CHILDREN OF HAÏTI: TWO YEARS AFTER

What is changing?
Who is making the change?

unite for children

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Foreword

Sa ou plante se sa ou rekolte.
What you sow is what you [will] harvest.

Two years after the 12 January 2010 earthquake, the scars of disaster are still visible on the infrastructure, institutions and social systems of Haïti. They are also apparent on the bodies and in the minds of children, parents and caregivers. But as the second anniversary of this calamitous event (deemed the most destructive in recent decades) passes, there is also clear evidence of healing - and in some cases, of not just recovery, but meaningful and positive change that holds the key to realising the transformative agenda for children.

Positively over 5 million cubic metres (about half) of the rubble, which once choked streets and alleys - has been cleared. Almost two thirds of the persons that once sheltered on both public and private land have moved out of overcrowded camps. The education system, still inadequate and overstretched, has managed (against all odds) to gather data on the number and status of schools, strengthen systems and, with strong political committment, expand access for more than 700,000 children. At the same time a large coalition of actors expanded protective services including sustainable interventions to better register, reunite and/or care for separated children.

There is evidence of little victories everywhere, but serious gaps and inadequacies in Haïti's basic governance structures remain. The country, overall, remains a fragile state that requires strong and steadfast accompaniment to overcome the chronic poverty and under-development, deep rural and urban disparities and weak institutions that leave children vulnerable to shocks and the impact of disaster.

UNICEF, in the last year of its "transitional programme" for earthquake recovery, continues to implement a mix of humanitarian relief, capacity development for institutional re-building and advocacy simultaneously, in order to address both acute and chronic challenges that prevent the realisation of child rights. In 2012, UNICEF will maximise its powerful convening role to leverage the partnerships and resources mobilised to "tend the seeds of change" that have already been planted, in solidarity with supporters around the world.

Keeping children safe, healthy and learning is a mutual goal - one shared by parents, teachers, both private sector and public sector partners, religious organisations (including the voodoo community), the new government and other duty-bearers across the nation. It is also a goal shared by states in Haïti's close proximity and by individuals in countries far from the Caribbean Sea. A wide range of actors are working together to innovate, problem solve and generate momentum to enable these seeds to take a firm root and grow.

Within this report, which targets both national and international partners, we reflect on the question: "What is changing in Haïti?" and "Who is making the change?" In addition to reviewing UNICEF's contribution to a selection of key results achieved since the earthquake, a special series of national partner portraits showcases some of our most dedicated "champions for children" - duty bearers that are making transformation a reality in their own way. Inspired by their commitment and words of encouragement, UNICEF renews its pledge in 2012 to accompany them and others like them, in their progressive realisation of child rights, through a transformative agenda.

Each of us has a role to play. And in Haïti, it is a long term commitment.

Françoise Gruloos-Ackermans
Representative

Executive Summary

The outlook at the start of 2012 appears bright. Positive progress in the public sector is matched by optimistic forecasts for private sector investment, bringing a much-needed boost to the local economy. However, more than 550,000 of the most vulnerable children, women and men continue to shelter in over 800 crowded displacement sites, despite an ever-increasing threat of eviction. The cholera epidemic also remains a pressing issue, following heavy rains in September and October which accelerated transmission patterns and led to localised outbreaks. The vulnerability of the population remains high, primarily as a result of stark gaps in the coverage of social services.

Over the past two years, UNICEF Haïti made a significant contribution to the positive progress achieved in strengthening systems for delivery and regulation of social services for children. For example, in the Education sector, UNICEF supported both upstream planning and downstream delivery of material incentives to over 750,000 children, thereby diminishing the indirect costs that often serve as a significant barrier to education. At the same time, partnerships in the area of Child Protection strengthened the regulatory capacity of the government to protect thousands of vulnerable children in residential care. With UNICEF support, over 120,000 children enjoy structured play in one of the 520 Child Friendly Spaces and youth leaders have taken centre stage in some of the world's most high-level forums.

In support of child survival and healthy development, UNICEF ensured the expansion of facility-based nutrition services and promoted a shift towards community-based services as the primary delivery point for prevention and treatment. In Water, Sanitation and Hygiene (WASH), efforts by UNICEF and its partners emphasized the importance of sanitation on a national level. These efforts included the establishment of the first human waste disposal and treatment site for the metropolitan area, the role-out of community-led total sanitation approach and the formation of a National Alliance for WASH in schools. With support from UNICEF, the Ministry of Health at the departmental level also strengthened its capacity to respond to emergencies such as cholera.

Experienced technical experts, strong operational capacity and the support of donors, based in-country and abroad enabled UNICEF's contribution to these achievements and substantive results for children. Over the two years following the earthquake, UNICEF mobilised more than US$ 351 million from more than 130 different sources, including National Committees, Governments and UNICEF Country Offices engaged in private sector fundraising.

In 2012, UNICEF is requesting over US$ 24 million in its 2012 Consolidated Appeal to address immediate humanitarian needs associated with prolonged displacement, the cholera outbreak, and preparedness for the next hurricane season and the potential for other sudden-onset emergencies. UNICEF's regular country programme also requires an additional US$ 30 million to support longer-term activities that foster institutional reform, the reduction of disparities, promotion good governance, increased citizen participation and improved situation analysis, with a priority on Nutrition, Child Protection and Education.

With an eye on the future, UNICEF is also integrating learning from past experience. The Independent Review of UNICEF's Operational Response to the January 2010 Earthquake in Haïti identified key internal, systemic factors that influenced - positively and negatively - UNICEF's collective response during the first three months . These findings have informed UNICEF's programmatic and operational planning and action at the country level. This has contributed to UNICEF's forward looking approach, sharpening the focus on long-term recovery and development, with a sustained application of lessons learned.

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Situation Update

At the start of a new year, Haïti appears to be turning a corner. The country and its 4,316,000 children under 18, begin 2012 with a long-awaited new Government and national budget. New Ministers, including those critical to the survival and development of children, have been appointed, bringing much-needed energy and optimism to the scene. Reconstruction funding is slowly but surely being released by donors (an additional US$ 4 billion was released at the end of 2011 meaning that 43 per cent of pledges for this time period have been honoured). Complementing the progress in the public sector, a positive business forum at the end of 2011 promised an even greater boost for the local economy, with over US$ 8 billion dollars of investment pledged by foreign firms and investors. At first glance, the outlook is positive.

Of course, the impact of the January 2010 earthquake remains highly visible on both infrastructure and social systems in the country. From a peak of over 1.6 million displaced persons, more than 550,000 individuals still shelter in over 800 different displacement sites across the earthquake-affected area, representing not just a challenge to relief and recovery - but an urgent call to address deeper, more complex issues of urban homelessness, marginalisation and the need for more comprehensive social protection systems. IOM displacement tracking indicates that the camp population decreased by 63 per cent in one year - but this is a slower pace of return than that noted in 2010, due to the elevated vulnerability of those left behind. Some 77 per cent were renters before the earthquake, meaning most have no home to return to. Providing a dangerous push factor, IOM has noted that the number of camps under threat of eviction tripled in 2011. As a result more than 100,500 individuals live everyday with the fear of being kicked out of their shelter. There is also a worrisome concentration of people living in 61 "large camps" thus elevating public health risks and underlining the need for continuing emergency services in the short term.

Despite an overall downward trend in the cholera epidemic, heavy rains in September and October triggered outbreaks across the country, particularly in the North, South, and Nippes Departments, and in the Port-au-Prince metropolitan area. As of 8 November, the MSPP reported 496,337 cases of cholera and 6,797 deaths attributed to cholera, with an overall observed case fatality rate of 1.4

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per cent. This remains above the epidemic threshold of 1 per cent set by the WHO - but has significantly decreased from the 7 per cent observed during the early months, indicating a positive trend of increased access and quality of services.

The challenge now is to mainstream cholera prevention and treatment programmes within the overall public health system; adapt policies, protocols and training programmes as well as expand incentives that can encourage retention of staff mobilised during the emergency. In water and sanitation, actors are shifting focus from subsidization of chlorination campaigns towards addressing stark gaps in both the coverage of WASH services and in the knowledge and behaviour of communities. In every sector, there are efforts to pursue more proactive, rather than reactive, responses that anticipate the seasonal resurgence of the disease in the future.

