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Thematic Strategic Plan Outcome 3 WASH

UNICEF Haiti/ 2016/ Julie Harlet



Thematic Report

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1. ABBREVIATIONS AND ACRONYMS

CATS	Community Approaches to Total Sanitation
CFS	Child Friendly Spaces
CLTS	Community Led Total Sanitation
CPD	Country Programme Document
CSO	Civil Society Organization
DINEPA	Directorate of Water and Sanitation/ <i>Direction Nationale de l'EAU Potable et de l'Assainissement</i>
DRR	Disaster Risk Reduction
DT	Diphtheria
EMMUS	Mortality, Morbidity and Service Utilization Survey/ <i>Enquête Mortalité, Morbidité et Utilisation des Services</i>
EPI	Expanded Programme on Immunization
HRP	Humanitarian Response Plan
HWTS	Household Water Treatment and Safe Storage
IDP	Internally Displaced Person
MENFP	Ministry of Education and Professional Training/ <i>Ministère de l'Education National et de la Formation Professionnelle</i>
MOU	Memorandum of Understanding
MSPP	Ministry of Public Health/ <i>Ministère de la Sante Publique et de la Population</i>
NGO	Non- Governmental organization
SDF	Sustainable Development Framework
SDG	Sustainable Development Goals
UASC	Unaccompanied and Separated Children
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

2. EXECUTIVE SUMMARY

2016 was a year of many challenges and significant changes. The country faced political uncertainty with the delay and eventual annulment of the first round of presidential elections in 2015 after accusations of widespread fraud. This political instability in the early months was often paralleled by insecurity, street demonstrations and limited access to some areas.

The situation was further complicated by increasing humanitarian needs. Three years of successive drought led to worsening malnutrition in some communes in 2016 as agriculture production suffered. Deportations from Dominican Republic, following a constitutional decision stripping some Dominicans of Haitian descent of citizenship and increased movements across the border required reinforcing UNICEF Haiti's child protection response. Furthermore in October, Haiti was struck by Hurricane Matthew, a category 4 and the most powerful cyclone in the Caribbean for 25 years. The storm cut a swath across the southern peninsula of Grande Anse, Nippes and South leaving over 2 million people affected, destroying homes, crops and livestock. The hurricane caused damages to schools, healthcare centres and hospitals. UNICEF Haiti mounted its biggest humanitarian operation since the 2010 earthquake.

Cholera response experienced ups and downs. UNICEF Haiti played a major role to support the Ministry of Public Health (MSPP) in the review and development of a medium-term plan (2016-2018), a subcomponent of the Ten-year National Cholera Elimination Plan. Development of this plan included reflections on lessons learned, incorporation of evaluation recommendations on the rapid response teams and rigorous prioritization by all partners involved in cholera response.

UNICEF continued to support government agencies and developed partnerships with various NGOs to implement WASH projects in South, Grande Anse, Nippes, Centre, Artibonite and South East Departments. UNICEF supported coordination and planning mechanisms at national, departmental and communal levels for the effective use of resources and to optimize synergy among various actors. UNICEF continued to build government and CSO partners' capacities on areas such as hygiene promotion, Household Water Treatment and Safe storage (HWTS), Community Approaches to Total Sanitation (CATS), WASH in Schools and Communication for Development.

UNICEF supported the Directorate of Water and Sanitation (DINEPA) to develop a situation analysis of the water and sanitation sector (Country Status Overview). The Country Status Overview on water supply and sanitation in Haiti, which was developed at the end of 2015, was used to identify major bottlenecks that prevent effective water and sanitation services delivery and utilization. It contributed to the revision of the Country Water and Sanitation Strategic Plan (2016-2025). UNICEF continues to support DINEPA in the development process of the Sector Strategic Plan.

Finally, UNICEF Haiti developed a new country programme document (CPD) for 2017-2021. Combined with the development of the United Nations Sustainable Development Framework (UNSDF) led by UNICEF with the Resident Coordinator's office, the new CPD consolidates achievements from the previous programme but proposes increased field presence, greater alignment of WASH and cholera efforts, greater focus on quality education and a systems approach to child protection. It puts more attention on combatting violence and healthcare system strengthening. It is also based on a revised and updated Situation Analysis of Children and Women completed in 2016.

3. STRATEGIC CONTEXT OF 2015

Haiti occupies the western portion of the Caribbean island of Hispaniola, which it shares with the Dominican Republic. Haiti was the first independent nation in Latin America, and is the only predominantly francophone independent nation in the Americas. It also has the advantage of benefiting financially from its Diaspora population, who reside mainly in the United States; their remittances account for around 30 per cent of household income and 19 per cent of Haiti's Gross Domestic Product¹.

