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Short-duration country programme document

Haiti

Summary

The short-duration country programme document for Haiti is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$3,024,000 from regular resources, subject to the availability of funds, and \$12,200,000 in other resources, subject to the availability of specific-purpose contributions, for 2008.

The situation of children and women

1. The fragile stability brought on by successful democratic elections and the installation of the new Government in mid-2006 continues in the poorest country in the Western Hemisphere. Democracy and constitutional legitimacy are taking root only with significant difficulty, despite a political environment where traditional violent clashes among factions and social groups have been relatively appeased. While 2006 was marked by several periods of high insecurity, most notably in the capital, 2007 has started off on a less insecure note. The number of murders and kidnappings has been reduced thanks to the joint Haitian National Police/United Nations efforts to pursue major armed gangs. Some of the most violent areas are no longer under gang control. Gaps remain in Government capacities, in terms of field presence, quantity and quality, though the State's performance has improved in macroeconomic processes, in particular tax recovery and control by the Central Bank. The pursuit of the Government-led poverty reduction strategy process — with

* E/ICEF/2007/13.



an optimistic target date of end-September this year — opens a real opportunity for planning significant development work. On the other hand, the poor overall efficiency of the Parliament and qualifications of the Parliamentarians hamper the potential for the development and approval of critical legal reform and delays or blocks the approval of the social budget. In addition, an increasing number of children were directly affected by criminal activities in late 2006, in particular in urban areas, as a result of deliberate targeting of children aimed at generating social panic and destabilizing the Government.

2. Concerning the social situation, the country continues to face the consequences of structural, economic and social crises, and conflicts persist. Extreme poverty, deep inequalities in access to productive assets and basic social services, high levels of malnutrition, high maternal mortality rates, and low levels of schooling and literacy continue to be the main issues of concern. On the positive side, the latest data from the Demographic and Health Survey (*Enquête Mortalité, Morbidité, et Utilisation des Services IV, or EMMUS IV*), recently released, reveal positive developments achieved in almost all health indicators from 2000 to 2005. This is particularly noteworthy in light of the crises of the past few years. However, the improvements in indicators follow the lifting of the international sanctions and may not be sustainable, especially given the fact that the lower countries' indicators become, the more difficult it is to keep the pace of change. Although the funds required to address the challenges of achieving the Millennium Development Goals have slowly increased, they are still largely insufficient and their efficient and timely use are hampered by the weaknesses of institutional actors. Because of this, the achievement of the Millennium Development Goals appears elusive. In few places in the world do people live so short a lifespan as in Haiti, bury so many of their young children, or succumb to as many preventable and treatable diseases.

3. Regarding the indicators, about one third of school-age children (500,000-600,000) are not enrolled. Access to school is strongly inversely correlated with poverty in a context where poor households spend a higher proportion of their income on education than in any other country in the world.

4. The immunization coverage rate of children aged 12 to 23 months increased from 43 per cent to 54 per cent from 2000 to 2005. Both infant and under-five mortality have dropped — from 80 to 57 deaths per 1,000 live births and from 119 to 86, respectively, between 2000 and 2005.

5. EMMUS IV suggests a worsening of maternal mortality: 620 deaths per 100,000 live births, against 523 five years earlier and 473 ten years earlier, per 100,000 live births. However, the large denominator in this case means that the period of measurement covers the past six to seven years, so it is not a good indication of the present situation. Instead, the proxy of emergency obstetrical services available is more commonly used, and this figure points to a slight overall improvement. Moreover, 85 per cent of pregnant women consult a health professional at least once, and 54 per cent at least four times, during pregnancy. This is an improvement over five years earlier. Nevertheless, the mortality rate remains high and is an expression of overall poor access to quality health services and maternal care, and of the increase in abortions among adolescents. Therefore, Millennium Development Goal 5 appears almost impossible to achieve.