Further complicating matters, two hurricanes narrowly missed Haïti this year (Irene and Emily in August) but heavy rains from both storms led to localised flooding and landslides that required small-scale evacuations. Both responses were led by local authorities including the National Emergency Operational Centre (COUN) and emergency coordination units in affected departments. Although national capacity for emergency response appears to be increasing, threats on the horizon (including the next hurricane season and possible further increases in food prices) are many in 2012, and Haïti will continue to require international assistance to meet the special needs of children in humanitarian action.

Top Three Misperceptions of the Situation in Haïti

"The reconstruction process is stalled. Haïti has too many structural issues to truly recover from disaster."

Rebuilding Haïti is by no means an easy task. But significant progress has been made by committed national and international stakeholders from both the public and private sectors. According to a World Bank report released in 2011, Haïti's GDP growth was reported at -5.05 per cent in 2010 but this is expected to rise, when considering newly approved debt relief measures; infrastructure contracts and trade agreements. Not only is half of the rubble cleared (a massive accomplishment), but with support from the Inter-American Development Bank, the European Union, the World Bank, France, Canada, Taiwan and other donors, the Ministry of Public Works is carrying out more than 100 projects on primary, secondary and tertiary roads. Other on-going projects include a US$ 250 million airport reconstruction; a US$ 40 million deep water port; a US$ 40 million project to expand housing and a large scale initiative to modernise energy grid (which alone will create an additional 80,000 jobs). At the "Invest in Haïti" forum held in November 2011, President Martelly also announced the construction of an Industrial Park. The park's first tenant, pledged to invest an additional US$ 78 million in an apparel and textile plant. Reconstruction of Haïti is not stalled. It is in full force.

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"Billions of dollars were given last year. Haïti's government can't absorb any more money."

It's unfortunate, but the reality is that the majority of relief and recovery assistance to Haïti has actually side-tracked national budgets completely. The Office of the Special Envoy reports that only 1 per cent of relief assistance in 2010 was provided directly to the Government of Haïti- and less than 12 per cent of recovery assistance was channelled directly to government using national systems. This form of assistance can actually erode national capacity instead of build it. UNICEF's mandate is to support the Government to uphold their obligations to protect and promote child rights in country. Our assistance is therefore pledged against national frameworks, in line with national priorities and includes direct financial assistance to central and departmental level authorities, in order to address specific needs of children in our negotiated country programme. Haitian institutions cannot address the needs of children and other vulnerable groups unless money flows through them.

"There are too many actors in Haïti, with no coordination or government oversight."

It is true that the majority of social services in Haïti are delivered by non-government actors including religious organisations, for-profit businesses and NGOs - many of them having a long-term presence in the country. It is also true that hundreds of new NGOs entered the country after the earthquake, bringing much needed financial, technical and material resources for relief and recovery. In the aftermath of the 2010 earthquake the "Cluster Approach" provided coordination and information management support to the government, in order to leverage available resources in each sector towards the most urgent of needs. Now, as Haïti moves into a period of recovery and development, UNICEF is supporting the process of Cluster "transition", which includes efforts to enhance the regulatory capacity of government, their ability to independently coordinate international actors and manage key emergency information management tools. Nationally-led coordination forums (called Tables Sectorielles) have been revived, and are now leading the way in terms of policy development, standards setting and prioritisation of action.

Fast facts on UNICEF Programme Delivery

Education

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- More than 80,000 children are now learning in 193 semi-permanent schools constructed by UNICEF since the earthquake
- Some 750,000 children and more than 15,000 teachers in 2,500 schools received learning and teaching materials in support of the October 2011 Back-To-School campaign and President Martelly's initiative for free education
- 1,497,900 children in 5,760 schools received hygiene promotion materials including soap to protect against cholera
- 500 teachers in rural public schools were trained in methods for preschool teaching and 360 education personnel countrywide were trained on Education in Emergency and Disaster Risk Reduction
- Local Education Ministries in all ten departments have contingency plans endorsed by the Department of Civil Protection to better prepare and respond to emergencies

Child protection

- Over 120,000 children in nine departments benefit from structured activities and referral networks in 520 Child Friendly Spaces managed by 92 different community-based organisations supported by UNICEF
- All ten departments equipped with psychosocial rehabilitation services specialised in emergency response
- 8,780 separated children have been registered and over 2,770 reunified with their families since the earthquake, thanks to the support of UNICEF and the Family Tracing and Reunification network
- An additional 13,440 children living in 336 of the estimated 650 residential care centres have been registered to provide social documentation, improved case management and family reunification where possible
- 336 residential care centers have been evaluated with standardized tools - and a directory of all Residential Care Centres has been launched by IBESR, with UNICEF support
- 18,000 children were screened at border points and airports since the earthquake, by a division of the national police supported by UNICEF
- The Government of Haïti signed the Hague Convention on Inter-Country Adoption in 2011, following targeted advocacy

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Nutrition

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- Some 393,000 children screened and over 15,300 treated for acute mal nutrition in 2011 in one of the 290 out-patient treatment units and/or 24 Nutrition Stabilisation Units (which address malnourished children with complications). A recovery rate of 76 per cent and mortality rate under 2 per cent in patients indicates good quality of service
- Some 500,000 mother and baby pairs were provided with nutrition counselling and breastfeeding coaching in the 198 Baby-Friendly Corners established and maintained since the earthquake. Meanwhile, 40 Infant and Young Child Feeding committees and mothers clubs were created
- Over 500,000 women received iron-folic acid tablets in 2011 to prevent anaemia
- Over 775 health professionals and healthcare providers trained in Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF)

Health

- Some 800 HIV positive pregnant women gained access to Prevention of Mother-to-Child Transmission (PMTCT) services as UNICEF supported the establishment of 11 new PMTCT sites in under-served areas
- 149,000 pregnant women tested for HIV; 3,000 tested HIV positive and 1,875 pregnant women with HIV placed on antiretroviral treatment with UNICEF support
- More than 15,000 vulnerable adolescents in Port-au-Prince were sensitised on HIV prevention and 2,500 adolescents tested for HIV and 522 placed on antiretroviral treatment
- UNICEF supported 37 trainers and 115 service providers with enhanced knowledge and capacity to implement PMTCT
- Almost 170,000 children were protected against vaccine preventable disease in Haïti as the routine immunisation coverage increased from 58 per cent to almost 80 per cent between 2010 and 2011 with UNICEF support to the "RED approach"
- UNICEF provided medicine, equipment and technical support to the placement of international midwives in emergency obstetric clinics for at-risk pregnant women
- UNICEF supported the training of four trainers on the promotion of Kangaroo Mother Care to prevent neonatal deaths

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Wash

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- In response to the continuing cholera outbreaks in 2011, the UNICEF WASH programme worked through 14 partners to provide hygiene promotion and cholera supplies for an estimated 2.2 million people
- In 2011, improved water supplies, safe sanitation and better management and monitoring of services reached about 600,000 people in camps and earthquake affected communities, and urban neighbourhoods to which displaced people are returning
- Some 95 communities hosting 89,000 persons launched the Community-Led Total Sanitation (CLTS) approach to expand WASH services
- Declining from a peak of 680,000 persons, some 196,000 persons in camps had access to at least 10 litres of safe water per day, supported by UNICEF
- The first human waste disposal site was established for Port-au-Prince (with UNICEF support) and UNICEF continues to finance the desludging fleet for the removal of liquid waste from CTCs/CTUs in Port-au-Prince and in camps

Who is Making Changes?

Education

MENFP experienced the collapse of its department buildings and the loss of senior staff as well as teachers and education officials in the 2010 earthquake. UNICEF played a critical role in restoring the operational capacity of MENFP and supporting pupils to return to school after the earthquake. Now, UNICEF remains a leading partner in the education sector at both upstream and downstream levels, including through 16 formal partnerships signed with non-public organizations since the earthquake.

Renold Telford

Directeur de l'Enseignement Fondamental
Ministry of Education (MENFP)

"I was overwhelmed by the destruction and by the daunting task we had before us. By planning together with UNICEF, children were able to go back to school shortly after the earthquake. The Ministry was able to move quickly to start up schools in tents and then in semi-permanent structures. The work was enormous. But actually, the easy part is behind us. Now the hard work begins."

