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Thematic Strategic Plan Outcome 1 Health

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Thematic Report

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1. ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral Therapy
CFS	Child Friendly Spaces
CPD	Country Programme Document
DFS	Family Health Directorate/ <i>Direction de la Famille et la Sante</i>
DT	Diphtheria
EMMUS	Mortality, Morbidity and Service Utilization Survey/ <i>Enquête Mortalité, Morbidité et Utilisation des Services</i>
EPI	Expanded Programme on Immunization
FAES	Fund for Economic and Social Assistance/ <i>Fonds d'Assistance Economique et Sociale</i>
HIV	Human Immunodeficiency Virus
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
KAP	Knowledge Attitude Practice
MNCH	Maternal, Newborn and Child Healthcare
MOU	Memorandum of Understanding
MR	Measles and Rubella
MSP	Ministry of Public Health/ <i>Ministère de la Sante Publique et de la Population</i>
NGO	Non- Governmental organization
OPV	Oral Poliovirus Vaccine
PAHO	Pan American Health Organization
PMTCT	Prevention of Mother-to-Child Transmission of HIV
RED	Reach Every District
SDF	Sustainable Development Framework
SDG	Sustainable Development Goals
UASC	Unaccompanied and Separated Children
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
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.

Most health indicators with the exception of HIV and cholera remained constrained with only 57 per cent of boys and girls able to access basic health services; 59.7 per cent of skilled birth attendance delivery and 68.5 per cent of pentavalent vaccine coverage. Cholera has shown improvements with the reduction in case fatality rate from 1.2 to 0.93 per cent. Coordination for cholera rapid response at departmental level has also been reinforced. In terms of HIV, 91.9 per cent of pregnant women diagnosed with syphilis have been treated, 93.6 per cent of HIV seropositive pregnant women were placed on Antiretroviral (ARV) Treatment and 90.6 per cent of HIV exposed infant received ARV prophylaxis. All IN (the new strategy to eliminate AIDS epidemic among adolescents) has been implemented in five geographical districts.

UNICEF supported the equipping of 29 maternity clinics (B-emoncs and C-emoncs combined) and continued to facilitate institutional capacity building in public health districts in South and Grande Anse, as well as at the neonatal unit of the State University Hospital in the West, providing specialized care to premature and low birth weight newborns. This resulted in 1,500 newborns being cared for in 2016 with a mortality rate decrease from 19 to 15 per cent (State University Hospital report).

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

In 2016, UNICEF Health aimed to ensure equal health care access for women and children with a special focus to those most vulnerable. The overall objective was to increase access to safe delivery from 36 to 46 per cent, increase immunization coverage from 68 to 90 per cent, and maintain the percentage of HIV positive pregnant women with HIV receiving antiretroviral (ARV) treatment to reduce mother-to-child transmission and the number of maternal deaths.

Most health indicators with the exception of HIV and cholera remained constrained with only 57 per cent of boys and girls able to access basic health services; 59.7 per cent of skilled birth attendance delivery and 68.5 per cent of pentavalent vaccine coverage. The reasons for this slow progress are due to: the reduced and weak capacity of qualified staff at all health care levels, a huge turnover of trained professional at departmental levels, reduced government funding for health and high dependency on external donors, and lack of coordination of health development partners. To tackle the above bottlenecks, UNICEF supported the capacity building of health staff in maternal, newborn care and immunization, strengthening of Ministry coordination board and the creation of newborn care alliance. Cholera has shown improvements with the reduction in case fatality rate from 1.2 to 0.93 per cent. Coordination for cholera rapid response at Departmental level has also been reinforced. In terms of HIV, 91.9 per cent of pregnant women diagnosed with syphilis have been treated, 93.6 per cent of HIV seropositive pregnant women were placed on ART and 90.6 per cent of HIV exposed infant received ARV prophylaxis. All IN (the new strategy to eliminate AIDS epidemic among adolescents) has been implemented in five geographical districts.