Haiti is the least developed and most densely populated country² in the western hemisphere. It has an estimated 10.9 million population, of which 42 per cent are under 18 years of age, with around half living in urban areas. Centuries of repression, conflict, recurrent disasters, political instability and economic adversity have brought grinding hardship and undermined Haiti's potential for economic growth. Even before the January 2010 earthquake Haiti's development indicators were comparable to some of the most vulnerable African and Asian countries. Ranked 163 out of 188 countries and territories in the 2015 Human Development Index and with a gross domestic product per capita of \$1,669, Haiti continues to be the poorest and least developed country in Latin America. Six out of 10 Haitians live in monetary poverty (58.5 per cent) and 23.8 per cent are extremely poor (living on less than \$1.23 a day). Nearly 70 per cent of all children under 5 years of age live in poor households.³



¹ Source: Data quoted in Building a More Resilient Haitian State, Research and Development (RAND) Corporation, 2010

² 302 people per square kilometers. Source: Country Programme Document, UNICEF Haiti, 2008

³ Sources for data in this section: United Nations Children's Fund, The State of the World's Children 2016; Ministère de la Santé Publique de la Population, Enquête sur la Mortalité, la Morbidité et l'Utilisation des Services V (2012)

Moreover, Haiti is one of the most unequal societies in the world, with a vast wealth gap and social inequalities; 70 per cent of national income goes to the richest 20 per cent of the population, while the bottom 20 per cent receives less than 1.5 per cent. The likelihood that a child whose parents are among the richest 20 per cent of the population will go to secondary school is 18 times higher than those of a child whose parents are among the poorest 20 per cent. There are also stark and increasing disparities between rural and urban areas, marked by rapid urbanisation and persistent rural impoverishment. The income of metropolitan residents, even in the poorest quintile, is roughly four times higher than that of rural residents and the proportion of severely deprived children living in rural areas, 84 per cent, is almost twice the rate of 45 per cent of their urban peers.

The geographic location of Haiti makes it vulnerable to natural disasters and the negative impacts of climate change. The country is exposed to multiple hazards, including earthquakes, hurricanes, floods and droughts. According to the United Nations University, Haiti is the third country most affected by weather-related events in the last 20 years (Global Climate Risk Index 2016, <https://germanwatch.org/fr/download/13503.pdf>). It is ranked the fifth most vulnerable to disasters, and third least able to cope.

Since 2010, Haiti's already vulnerable population dealt with a series of devastating blows through a succession of natural and other disasters. On 12 January 2010, an earthquake measuring 7.3 on the Richter scale – the strongest in Haiti in over 200 years – rocked the impoverished nation. Following the earthquake, came a sudden outbreak and rapid spread of cholera through all ten of Haiti's departments. Hurricane Tomas in November 2010, Tropical Storm Isaac and Hurricane Sandy in 2012 as well as tropical storms and heavy rains in 2013 and have caused deaths, destruction of homes and displacement of the population. In May 2014, the presence of Chikungunya was confirmed in Haitian territory. In November 2014, heavy rainfalls caused flooding in the North and North West Departments, affecting 15,000 households. Since 2015, the Government of the Dominican Republic's implementation of its National Plan for the Registration of Foreigners, resulted in the deportation of people of Haitian descent, including both migrants and those born in the Dominican Republic. In January 2016, the presence of the Zika virus was declared in Haitian territory.

After cutting a deadly swath across the Caribbean region, Hurricane Matthew, a Category 4 storm with sustained winds of 235 km/h, violently struck south-western Haiti on 4 October 2016, causing widespread damage, flooding and displacement. Fierce winds knocked out communications with the southern part of the island for hours. According to available data and findings, hurricane Matthew has caused the largest humanitarian crisis witnessed in the country since the 2010 earthquake at a time when the country was already facing a significant increase in the number of cholera cases, and severe food insecurity and malnutrition. Disruptions in access to safe drinking water, adequate hygiene and sanitation further increased the risk of waterborne diseases, including cholera. The protection situation of children deteriorated further, especially for children without parental care in hurricane-affected zones and for unaccompanied and separated children (UASC) of Haitian origin who are repatriated or deported from the Dominican Republic.

The population's coping mechanisms and the Government's capacities were stretched to breaking point. Presidential elections planned on 9 October were postponed. The country's authorities mounted a vast response operation and appealed for international assistance. The impact of the hurricane has to be viewed against the background of underlying and chronic risks and vulnerabilities throughout a country that is highly prone to natural hazards, as evidenced in the 2016 Humanitarian Response Plan (HRP) for Haiti.

Real change in the life of Haitians is yet to be realised, going hand in hand with increased demand for better living conditions and access to basic social services and infrastructures. Almost seven years after the devastating earthquake, compounded by hurricane Matthew and other crisis, 46,691 individuals still live in Internally Displaced Person(s) (IDP) camps⁴. While the number of IDPs have been reduced by 94 per cent since 2010, those remaining in camps are extremely vulnerable, lack sustainable solutions and face the threat of eviction. Humanitarian needs are still mostly fulfilled by a limited number of humanitarian agencies including UNICEF.