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What is Changing?

Strong political will is furthering the momentum. In October 2011, President Martelly launched a new initiative for free education targeting 142,000 out-of-school children in eight departments and 120,000 children in the West and Artibonite Departments for the new school year. While supporting the upstream planning and communication around the President's initiative, UNICEF also provided school supplies and materials for 750,000 children and more than 15,000 teachers in 2,500 schools between October and the end of the year. Never before have so many children in Haïti received educational materials!

Education infrastructure is expanding. The Education Cluster estimates that some 653 schools were repaired and 612 schools were constructed (469 of these were safe semi-permanent education spaces) since the earthquake by all Education sector partners including the Government. UNICEF contributed to this expansion, by converting some of the 225 temporary learning spaces erected in the earthquake zone into child-friendly, anti-seismic, semi-permanent primary schools. At the end of the year, UNICEF completed 193 schools (out of a target of 200), which are now hosting more than 80,000 children in four departments. Schools have also been fitted with improved water and sanitation systems, school furniture and learning supplies.

The spotlight is widening to include Early Childhood Development. For the first time ever, the Ministry of Education finalised an Early Childhood Development (ECD) policy framework, and defined strategies for the implementation of quality ECD services for children aged 0-6 years, including community approaches to ECD for vulnerable children. This process is clear evidence of the new Government's commitment to improving the quality of education, a commitment supported strongly by UNICEF. Preschool education will enable children to enter primary school on time and more effectively transition from family to school.

A growing evidence base is informing education planning. Field work for the first "school census" since 2003 was led by the Ministry and UNICEF provided planning and data collection support, reaching 18,000 schools. Results are set for release at the end of 2011 and the process, supported by UNICEF and partners will provide a critical update on key statistics, such as the number of schools in the country, the number of pupils registered and the status of education infrastructure.

Emergency cholera prevention is being integrated in schools. Immediately after the cholera outbreak in October 2010, UNICEF collaborated with the Ministry of Education to ensure that schools served as important entry-points in the fight against cholera - instead of dangerous transmission zones. This included the establishment of a task force, the drafting of a national prevention and response strategy, training of education officials and the distribution of prevention supplies to over 1,497,900 children in 5,760 schools. In 2012, UNICEF will work to facilitate the integration of cholera prevention into national curriculums.

What Was the Situation Before?

The education sector was facing huge challenges before the earthquake. There was low public expenditure in education (approximately 5 per cent in 2007), less than 10 per cent of Haïti's education infrastructure was government-owned, over half of primary schools were concentrated in the West Department and approximately 23 sub-communes didn't have any education infrastructure. It is not surprising that less than half of children were estimated to be attending school and only one third of children enrolled actually completed their primary studies. The 2010 earthquake further crippled the education system, with almost 4,000 education establishments damaged or destroyed, disrupting schooling for approximately 2.5 million students.

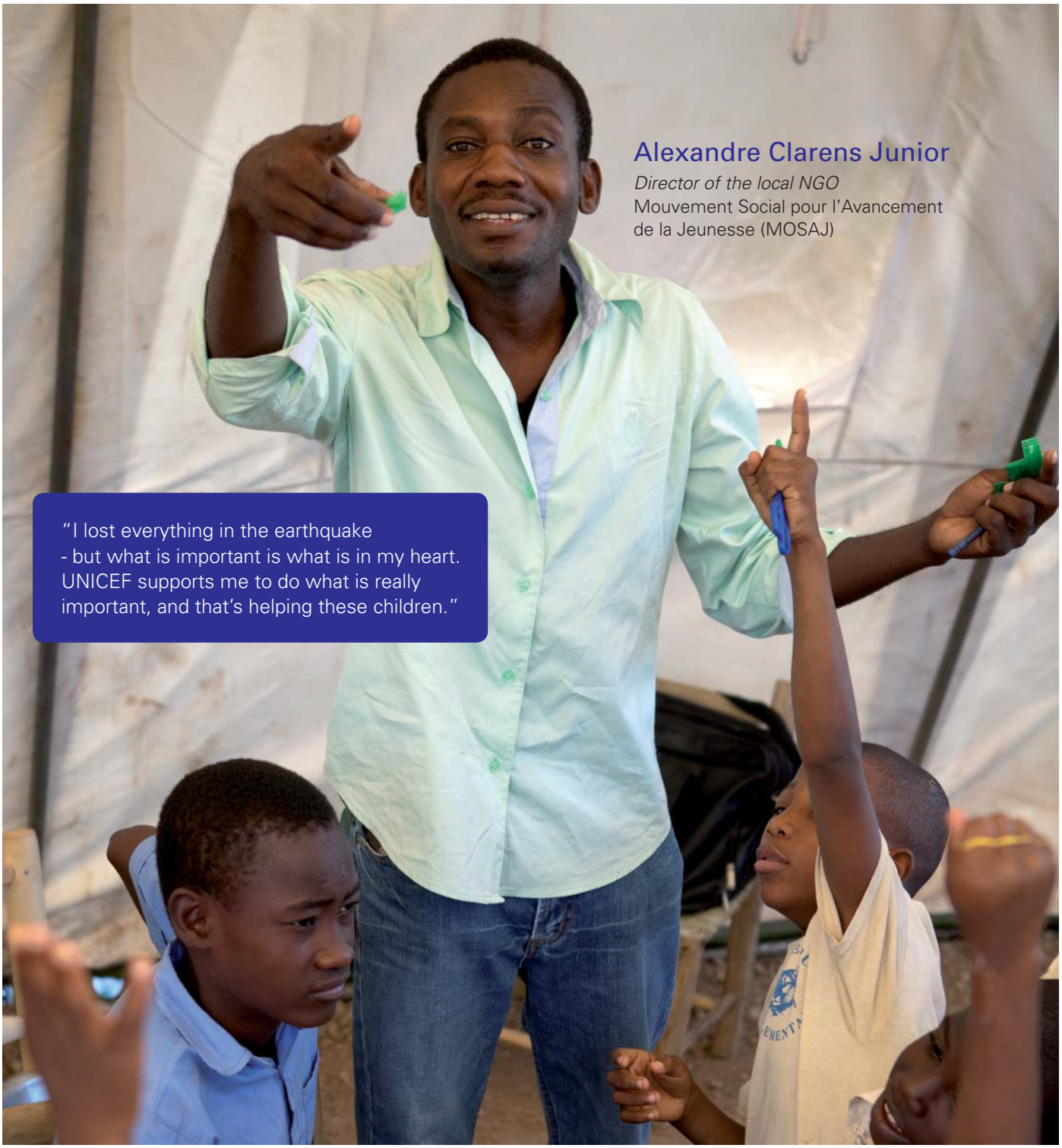
What does this mean for children?

Education is every child's right. It is critical to the development of children as individuals and as productive members of society. If all Haitian children had access to a quality education, their potential to end the cycle of poverty and contribute to the recovery of the nation would increase exponentially.

Who is Making Changes?

Child Protection

The network of child protection partners has never before been as extensive, cohesive or powerful. MOSAJ is one of the first NGOs to work in psychosocial care after the earthquake. Clarens, who has a son with disabilities who can neither walk nor talk, says that when he works with vulnerable children, he is inspired by his son. MOSAJ is one of 92 national community-based organisations that are currently managing child friendly spaces open in both camps and communities, supported by UNICEF. UNICEF also signed formal partnership agreements with 51 non-public organisations since the earthquake.



Alexandre Clarens Junior

Director of the local NGO
Mouvement Social pour l'Avancement de la Jeunesse (MOSAJ)

"I lost everything in the earthquake - but what is important is what is in my heart. UNICEF supports me to do what is really important, and that's helping these children."

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What is Changing?

The laws are changing. Haïti has taken important new steps towards matching international commitments. In 2011 the Government signed the Hague Convention on Inter-Country Adoption, which protects the rights of children, birth parents, and adoptive parents by establishing minimum standards for adoptions. The Government is also working to harmonise domestic adoption and trafficking laws with international standards, and a framework on legal reform for a Child Protection Code was adopted in 2011.