In support of the Government, UNICEF saw success in the implementation of the Kore Fanmi⁶ in three communes in South East department (Anse a Pitre, Grand Gosier and Thiotte) with a pool of 99 polyvalent community workers, 9 supervisors and 3 coordinators trained in MSPP community health modules. To date, a total of 29 maternity clinics (exceeding the number of 27 planned), B-emoncs and C-emoncs combined, have been equipped. UNICEF continued to facilitate institutional capacity building by reinforcing the core of human resources in the public health districts in the South, Grande Anse and also at the neonatal unit of the state university hospital in the West providing specialized care to premature and low birth weight newborns. This resulted in 1,500 newborns being cared for in 2016 with a mortality rate decrease from 19 to 15 per cent (State University Hospital report).

For the first decade of life, UNICEF provided technical and financial assistance in the development of a Prevention of Mother-to-Child Transmission of HIV (PMTCT) training manual in order to improve the quality of care of newborn and children infected or affected by HIV and participated actively in the country dialogue and supporting financially the Coordination Committee Mechanism as a primary voting member. To assess UNICEF's efforts in support of national responses to children and HIV throughout the last decade (2005 – 2015), UNICEF in 2016 conducted a "light-touch" case study that provided in-depth information showing Haiti had made progress in scaling-up PMTCT and ART programmes over the last decade (2005 – 2015), despite considerable challenges related to political, economic and other crises.

⁶ Kore Fanmi or assistance to families in Creole, is a multi-sectoral community based approach that aims to ensure access to education, health care, sanitation system, clean and quality water, protection, and other essential services for children's survival, development, growth and well-being.

For the second decade of life, under the close collaboration of the UN programme on HIV/AIDS (UNAIDS), the new global initiative targeting the elimination of HIV among adolescents in 2030 “ALL INN” launched in September 2015 has been implemented in four districts (North – East, North West, Artibonite and West). The Adolescent Advisory Board created in 2015 continued to be operational and adolescents are now part of all decision making at UNICEF regarding prevention of HIV, other Sexually Transmitted Infections (STIs) and early undesirable pregnancies. In order to support the country in the elimination of maternal and neonatal tetanus, UNICEF supported the MSPP/Expanded Programme on Immunization (EPI) to complete the vaccination campaign against maternal and neonatal tetanus. National coverage of the third dose (TT3) was 82 per cent. UNICEF supported the implementation of the RED (Reach Every District) approach for vaccination in 63 of 70 communes targeted in the National Plan⁷, out of the 140 communes in the country. This approach targeted children in hard to reach areas, reaching 77,174 children with Penta3 for an average coverage of 70 per cent. As part of the regular immunization programme, UNICEF also supported the training of five cold chain technicians in the maintenance of solar refrigerators.

Due to the increased cases of cholera following Hurricane Matthew, UNICEF in collaboration with WHO supported the MSPP to conduct a cholera vaccination campaign which achieved final coverage of 96 per cent in Grand Anse and 90 per cent in South, reaching 807,395 people including an estimated 361,000 children 1-14 years old. UNICEF supported the MSPP in the implementation of the social mobilization component for Zika, which included sensitization sessions on vector control; information session in churches, home visits, community meetings, sanitation and community clean up days. These activities were carried out in departments with the highest prevalence of the virus, namely Artibonite, Centre, North, Southeast and West, and other departments were also reached through mass media. As a result, 1,777,095 people were informed about the Zika fever outbreak and preventive measures through radio and television broadcasts, 2,950 families reached through social mobilization and interpersonal communication Zika prevention door-to-door sessions, 283 of the most disadvantaged communities protected against Zika infection, and the capacity of 263 health workers strengthened to promote and report on Zika and refer patients to health services.

Results Assessment Framework

Outcome 1			
By 2016, vulnerable girls, boys, adolescents and women have equal access and use integrated and quality health services.			
OUTCOME INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife.	26%	40%	59.7% (Total of 52,327 skilled birth attendance at delivery of total of 87,639 deliveries)
Percentage of boys, girls and women with access to basic health services.	53%	70%	N/A (Awaiting new data as EMMUS VI still underway)
Percentage DPT3 Vaccination coverage.	62.5% (Total)	90%	68.5% (Total)

⁷ The 70 communes are those with the lowest vaccination coverage and lack of technical and financial partners.