As stated in the United Nations Convention on the Rights of a Child, all children have the right to access healthcare services, especially in a country where access to health services is the lowest in the Caribbean, with only 53 per cent of Haitians having access to health facilities⁵. The provision of basic services such as primary healthcare remain challenging.

The leading causes of death among children under five are fever, acute respiratory infections and diarrhoeal diseases, including cholera, which is now endemic in Haiti. Health interventions are critical to child survival and development since they contribute to the reduction of these diseases; they also need to be combined with those addressing determinants of health, such as water, sanitation and hygiene (WASH) improvements and nutrition activities.

The combination of an enabling environment with the enforcement of child-friendly regulations, implementation and scaling up of strategies focusing on high-impact interventions is necessary to sustainably improve the health status of children, thereby ensuring their survival and optimal development.

UNICEF Haiti developed a new country programme document (CPD) for 2017-2021. Combined with development of the United Nations Sustainable Development Framework, led by UNICEF with the Resident Coordinator's office, the new country programme consolidates achievements from the previous programme but proposes increased field presence, greater alignment of WASH and cholera efforts, greater focus on quality education and a systems approach to child protection. The CPD also puts more attention on combatting violence and healthcare system strengthening. It was also based on a revised and updated Situation Analysis of Children and Women completed in 2016. The health programme supports the Ministry of Public Health and Population (MSPP) to address issues with a focus on equitable evidence-based planning for maternal, child and newborn care at national and decentralized levels. It aims to contribute to the achievement of the outcome relating to social services in the forthcoming UN Development Assistance Framework for 2017 onwards, and thereby contribute to the achievement of Sustainable Development Goals 3, 5, 10 and 17, and ultimately contribute to the reduction of maternal, under-five and infant mortality rates in Haiti. The programme supports the country in gendered health commitments enshrined in the Convention on the Rights of the Child, Conventions on the Elimination of All Forms of Discrimination against Women, International Convention on the Rights of Persons with Disabilities and Sustainable Development Goals (SDGs).

⁴ According to the IOM's Displacement Tracking Matrix (DTM) Haiti, 15th December 2016.

<http://iomhaitidataportal.info/dtm/>

⁵ Fifth Survey on Mortality, Morbidity and Utilization of Services conducted in 2012 or EMMUS-V.

4. RESULTS IN THE OUTCOME AREA

During 2016, UNICEF continued to support government agencies such as DINEPA, the Ministry of Education and Professional Training (MENFP) and MSPP and developed partnerships with various NGOs to implement WASH projects in South, Grande Anse, Nippes, Centre, Artibonite and South East Departments. UNICEF supported the coordination and planning mechanisms at national, departmental and communal levels for the effective use of resources and optimize synergy among various actors. UNICEF continued to build Government and CSO partners' capacities on areas such as hygiene promotion, Household Water Treatment and Safe storage (HWTS), Community Approach to Total Sanitation (CATS), WASH in Schools and Communication for Development.

UNICEF continued dialogue with DINEPA to move forward with the partnership for "Sanitation and Water for All" (SWA). As a result, Haiti attended the SWA meeting held in Addis Ababa in March 2016 and is preparing for the high level meeting scheduled in Washington in April 2017. UNICEF supported DINEPA to disseminate the National Sanitation Strategy. DINEPA has continued the dissemination and use of the technical guidelines for the WASH Sector. The technical guidelines are being widely used by WASH actors as well as by technical and financial partners. UNICEF also supported DINEPA to develop a situation analysis of the water and sanitation sector (Country Status Overview). The Country Status Overview on water supply and sanitation in Haiti, which was developed at the end of 2015, was used to identify major bottlenecks that prevent effective water and sanitation services delivery and use. It contributed to the revision of the National Water and Sanitation Strategic Plan (2016-2025). UNICEF continues to support DINEPA in the development process of the Sector Strategic Plan.

With regards to coordination, UNICEF is hosting the Secretariat of the Working Group of WASH sector technical and financial partners. In partnership with the world Bank, the International Development Bank and the Spanish Cooperation, UNICEF is actively engaged in a national water and sanitation infrastructure mapping, which will be crucial for evidence based planning and prioritization.