Haitian Institutions have more knowledge, skills and tools to regulate the sector. Haïti is also experiencing a never before seen regulatory capacity in residential care. Prior to the earthquake the Government did not know how many children were living in institutions - or where they even were. Now, with UNICEF support, the first ever Directory of Residential Care Facilities has been launched by IBESR; some 336 centres have been assessed (out of an estimated 650 in operation); and over 13,400 children (out of an estimated 50,000 living in residential care) have been registered. These steps (standard in other countries) enable the Government to accredit and better monitor institutions, and shut down those institutions that are noncompliant with minimum standards.

More children have been reunited with their families. As of 31 September 2011, some 8,780 separated children have been registered through the Emergency Family Tracing and Reunification system and 2,770 children reunified with their families, with the remainder finding interim care solutions including residential care. The value of reunification to individual children is inestimable and each successful case represents the combined efforts of at least eight different organisations.

It's getting harder for children to be brought out of the country illegally. UNICEF played a key role in helping the Haitian National Police establish the "Brigade de Protection des Mineurs" (BPM) in 2002 and since the earthquake, UNICEF has financed the expansion of agents placed at critical exit points, their training, and their cooperation with NGO partners. The BPM has subsequently screened over 18,000 children at border points and international airports for documentation. Some 2,000 of these cases were classified as suspected trafficking. Haïti remains a high-risk source, destination and transit country for child trafficking, but bit-by-bit, the borders are tightening to protect the most vulnerable.

Community-based child protection actors are better organised, more cohesive and more powerful. Never before has there been such an extensive network of community-based actors in the area of child protection. With UNICEF support, 92 community-based organisations are managing 520 Child Friendly Spaces and reaching a total of 120,000 children in nine departments on a daily basis. During the cholera outbreak, 82 of these partners rapidly mobilised 2,170 volunteers to disseminate cholera prevention messages and techniques, reaching over 315,750 children.

What Was the Situation Before?

Even before the earthquake, Haitian children were exceedingly vulnerable to abuse and exploitation. An estimated 225,000 children worked as domestic servants in non-family households; more than 50,000 lived in residential care facilities; and at least 2,700 were living on the streets of Port-au-Prince alone. Vulnerable children in these groups risk exposure to exploitation such as trafficking, premature adoptions and gender-based violence. The 2010 earthquake heightened exposure to risks since it further eroded the country's already fragile social and child protection systems, as well as the capacity of parents and caregivers to support their children.

What does this mean for children?

All children have the right to be protected from violence, abuse and exploitation. Abuse can lead to death, physical injury and mental health challenges in both the short and longer-term, impairing a child's ability to learn and socialize and impacting their transition to adulthood. Risks in Haïti are exacerbated by deep and chronic poverty - but protection is not about money. It's about the duties borne by parents, caregivers, teachers, police, social workers and other actors to care for children.

Who is Making Changes?

Nutrition

FONDEFH is a local NGO which provides integrated health and nutrition services at the community level. After the earthquake, UNICEF helped FONDEFH to set up sites for the prevention and treatment of malnutrition in camps and zones with little or no access to services. Over the last year, with UNICEF support, FONDEFH expanded its coverage to departments with high malnutrition rates among children and where no other organization is providing assistance. FONDEFH is one of 16 partners that have signed partnership agreements with UNICEF in the nutrition sector.

Dr. Margareth Mallet

Director General
Fondation pour le Développement
et l'Encadrement de la Famille Haïtienne
(FONDEFH)

"My motivation is to help the weakest and most vulnerable of the Haitian people, those who are marginalised and neglected, to help improve their health conditions. UNICEF helped us become better organized and helped us to reinforce our capacity. Our organization now has a more solid structure."

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What is Changing?

There is an unprecedented expansion of preventative and curative nutrition services for children and women. UNICEF supported this expansion by providing coordination support to increase equity in access to care - as well as financial, technical and material support for the establishment of 290 outpatient treatment units and 24 inpatient Stabilisation Units for the treatment of severe and acute malnutrition in children. Partners screened 393,000 children and achieved a recovery rate of 76 per cent and a mortality rate under 2 per cent-indicating quality service for 15,300 children with severe acute malnutrition. In addition to treatment, there has also been a massive expansion in preventative services, with UNICEF supporting the establishment of 177 out of 198 Baby Friendly Tents and Corners for nutrition counselling. UNICEF also supported the over 500,000 women to receive iron-folic acid tablets to prevent anemia and for the first time, vitamin A supplementation reached 70 per cent of children aged 6-59 months during National Child Health Week. The challenge now is to keep the momentum and seize all opportunities.

There is evidence that services can be sustainable if firmly rooted in communities. Recognizing the need to foster sustainability and a change in attitudes and behaviors around nutrition, UNICEF also supported a strategic shift towards prioritisation of community-based programmes as the main system for delivery. With a focus on rural areas, UNICEF has scaled-up partnerships in 2011 to reach over 125,000 households (650,000 individuals) with a preventative and therapeutic nutrition package. Four partners were selected to act as "networks of excellence" in different geographic zones to support the scale-up (Hopital Saint-Boniface, Hopital Albert-Schweitzer, PLAN Haïti and FONDEFH). UNICEF also supported over 500 health professionals and healthcare providers to be trained in Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF). UNICEF also supported partners at the local level to establish and maintain at least 40 IYCF support committees and mother's clubs.

There is a growing willingness to prioritise the Nutrition sector. The Technical Committee for Nutrition, operational before the earthquake, was revived in 2011and UNICEF has supported regular meetings led by the head of the Nutrition Division at MSPP. Nutrition policies and training materials developed jointly by the MSPP and partners, including UNICEF's programme and cluster, have been endorsed by national authorities and adopted by all nutrition partners. The National Nutrition Policy - in the pipeline before the earthquake - was validated in April 2011. These developments mark a growing capacity of the government to raise the profile of nutrition in national planning and budgeting.

What Was the Situation Before?

Even before the earthquake, malnutrition was a silent crisis for children in Haïti. One fifth of children under the age of five were underweight and almost one third suffered from chronic malnutrition. Three quarters of children under the age of two and half of all pregnant women were anaemic. Community level management of malnutrition was weak or non-existent. With these challenges, it was not surprising that 53 per cent of under-five deaths in Haïti were related to malnutrition. The 2010 earthquake, cholera outbreak and localised flooding further elevated food insecurity; weakened the fragile health system and affected communities' capacity to implement good health and hygiene practices.

What does this mean for children?

Proper nutrition is essential to child survival and development. It is well recognized that the period from conception to two years of age is the "critical window of opportunity" during which a child's brain and body needs adequate nutrients to grow. If these basic building blocks of life are not received it can cause irreversible damage and retard a child's physical and mental development for the rest of his or her life. If Haïti is to recover from disaster and plot a course for sustainable development, it needs to ensure optimal nutrition for every child.

Who is Making Changes?

Water / Sanitation / Hygiene

DINEPA was established in 2009 following several years of shortcomings and underinvestment in Haïti's water and sanitation sector. With technical and financial support from a range of donors including UNICEF, DINEPA completed the construction of the first human waste disposal and treatment site (which serves as the backdrop for the photo below). UNICEF co-leads the WASH Cluster with DINEPA to support coordination, information management and overall planning in the sector - but has also singed 89 different partnership agreements to scale up WASH services since the earthquake.

Edwige Petit

Director of the Sanitation Department of the Direction Nationale de l'Eau et de l'Assainissement (DINEPA)

"There is still a lot of work to be done, and it will take time - time that we don't have. UNICEF works with children and with the disadvantaged. The two most critical groups in sanitation are children and the poor - children because they are the best channel for passing on information about hygiene promotion, and the poor because they have the most urgent sanitation needs but the least capacity to care for them."

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What is Changing?

There is a new appreciation for the importance of sanitation and hygiene. The 2010 sanitation emergency in displacement sites and the outbreak of cholera necessitated an acceleration of efforts by all WASH Cluster partners to promote proper sanitation and hygiene practices in camps, schools and communities, which contributed to improved knowledge and practice. A CDC-supported study conducted at the end of 2010 in Port-au-Prince confirmed that knowledge of cholera was high and that household water treatment increased from 32 per cent to 77 per cent. In 2011, UNICEF worked through 14 partners to deliver cholera prevention supplies for 2.2 million people. Global Hand-washing Day, celebrated on 15 October 2011 with 185 partners, furthered the momentum.

