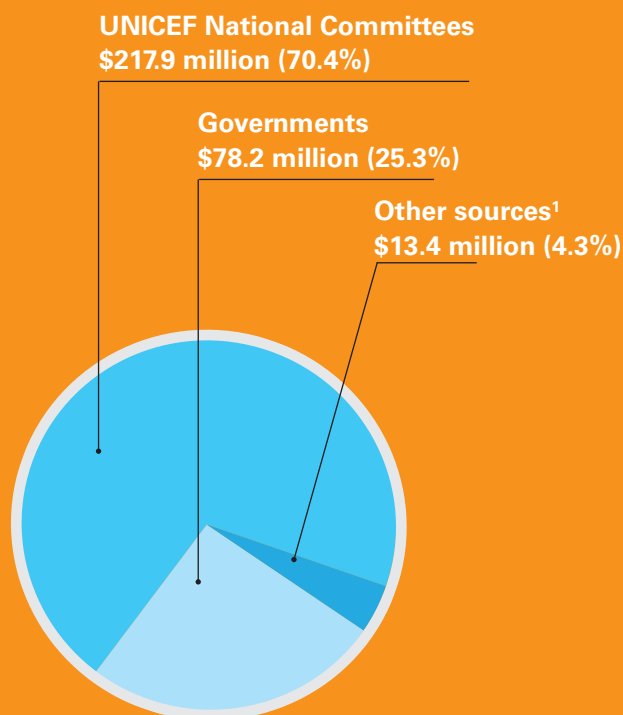
### Supply and Contracts in 2010



## Funding against requirements

# RESOURCE MOBILISATION

UNICEF received a total US \$309.5 million from donors



<sup>1</sup> Other sources include intergovernmental donors, inter-organisational arrangements and UNICEF country Offices.

Figures reported are on an interim basis of 10 December 2010.

Rarely had the world witnessed such a global rally of support for children. The response to UNICEF's appeal for Haiti's children testifies to the confidence and trust UNICEF inspires to preserve and protect children's lives in the face of crushing catastrophe and it also inspires our continued commitment to direct these funds to save and improve the lives of children who need it most.

In the immediate aftermath of the disaster, UNICEF appealed for US\$ 222,757,000, later adding US\$ 127,243,000 in requirements for recovery, disaster risk reduction and preparedness, for a total of US\$ 350 million over a two-year timeframe. Generosity and solidarity with Haiti's children led to total contributions of US\$ 298,778,549 against the earthquake appeal, and advance contributions for the cholera response against the 2011 appeal of \$10,757,488 for a total US\$ 309,536,037, with support coming from 125 donors, including UNICEF National Committees, government donors, inter-governmental organisations, as well as funds raised by 58 UNICEF Country and Regional Offices. More than two thirds (70.4 per cent) of these funds were leveraged by UNICEF's National Committees, who in turn represent a large variety of supportive individuals and organisations. Government donors provided a quarter of these funds (25.3 per cent) while the remaining 4.3 per cent was provided by other sources including the United Nations Central Emergency Response Fund (CERF), and UNICEF Country Offices. Over two thirds (68.5%) of funds were provided as un-earmarked contributions which allowed UNICEF to target resources where they were needed most, allowing for quicker and more flexible responses.

Total expenditures in 2010<sup>1</sup> amount to US\$ 186.7 million, of which US\$ 62.2 million are commitments related to ongoing activities and supplies to be delivered and used in the coming weeks. This represents more than 63 per cent of total contributions. Education mobilised the largest amount of funds for back to school campaigns and school construc-

### Top Ten Donors

U.S. Fund for UNICEF	\$69.8 million
Japan Committee for UNICEF	\$21.3 million
UK Committee for UNICEF	\$15 million
Government of the United States	\$14.4 million
Government of Canada	\$14.2 million
Spanish Committee for UNICEF	\$14 million
German Committee for UNICEF	\$13.8 million
Netherlands Committee for UNICEF	\$13.6 million
Canadian Committee for UNICEF	\$13.2 million
Government of Spain	\$12.8 million

Figures reported are on an interim basis as of 10 December 2010.