UNICEF also supported DINEPA to improve water services in rural areas in 55 communities. Feasibility studies for water systems have been completed for the Centre Department and partially for Artibonite. The rehabilitation of seven water supply systems (benefitting an estimated 30,000 persons) was completed in Mirebalais and Cerca La Source districts. 30,000 additional persons will have access to improved water sources in Artibonite once systems are completed. As for the sanitation component, the CATS was implemented in three departments (Artibonite, Centre and South East). Advocacy is ongoing to mainstream CATS in the National Strategy. Over 50,000 people have been reached by hygiene messages in both communities and schools in Artibonite and Centre. WASH in Schools interventions benefited 12,800 children including 5,875 girls in 38 schools in Artibonite and Centre Departments. UNICEF continued to provide technical assistance to the MENFP to establish and scale up a "Hygiene Friendly Schools" programme based on the three stars approach. The MENFP and stakeholders are in the process of revising WASH standards in schools in relevance to the local context. UNICEF is also advocating with the MENFP and DINEPA to lower the water and sanitation infrastructure standards in order to increase the scalability of the WASH in schools programme.

With regards to cholera, the crisis has continued, with an increase in cases since May 2016 after funding reduction and heavy rains. With the impacts of Hurricane Matthew that hit in October 2016, the coping mechanisms of the population and the capacities of the government have been stretched to breaking point. UNICEF reoriented part of its programme and resources to respond to this

emergency. UNICEF's first priority remained to provide safe water and sanitation to people affected by the hurricane, controlling cholera and ensuring the dignity and protection to those affected, particularly those displaced by the crisis. UNICEF also supported the MSPP to develop a Medium Term Strategic Plan for the Elimination of Cholera (2016-2018) and entered into partnerships with Zanmi Lasante, OXFAM Quebec, and Heart To Heart to increase access to water, sanitation, and hygiene promotion services in 12 rural and cholera prone, poor districts in Artibonite, Centre and South East departments. As a result, 60,000 people gained access to improved sources of drinking water and 17,500 people from 35 communities live in an open defecation free environment, while 20 other communities are awaiting certification. The interventions in Artibonite have been readjusted to better target cholera affected communities, review the tender process for the construction of infrastructure, and advocate with the government to endorse and take CATS to scale.

UNICEF has also supported NGOs to conduct 7,865 interventions in all ten departments of Haiti, 86 per cent of which were carried out in less than 48 hours following an area cholera alert. More than 51,000 cholera kits were distributed and 800 temporary chlorination points were implemented by UNICEF partners in all ten departments.

The main challenges include weak government decentralized structure and capacity as well as low prioritization of WASH sector in national budget. Although DINEPA has issued a circular clarifying that household sanitation should not be subsidized, some NGOs working closely to the project communities continue to do so, hampering the results of CATS strategy. UNICEF is working closely with DINEPA to disseminate the national policy promoting zero subsidy. UNICEF worked closely with the World Bank particularly in the Center department to ensure complementarity and synergy of interventions. The persistence of cholera is another challenge and to bring cholera under control, consistent programming must be implemented, and predictable and flexible funding of sufficient quantity is required. Current unpredictability of funding is directly linked to the inability to effectively plan and develop programming.

Results Assessment Framework

Outcome 3 By 2016, children, women and their families in rural and poor urban areas, especially the most vulnerable, have gained equitable and sustainable access to safe water, sanitation and hygiene (WASH) services as well as to hygiene education.			
OUTCOME INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of the population using improved water sources in urban and rural areas.	69% (total) 85% (urban) 51% (rural)	74% (total) 75% (urban) 72% (rural)	58% (total) 65% (urban) 48% (rural)
Percentage of the population using improved sanitation facilities in urban and rural areas.	17% (total) 24% (urban) 10% (rural)	30% (total) 34% (urban) 25% (rural)	28% (total) 34% (urban) 19% (rural)
Percentage of schools with adequate and gender sensitive water	27%	70%	30%

facilities/services (for drinking and hygiene).			
Percentage of schools with appropriate sanitation facilities (separated for girls and boys).	60%	70%	62.5%
Percentage of schools with handwashing facilities.	54%	80%	70.6%

Output 1	By 2016, DINEPA and its partners have norms, standards, technical guidance and monitoring tools on safe drinking water, sanitation and hygiene that sustainably address the needs of children and women, in particular the most vulnerable.		
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Status of the launch of the partnership for Sanitation and Water for All and secured financing of the sector by financial partners.	Not launched, financing not secured	Launched, financing secured	Haiti attended the SWA meeting held in Addis Ababa in March 2016 and is currently preparing the High level meeting scheduled in April 2017.
Availability and status of dissemination and use of a validated technical guidance for the WASH sector.	No	Available and disseminated	Available and disseminated. Technical guidelines are continuously used as reference document
Availability and use of Situation Analysis of the WASH Sector for decision making.	No	Available and used	Available and used. UNICEF supported DINEPA to develop a Country Status Overview. A national water and sanitation mapping exercise is ongoing and will be completed in 2017. Results will provide a decision making tool for planning and prioritization.
Availability and dissemination of a validated national strategy on sanitation and drinking water in rural areas.	No	Available and disseminated	Available for sanitation, not for water. The National strategy for sanitation has been validated and is being disseminated. As for rural strategy, it has been postponed due to delays incurred by the National Sector Strategic Plan 2016-2025.