A waste disposal and treatment site for the metropolitan area is finally operational. The first dedicated human waste treatment site was built in 2011 with technical and financial support from UNICEF and other donors. Operational since September 2011, the new site ensures greater environmental safety for the disposal of human waste. UNICEF is also supporting the development of public-private partnerships to improve desludging and disposal operations.

Emergency WASH services are being progressively replaced by investments in return communities. In 2011, the population in camps further declined and UNICEF's support to maintenance of emergency services provided 322,000 persons with improved sanitation facilities and 196,000 persons with at least 10 litres of safe water per day. (WASH Cluster estimates that there are 102 camp residents for every latrine). Meanwhile, UNICEF supported rehabilitation of water schemes in 58 poor urban areas of the capital and in Petit Goave. (WASH Cluster estimates that 445 water points have been installed or rehabilitated in return areas by all partners). Linking with shelter construction efforts, some 20,000 persons in return neighbourhoods will also be supported by UNICEF with improved sanitation in 2012. In rural communities, 143,000 persons are already benefitting from improved WASH services, supported by UNICEF.

UNICEF is enabling rural communities to identify and secure their own sanitation solutions. In rural areas, UNICEF is promoting community-led total sanitation (CLTS) to trigger greater demand for and use of sanitation facilities. Instead of focusing on latrine construction, this approach enables communities to realise the benefits of eliminating open defecation (still practiced by half the population in rural areas). Already, 95 communities (with 89,000 persons) have launched the CLTS approach in three Departments.

A National Alliance for WASH in Schools has been formed - the first of its kind in Haïti. With UNICEF support, the newly formed Ministry of Education-led Alliance will prepare a situation analysis, develop standards and launch a national action plan to accelerate construction of WASH facilities in schools. UNICEF has already supported partners to improve WASH facilities in 150 schools (reaching 76,800 children) in 2010, and 48 schools (for 17,616 children) in 2011, with activities on-going in another 150 schools.

What Was the Situation Before?

Even before the earthquake, millions of people in Haïti lacked basic water and sanitation. Sanitation coverage in both rural and urban areas remains extremely low, with only 17 per cent of households having access to a sanitation facility in 2008. Access to an improved water source remains a major development challenge, with only 55 per cent of the rural population having access to an improved water source. The 2010 earthquake further damaged scarce infrastructure and placed a necessary emphasis on emergency response. The cholera outbreak however, turned the spotlight back on the underserved rural areas and underlined the need to address structural gaps and disparities.

What does this mean for children?

One out of every thirteen children dies before the age five in Haïti, usually as a result of preventable disease (such as diarrhoea) related to the lack of safe water or sanitation. Lack of access to safe water and sanitation can also have a devastating impact on education, since children often skip school to collect water or leave school to avoid unsanitary or unsafe facilities.

Who is Making Changes?

Child Health

With support from UNICEF and the Inter-American Development Bank during the October 2010 cholera outbreak, MSPP trained personnel and performed the rapid scale-up of prevention and treatment services and social mobilisation in under-served areas. In July 2011, when heavy rains caused an unprecedented peak of cholera cases in the North-West Department, Dr. Beaugé's team moved swiftly to identify and treat cases, as well as take rapid action to mitigate and contain the outbreak. With the foundation of previous support, the Department was able to launch an effective emergency response.

Dr. Laurent Beaugé

Director
Ministère de la Santé Publique et de la Population (MSPP)
North-West Department

"This was the first time I had ever dealt with this type of crisis [the cholera outbreak]. It was a baptism by fire - to test how we would manage. UNICEF made it possible for us to develop the competencies we now have and provided visibility to the department and the Ministry in general. But they also respect our autonomy and allow partners to make the decisions. Thanks to UNICEF, we were able to keep our heads above water."

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What is Changing?

The health sector has increased, rapidly and effectively, their capacity to respond to the cholera emergency. When cholera erupted in Haïti in October 2010, there were no existing models within the health system for coping with an emergency on such a large scale and the epidemic overwhelmed the MSPP at all levels. Following a period of intense emergency response (in which UNICEF provided technical assistance and over US$ 8 million worth of supplies for the health sector including 1,500 tents for treatment facilities; 11 million sachets of Oral Rehydration Salts and 266 cholera kits to support more 26,000 severe cholera cases and 105,000 moderate cases), UNICEF turned towards building national capacity to maintain prevention and treatment services. UNICEF worked together with the MSPP in the West, North, North-East and North-West Departments to develop action plans to train institutional and community personnel and manage services. Today, there are 16 Cholera Treatment Centres; 120 smaller Cholera Treatment Units and 1,172 Community Points for Oral Rehydration maintained with financial and material support from the MSPP-UNICEF-IDB partnership. With this strong foundation of assistance, MSPP's Health Department is now better prepared to manage cholera and other emergencies, since departments have updated contingency plans; pre-positioned emergency supplies and made funds available at the local level.

The Routine Immunisation System is up and running again. Routine immunisation systems were arrested for much of 2010, but thanks to UNICEF and partners, they are operational again. In 2011, UNICEF supported the procurement of vaccines, 170 solar fridges and 700 fridge tags to monitor temperatures. Most significantly however, UNICEF helped to launch the 'Reach Every District' (RED) approach, providing specific financial and technical assistance to 36 communes with the lowest vaccine coverage. As a result, overall immunisation coverage has increased from 58 per cent in 2005 to over 79 per cent in 2011 and, in some communes targeted by the RED approach, coverage rates have increased from as low as 0 per cent to at least 60 per cent.

Prevention of Mother to Child Transmission of HIV services expanded this year. In some of the most underserved areas, more infants are being protected from mother-to-child transmission of HIV than ever before. UNICEF provided technical and financial support to open 11 new sites for Prevention of Mother-to-Child Transmission (PMTCT) of HIV in the North-West, Nippes, South and Grand-Anse departments, allowing for 800 pregnant women who tested HIV positive to begin receiving antiretroviral treatment. With UNICEF support, the national PMTCT programme tested 149,000 pregnant women for HIV and provided antiretroviral treatment for 1,875 HIV positive pregnant.

What Was the Situation Before?

Before the earthquake, half of Haïti's population lacked access to medicines, and 47 per cent did not have access to health care, due to the extremely centralised nature of the health system. Even when accessible, health services were generally poor in quality due to infrastructural deficiencies and a lack of human resources. The 2010 earthquake caused damage to infrastructure and put an overwhelming focus on emergency response. The cholera outbreak nine months later placed an additional burden on health facilities and personnel but this time, all across the country - especially in the most remote of areas.

What does this mean for children?

The right to life is obviously the most fundamental of rights - but one in every thirteen children dies before the age of five in Haïti - most due to preventable disease. Even before the earthquake Haïti had the highest child mortality rates in the region, losing approximately 52 children every day. This situation cannot continue. Haïti's recovery depends on children surviving and accessing the preventative and curative services they need to grow up and become healthy and productive citizens.

Who is Making Changes?

Participation / Preparedness

Plan International has been working with Haitian communities since 1973 with programmes to strengthen education, healthcare, and the participation of children and young people in governance. UNICEF and Plan International have worked together on youth initiatives in Haïti since 2002, reinforcing the capacity of youth groups to engage with state institutions. More than ever before, there is a positive shift from organisations making decisions for children to organisations and children working together to bring about concrete solutions. UNICEF works with four key non-governmental partners that support youth participation, including Plan International.

Fritz Djenald Israel

Youth Engagement Program Assistant
Child and Youth Media Program, Plan International

"We're not old enough to vote, but we have a voice. Thanks to UNICEF, national and regional networks between youth have been built, and the capacity of youth in Haïti has been strengthened. Our voices are getting stronger."

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What is Changing?

Youth participation is now firmly on the reconstruction and recovery agenda. A National Youth Policy, National Sport Policy and National Civic Action Policy Youth were launched in 2011 by the Government, providing a foundation for the integration of youth and adolescent rights in national policies. In addition to providing technical assistance for these efforts, UNICEF also helped to form the National Youth Council, representing over 16 youth organisations, and supported a workshop under the leadership of the Youth Ministry to produce national indicators to track progress on youth related issues.

