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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Haiti**

|                                       |  |
|---------------------------------------|--|
| Proposed indicative UNFPA assistance: | \$70 million: \$8.2 million from regular resources and \$61.8 million through co-financing modalities or other resources |
| Programme period:                     | Five years (2023-2027)   |
| Cycle of assistance:                  | Seventh  |
| Category:                             | Tier I   |
| Alignment with the UNSDCF Cycle       | United Nations Sustainable Development Cooperation Framework, 2023–2027  |

## I. Programme rationale

1. Haiti faces multiple structural and multidimensional challenges in the political, social, economic, security, environmental and humanitarian spheres. Its economic and social development has long been hindered by chronic political instability, social turmoil and violence. Since 2019, the lack of political consensus to change the Constitution has led to a protracted political and social crisis, characterized by high volatility, deteriorating security conditions and violence. With escalating armed gangs, violence has affected 1.5 million people, especially young people (OCHA, 2021) in the metropolitan area of the capital Port-au-Prince, contributing to internal displacement and an increased risk of gender-based violence.

2. Haiti's population in 2021 was 11.5 million, with 57 per cent living in urban areas. Young people under the age of 25 accounted for 51.4 per cent of the population in 2021. Over the last two decades, population growth has slowed down, due to declining fertility rates (from 4.8 in 1994 to 3 in 2017) and increased out-migration flows. An estimated 1.5 million Haitians live abroad, representing 13.8 per cent of the population in 2019 (UN Statistics Office, 2019). Adolescents and young people swell the ranks of the Haitian diaspora, contributing to a massive brain drain. Investing in the country's human capital, particularly adolescents and youth, is key to harnessing the demographic dividend.

3. Haiti is the poorest and the only least developed country in the region, ranking among those with the lowest human development index (170 out of 189 countries, HDI 2020). Basic needs are yet to be fulfilled: adult illiteracy rate was 39.3 per cent in 2016, with gender disparities; roughly 42 per cent of health facilities offer the full range of basic healthcare services; unemployment and underemployment affect 73.4 per cent of the population. The COVID-19 pandemic increased people's vulnerabilities and exclusion. The post-COVID19 recovery assessment reports that 57 per cent of the population lives in poverty and 24.2 per cent in extreme poverty, with higher incidence in rural areas, where poverty may reach 75 per cent in some places. Haiti ranks among the most unequal countries in the world, with a Gini index of 0.61. Inequalities are widespread, particularly affecting women, adolescents and youth in rural areas, as well as other left-behind populations, such as people with disabilities. The country lacks a basic institutional framework to implement the rights of persons with disabilities, although 4 per cent of the population aged 5 years and older live with a disability (EMMUS VI, 2017).

4. The political and socio-economic crisis, food insecurity, gang violence, disasters, climate change and the COVID-19 pandemic have worsened the already precarious humanitarian situation. An estimated 4.9 million Haitians (43 per cent) need humanitarian assistance (OCHA, 2022). Haiti's high vulnerability to recurrent disasters – especially hurricanes, floods, and earthquakes – contributes to deepening the cycles of poverty, inequalities, displacement and migration. Although the country has an updated disaster-risk reduction strategy aligned to the Sendai Framework for Disaster Risk Reduction, 2015-2030, it still lacks adequate coping mechanisms, including updated information/data systems to analyse and systematically forecast climate change effects, as well as to enable the integration of sexual and reproductive health (SRH) and gender-based violence (GBV) in humanitarian preparedness and response plans.

5. The 2030 Agenda and the ICPD Programme of Action are anchored in the main national policies, plans and strategies, such as the Haiti Strategic Development Plan (2012-2030), the post COVID-19 economic and recovery plan (2020-2023), and the Health Master Plan (2021-2031), among others. However, financing is a major barrier to accelerating their implementation and achieve the Sustainable Development Goals (SDGs), particularly SDGs 3 and 5. According to WHO, from 2010 to present, government spending on health has been hovering at 4.73 per cent of GDP, below the 6 per cent target needed to reduce health-related financial gaps. Increasing investment in health, particularly in SRH, is a key step in the health reform process. In January 2022, the Government launched the National Integrated Financing Framework for Sustainable Development, which aims to review the country's national strategy towards 2030, including the financing needed for achievement of the SDGs.