## Allocations, commitments and expenditures by sector (in millions US\$)

	Total Allocation	Commitments	Expenditures	Total (Commitments and Expenditures)
Water, Sanitation and Hygiene	56.80	7.57	27.43	35.00
Education	65.47	19.11	28.13	47.24
Child Protection	40.92	7.35	16.88	24.23
Health	28.00	7.38	10.48	17.86
Nutrition	44.61	6.07	13.48	19.55
Coordination	7.03	1.15	3.68	4.83
Cross-sectoral	51.49	13.59	24.40	37.99
<b>Total</b>	<b>294.31</b>	<b>62.21</b>	<b>124.50</b>	<b>186.71</b>

Note: All figures in US Dollars on an interim basis as of 14 December 2010. Figures reported are at the programmable level excluding recovery cost, and reflect funds available for in-country programming including interventions on the border area with the Dominican Republic. Certified statements will be issued for each contribution where required on an annual basis. Commitments represent planned expenditures charged against programme budget allotments before an obligating document has been issued. Coordination includes costs related to support provided by Life Line Haiti UNICEF's Regional Office and Headquarters. Cross-sectoral costs relate to cross-cutting issues in programming, as well as critical operational support functions. Totals in the table may not be exact due to rounding.

tion, followed by WASH to meet emergency water and sanitation needs. The balance of funds will be used to pursue recovery efforts, including more investment to improve access to and quality of education, school construction, and continued support to transition to sustainable options in WASH, and strengthen systems and access to services in health, nutrition and child protection.

### Humanitarian Requirements for 2011

Immediate humanitarian needs for children will remain over the next year. Maintaining humanitarian efforts will be essential to maintain life-saving services, continue and reinforce responses to the cholera outbreak, and support ongoing initiatives for relocation and transition to more sustainable solutions for the displaced. For 2011, under the United Nations Inter-Agency Common Humanitarian Action Plan (CHAP) and the upcoming UNICEF Humanitarian Action for Children Report, UNICEF's objectives are focused around four key areas: (i) creating favourable conditions for returns and reconstruction (including a project to pilot an integrated package of support designed to support relocation outside of displacement sites); (ii) maintaining continuity of services for the most vulnerable; (iii) enhancing disaster preparedness and maintaining high readiness for new emergencies; and (iv) mitigating the impact of cholera on vulnerable children and communities. Total humanitarian requirements for 2011 thus amount to US\$ 157 million.

### Special Requirements for Cholera

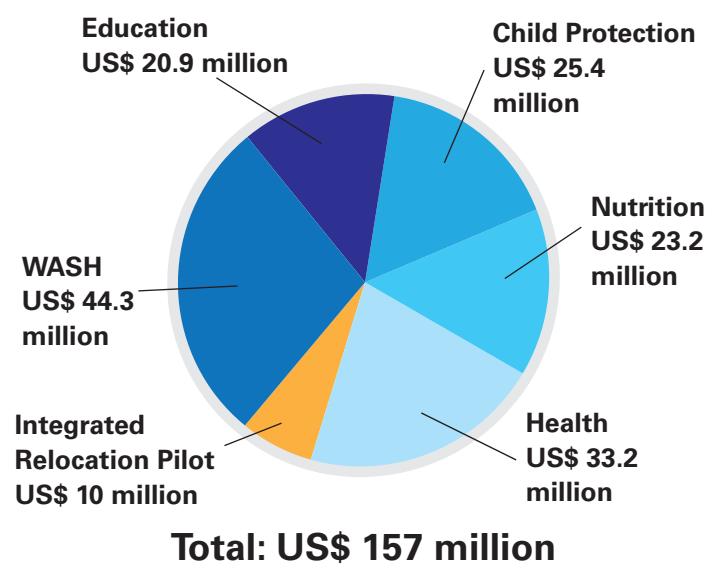
As part of these overall requirements, UNICEF has included US\$ 47.4 million in requirements for ongoing efforts to tackle the cholera outbreak. To mount an immediate response, UNICEF reprogrammed US\$ 15.9 million of available unearmarked funds thanks to flexible contributions made at the beginning of the year, but funds reprogrammed still fall short considering increasing needs. The 2011 CHAP contains two specific projects focused on

cholera in WASH (US\$ 19.4 million) and Health (US\$ 5.9 million) while specific requirements for cholera have been mainstreamed through other projects in Education, Nutrition and Child Protection. The upcoming 2011 UNICEF Humanitarian Action for Children Report includes these amounts and adds a further US\$ 22.2 million for cholera and support to relocation initiatives.