On a larger scale than ever seen before, Haïti's youth are making their voices heard, even beyond Haïti's borders. UNICEF used its strong convening power in 2011 to support a series of national youth forums that allowed hundreds of young people to exchange views and submit proposals on how to contribute to the reconstruction process. UNICEF also facilitated opportunities for youth to engage local decision makers including candidates in local elections through town hall meetings, where youth expressed their views and recommendations. Events involving the Scouts and the Red Cross were also held in the most remote areas to raise awareness on the contribution and impact young people can have on their environment. Youth voices also echoed beyond Haïti's borders this year, as UNICEF enabled young leaders to participate in global forums including the Climate Change Conference in December 2010, the High Level Meeting on Youth at the UN General Assembly in July 2011 and the UNESCO Youth Forum in October 2011.

We now understand more about the issues affecting youth. Also for the first time, a situation analysis on youth issues was performed, based on key recommendations produced through different networks by thousands of youth and adolescents across the country. This analysis was shared with top government officials in IBESR, MAST, the First Lady's Office and the State Secretariat for the Integration of Handicapped Persons and helped to inform the National Youth Policy.

Partnerships for emergency preparedness and response cover the whole of the country. UNICEF has developed a unique partnership with five international NGOS (ACF; ACTED; Terre des Hommes; OXFAM and Handicap International), each responsible for a different geographic zone of the country. In 2011, partners worked together to pre-position supplies and in 2012 the focus will shift to training for national authorities and community leaders on preparedness and risk reduction measures - and the implementation of a rapid response if disaster strikes again. These partnerships compliment the objectives of the Contingency Plan of the Directorate of Civil Protection (DPC) and since they focus on remote and hard-to-reach areas they also contribute to the operationalization of UNICEF's equity policy.

What Was the Situation Before?

In Haïti, 58 per cent of the population is less than 24 years old. Only 33 per cent of rural youth and 53 per cent of urban youth attend school. Less than 1per cent of youth in Haïti attend university, and 20 per cent of youth are illiterate. This generation has also grown up amidst political instability including military coups, civil protests, political crimes, an economic embargo, rampant corruption, drug trafficking and high rates of gang-related crime. Major hurricanes and the 2010 earthquake also had a major impact on youth - and underlined the need for individuals of all ages to be better prepared for emergencies.

What does this mean for children?

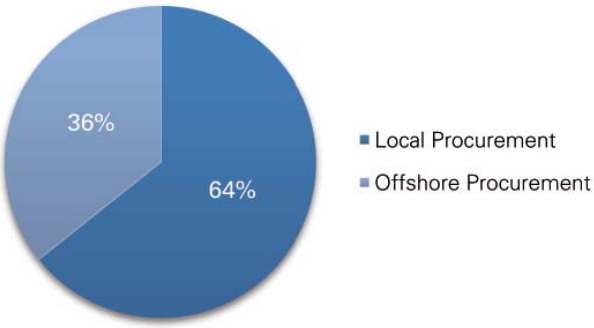
Making up more than half of the population, it is critical that children and young people participate in decision-making processes that affect their lives and the future of the nation. Youth represent a powerful force for change and social transformation. Although there is a long way to go to address poverty and social exclusion, with youth activism on the rise, the future for Haïti looks more promising.

UNICEF Operational Commitments

Underlining the critical role of UNICEF in providing life-saving and life-sustaining supplies for children, the value of procurement in 2010 increased more than ten-fold over previous years to US$ 64.6 million worth of goods, complemented by US$ 22 million worth of contracts for services (including for logistics). In 2011 the value of procurements totalled over US$ 19 million, with US$ 16.5 of contracts for services - roughly six times more than pre-earthquake levels and 44 per cent of 2010. The decrease since last year is a positive indicator of the transition from a life-saving emergency response into a programme that focuses more on supporting national actors to manage social service delivery. Also interested in adding a boost to the national economy, UNICEF's procurement of goods locally represents 64 per cent of the total for 2011.

Even with the decrease in stock value from 2010, the management of contracts, acquisition of goods and services; transport, warehousing and distribution of essential commodities for children was a great challenge in both years following the earthquake. Support provided from UNICEF's Regional Office and Dominican Republic Country Office was critical to facilitating a rapid response, as was

Procurement of Essential Commodities and Services in 2011



UNICEF's temporary "Life Line Haïti" Office in the Santo Domingo (officially dismantled at the end of June 2011), which provided invaluable support for the reception; warehousing and transport of supplies. Inside Haïti, UNICEF maintained a total warehousing capacity of 10,000 square metres in eleven different locations, (including those depots managed through agreements with the Interagency Cluster).

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In addition to operational capacity - the management of UNICEF's technical capacity followed a similar pattern of scale-up and subsequent "right-sizing" as the emergency mission transitioned to recovery. Before the earthquake, the country office had roughly 52 staff members. The large-scale "Surge" operation of 2010 mobilized more than 400 technical professionals in all sectors including operations, administration, logistics and supply, to implement the earthquake crisis response. The surge for the cholera outbreak mobilized over 30 consultants with a focus on WASH and Health professionals including nurses. Now, at the close of 2011 there are approximately 255 persons working in UNICEF Haïti. Securing technical expertise, with the requisite language and other skills in a non-family duty station has been a big challenge - but recruitment processes and committees have been strengthened, especially those that steer the process of national staff recruitment. Ensuring proper training, coaching and mentoring for new staff was also a priority, to ensure sound programme, operations and financial management.

As in 2010, staff wellbeing remained important. In 2011, a psychologist supported staff affected by the earthquake for eight months and a peer support mechanism was launched to help the office to discretely address personal and professional challenges in the office. While UNICEF continues to operate from a temporary base at the MINUSTAH logistics base in Port-au-Prince, renovations on a new building in nearby Petion-ville promise to decrease staff commuting time, improve work stations and meeting areas to encourage optimal performance.

As working conditions improved in 2011, the security situation was also perceived to have improved, with a positive impact on programme delivery. In 2010, the restricted "red zones" (which required military or police escort) of Port-au-Prince were downgraded to "yellow zones" requiring notification of Security Operations Centre before entry and exit. The security level in all parts of Haïti (except Port-au-Prince and Cap Haitian) was downgraded to Level I, with Port-au-Prince and Cap Haitian at Level II. This decision was taken by the UN Security Management Team following a Structured Threat Assessment. Despite these improvements, there was an overall upward trend in violent crime in Haïti including reported rapes, armed robberies, kidnappings, and homicide during the year.

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Funding Overview

The Haïti earthquake was one of the worst disasters of modern times and was above all, a children's emergency. More than US$ 351 million was raised over a two year time-frame in support of humanitarian action that saved, protected and improved the lives of children affected by disaster. This enormous response testifies to the confidence and trust that UNICEF inspires in its partners - and to our on-going commitment to direct these funds towards those who need them the most.

In the immediate aftermath of the disaster, UNICEF appealed for US$ 222,757,000 for humanitarian relief, later adding US$ 127,243,000 in requirements for recovery, disaster risk reduction and preparedness programmes. In 2010, generous contributions from around the world led to a total of US$ 322.2 million received against the earthquake appeal as well as in advance contributions for the 2011 cholera response.

In 2011, following the mid-year review of the Consolidated Appeals Process UNICEF requested more than US$ 60,139,336 in requirements for humanitarian action. As of 30 November 2011, approximately US$ 29 million was received within the calendar year of 2011 for both earthquake recovery and cholera response.

Out of the consolidated figure of US$ 351.3 million received for humanitarian action in Haïti, the top five major donors were as follows: United States Fund for UNICEF, Japan Committee for UNICEF, Spanish Committee for UNICEF, UK Committee for UNICEF and the Government of the United States. Tables (on the facing page) offer a breakdown of the top five donors by calendar year. In 2011, the number one donor was the Government of Haïti, who designated UNICEF as its primary partner in the Inter-American Development Bank supported project to scale-up of cholera treatment services in under-served areas.

