World Vision
Pour les enfants

2016-2017

Child Well-Being Report

World Vision Haiti

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ACRONYMS

ACE	Adverse Childhood Experience
ACP	Agent Communautaire Polyvalent
ACRP	Annual Community Review and Planning
ANC	Antenatal Care
AP	Area Program
ARI	Acute Respiratory Infection
ASEC	Assemblée de la Section Communale
AY	Adolescent and Youth
BSEIPH	Bureau du Secrétaire d'État à l'Intégration des Personnes Handicapées
CAG	Community Action Group
CASA	Comité d'Action et de Suivi d'Assainissement
CASEC	Conseil d'Administration de la Section Communale
CAY	Children, Adolescent and Youth
CDC	Centers for Disease Control and Prevention
CESP	Community Engagement and Sponsorship Plan
CFS	Child Friendly Space
CLTS	Community-Led Total Sanitation
CMAM	Community-Based Management of Acute Malnutrition
CMT	Crisis Management Team
CNSA	Coordination Nationale de la Sécurité Alimentaire
CP1	Central Plateau 1 (cluster)
CP2	Central Plateau 2 (cluster)
CPA	Child Protection and Advocacy
CS	Child Survival
CSO	Child Survival Officer
CVA	Citizen Voice and Action
CWB	Child Well-Being
CWBO	Child Well-Being Outcome
CWBT	Child Well-Being Target
CWBR	Child Well-Being Report
DHS	Demographic and Health Surveys
DINEPA	Direction Nationale de l'Eau Potable et de l'Assainissement
DME	Design, Monitoring and Evaluation
EGRA	Early Grade Reading Assessment
FAES	Fonds d'Assistance Economique et Sociale
FGD	Focus Group Discussion
FY	Fiscal Year
GBV	Gender-Based Violence
GIK	Gifts in Kind
GoH	Government of Haiti
GTPE	Groupe de Travail Protection de l'Enfant
GRRT	Global Rapid Response Team
HDDS	Household Dietary Diversity Score
HH	Household
IBESR	Institut du Bien-Etre Social et de Recherches
IPC	Integrated Food Security and Humanitarian Phase Classification
ITAW	It Takes a World
L&G	Learning and Growth

LEAP 3	Learning, Evaluation, Accountability and Planning 3rd Edition
LMMS	Last Mile Mobile Solutions
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MCHN	Maternal and Child Health and Nutrition
MENFP	Ministère de l'Education Nationale et de la Formation Professionnelle
MOU	Memorandum of Understanding
MSPP	Ministère de la Santé Publique et de la Population
MT	Metric Ton
MVC	Most Vulnerable Children
MVHH	Most Vulnerable Households
N/A	Not Applicable
NEPRF	National Emergency Preparedness and Response Fund
NFI	Non-Food Item
NGO	Non-Government Organization
NO	National Office
ODF	Open Defecation Free
OREPA	Office Régional de l'Eau Potable et Assainissement
ORT	Oral Rehydration Therapy
PAF	Program Accountability Framework
PD	Positive Deviance
PESRT	Program Effectiveness Self-Review Tool
PIH	Partners in Health
PNSF	Private Non-Sponsorship Funding
PPI	Progress out of Poverty Index
PPS	Probability Proportional to Size
PST	Program Support Team
RC	Registered Children
RDMT	Regional Disaster Management Team
RUTF	Ready-to-Use Therapeutic Food
S.O.	Strategic Objective
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goals
SES	Socio-Economic Survey
SLT	Senior Leadership Team
TA	Technical Approach
TP	Technical Program
ttC	Timed and Targeted Counseling
U5	Under 5 years old
UNC	University of North Carolina at Chapel Hill
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USD	United States Dollar
WASH	Water, Hygiene and Sanitation
WFP	World Food Programme
WVH	World Vision Haiti
X^2	Chi-Squared Test
YHBS	Youth Healthy Behavior Survey

NATIONAL DIRECTOR FOREWORD

Over the last two years WVH has seen incredible movements in making sustainable impact in the lives of thousands of Haitian children, their families and their communities. Aligned with Our Promise 2030, we have streamlined and focused our national strategy and have focused on only a few technical areas so we are able to get greater impact faster in the lives of the most vulnerable children. One of our most important accomplishments in the last two years has been the completion of our baseline. This study allows us now to quantifiably determine the most vulnerable children. It also tells us which criteria are the most urgent and impactful in helping these children and families raise themselves out of extreme vulnerability. Using the data from the baseline, we have already adjusted our work to become more effective in getting transformation in the lives of the most vulnerable children.

Some examples of transformation that you are will see in the report are:

1. Over 271,000 children are being sustainably dewormed;
2. 161,430 people have been provided sustainable access to clean water; and
3. Nearly 30,000 people have self-dug latrines and over 26 communities are open defecation free (cholera free) because of our support.

In the last two years, Haiti has also experienced two major Cat 3 disasters. Both of the emergencies have severely impacted many of our APs, which are already in some of the most vulnerable areas of Haiti. The first of these shocks was a food crisis, which was the culmination of three years of drought, saw thousands of children in WVH AP areas suffer from acute malnutrition and we were able to rehabilitate 1,540 children from the effects of this debilitating condition. Hurricane Matthew struck the island in early October 2016 and affected over 1.4 million people of which WVH assisted over 246,000 of the most affected people with more than 550,000 humanitarian servings.

Our team has also seen tremendous improvements in our stewardship during this same time. These efficiency gains have freed up much more money for our actual programs. Support Costs have reduced from 26% in FY16 to 17.5% in FY17.

More resources, greater focus, more motivated and committed staff and better impact data and decision-making tools are leading us to see much greater impact in the lives of the most vulnerable children we serve. I hope that you enjoy this report and celebrate all of the changed lives we have contributed to over the last two years. We look forward to working together with you in the coming years to see even greater success as we fine-tune and deepen our work with the most vulnerable children of Haiti.

Peace,

John Hasse
National Director
World Vision Haiti

EXECUTIVE SUMMARY

WVH is a Christian organization working with the poor and oppressed to promote transformation, seek justice and most importantly improve the well-being of children. Our aim is to build up communities where children, adolescents and youths are heard, grow in wisdom and stature and enjoy life in all its fullness. Unlike other organizations that alleviate poverty and deliver life-saving supplies, WVH seeks to empower communities, transform relationships and build long-lasting changes that remain in the communities for generations to come.

FY16-17 marks the beginning of our new strategic cycle where WVH intentionally tackles issues limiting children's ability to survive and live out life in all its fullness. Our focus is to contribute to children being well-nourished, enjoying good health and protected from infection by targeting the root causes for malnutrition, morbidity and mortality, increasing basic health, nutrition and WASH services as well as promoting behavior change essential to sustainable CWB.

This report provides a snapshot of the main vulnerability conditions in Haiti and summarizes the achievements WVH has been able to contribute to improving Haiti's CWB during the first two years of its country strategy and LEAP 3 implementation through its long-term development and emergency response programs. The key successes we want to celebrate are:

5% U5 children with wasting across Haiti compounded by large scale El Niño food and nutrition crisis that rendered 3.7 million people food insecure.	WVH screened more than 12,000 U5 children and successfully helped 1,540 SAM and MAM children under the age of 5 recover from wasting.
34.6% of U5 children receive routine growth monitoring exposing them to increased risks to preventible illnesses when critical medicines and vitamins are not received.	WVH dewormed 271,001 school age children through rally posts and nation-wide deworming and vitamin A campaigns.
Only 56.9% of U5 children have received at least one dose of vaccines.	WVH increased vaccination coverage for more than 10,268 U5 children in hard to reach areas through 1,025 rally posts.
51.4% of HHs in all WVH APs have access to water from improved sources within 30 minutes walking distance.	WVH supported the rehabilitation and construction of 144 water points bringing clean water access to 161,430 people in communities and 15,285 students in schools.
19.6% of U5 children suffer from diarrhea.	WVH successfully helped 12,721 HHs (28.2% of AP population) practice water treatment at home
46.9% of HHs practice open defecation.	WVH mobilized 5,752 HHs (12.8% of AP population) to build their own latrines using local materials and contributed to 26 communities achieving zero open defecation.
2.1 million people were affected by Hurricane Matthew of which 1.4 were in urgent need of humanitarian aid.	WVH delivered 551,473 humanitarian servings of life-saving and resilience building aid to hurricane affected families.

INTRODUCTION

Overview

WVH's FY16-17 CWBR demonstrates the progress of child well-being in its program intervention areas and where possible, how WVH is contributing to the improvement of child well-being in Haiti. This is WVH's first report on its child well-being accomplishments and contributions since the implementation of LEAP 3 and its 2016-2021 national strategy.