6. Maternal mortality ratio remains the highest in the region, with 529 per 100,000 live births (EMMUS VI, 2016-2017). The COVID-19 pandemic reduced access to maternal health services,

with deliveries in health facilities dropping from 125,121 in 2019 to 83,624 in 2021. The risk of maternal death is higher among the poorest women, including those crossing the border to the Dominican Republic, women living in rural and remote areas (especially in Grande-Anse, South-East and North-East) and women with primary or no education. The main causes of maternal deaths are direct, with other postpartum complications (31 per cent), eclampsia (26 per cent), haemorrhage (20 per cent), dystocia and infection (10 per cent) being the major ones, often linked to the poor quality of emergency obstetric and neonatal care (EmONC) services, and financial and geographic barriers. Only 5 per cent of births in the last five years were by C-section, below the WHO standard (10-15 per cent). The proportion of pregnant women who had at least four antenatal care visits during pregnancy increased from 54 per cent to 67 per cent between 2005 and 2017 (EMMUS IV and VI). An estimated 18,000 women are living with obstetric fistula and waiting for surgery repairs. Skilled birth attendance is one of the lowest in the region (42 per cent), due to the unequal distribution and lack of qualified personnel nationwide. The coverage of midwives is low, reaching 1.0 per 1,000 inhabitants nationwide (PSNSSR 2016), well below the WHO-recommended ratio of 4.45 per 1,000. Most women still deliver at home (three out of five deliveries) under the supervision of traditional birth attendants (matrons), often due to negative assessments of birth experiences at health facilities.

7. As established in the Health Master Plan, Haiti aims to reduce preventable maternal deaths to 350 per 100,000 live births by 2031, an ambitious figure, though still far from SDG 3 target of 70 per 100,000 live births. This goal requires accelerating efforts to tackle major gaps: poor quality of basic and comprehensive EmONC services; weak referral systems at the community level; insufficient and unequal coverage of qualified healthcare providers; weakness of the maternal death surveillance system; and high unmet need for family planning, which contributes to the high number of unintended pregnancies, particularly among adolescents.

8. The unmet need for family planning among women aged 15-49 years declined from 48 per cent to 38 per cent between 1994 and 2017 but remains high. The modern contraceptive prevalence rate increased from 13 per cent to 32 per cent, with a lower growth rate among adolescents aged 15-19 years (from 8 per cent in 1994 to 25 per cent in 2017). During 2019-2021, the number of new users of modern contraceptive methods decreased by 17 per cent, due to the COVID-19 pandemic, slightly increasing by 3.2 per cent in 2021 (HMIS, 2021). Haiti's contraceptive methods offer includes monthly and quarterly injectables, intrauterine devices, birth control pills, implants, female and male condoms, male and female sterilization, standard days method, breastfeeding and amenorrhea method, and emergency contraception. Both injectables are the method used by most women in a union (21 per cent), compared to condoms (3 per cent) and implants (3 per cent). The service provision assessment in 2019 (EPSSS) reported that 27 per cent had experienced a stock-out, 42 per cent lacked family planning guidelines and standards and 55 per cent did not have at least one staff member who had received a family planning training within 24 months prior to the survey. The adolescent fertility rate decreased over the last two decades; however, it is still high, with 55 births per 1,000 women aged 15-19 years (EMMUS, 2017). The HIV prevalence is 2 per cent, mostly concentrated among women and young girls aged 15-24 years. Although the country developed and implemented national strategies and plans to meet the needs of adolescents and youth, the integration of comprehensive sexuality education (CSE) curriculum into the national education system is yet to be effective.

9. The main gaps for reaching zero unmet need for family planning are: limited availability of services in rural and remote areas and territories under the influence of armed gangs; limited access, due to stock-outs and poor quality of services; insufficient availability of qualified personnel, worsened by the brain drain; insufficient information and sexuality education, especially for adolescents and youth, due to limited programmes targeting their needs; recurrent stock-out of SRH commodities, including contraceptives, due to the weak logistic management system from departmental level to the health-facility level.

10. Haitian women experience political, economic, and social barriers to the full enjoyment of their human rights, following a historical pattern of discrimination and violence. In 2017, 29 per cent of women aged 15-49 years reported having experienced physical violence. Gender-based violence is at 16.4 per cent among adolescents and young women aged 15-24 years; however,

these figures are likely higher, due to high underreporting, especially in the absence of a GBV national information system. Early unions (6.9 per cent of adolescents aged 15-19 years in 2016) and other harmful practices are not prominent. A law against GBV is pending review in the Senate, while the national plan to combat violence against women (2017-2027), is yet to be implemented due to the lack of human, technical and financial resources. The main gaps preventing Haiti from achieving zero GBV and other harmful practices are: the lack of an integrated SRH and GBV approach; persistent impunity of perpetrators, often linked to the slow functioning of the judicial system, and a culture of silence; a patriarchal model, underpinned by persistent discriminatory social and gender norms.

11. The lack of accurate, current and nationwide disaggregated data remains a major challenge. The last population census was conducted in 2003. Due to the socio-political crises and weak capacities of the Haitian Institute of Statistics and Informatics, the fifth population and housing census has been postponed and has yet to be conducted. In 2020, a law for the reform of the national statistics system was passed, although it is not yet implemented.