Over the two year timeframe, more than two thirds (68 per cent) of funds were leveraged by 36 of UNICEF's National Committees, who in turn represent a wide range of donors and supporters. This unparalleled assistance underlines the strength of UNICEF's unique global structure and the tireless work of staff outside the country to raise funds from the private sector, promote children's rights and secure visibility for vulnerable children in Haïti. Since

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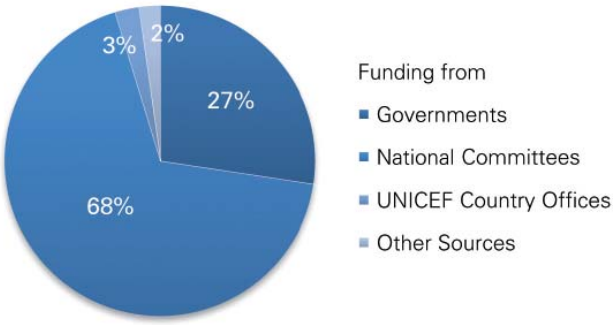
the earthquake, UNICEF Haïti has facilitated over 26 National Committee missions to Haïti and coordinated with Committee colleagues. UNICEF Haïti also released four "Natcom Donor Toolkits" in 2011, to support fundraising efforts abroad.

Over the two year timeframe, 30 governments provided just under one third (27 per cent) - and the remaining five per cent was provided by other sources including UNICEF Country Offices engaging in private sector fundraising, inter-organisational arrangements, inter-governmental arrangements. Almost two thirds of funds (65.5 per cent) were provided as un-earmarked contributions which allowed UNICEF to target resources where they were needed most, employing a quick and flexible response.

In addition to earthquake relief and recovery and the cholera appeal, some donors chose to address the stark disparities and vulnerabilities that affect children across the country by giving longer-term development-oriented funding. More than US$ 6.1 million was also raised in 2011 for the Country Programme, primarily for school construction, vaccination programmes and expansion of WASH in Schools. Top five donors in terms of development-oriented funding include Spanish Committee for UNICEF; United Kingdom Committee for UNICEF; United States Fund for UNICEF; Belgian Committee for UNICEF and Japan Committee for UNICEF.

Funding to UNICEF Haïti by Donor Type 2010-2011



At the end of 2010, UNICEF spent approximately US$ 151.3 million of its humanitarian and recovery contributions received since the earthquake. As of 10 December 2011, an additional US$ 105.8 million was spent in the calendar year of 2011 and an additional US$ 3,495,297 million was obligated for on-going activities. As of 10 December, approximately US$ 56.4 million has been re-phased to support activities planned in 2012, leaving a funding gap of US$ 54 million.

Top Five Donors in 2010 (in US$)

United States Fund for UNICEF	73,797,001
Japan Committee for UNICEF	21,254,232
United States Government	16,184,190
Canadian Government	16,154,390
Spanish Committee for UNICEF	15,610,389

Top Five Donors in 2011 (in US$)

Haïti Government and Inter-American Development Bank	9,950,658
United States Fund for UNICEF	3,160,734
Japan Committee for UNICEF	2,341,840
French Committee for UNICEF	2,030,572
Spanish Committee for UNICEF	1,533,451

Allocations, commitments and expenditures by sector (in US$) *

Sector	Expenditures in 2010	Allocations for 2011 (not including amounts re-phased to 2012)	Commitments for 2011	Expenditures as of 12 Dec 2011
Health	14,664,011	21,190,319	19,896,725	19,210,765
Nutrition	16,050,919	11,975,652	11,418,898	11,346,810
WASH	33,781,126	17,235,253	16,414,487	15,942,736
Child Protection	19,312,990	16,524,698	16,226,296	15,075,778
Education	38,410,002	25,622,235	23,860,312	24,045,800
Partnership for Child Poverty Reduction		7,341,780	6,079,783	59,796,19
Cross-Sectoral Costs	29,062,990	16,074,057	15,393,340	14,193,036
	151,282,038	115,963,994	109,289,841	105,794,544

* All figures are in US Dollars and are on an interim basis as of 12 December 2011. Figures reported are at the programmable level excluding recovery cost, and reflect funds available for in-country programming, not including activities supported in Dominican Republic during the first six months of the response (however income information includes allocations for these actions). This table also does not include funds already rephrased into 2012. Certified statements will be issued for each contribution where required on an annual basis. Commitments represent planned expenditures charged against programme budget allotments after an obligating document has been issued. Totals in the table may not be exact due to rounding.

Looking Forward

The 12 January 2010 earthquake was an unprecedented emergency, unique in its magnitude, depth and scope. While the death toll and destruction were unmatched in modern times, the resources (technical, material and financial) mobilised in the wake of disaster were also exceptional. Together they present a "once a lifetime" opportunity to set Haïti on a course that arrests and reverses decades of degradation and mismanagement. Clearly, it is not shock itself that brings about positive change. Strategic vision; political will; strong partnerships and steadfast investment are all required to address both immediate needs and long-term challenges.

Immediate Needs

Ou we sa ou genyen, ou pa konn sa ou rete.

You know what you've got,
but you don't know what's coming.

Despite the evidence of meaningful change in Haïti, there are still children that are in danger of being left behind - and some of those have urgent needs. UNICEF's portion of the 2012 Consolidated Appeal for Haïti totals just over US$ 24 million and prioritizes actions to support vulnerable children through five key projects in Health; Nutrition; WASH; Education and Child Protection. These projects aim to ensure the continuity of emergency services for persons living in camps and work to enhance national capacity to manage localised outbreaks of cholera in rural areas. Projects also consider the need to better prepare for the 2012 hurricane season and the very real potential for an unforeseen, sudden-onset emergency.

UNICEF's commitment to Cluster Coordination remains firm - for the Clusters of WASH, Education and Nutrition, as well as the sub-Cluster for Child Protection. However, all UNICEF-led Clusters have developed "transition plans" which highlight the key activities needed to build the capacity of national and departmental authorities to coordinate, manage information and leverage resources available in the sector during emergencies. Each Cluster is different, due to the unique nature of the work, the structure and capacity of Haitian counterpart institutions and the coalition of partners that comprise the larger network. However, emergency coordination mechanisms are not meant to last forever - and all should play a key role in restoring capacity for leadership by national stakeholders.

Long-term Challenges

Kay koule twompe soley
men li pa twompe lapli.

A leaky house can fool the sun,
but it can't fool the rain.

While urgent action under the 2012 CAP is required, focusing solely on the acute stages of Haïti's emergency without addressing the underlying poverty, deep disparities and structural faults in the country's governance structures - would be ultimately self-defeating. For this reason, projects under the Consolidated Appeal represent just a portion of UNICEF's Country Programme. The recovery and development track, which is based on national plans and compliments national priorities, has estimated budget gaps of US$ 30 million in 2012 - for activities that accompany national authorities and communities in their efforts to address chronic challenges in:

- **Institutional Reform and Re-building**: with UNICEF advocating and providing technical and financial assistance to strengthen the capacity of central-level Ministries; national institutions and decentralised authorities to implement legislative reform, develop policy, set standards and manage overall, the actors that uphold child rights.
- **Disparity reduction**: with UNICEF supporting government and communities to narrow the gap in access to basic social services for the most vulnerable children throughout the country - not just in earthquake affected areas. (This includes the "Phase III" construction programme for permanent schools in areas that have no access to public education infrastructure - and the "Reach Every District" approach for boosting immunisation coverage);
- **Good governance and citizen participation**: with UNICEF's accompaniment of national authorities, community leaders and community groups in two pilot Departments (North and South) to identify bottlenecks to the achievement of child rights. In 2012, UNICEF will support stakeholders to address these bottlenecks - and to demand increased accountability from duty bearers.
- **Enhanced Situation Analysis and Advocacy**: with UNICEF's commitment to expanding the evidence base to identify the most vulnerable in country and support decision making, planning and targeted advocacy around key issues affecting children. (This includes supporting the Demographic and Health Survey 2011-2012, the updating

of the Situation Analysis of women and children in Haïti and sector specific work such as the 2011 School Census, as well as supporting national authorities to improve their knowledge management systems).