To focus WVH's ministry for greater impact (Strategic Imperative 2 of Our Promise 2030), WVH's national strategy has been designed in a graduation approach, where only one of its three strategic objectives is implemented at a time. In each strategic objective, WVH focuses on a set of prioritized sectors for its ministry and aims to graduate to subsequent strategic objectives when key strategic indicators reach graduation thresholds defined in the national strategy. From FY16-21, WVH is focusing its ministry in Child Survival (CS), which includes the health, nutrition and WASH sectors. However, a few small scale pilot projects were also conducted for some sectors included in strategic objective 2 (Learning & Growth or L&G) to explore the most effective ministry approaches for the Haiti context. Hence, this report captures a snapshot of child well-being progress for CS and pilot results for some L&G sectors.

Through its various interventions, WVH was able to impact approximately 506,606 children (335,373 through its development programs in APs every year and 171,233 through emergency response programs in both APs and non-APs during both years combined).

Similar to Table 1 below, data presented for key indicators in all graphs and most tables throughout this report will have the corresponding global or NO-defined thresholds included as color lines and color highlights respectively. Indicator proportions falling under the critical threshold will be marked in red while indicator proportions within the action required or above the acceptable thresholds will be marked in yellow and green respectively.

Table 1. Key Indicators Included in the FY16-17 CWBR

S.O.	Indicator	Horizon Code	Data Source	Status[1]
1	Proportion of children receiving minimum dietary diversity	C1A.0022	SES	72.3%
1	Proportion of children exclusively breastfed until 6 months of age	C1A.0047	SES	60.3%*
1	Proportion of HHs with U5 children who have access to vegetables and fruits through home gardens or exchange between families	C1A.21772	SES	37.2%
1	Proportion of U5 children with diarrhea who received correct management of diarrhea	C1B.0275	SES	49.0%*
1	Proportion of U5 children with acute respiratory infection were taken to appropriate health provider	C1B.0072	SES	25.1%*
1	Proportion of U5 children attending Growth Monitoring and Promotion	C1C.16551	SES	34.6%
1	Proportion of U5 children with vaccination card	N/A	SES	56.9%

[1] The indicator proportions shown on this table are TP level findings. Statuses marked with a star (*) are compared against global triggers for action, while those without stars are compared against NO-defined thresholds applicable only to Haiti.

S.O.	Indicator	Horizon Code	Data Source	Status[1]
1	Proportion of infants whose birth was attended by skilled birth attendant	C1C.0152	SES	53.8%*
1	Proportion of mothers who report that they had four or more antenatal visits while they were pregnant with their youngest child	C1C.0156	SES	72.9%*
1	Proportion of HHs with sufficient drinking water from an improved source	C1B.0107	SES	51.4%*
1	Proportion of parents or caregivers with appropriate hand-washing behavior	C1B.0128	SES	84.7%*
1	Proportion of HHs with access to affordable and appropriate treatment methods for HH drinking water (chlorine)	C1B.21771	SES	24.1%
1	Proportion of HH using improved sanitation facilities	C1B.0114	SES	43.9%*
1	Proportion of health facilities with functional and accessible (improved) water source	C1B.21775	WASH in facilities	32.0%
1	Proportion of school facilities with function and accessible (improved) water source	C1B.21776	WASH in facilities	22.3%
1	Proportion of youths and adolescents who report that their views are sought and incorporated into the decision-making of local government	C4D.0094	YHBS	6.6±0.6%
1	Proportion of youths and adolescents who report that their views are sought and incorporated into the decision-making of communities	C5A.22053	YHBS	10.1±0.7%
2	Proportion of parents or caregivers who apply physical punishment to discipline a child	C4A.0187	SES	76.3%
2	Proportion of AY who feel like their community is a safe place	C4A.0198	YHBS	60.7±1.2%
2	Proportion of AY who know of the presence of services and mechanisms to receive and respond to reports of abuse, neglect, exploitation or violence against children	C4A.0219	YHBS	61.6±1.2%
2	Proportion of AY who use the services and mechanisms to receive and respond to reports of abuse, neglect, exploitation or violence against children	N/A	YHBS	14.8±0.9%
2	Proportion of children under 5 whose births were registered	C4C.0080	SES	71.6%*
2	Proportion of children in grade 3 mastering oral reading and reading comprehension[2]	N/A	EGRA	6.9% (C) 1.7% (F)

The results and analyses included in this report will mostly be at the TP level, which during FY16-17 includes 20 APs across 4 clusters (for a list of WVH APs included in this report along with their basic

[2] As Haiti has two languages of instruction, reading comprehension levels for Creole are marked with (C) and for French with (F).

information, please refer to the Annex section). Cluster and AP level results will only be highlighted in case of significant geographic differences.

Learning

The FY15 CWBR allowed WVH to identify priority interventions to focus on during the outset of TP implementation until baseline findings became available. Recommendations from previous reports were used to improve capacity building plans and fine-tune WVH's development approach and baseline design as TP implementation commenced. Specific actions taken for the key reporting and programming recommendations are identified in Table 2 below.

Table 2. Implementation of CWBR Recommendations from the Previous Year

Recommendations	Actions Taken
Improve M&E system to ensure baseline, evaluation and monitoring data can be used to demonstrate progress and change	With the TP design, WVH revised its M&E plan and framework to ensure consistent progress and impact monitoring that contribute to evidence-based decision-making. Standard indicators are used across all of its APs as well as some special projects and grants, when feasible. This allows for aggregation at the national level as well as comparison over time. WVH's TP indicators can be found on Horizon and include CWBT, CWBO and NO defined indicators.
Use standard indicators	
Show results in "Key Outcome Indicators" table to provide readers with snapshot of current progress	As intermediate monitoring via a LQAS study has not yet been conducted, the Key Indicators table includes baseline findings acquired through the 2016-2017 LEAP 3 baseline study but the strategic objective section includes routine monitoring data to demonstrate progress.
Include subheadings and sources for graphics	The source for all the graphs and figures are from WVH primary data that can be found in the LEAP 3 baseline report and the Hurricane Matthew Response one year report. These reports can be found in the Annex section. All photos included in this reported are taken by WVH during intervention implementation in 2016-2017.
Link SDGs to each strategic objective	The SDGs linked to each strategic objective have been identified in the corresponding objective sections. SDG indicators that WVH is contributing to can be found in the Annex section.

Context

During FY16-17, Haiti was afflicted by a series of rapid and slow onset disasters that affected millions of people in very vulnerable areas throughout the country. WVH responded to two Category 3 emergencies—El Niño food and nutrition crisis and Hurricane Matthew; the latter of which is considered as the largest humanitarian emergency in Haiti since the earthquake of 2010 and has an emergency response program that is currently active and will remain so until late FY18.

While the food and nutrition crisis did not affect existing programs in significant ways, Hurricane Matthew did lead to a temporary halt of most development program activities in early FY17. This not only exacerbated the vulnerability conditions across the country but especially hampered child well-being progress on the island of La Gonave, which has experienced impacts of at least one natural disaster every year.

In 2016, Haiti experienced widespread unrest throughout the country that resulted from numerous large scale violent protests against presidential run-off election postponement, fraud allegations, poll annulment, parliamentary election postponement, etc. After more than a year since the first round of elections took place, the GoH shut down many schools and cleared out government-designated temporary shelters to make space for election centers. Security concerns throughout the entire year of 2016 and politicization of activities by local authorities and community leaders who were running for office led to some movement restrictions and programming intervention delays. Implementation delays and gaps were mostly caught up in the following year.

About the Data

The FY16-17 CWBR was developed by a multi-functional team composed of technical specialists, Advocacy, DME, Strategy, CS TP, Communications and Finance staff with leadership and support from the SLT. The draft report generated by the multi-functional team underwent an internal review and validation process that involved all senior leaders and technical leads. Feedback and recommendations collected were integrated into a revised report that was then submitted to the PST for a further review prior to final submission.

Five types of data sources were used to develop this report: WVH's LEAP 3 baseline, TP and AP annual reports, program implementation and monitoring data, AP transition evaluation reports[3] and external secondary data such as DHS and government reports. WVH's LEAP 3 baseline includes data from a HH level census in all program areas using the SES tool[4], a population-based sample of youths using the YHBS tool, a beneficiary-based purposive sample of school and health facilities using the WASH in facilities tool developed by UNC, and a population-based sample of grade 3 students using the EGRA tool.