	72.2% (North) 72.1% (South)		69.8% (North) 52% (South)
Percentage of HIV+ pregnant women with HIV receiving antiretrovirals (ARVs) to reduce mother to child transmission and number of maternal deaths.	74.42%	80%	93.6% (of 3,614 new and old HIV infected pregnant women in 2016, 3,383 have been placed on ARV)
Percentage of children (0-14) infected by HIV who received ARV treatment.	36%	65%	N/A (denominator unknown). 3,499 children placed on ARV treatment and currently followed.

Output1

To reinforce the capacity of the Ministry of Public Health (MSPP), in particular the Health Promotion Directorate, the following was undertaken: validation of the national health communication strategy, dissemination of the document "Facts for Life", strengthening of the review committee of communication materials, production of educational materials, production of a crisis communication plan, development of a mobilization community guide in response to the epidemic of Zika, production of community radio talk show, and KAP survey on family health care practices.

In partnership with an international NGO (Heart to Heart), UNICEF established network of 99 agents, nine supervisors and three coordinators in three communes of the South East department (Anse a Pitre, Grand Gosier and Thiotte) through the Kore Fanmi project (family support in Creole), a family-based multi-sectorial approach to reach the most vulnerable. Kore Fanmi also initiated their interventions with Communication for Development (to promote know to be able to save/ "*Savoir pour sauver*"), Health (immunization, maternal health), and nutrition (micronutrients supplement, growth monitoring). Local communication plans were drafted taking into account the KAP survey results, and culturally adapted materials are being used by community agents to reinforce essential family practices. Kore Fanmi continued to enhance the capacity of community agents' pool. In parallel, through a MoU between FAES and MSPP, MSPP continued to provide health trainings and deliver materials and commodities in the three communes in partnership with Heart to Heart.

Output 1	By 2016, the Ministry of Public Health (MSPP) has models of decentralized health management system based on performance and budget planning tools centred on high impact child survival interventions.		
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Marginal budgeting for bottlenecks (MBB) depevelloped and budget framework at medium term regularly updated.	None	Yes	The Equist tool was used to select areas of interventions.

Proportion of vulnerable households with access to care (evolution between targeted and other Departments).	60%	80%	90% in the 3 Kore Fanmi communes.
Percentage of Departmental health directorates with functional sectoral coordination groups.	0	30%	30%
Number of Departmental health directorate with integrated Departmental plans.	0	4	3
Percentage of families who have made positive health behaviour changes in the Kore Fanmi communes.	0	20%	21 localities certified as free open defecation.

Output 2

UNICEF supported the MSPP by strengthening maternities and emergency neonatal and obstetric care sites (E-moncs) with the provision of materials, equipment and training of health providers. In 2016, a total of 29 maternity clinics (exceeding the planned 27) have been equipped.

UNICEF continued to facilitate institutional capacity building by reinforcing the core of human resources in the public health districts in the South, Grande Anse and also at the neonatal unit of the state university hospital in the West providing specialized care to premature and low birth-weight newborns. This resulted in 1,500 newborns being cared for in 2016 with a mortality rate decreasing from 19 to 15 per cent (State University Hospital report). In addition, 65 maternal healthcare staff were trained in obstetrics and neonatal care in the South and Grande Anse health districts, and 45 community health workers also received training on community mobilization and reproductive health. The neonatal operational plan was finalized and approved by the MSPP.

Communication and social mobilization continued to be an integral part of the maternal and neonatal component. Education of young girls, women of childbearing ages and young men on reproductive health issues is key to assuring decrease in maternal, neonatal and child mortality. More than 30,000 people were reached with information and materials on reproductive health and 3,500 pregnant women were trained on safe motherhood via the mothers' clubs initiative.

Maternal and neonatal care continued to experience a deficit in human resources, and poor access to maternity clinics in remote areas with very few institutions offering 24 hours service for labour and delivery. To contribute towards the reduction of maternal and neonatal morbidity and mortality, UNICEF finalized the construction of a C-emonc in Cerca la Source, a remote area in the Centre department.

