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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Haiti**

Proposed indicative UNFPA assistance:	\$26 million: \$12 million from regular resources and \$14 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (2013-2016)
Cycle of assistance:	Fifth
Category per decision 2007/42:	A
Proposed indicative assistance (in millions of \$):	

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	3.5	7.0	10.5
Family planning	4.0	5.0	9.0
Data availability and analysis	2.0	2.0	4.0
Gender equality and reproductive rights	2.0	-	2.0
Programme coordination and assistance	0.5	-	0.5
<b>Total</b>	<b>12.0</b>	<b>14.0</b>	<b>26.0</b>

## I. Situation analysis

1. The population of Haiti, estimated at 10.2 million in 2011, is growing at an annual rate of 1.3 per cent. Over half of the population lives in urban areas, and 50 per cent of the population is younger than 22. Life expectancy at birth is 61 years for men and 63 for women.

2. Haiti is highly vulnerable to disasters and is the poorest country in the western hemisphere. The devastating earthquake of January 2010 was followed by a cholera outbreak. The ongoing post-disaster recovery process and the continuing political instability are hindering development efforts.

3. The results of the national demographic and health survey conducted in 2011 have yet to be published. According to the 2005/2006 demographic and health survey, the maternal mortality ratio is 630 maternal deaths per 100,000 live births, the highest in the region. The total fertility rate is 4.0 children per woman; the 15-19 age group contributes to 8.4 per cent of the total fertility rate. The unmet need for family planning is 38 per cent. The infant mortality rate is 57 deaths per 1,000 live births.

4. The HIV prevalence rate has remained stagnant at 2.2 per cent. The risks of HIV infection are exacerbated by the low level of condom use among high-risk groups. The percentage of youth aged 15-24 involved in high-risk sexual activity who used condoms during their last intercourse is 43.3 per cent among males and 29.2 per cent among females.

5. Approximately 53 per cent of the population has no access to health services. Barriers to the use of health services include high costs, insufficient availability in rural areas, and limited knowledge of reproductive health and rights. Young people are the most affected, due to their limited access to resources and information.

6. Weaknesses in the health system include: (a) the lack of infrastructure and trained personnel; (b) the lack of obstetric and neonatal emergency care; (c) the low percentage of births attended by qualified personnel (26 per cent); and (d) frequent policy changes, which limit the supply and promotion of family planning services. The earthquake, which destroyed the limited health infrastructure, not only caused loss of life but also led to an exodus of skilled personnel to neighbouring countries. Gender-based violence is a major concern.

7. The Government is committed to addressing maternal mortality and gender inequality and to investing in youth. This commitment is reflected in the four priorities of the strategic plan for the long-term development of Haiti: (a) territorial 'refounding'; (b) economic 'refounding'; (c) social rebuilding; and (d) the institutional overhaul of the country. The availability of high-quality, up-to-date data on population dynamics is essential to support policymaking and development programmes. A census planned for 2013 will address these data gaps.

## II. Past cooperation and lessons learned

8. UNFPA and the Government extended the previous country programme (2009-2011), through December 2012, to align it with the United Nations Integrated Strategic Framework for Haiti and in accordance with national priorities.

9. Achievements in the area of reproductive health included: (a) developing and implementing the national strategic plan to reduce maternal mortality by increasing access to obstetric and neonatal emergency care; (b) training nurse-midwives and initiating curriculum reform to enhance the profession; (c) increasing the availability of high-quality services for obstetric and neonatal care and family planning in selected health institutions; and (d) providing humanitarian assistance in earthquake-affected areas.

10. Support in the area of population and development resulted in: (a) the integration of data and demographic dynamics into the national strategy document for poverty reduction and, after the earthquake, into the plan of rehabilitation and reconstruction and the post-disaster needs assessment; and (b) the formulation of the national youth policy.

11. Achievements in the area of gender and human rights included capacity development to: (a) mobilize the public regarding gender equity; (b) develop legislation on responsible parenthood; (c) develop a national policy to protect female sex workers; and (d) coordinate and support efforts to prevent and respond to gender-based violence, including after the earthquake.

12. According to the final country programme evaluation, UNFPA responded to national policies and strategies. However, the multitude of projects, and the limited performance of some implementing partners, hindered the achievement of programme outcomes. Lessons learned included the need to: (a) focus on meaningful and sustainable interventions, in line with the UNFPA mandate and capabilities; (b) integrate humanitarian approaches into the programme to provide life-saving interventions in reproductive health in crisis situations; (c) mainstream approaches on transferring the knowledge and skills to Haitian professionals through technical and financial assistance to public institutions; (d) participate in joint United Nations management mechanisms and pooled funding to support operational excellence; and (e) utilize direct programme execution to supplement weak institutional capacity in complex operational environment and ensure better stewardship of resources.