12. The UNFPA country programme will support the Government's efforts to respond to the national challenges and is aligned to the UNSDCF 2023-2027 and the Integrated Strategic Framework (ISF)/One UN Plan, aiming for full integration between the United Nations country team (UNCT) and the United Nations Integrated Office. UNFPA supports the implementation of the ISF/One UN plan and is aligned to the UNSDCF 2023-2027 priority areas: (1) security, governance, and rule of law; (2) economic transformation; (3) basic social services and social cohesion; (4) environment, multidimensional risk management and territorial development. UNFPA will contribute to these areas, based on its comparative advantage, namely: (a) advocacy to position the role of midwives as key agents for improving maternal and neonatal health; (b) technical expertise in the provision of reproductive health commodities, particularly family planning, at national and local levels; (c) leadership in GBV prevention and response coordination, within the protection cluster; and (d) recognized expertise in data and statistics, as a strategic partner for the census.

13. The proposed programme builds on lessons learned and recommendations of the current cycle: (a) the decentralization of the midwifery training in two satellite schools at departmental level (Great North and Great South ), besides the central school in Port-au-Prince, enabled the retention of local capacities, proving an effective strategy to mitigate the country's brain drain due to the migration of trained midwives; (b) the operationalization of the 'last-mile' assurance, particularly the 'push-out' strategy, were critical to increase women's access to family planning; (c) South-South and triangular cooperation represented a critical lever for national capacity-building, particularly in data and statistics; (d) decentralized programme implementation, through partnerships with subnational governments and local non-governmental organizations (NGOs), accelerated programmatic results; (e) the absence of up-to-date and disaggregated data represents a limitation for planning, monitoring and advocacy, especially for the incorporation of the demographic dividend in public policies; (f) the provision of personal protection kits to health workers and remote training were key to ensuring the continuity of SRH and GBV services/care, mitigating the impact of the COVID-19 pandemic.

## II. Programme priorities and partnerships

14. The proposed country programme was developed in consultation with the Government, other United Nations organizations, civil society, donors, the private sector and affected populations, in line with a people-centred approach. It is aligned with national priorities, reflected in: Haiti's Strategic Development Plan (2012-2030); Post COVID-19 Economic and Recovery Plan (2020-2023); Health Master Plan (2021-2031), and other key national or sectorial policies and plans; ISF/One UN plan; UNSDCF 2023-2027; UNFPA Strategic Plan, 2022-2025; Montevideo Consensus and the voluntary national commitments on ICPD+25. The latter aim, among other things, to reduce maternal mortality to 140 per 100,000 live births, reduce unmet demand for family planning by 20 per cent, invest in youth and adolescents for their well-being, and prevent and respond to GBV. This country programme will build upon the national multisectoral coordination mechanism for the implementation and follow-up of the ICPD+25 voluntary national

commitments and the Montevideo Consensus to ensure a coordinated approach involving government, civil society organizations and academia. The programme will also build upon the recommendations the Government accepted at the Universal Periodic Review in January 2022, which factored in SRHR and the ICPD+25 voluntary national commitments. It will help in supporting the national implementation of Universal Periodic Review recommendations in synergy with the ICPD+25 voluntary national commitments.

15. The programme vision is that by 2027, women, adolescent girls and youth, particularly those living in poverty, with low levels of education, in rural and remote areas, as well as other left-behind populations (internally displaced, key populations and people with disabilities) will have increased access to high-quality family planning services, basic and essential healthcare, EmONC, integrated and multisectoral response to GBV, all within a bodily autonomy and respectful care dimension.

16. The programmatic entry point will be the reduction of preventable maternal deaths, as a longstanding human rights issue prioritized by the Government. UNFPA will contribute to strengthening the functioning of high-quality essential EmONC services (maternal and neonatal care, antenatal care, contraception and family planning, CSE, HIV/STI prevention, and post-partum care), emphasizing good referral systems at all levels, both in health facilities and communities, by trained healthcare providers. Building on the achievements of the current cycle, UNFPA will strengthen the role of midwives (matrons), promoting the ongoing nationwide midwifery programme. The programme has been revamped and extended to two local departments ( North and South ), contributing to increasing local capacities through the training of a new cadre of midwives with the required competencies and skills to ensure safe deliveries and timely referrals at community level, as well as promote the use of contraception and the empowerment of women and girls through SRH information and sexuality education. To increase the likelihood of women to make their own choices related to their SRHR, UNFPA will collaborate with other United Nations organizations promoting interventions to strengthen women's bodily autonomy, and physical and economic empowerment. Community engagement will be sought as a key strategy to support a functioning maternal death surveillance and response system at the departmental level and to ensure an uptake of family planning methods and violence reduction, particularly GBV, through the engagement of multiple actors (local women and youth-led organizations and representatives, religious leaders). This integrated approach will contribute to reducing preventable maternal deaths, and, through this, also to reducing unmet need for family planning and GBV.

17. The programme vision will be achieved through four interconnected outputs. Discriminatory gender and social norms will be addressed as a crosscutting strategy, by conducting qualitative analyses of predominant gender and social norms, to inform programme delivery strategies and shape information services, fostering behaviour change. Innovative people-centred approaches and high-impact strategies (setting-up of an interactive map for GBV services linked to the national hotline) will support programme implementation.