Output 2 By 2016, emergency obstetric and neonatal maternities and community-based services in targeted areas ensure a correct and integrated management of newborns.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of health institutions in targeted areas with SONUB facilities.	10%	50%	20%
Percentage of underweight newborns who benefit from the kangaroo method in maternity clinics in targeted zones.	0	60%	N/A 5,281 underweight newborn babies benefitted in 2016. The total number of underweight newborn babies is unknown (data are not collected).
Percentage of post-partum women who have been visited at home by community agents in the 7 days following delivery.	3.4%	25%	65.53 % 57,428 of 87,639 women visited by community agents 7 days following delivery.
Percentage of pregnant women who have attended at least 4 prenatal consultations.	65%	90%	65% 53,245 prenatal consultations on 81,906 live births

Output 3

UNICEF supported the MSPP, in particular the Family Health Directorate (DSF), entity in charge of the elimination of HIV Mother-To-Child-Transmission (MTCT) and Syphilis. HIV indicators showed progress: (i) 91.9 per cent of pregnant women diagnosed with syphilis were treated, (ii) 93.6 per cent of HIV-seropositive pregnant women placed on ARV treatment, and (iii) 87.9 per cent of HIV-exposed infants received ARVs.

In 2016, UNICEF developed with DSF a PMTCT training manual to improve the quality of care of new born and children infected or affected by HIV, and participated actively in national dialogue. To assess UNICEF's efforts to support national response regarding children and HIV during 2005 – 2015, UNICEF conducted a "light-touch" case study in 2016. It was a theory-based evaluation approach using mixed methods, including a structured document review, country case studies, global and regional level key informant interviews, and a survey, in coordination with the MSPP, UNAIDS, WHO, NGOs and persons living with HIV. The study indicated despite considerable challenges related to political, economic and other crises (2010 earthquake among others), Haiti has made much progress in scaling-up PMTCT and ARV treatment programmes.

The new global initiative targeting the elimination of the HIV among adolescents in 2030 "All In", launched in September 2015 in collaboration with UNAIDS, continued to be implemented in four districts (North – East, North West, Artibonite and West). The Adolescent Advisory Board created in 2015 continued to be operational and adolescents are now part of all decision making with regards to prevention of HIV, other STIs and early undesirable pregnancies. However, the scaling-up of this

initiative throughout the country remains a challenge.

Output 3 By 2016, pregnant women have access to a full package of PMTCT services to prevent vertical transmission of HIV and congenital syphilis in target areas.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of pregnant women tested for HIV and Syphilis.	Syphilis 65% HIV 59%	90%	Syphilis: 83.68% 173,830 of 207,618 VIH: 88% 180,440 of 207,618 (Pregnant women represent 2.5 % of the total population according to MSPP. The 2016 estimate is 207,618)
Percentage of pregnant women tested positive for syphilis who have received appropriate treatment.	58%	80%	Syphilis treatment: 91.9% 4,441 of 4,832 HIV ART: 93.6% 3,383 of 3,614
Percentage of children exposed to HIV who have received early diagnostic testing by age 2.	15%	50%	N/A 2,938 children tested but denominator unknown.

Output 4

Despite the introduction of corrective measures in 2015 and slight improvement in vaccination coverage for different antigens during the first semester of 2016, the target of 90 per cent immunization for Penta 3, OPV and MR was not reached.

In response to the diphtheria epidemic that begun at end of 2014, UNICEF provided financial and technical support for the implementation of a vaccination campaign in Ganthier, which enabled reaching 9,714 children under 7 with three doses of pentavalent vaccine and 28,902 children aged 7 and older with two doses of Diphtheria (DT) vaccine. UNICEF continued supporting the implementation of the Reach Every District (RED) approach in five departments, targeting a total of 27 municipalities.

UNICEF with Partners of the Expanded Immunization (EPI) programme, particularly PAHO/WHO, contributed to enhancing vaccine stock management including through the installation of vaccine management software in Departments, training of cold chain technicians and provision of supportive supervision in the field. UNICEF supported the improvement plan of effective vaccine management initiative and contributed to strengthening the cold chain system. UNICEF financed the installation of 23 solar refrigerators purchased by CDC to replace the propane gas-operated refrigerators.