### Moving forward the Transformative Agenda

Long-term programming to narrow the gaps in access to basic social services is key to reducing risks and bringing concrete change for children. Long-term programming however requires long-term development partnerships. Over the next years, UNICEF in Haiti will combine relief with development-oriented efforts and partnerships to build better systems across the board for women and children and to advance a transformative agenda whose ultimate objective is to build a Haiti fit for children.

### Humanitarian Requirements in 2011



<sup>1</sup> Cut-off date for expenditures is 14 December 2010.

## Starting a New Year

# LOOKING FORWARD

Similar to the start of 2010, the year 2011 begins with a sense of life-and-death urgency. Although far less cataclysmic, the cholera outbreak, with its rapid escalation, also presents a significant and pressing threat to child survival, to economic development and even to national security. With over 100,000 persons infected with cholera the disease has not only stolen the lives of children and their parents—it has also diminished capacity of children and adolescents to learn at school and engage in productive activities. It has also contributed to the sense of desperation that fuels social unrest and protest. Indeed, the year 2011 starts with significant challenges.

The sense of urgency however, is not only related to mitigating the impact of cholera. There is also impatience to finally break the bottlenecks in the reconstruction process and close the “unfinished business” of recovery. This means seeing visible progress in “moving the mountains” of rubble that continue to choke streets and alleys—and witnessing the definitive end to displacement, with durable solutions for those that lost their homes.

Much of the available resources in 2011 (approximately US\$100 million) are designated to support exactly these multi-sectoral objectives. Honouring the original spirit of the Haiti Earthquake Flash Appeal and the recovery-focused Humanitarian Action Report, UNICEF remains committed to ensuring that the three priorities (Children’s Nutrition; Education and Protection) which

were established in the aftermath of the earthquake stay at the forefront of planning and programming in 2011, as they remain the key to transformation of the nation and of children’s lives.

In Nutrition, remaining funds will be focused on enhancing government capacity to better prevent and manage both acute and chronic malnutrition throughout the country, with improved treatment protocols and training. Preventing malnutrition also includes efforts to reduce the burden of disease in Haiti—through expansion of routine vaccination and other preventative health care measures, as well as improving access to sustainable, community-owned and maintained water and sanitation facilities.

In Child Protection, UNICEF will focus on building government capacity to “professionalise” and regulate the social work sector—with efforts to improve standards for care and expand training, and support and supervision for front-line workers. UNICEF will also shift focus towards upstream efforts to advance legal and judicial reforms, while rolling out the nation-wide civil registration campaign for children, with some of the funds generously donated to address the needs of separated children. In Education, efforts to date have focused on ensuring the continuity of education for children in earthquake affected areas. This means that UNICEF focused on rapid solutions that put children back into temporary learning spaces—but not necessarily permanent schools. In the next year, UNICEF will not only sustain these efforts for children, but will begin to chart a path that moves beyond recovery towards transformation—enhancing government capacity to manage the delivery of quality education in both public and non-public facilities.

It is important to remember that it is the deep disparities in access to these basic social services that contribute to the vulnerability of children and communities in Haiti, leading to the persistent escalation of environmental, social and economic shocks into full-scale disasters. Invest-



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ing in sustainable and longer-term programming to reinforce national capacity to narrow the gaps in hard to reach areas is the only way to reduce risks, build resilience and enable the vision of a “Haiti Fit for Children” to take shape.

Extending UNICEF’s assistance to marginalised areas, where disparities are the starkest, will be critical to credibly supporting the Government’s decentralisation plan and realising the rights of every child. Facilitating durable solutions for the return of displaced persons is a part of this strategy, since the majority of those still in camps were amongst the poorest of the poor before the earthquake. UNICEF will help to foster a more favourable environment for return by shifting the balance of service provision and livelihood opportunities from tented camps to neighbourhoods and the community structures, partners and counterparts that will remain in Haiti for the long-term.

While these actions continue, mitigating the impact of cholera on children and families remains a full organisation-wide priority, guided by the Core Commitments for Children in Humanitarian Action and the Government’s national cholera response plan. Critical in this effort is UNICEF’s role as an active member of the Health Cluster and the Cluster lead agency for WASH, Nutrition, Education (with Save the Children Alliance) and the Child Protection Sub-Cluster, where UNICEF not only supports the government’s analysis, planning and coordination efforts—but also helps to mobilise and leverage the human, supply and financial resources available in the assistance community towards an appropriate response.