Output 2			
By 2016, children and women living in rural communities and urban poor areas have access to sustainable WASH services.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of households benefiting from improved WASH services.	50%	65%	58% for water and 28% for sanitation.
Percentage of households using water treatment systems at home.	60%	80%	78% Discussions are ongoing to ensure that HWT strategy is endorsed by all partners.
Percentage of parents and caretakers of children under 5 in targeted areas who have adopted positive practices for hand washing with soap.	NA	25%	16% of women wash their hands before feeding a child. 73% wash hands after using a toilet.
Number of households in rural areas who have achieved open defecation free status and use basic sanitation systems.	0	100,000	11,400 Proof of concept of CATS strategy has been implemented, endorsed and used by government. The next step is to scale it up.

Output 3			
By 2016, school children benefit from WASH services that respect child friendly norms, standards, and technical guidance, and adopt improved sanitation and hygiene practices.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
National Plan of Action for WASH in schools developed and implemented.	Yes	Yes	Yes
Existence of an operational intersectoral departmental Wash Alliance in Centre and Artibonite.	Yes	Yes	Yes
Percentage of primary schools with adequate water sources for drinking and hygiene (Total, Centre and Artibonite).	40.23% (Total) 27.27% (Centre) 13% (Artibonite)	52% (Total) 32% (Centre) 20% (Artibonite)	43% (Total) 30% (Centre) 13.6% (Artibonite)
Percentage of primary schools with adequate sex-desaggregated sanitation facilities (Total, Centre and Artibonite).	71.6% (Total) 15.20% (Centre) 56.50% (Artibonite)	82% (Total) 20% (Centre) 62% (Artibonite)	75% (Total) 15.8% (Centre) 60% (Artibonite)

Percentage of primary schools with hand washing areas (Total, Centre and Artibonite).	73% (Total) 27% (Centre) 46.4% (Artibonite)	75% (Total) 32% (Centre) 53% (Artibonite)	76.7% (Total) 29% (Centre) 48.53% (Artibonite)
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Output 4			
By 2016, DINEPA and its partners have adequate means and technical skills to reduce disaster risks vulnerability and to provide an adequate and coordinated response in emergency situations.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of displaced people in camps in Port-au-Prince benefiting from sludging services and sensitised on adequate practices to use and maintain latrines as well as on solid waste management.	100% / 200,000 people in 203 camps	100% / Number TBD	N/A Activity stopped and has been transferred to DINEPA.
A functional coordination mechanism in place to prepare and respond to WASH needs in emergency situations.	Yes	Yes	Yes
Percentage of the population affected by emergency who have access to a minimum package of WASH services.	0	80%	N/A 300,241 people affected by Hurricane Matthew and 13,000 deported from the Dominican Republic.

Output 5			
By 2016, the National Plan to Eliminate Cholera in Haiti has been supported in the prevention of cholera, response of alerts and coordination of cholera elimination efforts to reduce the annual incidence rate to 0.5%.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Cholera incidence rate	TBD	0.223%	0.166%
Number of suspected cases reported by the Ministry of Public Health.	58,574	20,000	33,709
Existence of a functional coordination mechanism for the elimination of cholera.	No	Yes	Yes

5. FINANCIAL ANALYSIS

Table 1: Planned Budget by Outcome Area

Outcome Area 3: WASH Haiti Planned and Funded for the Country Programme 2016 (in US Dollar)		
Intermediate Results	Funding Type	Planned Budget
03-04 WASH in schools and ECD centres	RR	75,000
	ORR	490,407
03-05 WASH and emergencies	RR	-
	ORR	79,487
03-06 WASH # General	RR	189,908
	ORR	1,503,997
Total Budget		2,338,799

Table 2: Country-Level Thematic Contributions to Outcome area received in 2016

Outcome Area 3: WASH Thematic Contributions Received for Outcome Area 1 by UNICEF Haiti in 2016 (in US Dollars)			
Donors	Grant Number	Contribution Amount	Programmable Amount
Luxembourg National Committee for UNICEF	SC1499030120	52,781	50,268
US Fund for UNICEF	SC1499030130	100,000	95,239
Total		152,781	145,507

Table 3: Expenditures in the Outcome Area

Outcome Area 3: WASH Haiti 2016 Expenditures by Key-Results Areas (in US Dollars)				
Intermediate results	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
03-01 Water supply	3,035	167,632	28,962	199,629
03-03 Hygiene	5,300,751	699,675	721,285	6,721,711
03-04 WASH in Schools and ECD centres	6,300	424,590	1,027	431,917
03-05 WASH and emergencies	4,619,784	615,413	-374,524	4,860,673
03-06 WASH # General	72,467	4,423,463	239,577	4,735,507
Total	10,002,337	6,330,773	616,328	16,949,438