Output 4 By 2016, girls and boys under 5 and pregnant women, particularly the most vulnerable, use prevention services against EPI targeted diseases and integrated management of childhood illnesses.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of children under 1 immunized with Penta3, OPV and MR vaccines.	76%	90%	BCG: 51.9%; RR: 70.4%; Polio3: 65.1%; Rota2: 60.6%; VPI: 37.1%; Penta 3: 68.5%
Percentage of communes that achieved at least 80% immunization rate in DT2 and Penta3.	79%	95%	11.4% 8 communes of 70
Percentage of health institutions in targeted zones with the capacity to implement IMCI.	40%	60%	40% UNICEF supported the review of the strategic and operational plan for child health and not IMCI implementation.
Percentage of women aged 15-49 years who received three doses of tetanus and diphtheria vaccines.	44%	50%	46%

Output 5

UNICEF contributed to cholera prevention by scaling-up the number of response teams and supporting the vaccination campaigns, which reached 807,395 people including an estimated 361,000 children between the ages of 1-14 years. UNICEF's intervention had a special emphasis on information and social mobilization while promoting good hygiene and sanitation practices aimed at cholera prevention. Additionally, more than 300,000 people were provided with safe water for drinking, cooking and personal hygiene.

The period of April-August is generally the disease contraction period during which elimination could have been achieved in 2014 and 2015 but adverse factors including reduction in funding resulted in an early upsurge of the disease in 2016. While UNICEF took immediate steps to upscale the level of response nationwide, resulting in a fragile control of the disease, hurricane Matthew intensified pre-existing localized outbreaks in the South and Grande Anse Departments.

The West, North and Centre departments continue to account for 77 per cent of suspected cholera cases. However, within these departments localized epicentres of cholera outbreaks continue to be characterized by the lack of infrastructure and basic services, overpopulation and high population movements. They are characterized by poor coverage of potable water and improved sanitation, compounded by unsafe hygiene practices including open defecation.

As of September 2016, the communes of Croix des Bouquets, Tabarre, Port au Prince, Carrefour, Cabaret in West department, Mirebalais, Hinche and Lascahobas in the Centre, and Gonaives,

Saint-Marc and Saint-Michel in Artibonite, Cap Haitien and Limbe in the North accounted for 54 per cent of suspected cholera cases. This is coherent with the prioritization done for the medium term phase of elimination plan (2016-2018). Additional cholera outbreaks occurred in the South and Grande Anse Departments (in Randel, Chardonnières, Port-a-Piment), which were not usually cholera-prone. The national number of suspected cholera cases more than doubled from 2,236 cases reported during pre-hurricane period to 5,100 cases reported post-hurricane. Over half (52%) of new cases were reported from the Departments of Grande Anse and South; pre-hurricane, this proportion was 8 per cent. This increase, while largely attributable to Hurricane Matthew, need to be viewed within an already high risk environment with the following combination of factors: disruption of safe water access, displacements and unsatisfactory access to basic sanitation in shelters, under-nutrition, rainy season, among others.

The Government of Haiti has a Ten Year National Plan for the Elimination of Cholera (2013-2022) and a Medium Term phase of the National Elimination Plan (2016-2018). The epidemiologic curve shows an encouraging decrease since the onset of the outbreak, which means that immediate, adequate and simple actions will have a strong impact while sustainable solutions are put in place to prevent future cases.

Output 5	By 2016, the Ministry of Public Health, its partners and communities have adequate and coordinated response in emergency situations.		
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Cholera fatality rate in targeted departments.	1.07%	<1%	0.93%
Number of people vaccinated against cholera.	0	At least 320,000	736,421 people received one shot of oral cholera vaccine in Grande Anse and South Departments.
Percentage of adequate responses made against cholera alerts within 48 hours.	(36,000)	100%	83%
Cholera incidence rate	58,505	<45,000	29,580
Nuimber of Departments with an updated preparedness plan in response emergency	0	10	10 Departments have preparedness plan for cholera response.