After two years, rife with natural disaster and political stagnation, Haïti appears to be turning the corner, into a period of stability where plans can be set through consensus, influenced by the voices of children and youth, and realised in partnership. With a new country programme on the horizon in 2013, the year 2012 is a critical juncture - a unique moment to leverage partnerships and resources for the transformative agenda. Tending the seeds of change however, is a long-term commitment.

With a strong emphasis on the three key priorities of Nutrition; Child Protection and Education (which remain key not just to the empowerment of individual children - but to the "re-fondation" and development of the nation), UNICEF renews its commitment to accompany not just national authorities in their pursuit of the transformative agenda, but this generation of Haitian children towards their realisation of a more stable, prosperous and equitable nation, - a Haïti fit for children.

UNICEF's Core Commitment to Effective Cluster Coordination

In the aftermath of the 2010 earthquake, the Cluster-lead approach provided critical coordination and information management support to national authorities in the humanitarian context. In 2011, Clusters contributed to national contingency planning, sector innovations; policy making and standard setting; and capacity development of national authorities and community organisations in order to facilitate the transition from emergency coordination mechanisms (see Looking Forward section).

For example, the WASH Cluster provided critical technical assistance for the development of "SIS-KLOR" - an innovative monitoring system that uses rapid SMS technology to track water quality in sites throughout the country. The WASH Cluster also systematized camp surveys and strengthened information management to confirm needs and gaps in the sector. Improved evidence supported the development of transition plans - such as the "Beyond Water Trucking" strategy which confirmed water supply alternatives for more than 400 sites in the earthquake-affected area. Technical assistance supported the elaboration of national procedures for excreta disposal; the establishment of the new waste treatment site and the coordination of the cholera response with over 52 primary partners and the Health Cluster.

The Nutrition Cluster introduced an innovative nutrition protocol for cholera treatment centers, to better respond to the special needs of more than 45,000 children under-five with cholera. This approach has been adopted as a model for other responses, including in the Horn of Africa. Equity of access to services also improved through Cluster advocacy and there was an increase in the implementation of minimum standards agreed by all partners (from 25 per cent to 48 per cent for outpatient severe malnutrition care, for example), underlining the effectiveness of coordination and advocacy efforts. There are over 64 main partners in the Nutrition Cluster.

The Education Cluster (co-led with Save the Children) meanwhile coordinated, with the Ministry of Education and Cluster partners to conduct the country-wide cholera response that reached more than 2.8 million children in over 11,000 schools with hygiene promotion materials (UNICEF as an Agency reached 5,760 of the total). During the outreach, the Cluster also introduced an innovative SMS alert system (with Digicel Foundation) that sent early warning messages to 4,000 school principals. The Education Cluster also contributed to the development of guidance on use of schools as emergency shelters; a strategy paper on relocation and improved assessment of camp populations. Senior-level technical assistance supported strategic planning, including for new initiatives on the abolition of school fees. There are at least 112 partners in the Cluster.

The Child Protection sub-Cluster, in turn, facilitated harmonisation of family tracing and reunification work; introduced a common approach to monitoring and reporting and produced a series of thematic maps on coverage of protective services. The team also contributed to the development of minimum standards in the sector and adaption of training tools and guidelines for inter-agency coordination with government.

Ensuring Organisational Learning

In its extensive work following the earthquake, UNICEF has employed strategies to learn from this experience and ensure continuation of approaches, systems and processes that work while adjusting those that do not - both in country and for future humanitarian responses. Since 2010, UNICEF has conducted several reviews and evaluations, notably an Independent Review with the objective of identifying internal systemic factors that helped or hindered UNICEF's collective organisational response in the first three months after the earthquake. Commissioned by the Executive Director of UNICEF, this Review provided important feedback on global UNICEF systems and practices in responding to an emergency of this magnitude. The review also provided actionable recommendations that have been taken up by UNICEF in Haïti, including improving performance monitoring and promoting appropriate risk-taking, especially in the area of supporting capacity development of national partners.

Regarding UNICEF's commitment to effective cluster coordination, the Independent Review recognised the difficulties experienced by UNICEF in the first months and specifically noted challenges in resourcing the Clusters (securing longer-term, senior-level, bi-lingual professionals) and also in terms of properly orientating key staff on the Cluster-lead approach (actions which might have clarified the relationship between the roles of Clusters and Programmes). Recommendations included a call for UNICEF at both global and country-office levels to ensure the right level of seniority and experience for Cluster Coordinators - and to develop a cadre of highly-trained information managers that could facilitate data collection and analysis. The Haïti Country Office recruitment of senior level Cluster Coordinators and mid-level information management specialists was completed in late 2010 and contracts continue in 2012, through the "transition" period which includes handover of key functions to national authorities.

UNICEF has conducted exercises internally and with partners at important moments in programming and coordination to ensure timely learning that captures emerging lessons and good practices. For example, in early 2011 after three months of responding to the cholera epidemic the Hygiene Working Group of the WASH Cluster conducted an exercise to identify lessons learned to improve coordination among partners and harmonise approaches for hygiene behaviour change through definition of minimum standards and guidelines. For learning on internal preparedness, Hurricane Emily provided a real-life simulation exercise in mobilizing staff, partners, supplies, cluster and programme referral systems and business continuity measures. Although the storm veered away from Haïti and caused minor flooding, the 48 hours of preparedness activities and decisions were analyzed in an internal review, resulting in adjustments to further streamline communication and mobilization activities for future responses.

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UNICEF remains committed to working with diverse partners to identify new areas of learning and to ensure dissemination to high level, technical to community audiences.

UNICEF Partners and Supporters

Government

Bureau de Conseil de la Presidence, Bureau du Premier Ministre, Ministère de la Planification et de la Coopération Externe, Ministère de la Santé Publique et de la Population, Ministère des Affaires Sociales et du Travail, Ministère de l'Education Nationale et de la Formation Professionelle, Ministère de la Justice et de la Sécurité Publique, Ministère à la Condition Feminine et aux Droits des Femmes, Ministère de la Jeunesse, des Sports et de l'Action Civique, Ministère des Travaux Publics et 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 Haïti (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 Haïti (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 de Popoli, CFM, Comité Olympique Haïtien, Concern Worldwide, Croix Rouge Française, Entrepreneurs du Monde, Fondation Paul Gérin Lajoie (FPGL), Fondation Saint Boniface, Fondasyon Limye Lavi, Fondefh, FOSREF, Foyer Escale, GJARE, Gheskio, Haven, Haïti Participative, Heartland Alliance, Hôpital St. Damien, Hôpital Albert Schweitzer, 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 Haïti, 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

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Acronyms

BPM	Brigade de Protection des Mineurs
CAP	Consolidated Appeals Process
CCCs	Core Commitments for Children in Humanitarian Action
CERF	United Nations Central Emergency Response Fund
CLTS	Community Led Total Sanitation
CMAM	Community Management of Acute Malnutrition
COUN	National Emergency Operational Center
CTC	Cholera Treatment Centre
CTU	Cholera Treatment Unit
DHS/MICS	Demographic Health Survey/Multi-Indicator Cluster Survey
DINEPA	Direction de l'Eau Potable et de l'Assainissement
ECD	Early Childhood and Development
FONDEFH	Fondation pour le Developpement et l'Encadrement de la Famille Haïtienne
GBV	Gender-Based Violence
GMC	Global Movement for Children
HRF	Haïti Reconstruction Fund
IBD	Inter-American Development Bank
IBESR	Institut du Bien Etre Social et de Recherches
IDP	Internally Displaced Person
IHRC	Interim Haïti Recovery Commission
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
MAST	Ministère des Affaires Sociaux et Travail
MDGs	Millennium Development Goals
MENFP	Ministère de l'Education National et de la Formation Professionnelle
MHPSS	Mental Health and Psychosocial Support
MINUSTAH	United Nations Stabilisation Mission in Haïti
MOSAJ	Mouvement Social pour l'Avancement de la Jeunesse
MSPP	Ministère de la Santé Publique et de la Population
NGO	Non Governmental Organisation
ORP	Oral Rehydration Point
PMTCT	Prevention of Mother-to-Child Transmission
RED	Reach Every District
SAM	Severe Acute Malnutrition
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

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