All of WVH's primary data presented in this report were captured during FY16-17, as recommended by the reference guide for CWBRs. For all the analysis presented in this report based off primary data collected by WVH during its most recent baseline study, the following is noted:

- HH data was collected through a census approach across 45,151 HHs and therefore the data represents 100% of the population within WVH's intervention areas;
- AY data was collected from a population-based sample of 6,371 AYs selected using the PPS random sampling approach across 20 APs and therefore:
    - Confidence intervals included in this report that represent a 99% confidence level and 1% margin of error at TP level;
    - Wherever cluster level findings are presented for geographic comparison, these represent a 99% confidence level with a 3% margin of error;
    - Although AP findings are not presented in this report, AP sample sizes ensured 95% confidence level and 5% margin of error; and
    - Comparison between boys and girls as well as RCs and non-RCs were done through X^2 tests and when statistically significant differences exist, they are presented throughout this report along with the disaggregated findings of boys and girls or RCs and non-RCs.
- WASH data from schools and health centers was collected from a purposive sample of WVH's 291 partner schools and 25 health centers and therefore no confidence intervals are provided as findings are only applicable to the sampled facilities and not generalizable to broader populations.

Primary qualitative data collected in FGDs conducted for four transition evaluations during FY16-17 were collected through a total of 16 homogenous group discussions with AYs, local authorities, faith leaders

[3] As the AP transition evaluations were conducted during the period of baseline study, it utilizes baseline quantitative data and other FGD data to determine readiness for AP transition. The AP transition evaluation reports that informed this CWBR are not end of program reports but rather transition recommendation reports.

[4] A World Bank tool piloted, validated and contextualized for Haiti by WVH.

and parents separately. Four FGDs were conducted per AP, each consisting of approximately 12 participants.

Due to the large amount of tools and data collected per tool, baseline data collection occurred throughout a period of 18 months during which some communities were visited more than eight times. Near the end of this period, WVH staff noticed a rise in community fatigue and found it necessary to postpone some remaining components of the baseline as well the LQAS monitoring that was originally scheduled for late FY17. As a result, the progress data included in this report represent aggregates from routine monitoring as outcome monitoring data will not be available until FY18.

As WVH is a LEAP 3 office that started implementation of its TP during FY16, no change data is presented in this report since baseline data collected for LEAP 3 could not be compared to previous existing end of project or program evaluations due to indicator and sampling parameter differences. Where possible, however, FGD findings from recent AP transition evaluations have been included to gauge whether and what level of progress has been made.

Wherever feasible, all data presented is compared against international and Haiti-specific thresholds, the latter of which was defined by the NO technical team based on GoH and other standards. Whenever NO-defined thresholds are used in graphs, graph titles are marked with a star (*).

All tables showing the frequencies of HH, children, and parent/caregiver indicators 1) include cluster and TP level data that originate from the SES HH census and 2) represent the total number of HHs, children or parents in all of WVH APs practicing a specific behavior or having specific access identified by the corresponding indicator. As one of WVH's APs does not belong to any cluster, the TP level numerical figures found in each indicator table will be less than the sum of all the cluster level numerical figures.

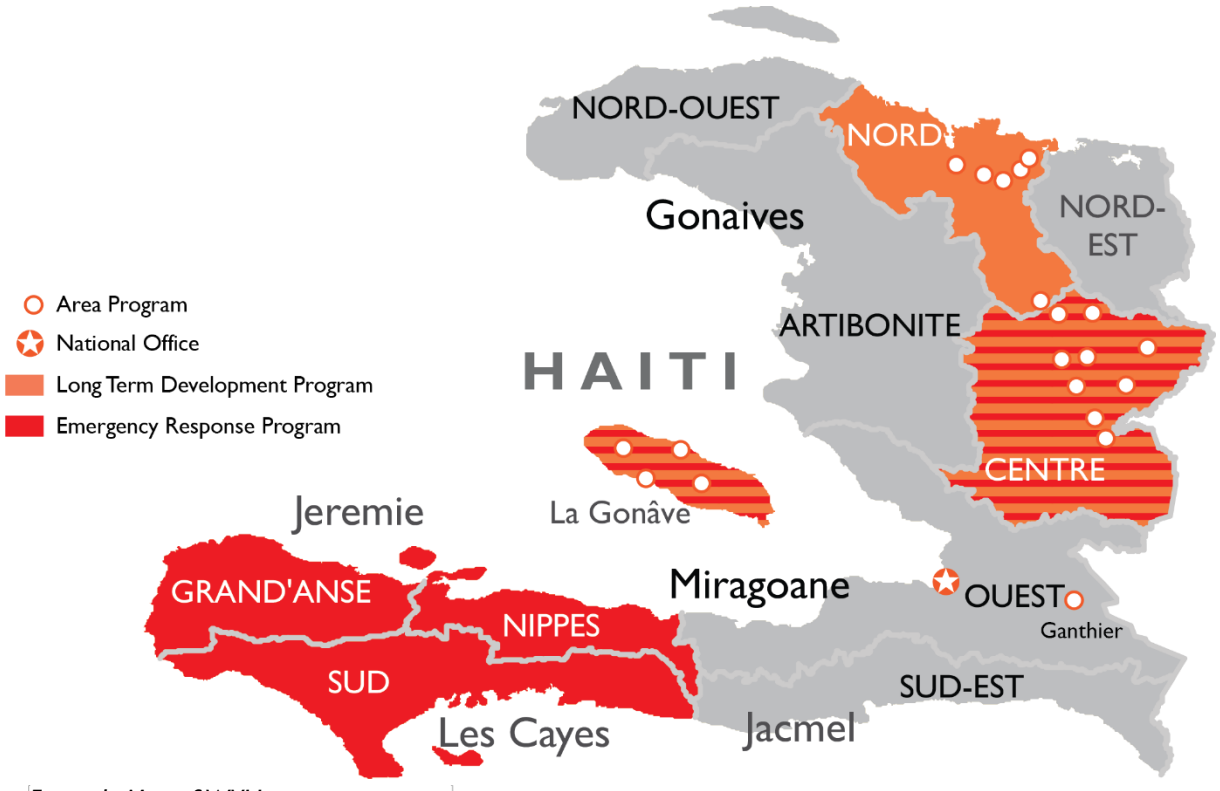


Figure 1. Map of WVH intervention areas.

STRATEGIC OBJECTIVES

Strategic Objective 1 – Child Survival

Child Survival: Children and Adolescents enjoy maintained necessary nutrition and health.

Children are well nourished	Children enjoy good health	Children are protected from infection

CWBT:
- Increase in children protected from infection and disease.
- Increase in children who are well-nourished.

CWBO:
- Children are well-nourished.
- Children are protected from infection, disease and injury.
- Children and their caregivers access essential health services.
- Children are respected participants in decisions that affect their lives.

SDG:

SUMMARY OF LOGIC CHAIN

Problems	Root causes	WV Approaches
• High levels of child malnutrition • High prevalence of water-borne preventable diseases • High infant mortality rate	• Limited availability of health services • Low vaccination coverage • Inadequate newborn and infant feeding/care practices • Inadequate food supply and intake • Low access of improved water sources • Low access of sanitation facilities	• Health & growth monitoring and ttC • PD Hearth and CMAM • CVA • CLTS and Integrated Water, Sanitation and Hygiene

KEY INFORMATION

Number of projects	20 CS technical projects, 6 PNSF special projects, 2 grants
Technical staffs	16 staff including Head of CS TP, Sector Advisors, Campaign Coordinator, WASH Engineers, Community Engagement Coordinators and Child Survival Coordinators
Budget spent[5]	Sponsorship: $18,010,753 (88%) Grants: $789,643 (4%) PNSF: $1,684,845 (8%) GIK value: $1,620,873
Key partners	MSPP, DINEPA/OREPA, MENFP, Projet Papillon, PIH, Care, Medishare, Concern Worldwide, local authorities (CASEC & ASEC), partner schools, St. Joseph Clinic, CNSA, faith leaders, AYs
Scale of programming	263,146 children have been impacted through the CS technical projects, PNSF special projects and grants

RESULTS & ANALYSIS

The results and analyses presented in this section are comprised of LEAP 3 baseline data and WVH's routine monitoring data collected during its first two years of CS TP implementation. All the HH level

[5] Budget spent is the total for FY16-17 and percentages per funding type are calculated without GIK value.

indicator baseline findings were obtained through the SES census across all of the 45,151 HHs in WVH's 20 APs, while AY indicators were collected through a sample and analyzed by gender and RC status (statistically significant differences between boys and girls and between RCs and non-RCs revealed through X^2 tests are presented in this report). Gender and RC status disaggregation is not available for HH and facility level data. WASH indicators for schools and health facilities were calculated from primary data collected through a sample of partner schools and health centers and thus are not generalizable beyond WVH's partners in APs[6].

As outcome monitoring is planned for mid-FY18 and not yet available for this report, routine monitoring data has been included in this report to supplement the baseline findings and demonstrate progress toward the objective. This section is organized by sectors to provide a more holistic view of the vulnerable child well-being situation and WVH's contribution to progress in the aspects of nutrition, health and WASH. A separate sub-section on CAY participation is included to demonstrate WVH's approach in promoting development through CAY.