5. FINANCIAL ANALYSIS

Table 1: Planned Budget by Outcome Area

Outcome Area 1: Health Haiti Planned and Funded for the Country Programme 2016 (in US Dollar)		
Intermediate Results	Funding Type	Planned Budget
01-01 Immunization	RR	100,000
	ORR	198,434
01-03 Maternal and new born health	RR	244,906
	ORR	116,853
01-05 Health systems strengthening	RR	150,000
	ORR	1,098,345
01-06 Health and Emergencies	RR	-
	ORR	54,487
Total Budget		1,963,025

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

Outcome Area 1: Health Thematic Contributions Received for Outcome Area 1 by UNICEF Haiti in 2016 (in US Dollars)			
Donors	Grant Number	Contribution Amount	Programmable Amount
Lithuanian National Committee for UNICEF	SC1499010102	N/A*	N/A*
US Fund for UNICEF	SC1499010115	47,500	45,238
Total		47,500	45,238

**Total contribution in 2015 was US\$ 36,101*

Table 3: Expenditures in the Outcome Area

Outcome Area 1: Health 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
01-01 Immunization	46,495	1,166,497	230,411	1,443,403
01-03 Maternal and new born health	28,121	678,300	255,511	961,932
01-04 Child health	162,313	125	423	162,861
01-05 Health systems strengthening	4,633	3,435	346,647	354,715
01-06 Health and emergencies	777,632	55,915	3,909	837,456
Total	1,019,194	1,904,272	836,902	3,760,368

Table 4: Thematic Expenses by Programme Area

Outcome Area 1: Health Haiti Expenditure of Thematic Contributions by Programme Area (in US Dollars)	
Programme Area	Expense
01-01 Immunization	2,905
01-02 Maternal and new born health	15,141
01-05 Health and systems strengthening	462
01-06 Health and Emergencies	184,369
Total	202,878

Table 5: Expenses by Specific Intervention Codes

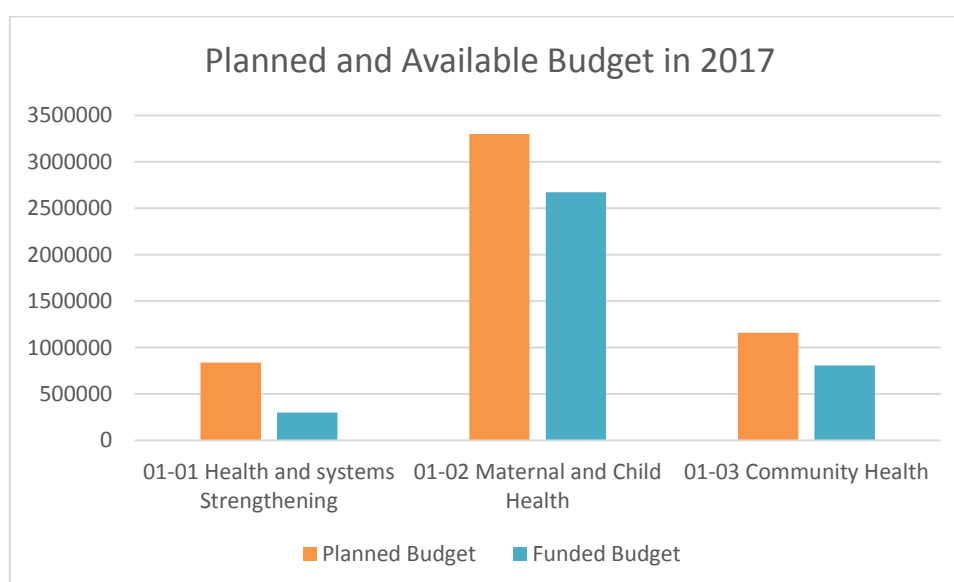
Outcome Area 1: Health Haiti Expenditure by Specific Intervention Codes (in US Dollar)	
Specific Intervention Codes	Total utilized
01-01-13 HPV and related health interventions	1,940
01-01-14 Immunization # General	1,395,819
01-03-02 MNTE # General	287,201
01-03-04 Maternal and newborn care including Emergency Obstetric care	576,220
01-05-01 Health management at district or sub-national levels	53,096
01-05-05 Health systems strengthening # General	218,824
08-02-04 DevInfo	8,959
08-03-01 Cross-sectoral Communication for Development	2,291
08-05-01 Supply # General	109,927
08-05-03 Logistics	13,893
08-08-01 Gender programming not classifiable by sector	3,514
08-08-03 UNICEF support to programming and capacity development on gender	774
08-09-06 Other # non-classifiable cross-sectoral activities	197,975
08-09-07 Public Advocacy	18,401
08-09-10 Brand building and visibility	1,608
08-09-11 Emergency preparedness and response (General)	15,746
09-02-05 CO Programme coordination	7,522
10-07-12 Management and Operations support at CO	
1043 Routine immunization	-21,868
1063 Control of diarrhoea diseases/ORT	159,720
1072 Maternal health/Safe motherhood # general	-
1073 Maternal and newborn health package	1,914
1088 Capacity building of outreach workers on health, nutrition and ECD	214
1142 Diarrhoeal Diseases and Cholera control in humanitarian response and post-crisis recovery	13,464