UNICEF’s relief, recovery and transformational programmes are all articulated within the UN’s Integrated Strategic Framework (ISF) for 2010-2012, which aligns directly to the Government’s National Action Plan for Recovery and Development. With one plan, the UN commits towards system-wide capacity development of government institutions and communities, in addition to disaster risk reduction and relief responses to most vulnerable populations. While the ISF harmonises the programmes of MINUSTAH and UN Funds and Agencies, the Common Humanitarian Action Plan for 2011 brings together the inputs of the UN plus a range of national and international relief organisations. Strategic objectives in 2011 have been summarised in the Funding Analysis section, along with UNICEF’s humanitarian requirements.

It is very clear—the year 2010 was probably the worst year in living memory for most Haitian adults—but UNICEF is working hard to make sure that it is hardest year that Haitian children will ever have to bear. Since UNICEF will remain a partner in Haiti for the long-run, it will be possible to ensure this and to see through the expansion of the protective environment, and the progressive fulfillment of children’s rights. In partnership, with sustained support and a collective vision, we can ensure that children born today not only survive, but thrive in a Haiti fit for Children.

## Some key lessons

Key lessons that emerged from the humanitarian response to the earthquake reflect the impact of the extraordinary magnitude of the disaster on Haiti and its already weak national capacities, pre-existing structural issues, and the impact on the humanitarian community’s operational capacity. Adjusting response strategies to a densely populated urban disaster context required specific technical issues to be addressed where little guidance existed. This ranged from handling land tenure issues to adjusting technical standards for WASH, as well as information management and coordination support required to engage with rubble removal partners. This called for the need to establish guidance and strategies tailored to an urban context where state capacity had been severely undermined.

There was significant learning for UNICEF on the Cluster Approach and meeting its Cluster Lead Agency accountabilities. Initial challenges were to find the balance between driving forward Cluster coordination while building government participation and ownership, and ensuring consensus within UNICEF on delineating Cluster and UNICEF programme roles and responsibilities. Pre-existing coordination mechanism in WASH greatly facilitated the effectiveness of the WASH Cluster, enabling government counterparts to drive policies and ensure accountabilities of humanitarian actors at national and decentralised levels. The Education and Nutrition Clusters and the Child Protection Sub-Cluster meanwhile supported the strengthening of government capacity to regulate and lead the response, although these efforts were met with some challenges given the impact of the quake on already limited national capacity.

The earthquake and subsequent emergencies have also highlighted structural issues at the root of vulnerability of children and women in Haiti. In this context, efforts to transition from immediate response to recovery were essential to strengthen national capacity to improve social services at national, departmental and community levels. UNICEF also recognised the value of community networks, especially youths as agents of change, to establish channels for social mobilisation, and is now leveraging these networks in the response to cholera. The value of networks UNICEF built with partners at community level—through schools, residential centres, child-friendly spaces but also the private sector and churches indeed cannot be understated. Mechanisms for mobile field coordination and partner networks also allowed UNICEF to ensure a strong field presence, coordination and response capacity.

The establishment of ‘Operation Lifeline Haiti’ with support from UNICEF’s Dominican Republic Office was equally crucial in providing back-up systems immediately after the earthquake. While this support significantly scaled down by mid-2010, it provided UNICEF with a useful model for future emergencies.

# UNICEF Partners and Counterparts

## Government

Primature, Ministère de la Santé Publique et de la Population, Ministère des Affaires Sociales et du Travail, Ministère de l'Éducation Nationale et de la Formation Professionnelle, Ministère de la Justice, Ministère à la Condition Feminine au Droits des Femmes, Ministère de la Planification et de la Coopération Externe, Ministère de la Jeunesse, des Sports et de l'Action Civique, Direction Nationale de l'Eau et de l'Assainissement, Institut du Bien Etre Social et de Recherches, Police Nationale d'Haïti - Brigade de Protection des Mineurs, Commission Intérimaire pour la Reconstruction d'Haïti.