Nutrition

While the 2012 DHS report for Haiti indicates that Haiti's U5 children malnutrition rates are 22% for stunting, 5% wasting and 10% underweight, seasonal droughts and food insecurities are common in Haiti and sometimes these even amount to large scale food crises that impacts millions of people. To sustainably address root causes of food insecurity related malnutrition, WVH finds it necessary to focus on the rehabilitation and recovery of malnourished children as well as the prevention of malnutrition. To prevent malnutrition, WVH took a closer look at the common root causes of malnutrition in Haiti, i.e. food access and child nutrition practices indicators across all of its APs. These indicators are: proportion of children receiving minimum dietary diversity, proportion of HHs with U5 children who have affordable access to fruits and vegetables, and proportion of children exclusively breastfed until 6 months of age.

Graph 1. Proportion of HHs Receiving Minimum Dietary Diversity*

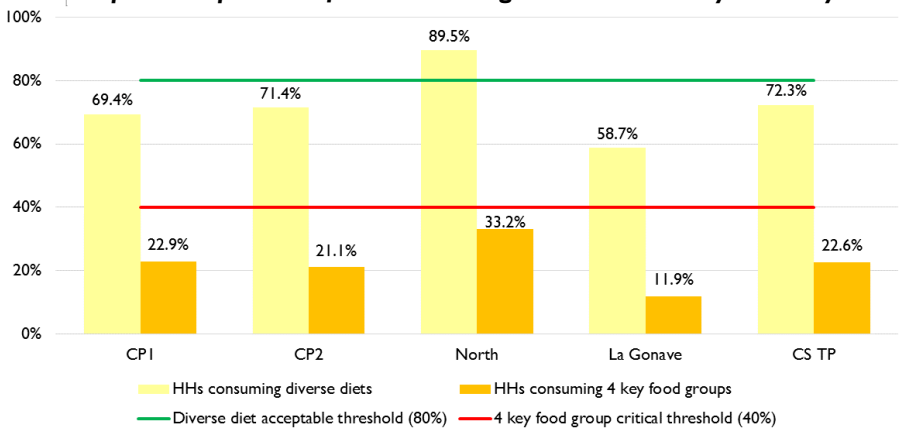


Table 3. Number of HHs Receiving Minimum Dietary Diversity

	CP1	CP2	North	La Gonave	CS TP
Diverse Diets	1,400	1,355	1,252	786	4,952
4 Key Food Groups	479	400	464	159	1,545

The SES census survey of all the HHs in WVH's intervention areas of food consumption using HDDS food groups revealed that of the 6,846 HHs with children between the ages of 6-23 months, 72.3% of HHs consumed 7 food groups or more, of which 46.7% are consuming moderately diversified diets (7-9 food groups) and 25.6% are consuming balanced diets (10-12 food groups). While 72.3% of HHs with minimum dietary diversity is close to the NO-defined acceptable threshold of 80%, a more in depth analysis of the consumption of the four key food groups that are highly recommended for children 6-23 months of age for their nutritional value, i.e. roots and tubers, vegetables, fruits and meats, reveal that only 22.6% of all HHs with children in this age group are consuming foods that are nutrient rich and key for physical and mental development. While

[6] Purposive sampling was adopted for WASH data collection in schools and health centers for programmatic reasons in order to avoid raising expectations with institutions that WVH does not have the capacity to work with without creating or reinforcing dependency.

all clusters have 4 key food group consumption levels in critical condition, of all the clusters (as shown in Graph 1) La Gonave has the lowest dietary diversity and four key food group consumption rates among HHs with children 6-23 months of age. This corresponds to the challenging context that sets La Gonave apart from the other clusters, wherein only 7% of the island (48.19 km^2 of 689.62 km^2) is arable, water salinity conditions reduce the availability of drinking and agricultural water, and long drought periods that can last up to seven months of the year and affect food cultivation. These three conditions combined lead to high food insecurity risks for La Gonave. Conversely, the North has slightly better dietary diversity rates due to relatively better infrastructure and livelihood conditions compared to the other clusters.

To combat food insecurity and the spike in U5 wasting cases that occurred in mid-FY16 due to prolonged droughts in various parts of the country, WVH conducted a large scale nutritional screening of more than 12,000 U5 children in the CP1, CP2 and La Gonave clusters, identifying 1,540 MAM and SAM children in the process. To prevent further wasting and save lives, WVH worked with local health care providers to provide nutrient-dense RUTF to the malnourished children, referring those with medical complications to hospitals, and enrolled their mothers in PD Hearth or nutritional demonstration sessions that taught mothers how to prepare foods using local recipes based on locally available and affordable ingredients. The combination of these activities helped build a local knowledge base on appropriate nutritional practices. These efforts ultimately contributed to the full recovery of every one of the 1,540 MAM and SAM children.

Figure 2. WVH staff monitoring nutrition status of an acutely malnourished child

In order to prevent future malnutrition, mitigate future food insecurity shocks and build HH resilience and positive coping mechanisms, WVH distributed commonly consumed staple crop seeds and cuttings (such as peas, cassavas, tomatoes, eggplants, peppers, beans, sweat potatoes, corn, watermelons and peanuts) and planting tools to 4,000 most vulnerable families across the APs, including those with U5 MAM or SAM children. Post-distribution follow-up visits revealed that 91% of the families were able to successfully sow the seeds and cuttings received, allowing them to acquire harvest sizes similar to non-drought year averages. Harvests were partially consumed in the HH daily diets, partially sold in the local markets for cash that was used for other HH needs, and partially conserved as seeds for the next growing season. Efforts like these aided in the improvement of dietary diversity in general but specifically helped increase the proportion of HHs with U5 children with affordable access to fruits and vegetables (self-grown or through exchange), which according to the baseline finding, only 37.2% or 4,557 HHs across all 20 APs do.

The same SES HH census revealed that only 60.3% of mothers with children less than 6 months of age practice exclusive breastfeeding (as shown in Graph 2 below), which is well below the critical global threshold of 75%. Unlike other health, nutrition, and WASH indicators where the North cluster usually has better rates comparative to other clusters, the SES HH census revealed that APs in the North have the lowest exclusive breastfeeding rates of 44%. This is likely due to two reasons: 1) breastfeeding promotion conducted by GoH has been limited in coverage and 2) WVH's past MYAP program that intensively promoted MCHN did not extend to the North cluster.

To better gauge whether age-appropriate feeding practices are followed, WVH analyzed exclusive breastfeeding by age and found that an alarming 1,479 mothers continue to exclusively breastfeed their children after the first 6 months (which represents 45.3% of all exclusive breastfeeding mothers), meaning

that their children are not receiving complementary foods and its additional nutrients that are necessary to meet their evolving nutritional needs.

Graph 2. Proportion of Children Exclusively Breastfed until 6 Months of Age

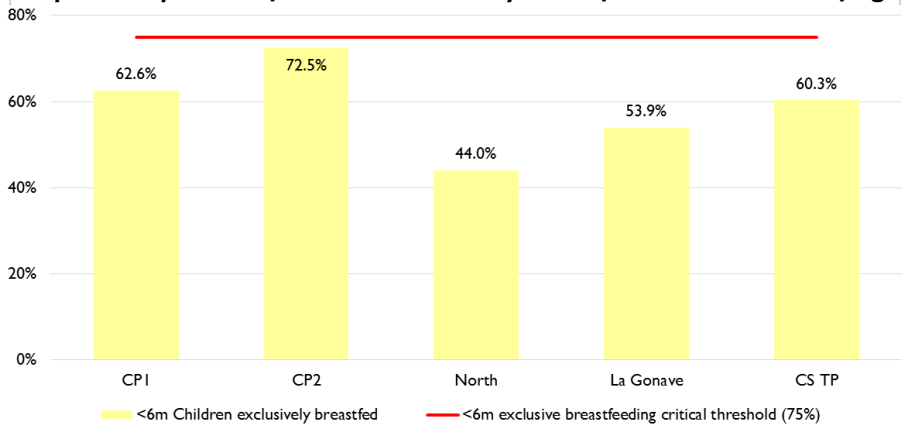


Table 4. Number of Mothers Exclusively Breastfeeding Children <6m

	CP1	CP2	North	La Gonave	CS TP
Mothers	747	592	221	234	1,808

To address the critical status of exclusive breastfeeding in its APs, WVH's CS TP team has been promoting exclusive breastfeeding of children less than 6 months old through its 385 mother clubs in CP1, CP2 and La Gonave clusters, during which 5,247 pregnant and lactating mothers meet on a monthly basis to share and learn best MCHN practices and provide peer support. New pregnant and lactating mothers are often referred by mother leaders to these clubs in order to receive peer support from other mothers in their communities and benefit from key messages delivered by CSOs and ACPs on adequate MCHN practices. These meetings are followed up with home visits conducted by ACPs who monitor whether lactating mothers are practicing the health and nutrition messages they received as well as provide reinforcing messages targeted at the mothers and children's needs according to the behaviors observed at homes.