Table 4: Thematic Expenses by Programme Area

Outcome Area 3: WASH
Haiti
Expenditure of Thematic Contributions by Programme Area (in US Dollars)

Programme Area	Expense
03-03 Hygiene	14,509
02-04 WASH in schools and ECD centres	101,356
03-05 WASH and Emergencies	1,041,116
03-06 WASH # General	218,590
Total	1,375,571

Table 5: Expenses by Specific Intervention Codes

Outcome Area 3: WASH
Haiti
Expenditure by Specific Intervention Codes (in US Dollar)

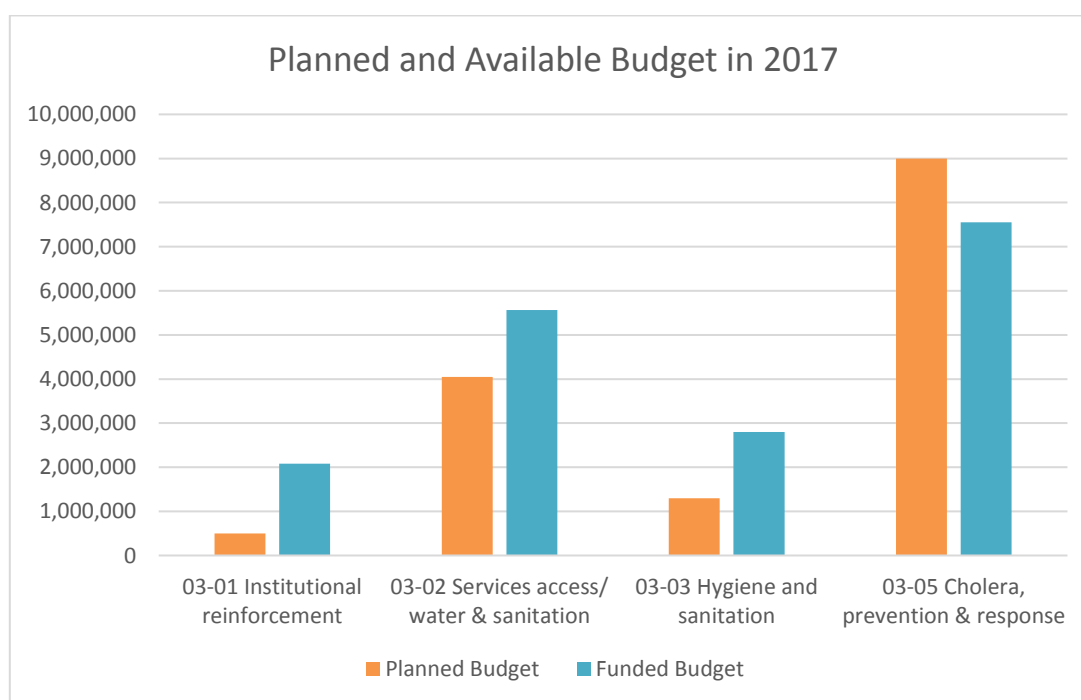
Specific Intervention Codes	Total utilized
03-01-04 Water Supply Sustainability	186,894
03-03-02 Other hygiene promotion	5,982,637
03-04-01 WASH in Schools (general)	66,937
03-04-02 WASH in Schools hygiene promotion	321,082
03-05-01 WASH coordination # humanitarian	148,432
03-05-02 WASH emergency preparedness	3,683,666
03-05-04 WASH emergency response # Sanitation	219,227
03-06-01 WASH sector coordination (non-humanitarian)	48,097
03-06-03 WASH # General	4,179,305
03-06-05 WASH technical assistance to regional and country offices	170,831
08-02-04 DevInfo	9,074
08-03-01 Cross-sectoral Communication for Development	2,940
08-05-01 Supply # General	394,957
08-05-03 Logistics	-12,238
08-08-01 Gender programming not classifiable by sector	3,560
08-08-03 UNICEF support to programming and capacity development on gender	784
08-09-06 Other # non-classifiable cross-sectoral activities	1,288,695
08-09-07 Public Advocacy	21,920
08-09-10 Brand building and visibility	8,633
08-09-11 Emergency preparedness and response (General)	107,220
09-02-05 CO Programme coordination	40,389
10-07-12 Management and Operations support at CO	
1103 WASH Policies, plans and budgets	64,918
1122 Capacity building for Hygiene promotion (excluding schools)	7,174
5903 Support to C4D interventions for multiple OTs within FA5	11