18. The programme has identified four accelerators: (a) human rights-based and gender-transformative approaches, by promoting human rights accountability; (b) partnerships, South-South and triangular cooperation, and financing to strengthen existing and new partnerships; (c) leave no one behind and reaching the furthest left behind first, through a focus on the poorest and most vulnerable groups, applying an intersectional perspective; (d) resilience-building of individuals, communities, and health and protection systems. Given the country's pressing humanitarian needs, UNFPA will prioritize humanitarian preparedness and response, ensuring the complementarity of interventions across humanitarian-development-peace contexts and strengthening United Nations coordination to build the resilience of institutions, communities and individuals to cope with recurrent disasters and emergencies, worsened by a heightened climate change impact.

19. The programme scope will be national and subnational, focusing on prioritized areas, based on the presence of populations in situations of greatest vulnerability. Cross-border cooperation with the UNFPA country office in the Dominican Republic will be strengthened to address the situation of pregnant women at the border. The implementation of the key strategic interventions

of the interconnected outputs will also contribute to building the resilience of marginalized communities and individuals, improve adaptation, and facilitate the effectiveness of the humanitarian-development-peace continuum.

20. Haiti will employ all modes of engagement, according to needs, with a particular focus on building strategic partnerships. While continuing to deliver essential SRH and GBV services, UNFPA will emphasize evidence-based advocacy and policy dialogue to increase financing for the SDGs (particularly SDG 3), as well as coordination, partnership and South-South and triangular cooperation to achieve greater impact. Partnerships will be leveraged with government institutions, other United Nations organizations, bilateral and multilateral cooperation, the private sector, academia, civil society and community-based organizations, including those of the furthest left-behind populations (people with disabilities) and the media.

**A. Output 1. Strengthened social protection services, including national health systems, that deliver high-quality essential SRH/family planning information and services, and multisectoral prevention and response to GBV for the most vulnerable women and adolescents, including those living with disabilities**

21. This output contributes to the three strategic plan outcomes and UNSDCF outcome 4 (access to equitable, inclusive and quality basic social services) by contributing to strengthening social protection policies and improving access and coverage of essential SRH and GBV services, based on a people-centred approach. Emphasis will be placed on doubling efforts to reduce maternal mortality, by increasing skilled birth attendance, through a combination of institutional and community-based strategies that rely on the deployment of midwives. UNFPA will support policy-level interventions to advance the implementation of existing policy frameworks and address policy gaps, while addressing financial barriers to accessing services by advocating for increased investment in health. UNFPA will contribute to strengthening multisectoral GBV prevention and response through enhanced implementation of the National Plan to Fight Violence against Women, 2017-2027.

22. *Key strategic interventions:* (a) evidence-based advocacy, policy dialogue, and technical assistance to the Ministry of Health to: (i) expand the availability of high-quality antenatal, delivery and postpartum care, according to international standards, in line with the Health Master Plan, including in disaster-prone areas, as part of the preparedness actions; (ii) develop, disseminate and use norms and standards of essential interventions in maternal health, including expanding high-quality EmONC services, with particular focus on pregnant women in rural areas and in border areas with the Dominican Republic; (iii) strengthen the midwifery programme, according to International Confederation of Midwives (ICM) standards, focusing on education, deployment and retention strategies and enhanced capacities for delivering SRH information and services; (iv) strengthen the functioning of the maternal death surveillance system and response, engaging SRH programme managers and key healthcare providers at all levels; (v) increase coverage and access of adolescents and young people to high-quality SRH, family planning, GBV and HIV/STI services free of discrimination; (vi) ensure the distribution of contraceptives and other SRH commodities to the ‘last mile’, including by scaling up the availability, accessibility and use of long-acting reversible contraceptives; (b) coordination with other United Nations organizations, national experts, NGOs and community-based organizations, for the implementation of the obstetric fistula strategy, family planning, HIV/AIDS/STI strategies; (c) technical assistance to strengthen the capacities of healthcare providers on norms and protocols, for better integration of medical and psychosocial services for GBV survivors; (d) coordination and communication strategies, in partnership with women-led and youth-led organizations, to promote the use of SRH, family planning services and GBV prevention and response, through increased awareness and knowledge of communities (including the national police, religious and community leaders, traditional birth attendants), on gender and social norms; (e) advocacy and policy dialogue for the development and implementation of public policies, and normative frameworks for the integration of SRH and GBV services targeting vulnerable women and girls; and (f) partnerships and United Nations coordination to enhance national investment in health and GBV and support the implementation of the social protection agenda.

**B. Output 2: Strengthened skills and opportunities for adolescents and youth, particularly those left furthest behind, to ensure their bodily autonomy, leadership and participation and contribute to the country's human capital, peace-building and social cohesion**

23. This output contributes to the three strategic plan outcomes and UNSDCF outcome 1 (security, governance and rule of law) and outcome 3 (new inclusive economic model focusing on young people and women) by strengthening skills and capacities of young people and their organizations to ensure their bodily autonomy and participate in decision-making. UNFPA will implement adolescent and youth empowerment initiatives, especially in areas affected by community violence, through the implementation of in-school and out-of-school CSE programmes that encompass prevention of HIV/AIDS/STI. UNFPA will target rural youth and those living in densely populated urban areas, internally displaced and affected by humanitarian crises as well as border areas, leveraging their role as key change agents, through the '4Ps' model (Participation, Protection, Prevention, Partnership). This will contribute to realizing their rights and enhancing governance and security.