During FGDs conducted in FY16 and FY17, parents attested to observing less illnesses such as diarrhea and malnutrition among children under 6 months old in Men Nan Men, Covihoy and La Plangne APs after the promotion of exclusive breastfeeding, indicating that the adoption and ownership of one appropriate child nutrition practice is already yielding positive effects on child health in these communities.

Health

WVH's strategy aims to tackle key health gaps that adversely affect CWB in Haiti. These health gaps include 1) basic health service challenges critical for mother and child health, such as ANC, SBA-assisted deliveries, vaccination and growth monitoring as well as 2) adequate child health practices such as management of diarrhea and ARI.

WVH's LEAP 3 baseline study found that 72.9% of lactating and pregnant mothers reported having received four or more ANC visits during their most recent pregnancy, however the proportion of mothers whose most recent delivery was assisted by a SBA was only 53.8%. Although the HH SES census findings of both ANC and SBA indicators within WVH program areas are higher than the national average of 67% and 37% respectively, all APs have SBA-assisted delivery proportions that are lower than ANC visit rates. This coincides with 1) unstable health service availability across Haiti, especially in rural communities, that cause pregnant mothers to be reluctant to visit health facilities for birth delivery without certainty that their closest health centers will be open and staffed upon their arrival and 2) traditional post-partum practices that require mothers to deliver their babies at home.

Health facilities in Haiti, especially in WVH intervention areas, are widely dispersed, operate during limited hours and are severely understaffed, the latter of which coincides with Haiti's extremely low health care density of 0.602 health care worker per 1,000 population. These become discouraging factors for women who ultimately resort to traditional untrained birth attendant assistance at the moment of delivery instead

of traveling long distances to visit a health center that may not be open or able to provide the services needed. This is especially visible in the La Gonave cluster, which stands out as having the lowest ANC and SBA-use rates (47.7% and 33.8%) that require the most action and improvement. On the island of La Gonave, only 9 out of the 13 health centers on the island are operational and these offer only a limited range of services—a coverage level that is severely inadequate to serve its 130,000 inhabitants.

To tackle the maternal health indicator rates that are under the globally acceptable threshold, WVH has adopted a two-pronged approach to promote behavior change and increase health service access in its APs. On the one hand, with the intention of increasing ANC and SBA seeking behaviors amongst pregnant mothers, WVH repeatedly conducted awareness messaging on the importance of ANC and SBA-assistance in its 385 mother clubs that reached 2,967 pregnant mothers and meet on a monthly basis. WVH reinforces these messages during home visits conducted by ACPs who provide timed and targeted counseling. On the other hand, to increase availability and access to basic health services like ANC, WVH has partnered with local health partners such as Care, Medishare, PIH and MSPP to conduct monthly rally posts and mobile clinics that provide extension health services to remote communities where health centers are not available. During FY16-17, a total of 1,025 rally posts and 70 mobile clinics were conducted with partners bringing ANC extension services to more than 1,078 pregnant mothers. During FGDs conducted in recent transition evaluations in some APs, community leaders shared that "advice from WV on antenatal care has encouraged pregnant women to make regular visits to health centers and mobile clinics, despite the distance they traveled to reach these," and that they are seeing less children dying in childbirth.

Graph 3. 4+ ANC & SBA-Assisted Delivery Proportions

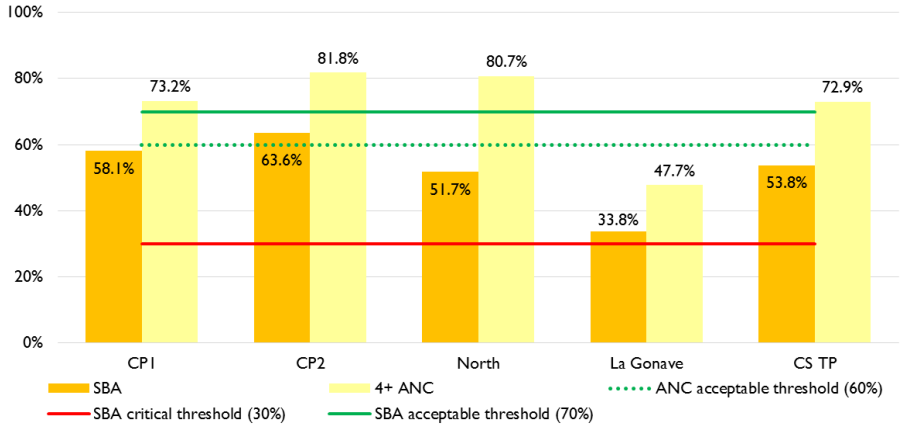


Table 5. Number of Mothers with 4+ ANC Visits and SBA-Assisted Deliveries

	CP1	CP2	North	La Gonave	CS TP
4+ ANC	3,378	3,074	2,172	1,072	9,893
SBA Deliveries	2,634	2,271	1,397	778	7,206

Graph 4. Proportion of U5 Children Receiving Growth Monitoring & Vaccination

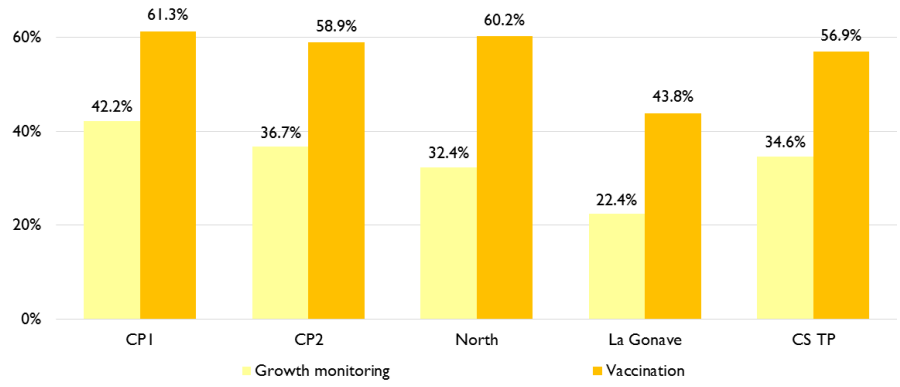


Table 6. Number of U5 Children Receiving Growth Monitoring & Vaccination

	CP1	CP2	North	La Gonave	CS TP
Growth Monitoring	3,460	2,562	1,767	1,040	8,915
Vaccination	5,026	4,110	3,286	2,033	14,629

In terms of child health status, a closer look at the growth monitoring and vaccination coverage among U5 children revealed that in all of WVH APs, only 56.9% of U5 children received at least one dose of vaccine, as evidenced through their vaccination cards, and 34.6% of children from this same age group receive routine growth monitoring, in spite of MSPP's intentional extended vaccination strategy along with its recommendation for monthly weight and height monitoring and deworming two times a year for U5 children.

Figure 3. WVH staff administering deworming tablets to school children in coordination with MSPP

In an effort to increase vaccination and growth monitoring coverage within AP zones, WVH leveraged health partner resources to extend basic health services for children such as vaccination, weight and height monitoring and distribution of deworming and vitamin A to U5 children through rally posts and health campaigns in schools. Through the 1,025 rally posts conducted in FY16-17, WVH has helped deliver vaccinations to 10,268 U5 children that would otherwise be limited or unavailable to them. Recognizing MSPP's Albendazole stock gaps and its inability to provide the GoH recommended deworming and micronutrient supplement dosage to all school children, WVH leveraged Projet Papillon, MSPP as well as community, school and health partner resources to conduct large scale deworming and vitamin A campaigns in 1,193 schools across all APs and its surrounding areas. In FY16 and FY17 combined, WVH dewormed 271,001 school children and provided vitamin A to 17,241 school children. More than 800 youth leaders, 490 community leaders, and 1,238 school teachers were engaged in the mobilization, training and distribution and administration of Albendazole and vitamin A, allowing WVH to simultaneously increase health service access for children as well as increase community capacity to lobby for these services with local level duty bearers.

Table 7. Proportion of U5 Children with Diarrhea in the Past Two Weeks

	CP1	CP2	North	La Gonave	CS TP
%	19.6%	18.3%	20.8%	19.8%	19.6%
#	1,604	1,277	1,137	917	5,032

Across all of WVH's APs, 5,032 U5 children were found to have suffered from diarrhea during the two weeks prior to baseline data collection, putting U5 children diarrhea prevalence at 19.6% (as shown in Table 7 above). Alarmingly, only 49.0% of these children were provided with adequate diarrhea management, including continued feeding or breastfeeding and increase in fluids, such as ORT. Similarly worrying is the proportion of U5 children with ARI who received appropriate care in health facilities that was found to be at 25.1%. Both diarrhea and ARI management behaviors for U5 children were found to be in the critical range for all clusters.