6. Regarding AIDS, 2.2 per cent of the adult population is HIV positive, and women make up the highest share (2.3 per cent against 2 per cent for men). Because

of its methodology, data from the EMMUS IV could not be compared to previous data, even though all surveys and studies of recent years have presented prevalence rates higher than the 2.2 per cent. However, although no definite conclusions can be drawn regarding the trend of the epidemic, the figures from EMMUS IV are encouraging. In 2002, water coverage for urban areas was about 50 per cent, as low as 27 per cent in many smaller cities, and 50 per cent in rural areas, where people make use of wells and rivers. As a result of a lack of consistent assistance effort, indicators have not improved since 2002.

7. With a longstanding history of violent political conflict, which combines ingredients of widespread poverty and inequality, economic decline, high unemployment (especially among youth), underemployment and poor governance, Haiti has become trapped in a spiral of insecurity and violence, mainly in Port-au-Prince, which seriously undermines child rights. Kidnappings, some with brutal and fatal outcomes for children, are seriously damaging efforts towards attaining peace and security. Sexual violence seems to have reached dramatic proportions, at least between 2004 and 2005. According to a survey presented in the *Lancet* (September 2006), about 35,000 women were raped during that period, over half of them girls. Rape increases the risk of HIV infection. Under 13 per cent of orphans and other children made vulnerable by HIV/AIDS receive appropriate care. Other protection issues centre on the fact that about 3 out of 10 children have no birth certificate; 300 to 1,000 children are associated with armed violence; and about 3,000 children dwell in the street, mainly in the capital. The institutional and legal framework of child protection remains a challenge. One positive development was the recent creation of a National Plan of Child Protection (work on which has been led by UNICEF since 2004), and preparation work is under way for its adoption. However, advocacy will continue to be needed to strengthen the legal and regulatory framework, including the ratification by Parliament of eight key conventions, treaties and other international agreements that protect the rights of the child.

The country programme, 2008

8. The total regular resources and other resources proposed roughly equal those of the country programme for 2007.

Summary budget table

Programme	(In thousands of United States dollars)		
	Regular resources	Other resources	Total
Young child survival and development	824	7 000	7 824
Education	525	3 200	3 725
Child protection	550	2 000	2 550
Partnerships for child poverty reduction	600	0	600
Cross-sectoral costs	525	0	525
Total	3 024	12 200	15 224

Reason for this short-duration submission

9. In 2006, the United Nations Development Programme, The United Nations Population Fund (UNFPA), the World Food Programme (WFP) and UNICEF requested an extension of the 2002-2006 programme of cooperation for one year in order to align the programming cycle with that of the Government, which begins a new cycle in 2008. However, given that the poverty reduction strategy paper (PRSP) will not be finalized before September 2007, the same agencies have requested another one-year extension to enable an UNDAF to be prepared based on the PRSP, and subsequently for agencies to draft individual multi-year programmes that would commence in 2009.

Goals, key results, strategies/relationship to national and international priorities

10. The proposed programme for 2008 seeks to further advance the opportunities opened up by the current improved stability to address the urgent needs highlighted. UNICEF works hand-in-hand with the Ministries of Education, Health, and Social affairs, respectively, to finalize and begin implementation on the National Strategy for Education for All (EFA), on the National Health Plan and the National Plan for the Protection of Children. Key partners in the EFA work are the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank; and for the health plan, the World Health Organization (WHO)/Pan American Health Organization (PAHO). The national plans/strategies fit into the overall national priorities presented by the new Government in July 2006, and they will be adjusted as appropriate to conform to the PRSP.

Programme components

11. **Young child survival and development.** The change of name of this programme from the previous programme's "Health and nutrition" serves to better represent its overall scope and alignment with focus area 1 of the UNICEF medium-term strategic plan. In 2008, a key result will be to reach a vaccination coverage rate of 80 per cent. The five-year joint programme on maternal mortality reduction with UNFPA is now entering its third year, with progress made in reducing the number of deaths from pregnancy and childbirth in the departments of Artibonite, North and North West (where non-coverage of emergency obstetrical services were the highest). The project has ensured that the percentage of women giving birth in hospitals/ maternities assisted by qualified personnel in the three departments is now above the national average (about 20 per cent), and the target by end-2008 is to surpass 30 per cent. As noted in the CPD for 2007, the health and nutrition programme expanded to include a water, sanitation and hygiene (WASH) component; in 2008, a project will be specifically dedicated to WASH.