### III. Proposed programme

13. The new country programme, 2013-2016, builds on the experience of the four previous cycles of UNFPA assistance for Haiti. The programme takes into account: (a) the final

programme evaluation, 2009-2012; (b) the new Integrated Strategic Framework, 2013-2016, which is aligned with the long-term National Strategic Plan for Development of Haiti, 2030; (c) the Programme of Action of the International Conference on Population and Development; (d) the Millennium Development Goals; and (e) the UNFPA strategic plan, 2012-2013.

14. UNFPA and the Government developed the fifth country programme under the leadership of the Ministry of Planning and External Cooperation, in consultation with civil society organizations, United Nations organizations and donors.

15. The programme will contribute to the Integrated Strategic Framework through the pillar of social rebuilding. Preparation for and response to humanitarian crises, the needs of women and young people, HIV and AIDS, and gender equality and human rights will be treated as cross-cutting dimensions, with a focus on the poorest and most excluded groups.

#### *Maternal and newborn health*

16. The strategic plan outcome on maternal and newborn health, related to the Integrated Strategic Framework outcome on reducing maternal mortality, has one output.

17. Output 1: The national health system has strengthened capacity to provide high-quality, comprehensive maternal and newborn health-care services, with particular attention to underserved departments and the needs of youth. UNFPA will achieve this output by: (a) providing technical support to train nurses and midwives to enable them to provide integrated basic obstetric and neonatal care services according to the norms and standards of the Ministry of Health; (b) providing technical assistance to the Ministry of Health for the design and development of institutional norms to implement high-quality sexual and reproductive health programmes, including

programmes targeting poor and rural adolescent girls; (c) providing comprehensive support to maternities for the provision of high-quality basic emergency obstetric and neonatal care services, including the reconstruction and rehabilitation of wards; (d) providing technical support and commodities to integrate the minimum initial service package for reproductive health in emergency situations into the design, monitoring and evaluation of contingency plans in disaster-prone zones; (e) advocating and developing strategic partnerships for maternal health, including in humanitarian situations; and (f) building the capacity of the Ministry of Health to train and ensure the effective deployment and retention of nurses and midwives.

#### *Family planning*

18. The strategic plan outcome on family planning, related to the social rebuilding outcome of the Integrated Strategic Framework on equitable access to health services, has one output.

19. Output 1. National, departmental and local health institutions have improved capacity to secure the supply of essential reproductive health commodities, including modern family planning methods, and support related interventions to generate demand at the community level, with attention to the needs of youth. This will be achieved by: (a) strengthening the coordination of the national supply system for reproductive health commodities; (b) developing strategic partnerships with civil society and the private sector to provide community-based services, with an emphasis on the needs of women and youth; (c) training health-service providers to provide high-quality services; (d) supporting the comprehensive youth reproductive health strategy and operational plan to ensure the availability of youth-friendly services, including condom programming to prevent HIV; (e) providing technical assistance to train government and civil society professionals to advocate and develop age-appropriate sexual

and reproductive health services, including HIV prevention in the formal school curriculum and in health services; and (f) developing an advocacy and communications plan to support educational messages, peer-to-peer approaches and culturally sensitive approaches.

#### *Data availability and analysis*

20. The strategic plan outcome on data availability and analysis, related to the social rebuilding outcome of the Integrated Strategic Framework on the integration of population issues into planning for reconstruction and development, has two outputs.

21. Output 1: The national statistical system has enhanced capacity to collect, produce and disseminate reliable socio-economic and demographically disaggregated data to improve sexual and reproductive health policies at national and local levels. UNFPA will achieve this output by: (a) providing technical support and mobilizing resources for the fifth general census of population and housing, 2013; and (b) training government officials to manage the collection, analysis and dissemination of demographic data, including during humanitarian crises.

22. Output 2: Government and civil society organizations have improved capacity to use sociodemographic data to formulate, implement and monitor policies and plans on population dynamics, youth, gender equality and sexual and reproductive health. Strategies to achieve this output include: (a) training government officials, civil society and academia to integrate population dynamics, reproductive health, gender equality and youth concerns into sectoral reconstruction and development plans; (b) developing, based on the results and analysis of the fifth demographic and health survey, an evidence-based advocacy strategy on maternal health and family planning for the most vulnerable populations, focusing on young women and adolescent girls; and (c) enhancing evidence-

based advocacy efforts to promote the analysis and use of existing data on reproductive rights and gender-based violence.