To combat the high diarrhea prevalence as well as prevent other water-borne illnesses such as cholera, WVH intentionally conducted numerous diarrhea and cholera prevention campaigns that consisted of sensitization messaging on consumption of clean water, treatment and storage of drinking water, hand-washing with soap and water, appropriate defecation practices, and ORT preparation among other topics through rally posts, mobile clinics, mother clubs, community meetings, trainings, radio spots, etc.

These key messages were repeatedly reinforced and were estimated to have reached 76,210 individuals in all of WVH intervention areas in the North, Center, West, Nippes and South Departments in the span of one year. Adequate diarrhea and ARI management behavior were also promoted simultaneously with diarrhea prevention messages, but these are reinforced at the HH level by ACPs during their routine home visits. WVH's field team of 148 ACPs across all of its APs monitor an average of 150 HHs per ACP of which most and more vulnerable HHs are visited on a monthly basis to reinforce key behaviors messages and monitor implementation of trainings and adequate CS behaviors.

Graph 5. Proportion of U5 Diarrhea & ARI Appropriately Managed/Treated

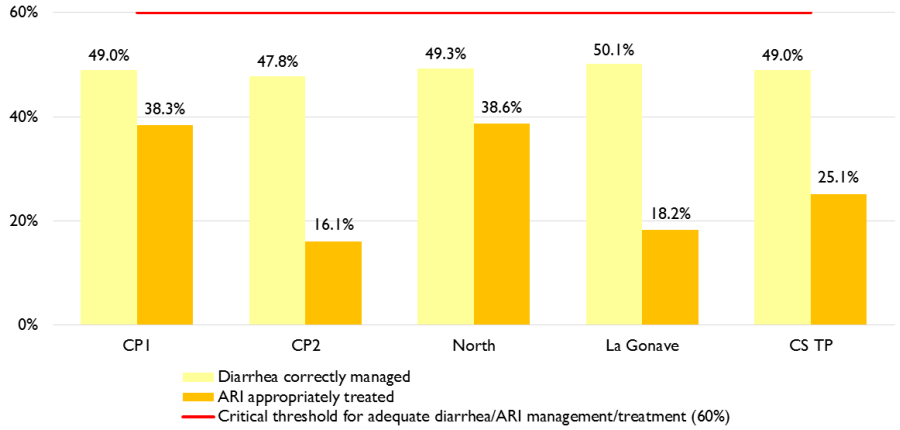


Table 8. Number of U5 Diarrhea & ARI Appropriately Managed/Treated

	CP1	CP2	North	La Gonave	CS TP
Diarrhea Management	786	611	561	459	2,463
ARI Treatment	505	482	509	241	1,766

Water, Sanitation, and Hygiene

To ensure sustainable improvements in health and nutrition indicators as well as contribute to the 6th SDG of "Clean Water and Sanitation", WVH's CS TP prioritized access to clean water, improved sanitation and appropriate hygiene behaviors throughout its program. The aim is to contribute to reduced prevalence of preventable diseases, improved health and nutrition conditions, and reduced child protection risk factors.

Graph 6. Proportion of HHs with Sufficient Drinking Water from an Improved Source

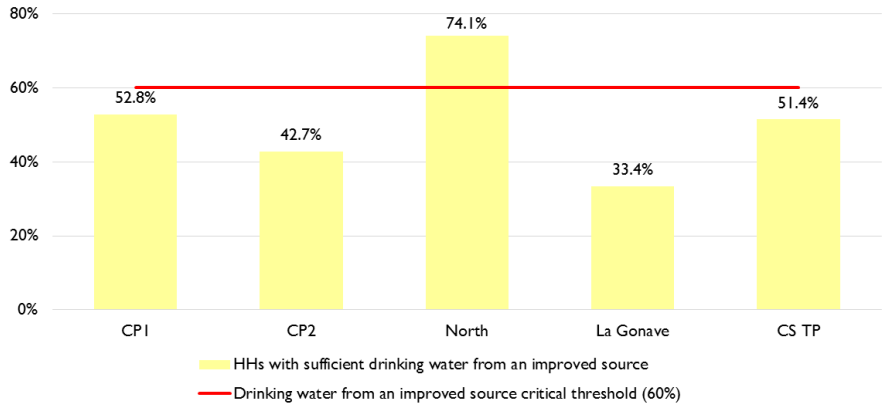


Table 9. Number of HHs with Sufficient Drinking Water from an Improved Source

	CP1	CP2	North	La Gonave	CS TP
HHs	6,901	4,648	8,163	3,157	23,227

WVH's LEAP 3 baseline revealed that only 51.4% of all the HHs across the 20 APs have access to water from a protected source [7] within 30 minutes roundtrip walking distance while only 22.3% and 32.0% of partner schools and health facilities have improved water sources on their premises. This validates the urgency to tackle clean water access as part of WVH's national strategy. HH level clean water access

[1]Improved water source is defined as piped water, public taps, boreholes, protected wells and trucked treated water

within 30 minutes falls below the critical threshold in all clusters except the North, where basic services have always been relatively more available and accessible since the Haitian government has intentionally invested more in developing basic services with the hope of growing its tourism industry in the North Department. La Gonave has the most severe clean water access at HH (33.4%), school (2.3%) and health facility (0%) levels which is again a result of the severe lack of basic services on the island due to limited government budget allocation and geological conditions that limit the types of water point technologies that are feasible for the island.

To alleviate the critical clean water access levels, WVH collaborated with DINEPA to bring water from protected sources closer to families by rehabilitating non-functioning water points or constructing new water points where non-functioning points are beyond repair in communities, schools and health facilities. A total of 144 water points were repaired and constructed during FY16-17, bringing clean water to 161,430 persons through community water points,15,285 students through school water points and more than 1,332 patients on a monthly basis through health center water points. Additionally, the installation of 240 taps that extend water reach of a number of these water points to more locations in the communities have also reduced water fetching distance and time for women and children to less than 500 meters walking distance and 30 minutes round trip travel time. To ensure appropriate management and maintenance of water points in schools and communities, WVH along with DINEPA set up community and school WASH committees where these are non-existent and reinforced their capacities in water point management, water point maintenance, fee collection (for community water points), and water treatment among other topics. WASH committee in schools intentionally integrate CAY to ensure empowerment as well as effective peer education. In schools alone, 152 WASH committees were formed/trained during the two fiscal years.

Although the water points rehabilitated and constructed by WVH in APs are improved and protected, the majority of water points in Haiti do not have centralized water treatment mechanisms installed directly at the water points, making drinking water treatment essential for the prevention and reduction of preventable illnesses. Despite 73.2% of all HHs are practicing treatment of drinking water, a closer analysis of the most common water treatment methods reveal that Aquatabs are more widely used (33.9%) than chlorine (24.1%) among all families in the APs, which is a cause of worry as Aquatabs are more expensive and only accessible to HHs through external aid. HHs that use Aquatabs as their main method of water treatment often don't treat water when they run out of Aquatab supplies. For that reason, both WVH and DINEPA recommend the Haitian population to treat raw water with chlorine as it is more sustainable. While most APs have higher Aquatab usage rates than chlorine, La Gonave has the highest variation between these two water treatment methods, wherein chlorine use is only 17.7% and Aquatab use is 41.0%, which is a result of

Graph 7. Water Treatment Methods Practiced in Homes*

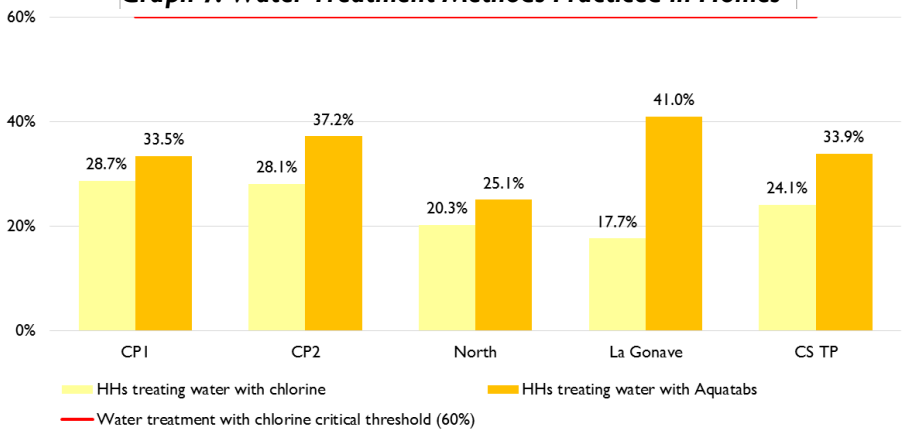


Table 10. Water Treatment Methods practiced in Homes

	CP1	CP2	North	La Gonave	CS TP
Chlorine	3,750	3,057	2,234	1,670	10,890
Aquatabs	4,374	4,046	2,768	3,874	15,292

more external shocks that occur on the island of La Gonave that lead to more distribution of Aquatabs by GoH and NGOs.