7911 Representative and governance	580
7921 Operations # financial and administration	3,712
Grand Total	16,949,437

Table 6: Planned Budget for 2016

Outcome Area 3: WASH
Haiti
Planned Budget and Available Resources for 2017

Intermediate Result	Funding Type	Planned Budget	Funded Budget	Shortfall
03-01 Institutional reinforcement	RR	200,000	200,000	0
	ORR	300,000	1,878,022	-1,578,022
03-02 Services access/ water & sanitation	RR	50,000	50,000	0
	ORR	4,000,000	5,514,448	-1,514,448
03-03 Hygiene and sanitation	RR	100,000	100,000	0
	ORR	1,200,000	2,700,000	-1,500,000
03-05 Cholera, prevention & response	RR	4,500,000	7,435,311	-2,935,311
	ORR	4,500,000	119,769	4,380,231
Sub-total Regular Resources		350,000	7,785,311	-7,435,311
Sub-total Other Resources - Regular		10,000,000	10,212,239	-212,239
Total for 2017		10,350,000	17,997,550	-7,647,550



6. FUTURE WORK PLANS

UNICEF will ensure that the National Water and Sanitation Authority, DINEPA, and implementing partners develop child sensitive WASH strategies, operational plans and monitoring tools. The programme will support capacity building for the government and various stakeholders. UNICEF will advocate for an increased budget allocation to the sector and the continuation of the reform process as well as the development of public-private partnerships.

UNICEF will assist in increasing WASH coverage and strengthening sustainable management systems in 15 cholera-persistent communes with low access to services, in synergy with the health, nutrition and education components. Lessons learned from ongoing programmes will serve to strengthen the links among national, regional, municipal and community systems and to develop models for scale-up.

To ensure that women, children and their families are aware of the importance of stopping open defecation and of critical moments for handwashing with soap, UNICEF, together with partners, will implement a comprehensive behavioural change strategy encompassing social mobilization and community participation and engagement, which will also contribute to the elimination of cholera. This initiative will be carried out in parallel with the development of water and sanitation infrastructure.

To ensure that the National Water and Sanitation Authority and its partners have the capacity to respond in a coordinated and effective manner to cholera and other emergencies, UNICEF will strengthen chlorination systems and water treatment facilities. These initiatives will enable UNICEF to respond quickly during crises as well as mitigate environmental damage and strengthen the resilience of communities. The response of UNICEF to emergency needs will be in line with the Core Commitments for Children in Humanitarian Action.

UNICEF will develop strategic partnerships through the Water and Sanitation for All partnership, including by providing support to a sector-wide approach to ensure harmonization and complementarity among key actors. Government coordination and information systems will be an integral component of effective sector management.

The following consist of the results assessment framework for the new country programme period 2017-2021 for which progress is yet to be achieved:

Outcome 3			
By 2021, children, women and their families in rural and urban environments use equitable and sustainable improved WASH services, contributing to the reduction of cholera incidence in Haiti.			
OUTCOME INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of population using an improved water source in rural and urban areas	Rural: 48% Urban: 65%	Rural: 56% Urban: 71%	N/A
Percentage of population practicing open defecation in rural and urban areas	Rural: 35% Urban: 8%	Rural: 15% Urban: 2%	N/A

Percentage of households with handwashing with soap and water in rural and urban areas	Rural: 28% Urban: 44%	Rural: 48% Urban: 60%	N/A
Cholera incidence rate	0.5%	0.1%	N/A

Output 1			
By 2021, DINEPA and partners have appropriate policies, strategies, plans, budgets and WASH monitoring tools.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Haitian Government member of Sanitation and Water for All Partnership (SWA) launched and operational	No	Yes	N/A
Availability of National Strategy for rural water supply	No	Yes	N/A
Availability of Rural Sanitation Operational Plan	No	Yes	N/A
Availability of WASH monitoring system	No	Yes	N/A

Output 2			
By 2021, Children, women and their families in 15 rural and urban cholera-prone communes have access to sustainable improved water and sanitation services.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of the population (sex-disaggregated) in 15 rural and urban cholera-prone communes that have access to improved water source	48%	70%	N/A
Percentage of the population (sex-disaggregated) in 15 rural and urban cholera-prone communes that have access to improved sanitation facilities	19%	30%	N/A
Number of primary schools in 15 rural and urban cholera-prone child friendly schools	0	100	N/A

Output 3	By 2021, Women, children and their families in 15 rural cholera-prone communes know the importance of stopping open defecation and critical moments for handwashing with soap		
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of households in 15 rural and urban cholera-prone communes that can define the key moments for handwashing	TBD	+20%	N/A
Number of communities in 15 rural and urban cholera-prone communes that have reached open defecation-free status	100	500	N/A
Percentage of households in 15 rural and urban areas that have access to handwashing facilities (water and soap)	35%	50%	N/A