24. *Key strategic interventions:* (a) advocacy and technical support for the development of a policy/strategy on adolescent pregnancy prevention, including (i) institutionalization of CSE in school settings, to empower adolescents and girls to make informed decisions and choices about their SRHR; (ii) development and implementation of out-of-school CSE programmes in prioritized communities around targeted health facilities; (iii) implementation of community programmes on the socio-economic reintegration of adolescent mothers, including social protection interventions supporting their reintegration into the formal school system and the establishment of support and care systems to ensure their well-being and that of their infants; (iv) advocacy to prevent child marriage and lower the legal age of marriage; (b) technical assistance to strengthen the capacities and skills of young people for peacebuilding initiatives, social cohesion and reduction of community violence, aligned to the youth, peace and security agenda; and (c) building the capacity of adolescents and youth on bodily autonomy, through positive masculinity approaches.

**C. Output 3: Strengthened national capacities for emergency preparedness and humanitarian assistance on SRH and GBV of people affected by multiple disasters, ensuring integration and complementarity of actions within the humanitarian-development-peace continuum**

25. This output contributes to the three strategic plan outcomes and UNSDCF outcome 5 (protection, social inclusion and resilience-building). In line with the existing capacities and national early warning mechanisms, UNFPA will focus on building the capacities of national institutions for emergency preparedness, early anticipatory action and humanitarian response, through the provision of lifesaving SRH and GBV services and interventions that build health systems and community resilience. UNFPA will work closely with key relevant ministries, the Directorate of Civil Protection, at national and departmental levels, civil society organizations, the United Nations development system and other international development organizations.

26. *Key strategic interventions:* advocacy, capacity development and service delivery to: (a) strengthen national capacities for preparedness, response and resilience to crises within the humanitarian, peace and development continuum, including pre-positioning of emergency supplies and kits as well as the Minimum Initial Service Package (MISP) on SRH; (b) ensure continuity of maternal and newborn health, family planning and GBV lifesaving services during emergencies and humanitarian situations; and (c) strengthen GBV coordination mechanisms to promote effective complementarity among humanitarian actors and ensure GBV referral pathways and standard operating procedures are in place.

**D. Output 4: Strengthened national capacities in quality disaggregated population data collection, analysis and dissemination, and the monitoring of megatrends, informing policies and programmes, particularly for SRH and GBV, within the humanitarian-development-peace continuum**

27. This output contributes to the three strategic plan outcomes and UNSDCF outcome 3 (new inclusive economic model focusing on young people and women) by strengthening the national statistical capacities, at national and departmental levels, to generate updated and disaggregated data in SRH and GBV that consider megatrends, particularly the demographic dividend, inequalities, climate change and migration, to inform evidence-based policies and programmes, while also tracking progress of national voluntary commitments in SRH, family planning and GBV.

28. *Key strategic interventions:* advocacy and policy dialogue, capacity development and coordination and partnerships to: (a) strengthen national capacities to conduct the fifth, population and housing census using a digital approach for the first time, in partnership with the Inter-American Development Bank and other institutions, as well as surveys and megatrends analysis (EMMUS VII, HMIS); (b) strengthen national capacity for the exploitation of administrative records, to assess progress, monitor and report on the 2030 Agenda (including voluntary national reports), Montevideo Consensus goals and the ICPD+25 voluntary national commitments; (c) establish a national database to generate knowledge on gender and GBV, building on the results of a study on GBV determinants; (d) promote and enhance a unified data collection and analysis system, including the mapping of GBV interventions and actors as well as geographic information mapping; (e) establish a knowledge platform to facilitate South-South and triangular cooperation between Haitian academic institutions (State University of Haiti, University Quisqueya, Centre de techniques de planification et d'économie appliquée), African Statistics schools (Centre d'Appui aux Ecoles de Statistique Africaines) and development partners, to train a new generation of data specialists, mitigating the impact of the brain drain.

### **III. Programme and risk management**

29. The programme will be implemented through various partners, including national and subnational governments, and multiple stakeholders, facilitating participatory joint planning and implementation of workplans with key partners, using the harmonized approach to cash transfers, following appropriate risk and capacity assessments. Implementing partners will be selected through competitive and strategic partnership approaches. UNFPA will engage other United Nations organizations through the UNCT operations management team to promote adapted common services and operational excellence.