To ensure sustainability of water treatment practices, WVH intentionally promoted water treatment practices in all community and HH level interventions, such as rally posts, water management committee meetings, AY group meetings, mother clubs, nutritional demonstrations, home visits, etc. In FY16-17, WVH successfully introduced water treatment behaviors to 12,721 HHs (i.e. 28.2% of the total AP population) who after sensitizations and trainings were observed to be practicing water treatment with accessible supplies during home visits, including chlorine and Aquatab. Reinforced messaging are being delivered to increase the use of chlorine in place of Aquatabs.

WVH's LEAP 3 baseline revealed that only 43.9% of HHs used improved sanitation facilities, such as individually owned or shared[8] modern toilets or latrines, while an alarming 46.9% of HHs practice open defecation in holes or ditches. Coupled with the critical level of HHs accessing water from improved and protected sources within acceptable distances, this high practice of open defecation exponentially increases the risk of water-borne diseases that result from contamination of water sources by fecal matter, of which cholera is the most deadly and has been prevalent in Haiti since 2010.

Graph 8. Proportion of HHs Using Improved Sanitation Facilities

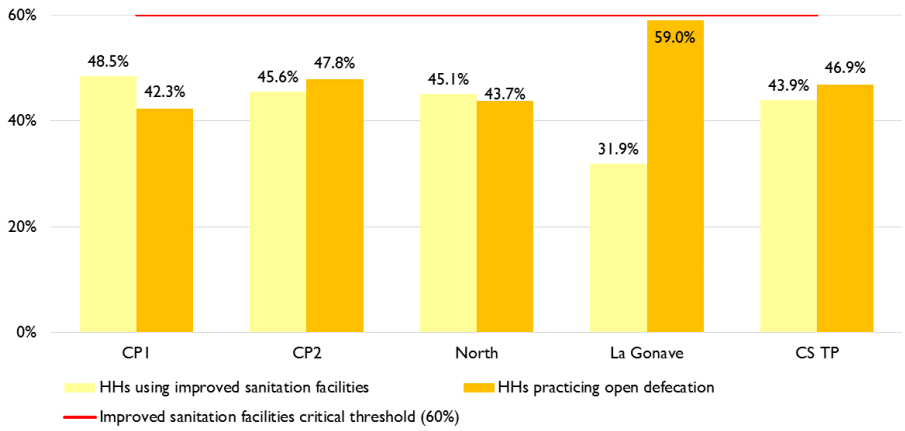


Table 11. Sanitation Practices Utilized by HHs

	CP1	CP2	North	La Gonave	CS TP
Improved Sanitation	6,340	4,963	4,965	3,016	19,834
Open Defecation	5,523	5,200	4,809	5,575	21,267

To combat open defecation and its consequences, WVH has been intentionally promoting the construction of family-owned latrines using locally sourced materials and family or neighborhood labor as well as the complete halt of open defecation in communities through the DINEPA endorsed CLTS approach. Across the first two years of CS implementation, WVH has successfully mobilized families, community leaders and neighborhood committees to build up to 5,752 HH latrines benefiting up to 28,825 people. These people (which corresponds to 12.8% of the total population across WVH 20 APs according to the HH SES census) have attested to no longer practice open defecation. To date, up to 26 communities across all of WVH APs are open defecation free for more than six months and are awaiting GoH certification. WVH intentionally promotes women inclusion and participation in the CLTS committees (CASA in French) to ensure women and girl needs are considered in community sanitation decisions and that they have opportunities to engage in community decision-making.

Table 12. Proportion of Parents or Caregivers with Appropriate Hand-Washing Behavior

	CP1	CP2	North	La Gonave	CS TP
%	86.1%	84.8%	87.1%	80.2%	84.7%
#	11,250	9,235	9,599	7,580	38,230

[8] Shared by less than 3 families

As part of its CLTS intervention, WVH also promotes adequate hygiene behaviors to prevent diarrhea and other water-borne diseases, including hand-washing with soap and water during critical times. The SES HH census revealed that 84.7% of caregivers and parents wash their hands during two or more critical times, of which the most common times are before eating and after defecation, and 82.3% of them do so with soap and water. While these hand-washing proportions are at acceptable or borderline acceptable levels across all clusters, WVH found that hand-washing rates in schools and health centers are not as high. In fact, only 64.0% and 23.0% of partner health facilities and schools have hand-washing installations with soap and water compared against the 96.0% of health facilities and 64.6% of schools with improved sanitation facilities, signaling that hand-washing after defecation is not as widely practiced in schools and health facilities. To promote improved hand-washing behaviors among children as well as diminish open defecation by children during school hours, ensuring that children are learning in sanitary environments, WVH collaborated with DINEPA and MENFP to rehabilitate or construct sex-separated sanitation infrastructure that include hand-washing facilities in schools. Where schools were identified to have functional latrines but nonexistent hand-washing installations, WVH through both donor resources and communities contributions built hand-washing stations for students and promoted appropriate hand-washing practices to students and teachers. Throughout FY16 and FY17, WVH increased access to improved sanitation facilities in 32 schools, benefiting 15,050 school children, as well as hand-washing facilities in 55 schools, benefiting 36,447 students. These sanitation facilities and hand-washing stations remain operational to this date and are being managed by the school WASH committees.

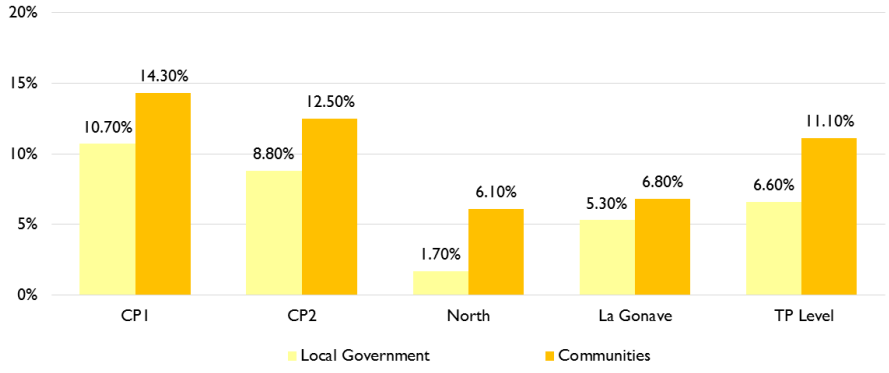
Figure 4. Students participating in WVH's hand-washing training in schools

CAY Mobilization and Participation for CS

While WVH is focusing on improving health, nutrition and WASH conditions and contribute to increased child well-being in its APs, CAY participation is prioritized through its CESP to ensure that they are empowered as agents of change and continue to grow in maturity. WVH also aims to bring about lasting change in communities by ensuring that both adults and the younger generations are equally engaged and participating. WVH considers CAY participation in their local development to be beneficial as it improves their life skills, increases their self-esteem, strengthens their know-how, increases community understanding about CAY needs, promotes active citizenship, strengthens social responsibility as well as strengthens processes and institutions.

To gauge a starting point that measures to what extent AYs are engaged in their communities, WVH measured AY self-reported participation in community and local government decision-making processes and found participation rates across all APs in both of these spaces are low. Only 15.0±0.9% of AYs feel that their views are sought

Graph 9. Proportion of AYs whose Opinions are Incorporated in Decision-Making



by communities while 11.1±0.7%[9] of AYs feel local authorities seek their opinions in decision-making. Boys and RCs appear to be more consulted by both these actors according to baseline X^2 tests (of the AYs consulted by these stakeholders in decision-making, gender and sponsorship status distribution are 53.6% boys vs. 46.4% girls and 69.6% RCs vs. 30.4% non-RCs for community decision-making and 52.5% boys vs. 47.5% girls and 72.8% RCs vs. 27.2% non-RCs for local authority decision-making). What is alarming is that only 10.1±0.7% of AYs feel that communities incorporate their feedback while 6.6±0.6% feel that local governments do the same in their decision-making. While the proportion of AYs consulted in decision-making is low across all clusters, the North and La Gonave clusters have the lowest rates, which is likely due to the absence of previous projects aimed at strengthening child protection systems and participation that were implemented in the CP1 and CP2 clusters.