#### *Gender equality and reproductive rights*

23. The strategic plan outcome on gender equality and reproductive rights, related to the social rebuilding outcome of the Integrated Strategic Framework on preventing and responding to gender-based violence against vulnerable groups, women and girls, has one output.

24. Output 1: Government institutions and civil society organizations have increased capacity to design, implement and monitor policies and programmes addressing the needs of young people in the areas of gender equality, reproductive health and rights, and gender-based violence and care, including in humanitarian situations. UNFPA will achieve this output by: (a) providing technical assistance to develop tools and protocols to train relevant institutions to lead and coordinate efforts to prevent gender-based violence and care for survivors of such violence, including in humanitarian settings; (b) supporting community-based organizations of women, men and youth to advocate the promotion of reproductive health and the prevention of gender-based violence; and (c) supporting the implementation of the national youth policy through awareness raising and peer-to-peer education to prevent violence against young women and girls.

#### **IV. Programme management, monitoring and evaluation**

25. To deliver high-quality programmes, UNFPA will use direct execution as the preferred implementation arrangement. In selected cases, UNFPA may use the national execution modality to work with bona fide partners. UNFPA will also continuously monitor the performance of partners and periodically adjust implementation arrangements, as necessary. The country office

will ensure that risk analysis is performed in conformity with the harmonized approach to cash transfers. In the event of an emergency, UNFPA may, in line with the country programme, reprogramme activities, especially life-saving measures, to respond to emerging issues.

26. UNFPA will implement the programme under the overall coordination of the Ministry of Planning and External Cooperation and in adherence with the results-based management and accountability framework. UNFPA will work with the United Nations system partner organizations through joint programmes and will seek to harmonize the management and operational approaches to strengthen national capacity and to deliver results.

27. UNFPA and the Government will use baseline and target data to assess the progress of the programme. UNFPA and the Government will also conduct a midterm review and a final programme evaluation to assess achievements and to monitor and improve programme performance. UNFPA will ensure the regular publication of programme achievements and will document good practices and lessons learned in accordance with its disclosure policy. The Government will be responsible for the safety of UNFPA personnel and property. The programme will incorporate preventive and risk-mitigation measures, and will have a budget and resource-mobilization strategy, to ensure necessary safeguards and business continuity.

28. The UNFPA country office includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources to increase the capacity and skills of staff to provide technical and programme expertise, as well as management support, in order to implement the programme through direct execution.

## RESULTS AND RESOURCES FRAMEWORK FOR HAITI

<p><b>National priority:</b> reduction of maternal mortality  <b>Integrated Strategic Framework outcome:</b> improved equitable access of populations, specifically the most vulnerable groups, to basic social services through strengthened capacity of national institutions to implement social policies and offer high-quality decentralized services, including in emergency situations</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Maternal and newborn health</b></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio Baseline: 630 maternal deaths/100,000 live births (to be confirmed by the demographic and health survey V); Target: 400/100,000</li> <li>Percentage of births attended by skilled health personnel Baseline: 26%; Target: 35%</li> </ul>	<p><u>Output 1:</u> The national health system has strengthened capacity to provide high-quality, comprehensive maternal and newborn health-care services, with particular attention to underserved departments and the needs of youth</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of health centres provided with training and equipment for basic emergency obstetric and newborn care, according to national standards and norms. Baseline: 5; Target: 8</li> <li>Number of nurses and midwives trained and deployed through UNFPA, according to the national health map. Baseline: 18; Target: 80</li> <li>Number of health departmental directions supported to implement the minimum initial service package for reproductive health in emergency situations Baseline: 2; Target: 3</li> </ul>	<p>Ministries of: Public Health and Population; Women's Affairs; and Youth; non-governmental organizations; United Nations organizations</p>	<p>\$10.5 million (\$3.5 million from regular resources and \$7 million from other resources)</p>
<p><b>National priority:</b> availability and universal access to basic services, including reproductive health services  <b>Integrated Strategic Framework outcome:</b> improved equitable access of populations, specifically the most vulnerable groups, to basic social services through strengthened capacity of national institutions to implement social policies and offer high-quality decentralized services, including in emergency situations</p>				
<p><b>Family planning</b></p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Contraceptive prevalence rate (modern methods) among women on reproductive age Baseline: 18%; Target: 25%</li> <li>Unmet need for family planning Baseline: 38%; Target: 30%</li> <li>Number of health facilities offering at least three modern methods of contraception Baseline: 101; Target: 110</li> </ul>	<p><u>Output 1:</u> National, departmental and local health institutions have improved capacity to secure the supply of essential reproductive health commodities, including modern family planning methods, and support related interventions to generate demand at the community level, with attention to the needs of youth</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of UNFPA-supported health facilities offering at least three modern family planning methods Baseline: 90%; Target: 100%</li> <li>Number of community-based interventions supported to promote the demand for sexual and reproductive health and family planning Baseline: 2 Target: 5</li> <li>Number of initiatives supported to improve the access of young people to sexual and reproductive health services and education Baseline: 2; Target: 4</li> </ul>	<p>Ministries of: Education; Public Health and Population; Women's Affairs; and Youth; women's networks and young people's networks; non-governmental organizations; United Nations organizations</p>	<p>\$9 million (\$4 million from regular resources and \$5 million from other resources)</p>
<p><b>National priority:</b> promotion of equality, equity and access to equal opportunities for human development  <b>Integrated Strategic Framework outcome:</b> improved equitable access of populations, specifically the most vulnerable groups, to basic social services through strengthened capacity of national institutions to implement social policies and offer high-quality decentralized services, including in emergency situations</p>				
<p><b>Gender equality and reproductive rights</b></p>	<p><u>Output 1:</u> Government institutions and civil society</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of government institutions and civil society</li> </ul>	<p>Ministries of: Education;</p>	<p>\$2 million from regular</p>