30. To achieve programme results, domestic resources will be leveraged from various partners, including government institutions, multilateral organizations and bilateral donors (the United States, Canada, Luxembourg). UNFPA will capitalize on its experiences in positioning the three transformative results into the World Bank Global Financing Facility on maternal and newborn health and the social protection agenda while exploring the costing for the three transformative results as an additional element. It will also explore innovative resource mobilization strategies with the private sector and non-traditional donors, while consolidating partnerships with international finance institutions and multilateral organizations (World Bank, the Inter-American Development Bank, and the Global Fund to Fight HIV/AIDS). Coordination will be strengthened through joint initiatives/programmes with other United Nations organizations on social protection, youth, peace and security, emergency preparedness and response, and data collection, to ensure effective implementation of the UNSDCF 2023-2027 and the humanitarian response plans.

31. The country office human resources will be adjusted to the scale of delivery, building on the strengths of the existing structure and addressing key capacity gaps, particularly technical expertise in the empowerment of women and youth; resource mobilization and SDGs financing; strategic planning, monitoring and evaluation; and humanitarian preparedness and response. Additional project staff may be required, including international technical experts, project support

personnel and volunteers. Support will be requested, as needed, from the UNCT technical experts pool, UNFPA headquarters and regional offices or other country offices.

32. Key programmatic risks identified include: (a) barriers to provision and access to lifesaving SRH and GBV services in contexts of chronic violence and insecurity; (b) political instability; (c) a deteriorating economic situation amid the ongoing COVID-19 pandemic, leading to increased poverty and shifting government priorities.

33. To mitigate these risks, UNFPA will: (a) strengthen the work of implementing partners and collaborate with community-based organizations in hard-to-reach areas to increase inclusion and resilience of marginalized individuals and communities; (b) take specific measures to reduce staff exposure to insecurity by strictly complying with UNDSS recommendations and improving preparedness; (c) adapt to humanitarian situations under a ‘programme criticality’ approach to allocate resources, according to emerging priorities; (d) enhance greater synergy with other United Nations organizations within the UNSDCF and the Humanitarian Response Plan; (e) strengthen evidence-based advocacy and policy dialogue with national authorities for increased investment in the three transformative results for sustainable development in Haiti; and (f) enhance the adaptive management of the office as well as the implementation of audit recommendations.

34. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

35. UNFPA and the Government, through the Ministry of Planning and External Cooperation, will oversee programme planning, implementation, monitoring and review.

36. UNFPA will support interagency processes by engaging United Nations partners and providing strategic leadership in outcome and result groups as well as input to relevant UNSDCF plans and joint programmes, and related reviews, reporting and quality assurance, including UN-Info.

37. UNFPA and partners will jointly develop and implement a monitoring and evaluation plan, reflecting audit recommendations and management commitments. The plan will guide monitoring of risks, programme and financial performance, implemented through field visits, annual programme reviews, spot checks, audits and other assurance activities. Depending on the context, programme results monitoring will use various modalities, including in-person, remote and hybrid models, and will be further guided by lessons learned in the COVID-19 pandemic response.

38. A midterm review and final country programme evaluation will be conducted, contributing, where possible, to the UNSDCF evaluation. Thematic and project-specific evaluations, documentation of innovation and sharing of good practices will also be undertaken.

39. UNFPA will support national efforts to strengthen results-based monitoring, reporting and evaluation of the 2030 Agenda and the SDGs, the Montevideo Consensus, the ICPD Programme of Action and the ICPD+25 voluntary national commitments.