12. **Education.** Within the goal of increasing access and improving quality, a particular priority will continue to be ensuring that girls enrol and stay in school. The National EFA Strategy is about to be finalized with wide buy-in from the relevant Government Ministries, donors and bilateral and multilateral agencies. In 2008, UNICEF will push for the start of the implementation of this strategy and continue to press for free public schooling through the back-to-school and zero-fees initiative (supported by UNICEF, the World Bank and the United States Agency for International Development).

13. **Child protection.** In 2008, the programme will aim to help to create a protective environment for children by advocating for a stronger legal framework and by supporting the development of child protection policies. The programme will also provide psychosocial care for, and support the family and social reintegration of, 15,000 child victims of violence, abuse and exploitation, focusing on children who live or work on the street, who are affected by armed violence, who are victims of trafficking and who are orphaned and vulnerable, especially because of AIDS.

14. **Partnerships for child poverty reduction.** The country office merger of the advocacy, information, and communication section with that of capacity-building, monitoring, evaluation and reporting aims to ensure that information about the major issues affecting children and women in Haiti is accurately gathered, analysed and reported; has greater public visibility; and ultimately plays a more central and influential role in policy-making and decision-making related to women and children. The overall aim of the programme is to support the Government and various stakeholders in designing and implementing social and economic policies, legislative measures, budgetary allocations and communication strategies that enable the Government to protect and fulfil children's rights according to its obligations under the Convention on the Rights of the Child.

15. With the ongoing development of the PRSP and the subsequent need to operationalize it, there is an opportunity to step up the work within focus area 5. In that vein, key additional components of the unit's work will be to undertake public (child) policy analysis and to communicate and advocate on child poverty issues.

16. **Supply.** The supply component of UNICEF is essential to achieving results for children. Haiti's dire need for supplies stems from the deplorable conditions of the country's light infrastructure, the general absence of equipment and material in schools and health centres, and the reluctance of donors to give funds or materials directly to the Haitian State. Therefore, UNICEF plays a major role in ensuring that the country receives basic hardware and materials. In 2006, the country office had a supply input of over \$4 million, covering 223 separate supply operations. In dollar terms, the supply component represents about half of the health programme and slightly less than half of the education programme. Given the complexity and volume of the component, the office has decided to recruit a temporary international staff member to head the section.

17. **Major partnerships.** The public policy work, which has mainly focused on education, will continue, with the World Bank and UNESCO as primary partners. The countrywide Memorandum of Understanding with WFP continues to be the basis for joint efforts. In order to strengthen emergency preparedness and response, agreements have been signed with several non-governmental organizations (NGOs) present in disaster-prone areas of Haiti. All health activities continue to be directly coordinated with WHO/PAHO. The maternal health partnership remains strong with UNFPA (see "Young child survival and development"), and there are efforts to expand its geographic scope (to cover the border areas with the Dominican Republic), and its partnerships (to include WHO/PAHO). In child protection, UNICEF continues to work with and strengthen NGO networks and maintains a very close collaboration with the United Nations Stabilization Mission in Haiti on human rights and child protection.

18. **Programme management.** In 2006, the UNICEF programme moved further away from a project approach towards a sector approach, in line with the Paris

Declaration on Aid Effectiveness and joint efforts towards achieving the Millennium Development Goals. The overall coordination partner is the Ministry of Planning and External Relations, which leads the PRSP process. Beyond that, annual work plans are developed jointly with specific Ministries for each sector with which UNICEF maintains daily interactions. Given the limited resources and capacity of many Government services and units, UNICEF partners with a number of NGOs (about 50 at present) as a way to implement programmes and complement the technical assistance provided to the Government itself. The inter-agency (United Nations) collaboration is well anchored, with joint actions carried out formally and informally (see “Partnerships”). In 2008, the United Nations Development Group agencies will implement the harmonized approach to cash assistance.