## United Nations System

Food and Agriculture Organization (FAO), International Organisation for Migration (IOM), Office for the Coordination of Humanitarian Affairs (OCHA), Office of the High Commissioner for Human Rights (OHCHR), Office of the High Commissioner on Refugees (UNHCR), Office of the Special Envoy for Haiti (OSE), United Nations Department of Safety and Security (UNDSS), United Nations Development Operations Coordination Office (UNDOCO), United Nations Development Programme (UNDP), United Nations Environment Programme (UNEP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Joint Programme on HIV/AIDS (UNAIDS), United Nations Development Fund for Women (UNIFEM), United Nations Office for Project Services (UNOPS), United Nations Population Fund (UNFPA), United Nations Stabilization Mission in Haiti (MINUSTAH), World Food Programme (WFP), World Health Organization (WHO), World Meteorological Organization (WMO).

## International Financial Institutions

World Bank, Inter-American Development Bank, International Monetary Fund.

## NGOs and Civil Society

Action Contre la Faim, Allied Recovery International, ACTED, ADEMA, Airlines Ambassadors International, American Refugee Committee, ARI, Artists for Peace, ASDE/Konesans, Association of Volunteers in International Service, Association Nationale des Scouts d'Haïti, AVSI, BAEH, CARITAS, Catholic Medical Mission

Board (CMMB), Catholic Relief Services, Children's Nutrition Programme, CESVI, Comitato Internazionale per lo Sviluppo dei Popoli, CFM, Comité Olympique Haïtien, Concern, Croix Rouge Française, Entrepreneurs du Monde, Fondation Paul Gérin Lajoie (FPGL), Fondation Saint Boniface, Fondasyon Limye Lavi, Fondéf, FOSREF, Foyer Escal, GJARE, Gheskio, Haven, Haiti Participative, Heartland Alliance, Hôpital St. Damien, International Medical Corps, International Rescue Committee, IDEJEN, IEDA, Inité Jen Katédral, InterAid, Institut Abellard, Love A Child, Lumière pour Haïti, Médecins du Monde-Canada, Médecins du Monde-Suisse, Médecins Sans Frontières-Belgique, Médecins Sans Frontières-France, Médecins Sans Frontières-Hollande, Médecins Sans Frontières-Suisse, MENTOR INITIATIVE, MIRIP, Mouvement ATD-Quart Monde, OutReach International, Oxfam GB, Oxfam Quebec, Plan Haiti, Plan International, Pesadev, Pompiers Sans Frontières, Progressio, Relief International, Rezo Koze Lasante, Save the Children, Scouts d'Haïti, Secours Islamique France, Solidarités, Tamise, Terre des Hommes, Tipa Tipa, Tearfund, UNASCAD, Vision Nouvelle, World Vision, War Child Canada, Zanmi Lasanté-Partners in Health.

## Surge Capacity Standby Partners

CANADEM, Ericsson, Global WASH Cluster Rapid Response Team - Action Contre la Faim, CARE International, Oxfam GB, Norwegian Refugee Council, RedR Australia, Swedish Civil Contingencies Agency (MSB), Save the Children, Swiss Agency for Development Cooperation (SDC), Télécoms Sans Frontières (TSF), United Kingdom Department for International Development (DFID), Veolia Environment Response.

## Donors

### National Committees

United States Fund for UNICEF, Japan Committee for UNICEF, United Kingdom Committee for UNICEF, Spanish Committee for UNICEF, German Committee for UNICEF, Netherlands Committee for UNICEF, Canadian Committee for UNICEF, Belgian Committee for UNICEF, French Committee for UNICEF, Danish Committee for UNICEF, Italian Committee for UNICEF, Korean Committee for UNICEF, Hellenic National Committee, Norwegian Committee for UNICEF, Swedish Committee for UNICEF, Irish Committee for UNICEF, Finnish Committee for

UNICEF, Australian Committee for UNICEF, Hong Kong Committee for UNICEF, Swiss Committee for UNICEF, Austrian Committee for UNICEF, Portuguese Committee for UNICEF, Polish Committee for UNICEF, Slovenia National Committee for UNICEF, Luxembourg Committee for UNICEF, Turkish Committee for UNICEF, Hungarian National Committee for UNICEF, New Zealand Committee for UNICEF, Czech Committee for UNICEF, Slovak Committee for UNICEF, Andorra National Committee for UNICEF, National Committee for UNICEF of San Marino, Iceland National Committee for UNICEF, Estonian National Committee, Israel Fund for UNICEF.