## RESULTS AND RESOURCES FRAMEWORK FOR HAITI (2023-2027)

| <b>NATIONAL PRIORITY:</b> Social transformation.   |  |  |  |  |
|--|--|--|--|--|
| <b>UNSDCF OUTCOME:</b> 4. The population, particularly vulnerable and marginalized groups, has better access to equitable, inclusive and quality basic social services, with an emphasis on respect for human rights, gender equality and disability inclusion, to strengthen the social contract.   |  |  |  |  |
| <b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.   |  |  |  |  |
| <b>UNSDCF outcome indicators, baselines, targets</b>   | <b>Country programme outputs</b>   | <b>Output indicators, baselines and targets</b>  | <b>Partner contributions</b>   | <b>Indicative resources</b>  |
| <p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio<br/><i>Baseline: 529 deaths per 100,000 live births;</i><br/><i>Target: 350 deaths per 100,000 live births (2031)</i></li> <li>Percentage of births attended by skilled health personnel<br/><i>Baseline: 42%; Target: 50%</i></li> <li>Proportion of married women aged 15-49 years who have unmet family planning needs<br/><i>Baseline: 38%; Target: 30% (2031)</i></li> </ul> <p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Percentage of service delivery points reporting no stock-out of any contraceptives<br/><i>Baseline: 57%; Target: 70%</i></li> </ul> | <p><u>Output 1:</u> Strengthened social protection services, including national health systems, that deliver high-quality essential SRH/family planning information and services, and multisectoral prevention and response to GBV for the most vulnerable women and adolescents, including those living with disabilities</p> | <ul style="list-style-type: none"> <li>Proportion of health facilities offering basic or comprehensive EmONC services with all essential functions and associated SRH services, supported by UNFPA<br/><i>Baseline: 50%; Target: 75%</i></li> <li>Number of midwives trained by midwifery schools at national and departmental levels, according to international standards, with UNFPA technical support<br/><i>Baseline: 300; Target: 700</i></li> <li>Number of national health facilities that offer at least 5 modern methods of contraception, including LARCs, with UNFPA support<br/><i>Baseline: 0; Target: 269</i></li> <li>Number of health facilities where fistula cases are detected and repaired, with UNFPA support<br/><i>Baseline: 1; Target: 5</i></li> <li>Number of departments with a functional maternal and perinatal death surveillance and response system, with UNFPA support<br/><i>Baseline: 0; Target: 5</i></li> <li>Number of health/social service providers trained by UNFPA in GBV prevention and response services, with a survivor-centred approach, focusing on those left furthest behind (women and adolescents, including persons with disabilities, and displaced people)<br/><i>Baseline: 0; Target: 280</i></li> </ul> | <p>Ministries of: Public Health and Population (MPHP), Women Condition and Rights; Youth, Sports and Civic Action; Social Affairs and Work; Public Work, Communication and Transport; Haitian National Police; State Secretaries of Population and Human Development; Integration of Persons with Disabilities; bilateral and multilateral donors; UN organizations; civil society and community organizations; professional associations; academia; private sector; the media</p> | <p>\$34.0 million (\$3.5 million from regular resources and \$30.5 million from other resources)</p> |
| <b>NATIONAL PRIORITY:</b> Social transformation; economic transformation   |  |  |  |  |
| <b>UNSDCF OUTCOME(S):</b> 1. Legitimate and accountable institutions guarantee the rule of law, good governance and respect for human rights. 3. A new inclusive economy model, fair, vector of new investments, growth and durability, conducive to fast creation of decent jobs with a focus on young people and women, capable to reduce substantially the poverty and the inequalities, is formulated, approved and implemented.   |  |  |  |  |
| <b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.   |  |  |  |  |
| <b>UNSDCF outcome indicators, baselines, targets</b>   | <b>Country programme outputs</b>   | <b>Output indicators, baselines and targets</b>  | <b>Partner contributions</b>   | <b>Indicative resources</b>  |
| <p><u>UNSDCF outcome indicator(s):</u></p>   | <p><u>Output 2:</u> Strengthened skills and opportunities</p>  | <ul style="list-style-type: none"> <li>Existence of an adolescent pregnancy prevention strategy that includes specific actions for CSE institutionalization in school</li> </ul>   | <p>Ministries of: Public Health and Population;</p>  | <p>\$12.0 million (\$1.3 million)</p>  |

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| <ul style="list-style-type: none"> <li>Progress towards a functional government that holds the trust of the people<br/><i>Baseline: No data; Target: Over 50% of the population has confidence in the Government</i></li> <li>Youth (15-24 years) unemployment rate<br/><i>Baseline: 17.9%; Target: 10%</i><br/><u>UNFPA Strategic Plan outcome indicator(s):</u></li> <li>The country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH care, information and education<br/><i>Baseline: No; Target: Yes</i></li> </ul> | <p>for adolescents and youth, particularly those left furthest behind, to ensure their bodily autonomy, leadership and participation and contribute to the country’s human capital, peace-building and social cohesion</p>              | <p>and out-school settings, elaborated with UNFPA technical support<br/><i>Baseline: No (2022); Target: Yes</i></p> <ul style="list-style-type: none"> <li>Number of youth-led or women-led organizations, particularly from the furthest left-behind populations, including HIV/STI key populations, which have benefited from UNFPA capacity-building initiatives to increase their bodily autonomy, leadership, and participation<br/><i>Baseline: 0; Target: 10</i></li> <li>Number of UNFPA-supported community programmes that promote the socio-economic integration of adolescent girls, including social protection interventions supporting the reintegration of adolescent mothers into the formal school system<br/><i>Baseline: 0; Target: 5</i></li> <li>Number of youth-led initiatives supported by UNFPA that aim to increase the capacities and skills of young people for peacebuilding, social cohesion and community violence reduction.<br/><i>Baseline: 0 (2022); Target: 20</i></li> </ul> | <p>Women Condition and Rights; Youth, Sports and Civic Action; Planning and External Cooperation; Social Affairs and Work; the State Secretaries of: Population and Human Development; Integration of Persons with Disabilities; international development organizations; bilateral and multilateral donors; other UN organizations; civil society and community organizations; professional associations; academia; private sector; the media</p> | <p>from regular resources and \$10.7 million from other resources)</p>                               |
| <p><b>NATIONAL PRIORITY:</b> Multidimensional risk management, environment and territorial development</p>   |   |  |  |  |
| <p><b>UNSDCF OUTCOME:</b> 5. Information systems and financial mechanisms and normative frameworks sensitive to gender, protection and social inclusion are put in place to help state authorities, local communities and other relevant national actors to pilot and coordinate public policies to build resilience based on risk management, territorial governance and environmental management.</p>  |   |  |  |  |
| <p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>  |   |  |  |  |
| <p><b>UNSDCF outcome indicators, baselines, targets</b></p>  | <p><b>Country programme outputs</b></p>   | <p><b>Output indicators, baselines and targets</b></p>   | <p><b>Partner contributions</b></p>  | <p><b>Indicative resources</b></p>   |
| <p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Existence of national risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction (2015-2030)<br/><i>Baseline: No; Target: Yes</i></li> <li>Percentage of births attended by skilled health personnel (SDG 3.1.2)<br/><i>Baseline: 42%; Target: 50%</i><br/><u>Related UNFPA Strategic Plan outcome indicator(s):</u></li> <li>Percentage of service delivery</li> </ul>   | <p><u>Output 3:</u> Strengthened national capacities for emergency preparedness and humanitarian assistance on SRH and GBV of people affected by multiple disasters, ensuring integration and complementarity of actions within the</p> | <ul style="list-style-type: none"> <li>Number of humanitarian actors who have benefited from strengthened preparedness and response capacities in MISP, GBV and adolescent SRH in emergencies, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030<br/><i>Baseline: 151; Target: 400</i></li> <li>Number of GBV case workers who have their capacities strengthened for the provision of quality GBV case management services, disaggregated by departments, with UNFPA’s support<br/><i>Baseline: 0; Target: 300</i></li> <li>Number of functional SOPs or referral pathways updated to enable a high-quality survivor-centred approach that includes ethical standards and protocols for information sharing<br/><i>Baseline: 0; Target: 10</i></li> </ul>   | <p>Ministries of: Economics and Finance; Planning and External Cooperation; Haitian Institute of Statistics and Informatics; Public Health and Population; Women Condition and Rights; State Secretary for the Integration of Persons with Disabilities; Population and Human Development; bilateral</p>   | <p>\$14.0 million (\$1.5 million from regular resources and \$12.5 million from other resources)</p> |