1146 Other health interventions in humanitarian response and post-crisis recovery	690,102
5903 Support to C4D interventions for multiple OTs within FA5	24
7911 Representative and governance	1,269
7921 Operations # financial and administration	1,821
Grand Total	3,760,368

Table 6: Planned Budget for 2017

Outcome Area 1: Health
Haiti
Planned Budget and Available Resources for 2017

Intermediate Result	Funding Type	Planned Budget	Funded Budget	Shortfall
01-01 Health and systems Strengthening	RR	240,000	240,000	0
	ORR	600,000	62,498	537,502
01-02 Maternal and Child Health	RR	400,000	400,000	0
	ORR	2,900,000	2,271,356	628,644
01-03 Community Health	RR	160,000	160,000	0
	ORR	1,000,000	648,027	351,973
Sub-total Regular Resources		800,000	800,000	0
Sub-total Other Resources - Regular		4,500,000	2,981,881	1,518,119
Total for 2017		5,300,000	3,781,881	1,518,119



6. FUTURE WORK PLANS

The programme will focus on health system strengthening by supporting the development of policy documents, standards, strategies and action plans. Advocacy for the effective allocation of resources in the health sector will be based on data and evidence from surveys; improved routine administrative systems; and the analysis of regular bottlenecks and barriers. In close collaboration with the World Health Organization (WHO), UNICEF will ensure that children's health is reflected in the country's emergency preparedness and response plans. UNICEF will advocate for systematic birth registration at all health centres and for the adoption and promulgation of a law guaranteeing adolescents access to HIV prevention and reproductive health services.

UNICEF will support the provision of equitable immunization services through the Reach Every District approach in 70 communes with low coverage. In synergy with nutrition, WASH, education and child protection, support will be provided for the delivery of maternal, newborn and child healthcare (MNCH) and the prevention of mother-to-child transmission of HIV in the most disadvantaged areas. Care for children and adolescents affected by violence will be strengthened, including by the registration of child abuse in health facilities, together with the provision of a comprehensive package of HIV services for adolescents, including those living with HIV.

The programme will support the strengthening of the capacity of health workers and department health authorities to provide integrated service delivery and supply chain management, including in emergencies. The programme aims to achieve a 100 per cent renewable energy cold chain for the Expanded Programme on Immunization (EPI) by 2021.

Community mobilization, participation and engagement in the promotion of conducive social norms will be achieved through alliances with civil society organizations, media professionals and religious, traditional and other community leaders to promote MNCH, using innovative approaches for optimal information dissemination.

UNICEF will maintain its collaboration with WHO as the lead agency for the development of health policies, guidelines and tools as well as disease surveillance, with the United Nations Population Fund taking the lead in the strengthening of professional resources for adolescent and maternal health and the Joint United Nations Programme on HIV/AIDS spearheading the coordination of HIV programming.