### Governments

United States, Canada, Spain, Japan, Denmark, Norway, Belgium, Sweden, France, Finland, United Arab Emirates, Russian Federation, Brazil, Netherlands, China, Luxembourg, Austria, Republic of Korea, Czech Republic (The), Bulgaria, Kuwait, Estonia, Liechtenstein, Benin, Bahamas

### UNICEF Offices

Mexico, Bulgaria, Argentina, Croatia, Romania, Venezuela, Malaysia, China, Colombia, Brazil, Dominican Republic, Uruguay, Chile, Thailand, India, United Arab Emirates, Nigeria, Russian Federation, Peru, Ecuador, Costa Rica, Barbados, Belgrade, Panama, Indonesia, Philippines, Egypt, Oman, Thailand EAPRO, United Republic of Tanzania, Pakistan, Botswana, Viet Nam, Israel, Belize, South Africa, Comoros, Ukraine, Bolivia, Honduras, Angola, Lao People's Democratic Republic, Cuba, Cote D'Ivoire, Kazakhstan, Mali, Kenya, Uganda, Bhutan, Congo, Mauritania, Yemen, Lebanon, Cameroon, Fiji, Tunisia, Jamaica

### Others

United Nations Central Emergency, Response Fund (CERF), UNICEF Global, Thematic Humanitarian Funds (allocated by UNICEF HQ), Council of Europe Development Bank, AgFund, Micronutrient Initiative (IDRC), NYSE Foundation, UN Women's Guild, UN African Mother's Association.

UNICEF values all of its partnerships and works with a wide range of community-based organisations, faith-based organisations, non-public actors and other groups and individuals, and recognizes that many of those could not be mentioned here.

# Acronyms

<b>BPM</b>	<b>Brigade de Protection des Mineurs</b>
<b>CCCs</b>	<b>Core Commiments for Children in Humanitarian Action</b>
<b>CDAC</b>	<b>Communicating with Disaster Affected Communities</b>
<b>CERF</b>	<b>United Nations Central Emergency Response Fund</b>
<b>CHAP</b>	<b>Common Humanitarian Action Plan</b>
<b>CTC</b>	<b>Cholera Treatment Centre</b>
<b>CTU</b>	<b>Cholera Treatment Unit</b>
<b>DHS/MICS</b>	<b>Demographic Health Survey/Multi-Indicator Cluster Survey</b>
<b>DINEPA</b>	<b>Direction de l'Eau Potable et de l'Assainissement</b>
<b>ECD</b>	<b>Early Childhood and Development</b>
<b>GBV</b>	<b>Gender-Based Violence</b>
<b>GMC</b>	<b>Global Movement for Children</b>
<b>HRF</b>	<b>Haiti Reconstruction Fund</b>
<b>IBESR</b>	<b>Institut du Bien Etre Social et de Recherches</b>
<b>ICRC</b>	<b>International Committee of the Red Cross</b>
<b>IHRC</b>	<b>Interim Haiti Recovery Commission</b>
<b>ILO</b>	<b>International Labour Organization</b>
<b>IOM</b>	<b>International Organization for Migration</b>
<b>ISF</b>	<b>Integrated Strategic Framework</b>
<b>IYCF</b>	<b>Infant and Young Child Feeding</b>
<b>MDGs</b>	<b>Millennium Development Goals</b>
<b>MHPSS</b>	<b>Mental Health and Psychosocial Support</b>
<b>MINUSTAH</b>	<b>United Nations Stabilisation Mission in Haiti</b>
<b>ORP</b>	<b>Oral Rehydration Point</b>
<b>SAM</b>	<b>Severe Acute Malnutrition</b>
<b>UNFPA</b>	<b>United Nations Population Fund</b>
<b>UNHRD</b>	<b>United Nations Humanitarian Response Depot - Panama</b>
<b>UNV</b>	<b>United Nations Volunteers</b>
<b>WASH</b>	<b>Water, Sanitation and Hygiene</b>
<b>WFP</b>	<b>World Food Programme</b>
<b>WHO</b>	<b>World Health Organization</b>



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United Nations Children's Fund  
Haiti Country Office

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