Output 4	By 2021, DINEPA and its partners have increased capacity to effectively respond in a coordinated manner to WASH related emergencies including cholera.		
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of suspected cholera cases reported and responded by NGOs (disaggregated by geographic location, department level)	50%	80%	N/A
Percentage of population affected by humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	0%	>80%	N/A
Percentage of population affected by humanitarian situations accessing appropriate sanitation facilities	0%	>80%	N/A
Percentage of population affected by humanitarian situations able to practice appropriate handwashing and menstrual hygiene	0%	>80%	N/A
Availability of sector coordination mechanism	No	Yes	N/A

7. ACKNOWLEDGEMENTS

UNICEF Haiti would like to thank governments, National Committees, NGOs and UN partners for their generous support, which allowed UNICEF to achieve the above mentioned results for children and women in Haiti and look forward to continued partnership.

8. DONOR REPORT FEEDBACK

UNICEF Haiti is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions in the form at the link:

<https://www.surveymonkey.com/r/7KNKHGD>

9. CONTACTS

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10. ANNEX: HUMAN INTEREST STORIES

Hygiene and Health go together

March 17, 2017

School cleanliness is achieved through hygiene and health clubs. Meet the guardians of hygiene and health in the Artibonite department.



Gédéon, 15 years old ; Léonine 17 years old, Isnadeth 17 years old and Gislaine 15 years old, members of the Hygiene Club at the school of Charette.

The goal is to focus on long-term behavior change, including sanitation, home water treatment and hand-washing. Only 35 per cent of Haitian households have access to functional handwashing point with water and soap. One in five people still practice open defecation. UNICEF, Oxfam, DINEPA, MSPP and MENFP are working together in rural areas located in four communes in the Artibonite department (Gonaïves, Saint Marc, Saint Michel and Gros Morne) to improve access to water and sanitation in communities, schools and health centers.

In the school environment, this campaign aims to improve sanitation and hygiene through the construction / rehabilitation of latrines and urinals, handwashing points and the promotion of “Hygiene-friendly schools”.

More than two years since the project was launched, interventions have been carried out in 24 schools, and 8,719 pupils (4,083 girls and 4,636 boys) now have access to better hygiene and sanitation conditions. Additionally, a Hygiene Club has been created in each of the 24 schools.

The Hygiene Club at the *MITSPA Jeaneton 2* school in St Marc, reaches all 320 students aged from 3 to 16 years-old.

Cleanliness goes hand in hand with health



The club of Hygiene and Health at the MITSPA Jeaneton 2 school in St Marc.

“Before, we did not have enough toilets for everyone and they were dirty, so some were going outside to relieve themselves. The boys just urinated outside. Now we have new latrines and we make sure the toilets stay clean. We clean the showers and toilets as well as the classrooms and the school yard, throw the papers in the garbage and make sure that the garbage is picked up regularly,” says Emilie Djeyma, 10, the young leader of the club.

“The school has become more beautiful. Cleanliness at school is important for all students. I am pleased to be part of the Hygiene Club, to teach other children about cleanliness and to show them how to wash their hands properly with soap and water. I love my community. I want it to be clean. If other communities in the world can do it then why can't we?” continues the little girl.



Emilie, 10 years old wants to change Haiti and make it better.

“I want my country to change. I dream of becoming President of Haiti. I want my country to become a country like any other. I no longer want to hear that Haiti is one of the poorest countries on the planet. I want to change that,” she stated.

Gédéon, 15 years old; Léonine, 17 years old; Isnadeth, 17, and Gislaine, 15, are members of the school's Health Club, and are proud to show us the 4 new sanitary blocks. *“Cleanliness goes hand in hand with health. At school, we have 6 members in the Health and Hygiene Club; three girls and three boys. Every day we make sure that the classrooms, latrines and school yard are clean,”* Leonine explains proudly. Each Club is composed of students but also include the director, a teacher, a parent and the school's keeper. A few kilometers away, in the rural village of Charrette, the national school welcomes 300 students aged from 4 to 20 years old.

Learning by example



Gédéon has just given a demonstration of washing his hands to his comrades.

The Director of Charrette school welcomes the result: “Students not only benefit from the new infrastructure, they automatically wash their hands before eating and after going to the toilet, and they also spread good practice and behavior change outside of school and into their communities”

This is exemplified by Gédéon, 15 years-old, in the 5th class. *“The other day, I was going home after class and I saw a man throwing a dead animal on a pile of rubbish in the street. I went to talk to him and told him why it was not good and even dangerous to do this. The man understood what I explained, and retook the animal. I am very proud to be able to help my community and to give useful advice to everyone. I like being part of this club and motivating people to change behavior. If one does not have good hygiene one cannot live in good health, it is easy to understand and we help others to realize it.”*

By Julie Harlet, UNICEF Haïti Communication Officer