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 1			
By 2021, pregnant women, newborns, children and adolescents utilize health services aimed at high impact interventions and quality care that promote healthy behaviours.			
OUTCOME INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)	36%	50%	N/A

Percentage of children <1 year receiving measles containing vaccine at the national level	38%	TBD	N/A
Percentage of young women and men (15-24 years) having comprehensive knowledge about HIV and AIDS	Women: 35% Men: 28%	Women: 50% Men: 50%	N/A

Output 1	The Ministry of Health and its decentralized entities have tools for field evidence-based maternal, neonatal and child health (MNCH) planning and the definition of legal frameworks facilitating access to adolescent services, including in emergency situations.		
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of departments with health data completion rate of over 90 per cent of the institutions in due time	10%	90%	N/A
Percentage of departments and institutions with existence of age and sex-disaggregated data on HIV testing and counselling among adolescents 10-19 years of age	0	80%	N/A
Percentage of health departments with evidence based operational plan of action for MNCH	0	80%	N/A

Output 2	An integrated package of quality health services are available for newborns, children and women, especially the most disadvantaged in target communes.		
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of health institutions without a stock-out of measles and rubella vaccines during the year in selected communes	20%	75%	N/A
Percentage of mothers and newborns receiving postnatal care within seven days post-delivery	TBD	30%	N/A
Percentage of institutions offering a complete package of essentials and integrated care (EMNOC, IMCI, pediatric care and postnatal care)	TBD	30%	N/A

Percentage of health facilities providing long life ART for pregnant and breast feeding women and children living with HIV withing the MNCH settings.	18%	50%	N/A
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Output 3 Parents and caregivers of children, adolescents and community leaders in targeted communes are aware of available services and the importance of seeking healthcare.			
OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Percentage of caregivers having knowledge of at least two danger signs of the most frequent under five diseases (fever, diarrhoea, and pneumonia)	TBD	70%	N/A
Percentage of women of reproductive age knowing at least two danger signs of complicated pregnancies and newborn emergencies	TBC	70%	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

Access to health for all children

January 3, 2017



Les Cayes, 14 november 2016- Our 4×4 vehicle made its way slowly over the muddy, difficult roads, my colleague, Fanfan, getting out each time it became treacherous, to guide us through as we made our way to our destination. Zorange-2 is about 10km east of Fonds des Blancs in the South department, and where we would find the Nan Akou evangelical school for children under five years of age.

After an hour and half of bumpy roads, and thanks to our skillful driver, Gabi, we arrived. This was not the end, however, but just the beginning, as our two immunization teams set off in different directions.

My team arrived at the Nan Akou Evangelical School, the name of which translates to “gardens of the little cute ones”, to set up for vaccinating the children against cholera. It was 10:25AM, and we watched as the children lined up, singing “a little train goes to the mountain”, on their way to a nearby container with soap and water – it’s time to wash your hands before going to class! Our arrival thwarted that little train, however, causing it (the children) to turn around and return to class.



A crier les people know vaccination is underway

The school has two classrooms, first and second year pre-kindergarten. The roof is sheet metal, and the classes are separated by “pwela” (tarp), torn in some places by hurricane Matthew and carefully put back in place, despite the small holes which, conveniently, now contribute to air circulation. The school has no toilets, no sanitation. Cholera loves these kinds of places.

The warm welcome we received from the school-children was soon replaced by tears. Only one word, “vaccine”, remained in their minds, from all we said in our explanation of why we came to see them today. Little Kervenson approached me and touched my leg, shaking his head “no”. “Mesye m pa malad,” he said. (“I’m not sick” in Creole). I understood his attempt to escape a possible “piki” (needle) and I reassure him, explaining that there will be no sting, no needle, not today.



A young pupil taking the vaccine

To calm the rest of the children, I told stories, sang, laughed, and explained that the kind of vaccination we were there to deliver was one they would swallow. Oral cholera vaccine. Our team was very surprised to see how much information these 4-year-old children already had on cholera.

I participated in the hand washing session, explaining to my little friends the importance of doing this life-saving habit very well. The last word was had, laughingly, by their teacher, Ms. Yvonise, saying “Tell them that hand washing is important, but they should not waste water!”

Then it was time to administer the vaccine. First the teachers, then the bravest, the smallest and ultimately the most reluctant. In all, it took us only 2-hours and 17 minutes to protect 42 children under 5-years old, and their teachers, from cholera.

Ernsly Jackson

UNICEF Immunization specialist