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| points reporting no stock-out of any contraceptives<br><i>Baseline: 50%; Target: 62%</i>   | humanitarian-development-peace continuum   | <ul style="list-style-type: none"> <li>Number of women, adolescent girls, youth and men, including persons with disabilities, accessing SRH and GBV services in a humanitarian context, including cash assistance, aligned with UNFPA programming principles<br/><i>Baseline: 0; Target: 100,000</i></li> <li>Existence of a safe and ethical national information management system for GBV data sharing and case management, established through inter-agency mechanisms<br/><i>Baseline: No; Target: Yes</i></li> </ul>  | and multilateral donors; international development organizations; UN organizations; civil society and community organizations; academia; private sector; the media.   |  |
| <b>NATIONAL PRIORITY:</b> Economic transformation, institutional transformation  |  |   |   |  |
| <b>UNSDCF OUTCOME:</b> 3. A new inclusive economy model, fair, vector of new investments, growth and durability, conducive to fast creation of decent jobs, with a focus on young people and women, capable to reduce substantially the poverty and the inequalities, is formulated, approved and implemented. |  |   |   |  |
| <b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.           |  |   |   |  |
| <b>UNSDCF outcome indicators, baselines, targets</b>   | <b>Country programme outputs</b>   | <b>Output indicators, baselines and targets</b>   | <b>Partner contributions</b>  | <b>Indicative resources</b>  |
| <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> <li>The country has conducted at least one population and housing census during the last 10 years<br/><i>Baseline: No; Target: Yes</i></li> </ul>   | <b>Output 4:</b> Strengthened national capacities in high-quality disaggregated population data collection, analysis and dissemination, and the monitoring of megatrends, informing policies and programmes, particularly for SRH and GBV, within the humanitarian-development-peace continuum | <ul style="list-style-type: none"> <li>Number of governmental institutions at national and departmental levels with strengthened capacities to generate, analyse, disseminate and utilize disaggregated data, including georeferenced data, on population dynamics, SRH, GBV, and harmful practices, within the humanitarian-development continuum<br/><i>Baseline: 0; Target: 10</i></li> <li>Number of UNFPA-supported research papers on linkages between sexual and reproductive health, population dynamics, megatrends and sustainable development used for decision-making<br/><i>Baseline: 15; Target: 25</i></li> <li>Percentage of annual reports produced by national ICPD coordination mechanisms that report progress on the implementation of the ICPD+25 voluntary national commitments and the Montevideo Consensus.<br/><i>Baseline: 0%; Target: 100%</i></li> <li>Existence of a census project developed with UNFPA technical support, validated by the Government<br/><i>Baseline: No; Target: Yes</i></li> </ul> | Ministries of: Public Health and Population; Women Condition and Rights; the State Secretary for the Integration of Persons with Disabilities; the Directorate of Civil Protection; bilateral and multilateral donors; international development organizations; UN organizations; civil society organizations; academia; private sector; the media. | \$9.0 million (\$0.9 million from regular resources and \$8.1 million from other resources)<br><br>Programme coordination and assistance: \$1.0 million from regular resources |