<p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of policies and programmes that promote the reproductive health and rights of women and adolescents and prevent gender-based violence Baseline: 2; Target: 4</li> <li>• Number of government institutions with mechanisms in place to implement laws, policies and plans advancing gender equality and reproductive rights Baseline: 2; Target: 5</li> </ul>	<p>organizations have increased capacity to design, implement and monitor policies and programmes addressing the needs of women and young people in the areas of gender equality, reproductive health and rights, and gender-based violence and care, including in humanitarian situations</p>	<p>organizations supported to design, implement and monitor policies and plans on gender equality and reproductive rights Baseline: 3; Target: 4</p> <ul style="list-style-type: none"> <li>• Number of technical experts from selected government institutions qualified to coordinate and lead gender-based violence efforts, including in humanitarian settings Baseline: 30; Target: 50</li> <li>• Number of civil society organizations, supported by UNFPA, that undertake programming to prevent gender-based violence and care for the survivors of such violence, including in humanitarian settings Baseline: 10; Target: 14</li> </ul>	<p>Public Health and Population; Social Affairs; Women's Affairs; and Youth; young people's and women's networks; non-governmental organizations; United Nations organizations</p>	<p>resources</p>
<p><b>National priority:</b> availability of data for decision-making, and particularly for the elaboration and implementation of policies  <b>Integrated Strategic Framework outcome:</b> improved equitable access of populations, specifically of the most vulnerable groups, to basic social services through strengthened capacity of national institutions to implement social policies and offer high-quality decentralized services, including in emergency situations</p>				
<p><b>Data availability and analysis</b></p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of national surveys conducted that assess progress towards the achievement of Millennium Development Goal 5 Baseline: 4; Target: 5</li> <li>• 2013 population and housing census completed Baseline: 0; Target: 1</li> </ul>	<p><u>Output 1:</u> The national statistical system has improved capacity to collect, produce and disseminate reliable socio-economic and demographically disaggregated data at national and local levels</p> <p><u>Output 2:</u> Government and civil society organizations have improved capacity to use sociodemographic data to formulate, implement and monitor policies and plans on population dynamics, youth, gender equality and sexual and reproductive health</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of UNFPA-supported technical experts from selected institutions qualified to collect, analyse and disseminate census and survey data, including in humanitarian settings Baseline: 25; Target: 70</li> <li>• Number of selected institutions able to implement the guidelines of the national statistical system to update harmonized statistics on gender-based violence, sexual and reproductive health and young people Baseline: 0; Target: 4</li> </ul> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Number of institutions supported to use updated data from the census and surveys to formulate, implement and monitor public policies and plans on population dynamics, youth, gender equality and sexual and reproductive health Baseline: 0; Target: 4</li> </ul>	<p>Ministries of: Economy and Finance; Planning; Women's Affairs; and Youth; Haitian Statistical Institute</p> <p>Universities; United Nations organizations</p>	<p>\$4 million (\$2 million from regular resources and \$2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>