To build a new community and local authority culture of CAY participation, create participation opportunities in both WVH and local stakeholder decision-making spaces, and build AY life skills, WVH enrolled more than 2,700 youth leaders across its 20 APs to develop their leadership and mobilization skills in community development initiatives related to health, WASH and child protection. A special focus has been placed to create participation opportunities with local authorities as baseline findings indicate that AY participation in local authority decision-making is lower than that of their communities. With capacities built on team building and leadership, AYs have increasingly become more engaged in the development of their communities, including promoting behavior change in their peers and communities, petitioning local authorities, as well as conducting large scale activities for children alongside community and government partners. Here are a few notable examples of youth engagement in community development during the past two years:

- More than 800 AYs participated in the deworming, vitamin A and sanitation campaigns as volunteers along with school teachers, MSPP nurses, community leaders, and WVH to reach 262,757 children in 1,050 schools across all APs in FY17, delivering essential health services to school children in their communities.
- Across all APs, 261 youths leaders joined community and faith leaders to promote safe defecation and the importance of family emergency plans in preparation for adverse external shocks to more than 3,865 families.
- WVH supported 20 youths with technical training around borehole repair based on AY feedback that the large number of boreholes in disrepair and the limited number of technical resources available to repair boreholes in their communities were an area of concern for them. The youths trained applied the skills they learned to repair of 8 boreholes in their communities, some with WVH technical coaching while some were repaired in complete autonomy. To date, all boreholes repaired by these youth are still functional. AYs also form part of every community water management committtee that currently manage and maintain the community water points.
- Youth local governments were formed in all APs, through which trainings on leadership and CVA were provided to more than 400 youth leaders. The youth local governments are a simulated local government platform for youths to discuss issues that affect them and their communities and propose solutions that they can bring to actual local authorities or leaders.

Figure 5. CAY promoting appropriate WASH behaviors in their communities.

[9] Margin of error (CI) is 1% and Confidence Level is 99% by cluster.

- AYs from these local youth governments are starting to mobilize youths in their communities through the 13,160 youths in the youth groups of which petitions requesting better and more accessible basic services for child survival have been submitted to local authorities in some North APs. Some local government youths have also met with government senators to raise concerns about their community basic service budgets and also took to media channels to denounce child vulnerability issues they observed in their communities, including needs around improved access to health, education, infrastructure, and non-violent forms of discipline to be practiced in homes. Many of these AYs are starting to be recognized by their local authorities as key stakeholders to consult for projects and decisions in their communities.
- 175 AYs from the North and Central Plateau, along with community members and support from local authorities, have set up child protection committee to promote child protection, replicated the trainings they received to more than 125 AYs, and encouraged people to report cases of child abuse.

MOST VULNERABLE CHILDREN

To deepen our commitment to the MVC (Strategic Imperative 1 of Our Promise 2030), WVH intentionally includes MVCs in all of its interventions, from targeting to planning, implementing and monitoring. WVH's definition of MVC aligns with the four dimensions of extreme deprivation, vulnerability to disasters or catastrophes, serious discrimination and abusive or exploitative relationships. In its work, WVH intentionally targets 1) children and families who are extremely deprived of basic services, are exposed to the risks of food insecurity or water-borne diseases caused by lack of clean water and health services, and are living on less than $1 USD per day[10]; 2) children who have suffered the impacts of external shocks that arise from human and natural disasters and catastrophes, such as cholera outbreak, hurricane damage, zika and chikungunya outbreaks, El Niño drought damage, food and nutrition crisis, etc.; 3) children who face discrimination due to unregistered or undeclared births[11], their gender or disability, or nationality (such as those repatriated from the Dominican Republic); and 4) children who suffer from physical abuse and punishment, which is considered as a normal way of discipline in Haiti and practiced in 86% of HHs across the country and 76.3% of HHs in WVH APs.

Due to the commonality of all four dimensions in program intervention areas, up to 95% of children participating in WVH's activities are vulnerable in two or more dimensions. All of WVH's CS activities targeted at CAY, partners and communities are aimed at improving the well-being of these multi-vulnerable children and HHs. To ensure that the most vulnerable children among all the multi-vulnerable are prioritized and intentionally targeted, WVH used the SES HH census data to calculate vulnerability scores based on 19 World Bank and FAES validated criteria that placed each HH into one of the four World Bank vulnerability categories: less vulnerable, vulnerable, more vulnerable and most vulnerable. HHs in the most vulnerable and more vulnerable categories are prioritized for all CS interventions that target families and CAY. Community level interventions, such as rehabilitation of water points, factor in concentration of more and most vulnerable HHs per community as a criteria in geographic targeting and selection.

Through its CS programming in FY16-17, WVH impacts an average of 263,146 children per year (among which 252,199 or 95% of them are vulnerable in two or more dimensions) by addressing the four vulnerability dimensions through:

- Reduction of basic service gaps and increase of sustainable behavior change that lower the effects of deprivation, such as rally posts that bring extension health services to communities and water

[10] This was measured with the PPI tool developed by Grameen Foundation on 100% of HHs in WVH APs.

[11] Oftentimes, children whose births are declared despite having a birth certificate do not have their rights to access government services guaranteed as Haiti's non-functioning Civil State system may not automatically transfer declared births into national archives that are used as basis for accessing government services.

treatment training that allay the impacts of consuming non-potable water from sources exposed to contamination;

- Helping families recover from disasters and building capacities and assets aimed at increasing resilience against negative impacts from future shocks, such as the recovery of SAM and MAM children and agricultural support to prevent future food insecurity related malnutrition;
- Advocacy for the rights of the most discriminated, where possible, including children without birth declaration;
- Promotion of new cultural paradigms of inclusion, peace and protection targeted at youths, parents, faith leaders and community leaders, such as positive discipline training in communities and youth leadership and local governance events that allow them to build their life-skills, sensitize their peers on their rights and petition local authorities for change.

SUSTAINABILITY

Ownership: In addition to the AY involvement mentioned above, WVH has observed that families after receiving awareness messaging or trainings are proactively implementing the health, nutrition and WASH best practices and techniques they were trained on and are actively promoting these behaviors among their peers. Communities and partners are also contributing in kind and technical resources for various interventions, indicating an increasing sense of ownership as displayed through gradual behavior change. For example:

- In Port de Bonheur AP, WASH committees autonomously repaired and maintained water points using fees they collected through contribution of users;
- In Rio Onde AP, a total of 8 hand pumps have been repaired by youths after receiving WVH training (for details, please refer to page 26);
- Across all APs, 5,752 families have dug their own latrines after CLTS sessions were conducted;
- In Bassin Diaman AP, CAY promoted adequate hygiene behaviors on their local radio;
- Across all APs, 4,936 families constructed set up hand-washing stations in the form of buckets with soap and water or tippy taps built from local materials found in their communities after WVH sensitization sessions; and
- In Gonave Hope AP, 13 churches mobilized their communities to practice more adequate health, nutrition and WASH behaviors during Sunday worship.

Figure 6. Neighbors helping each other to dig pits in preparation of building their own latrines

Partnership: At the national level, WVH renewed an MOU with MSPP to ensure joint collaboration in health activities conducted across the country with backing from the government with technical and in-kind resources. For example, deworming and vitamin A campaigns conducted in all APs during FY16 and FY17 were done in conjunction with MSPP while rally posts were implemented with MSPP and local health partners such as PIH, Medishare and Care. In a similar vein, WVH also received DINEPA's endorsement of its WASH strategy that led to increased collaboration in different Department level water and sanitation initiatives, such as the water system mapping conducted in 4 Departments and public water system extensions with financial and technical contribution from both WVH and DINEPA.

Local and national advocacy: With the rollout of CS TP, advocacy efforts on health, nutrition and WASH are gradually being introduced in the APs. Examples of local advocacy initiatives include: youths in Ganthier AP submitted a petition to their Mayor requesting for the re-opening and full staffing of their health center after receiving trainings on CVA and coaching from WVH while in Limonade AP, youth local governance simulations allowed the youth mayor to present a formal request to the actual Mayor requesting for better and more sustainable basic services in the communities.

Transformed relationship: In Haiti where Protestant churches and Voodoo sects are notorious for opposing views and separation in communities, WVH has been able to create a collaborative relationship with these faith actors to jointly tackle and eradicate life-threatening community problems such as cholera and other diarrhea diseases. For example, in the community of Cabayi in Los Palis AP, warring relationships were set aside and Protestant and Voodoo leaders joined forces with guidance from WVH to promote latrine construction and halt open defecation in their community. With this newfound peace, all 117 HHs (approximately 585 persons of which 351 are CAY) in this community now practice correct sanitation behaviors, of which 101 of them only recently dug their latrines because of the joint leadership between these faith actors. To date, 26 communities in WVH APs have zero open defecation cases for more than 6 months and are awaiting their ODF certifications from DINEPA and MSPP.

Households and family resilience: To improve most vulnerable families' resilience against external shocks, WVH distributed small amount of seeds or livestock to most vulnerable families affected by the slow onset drought in various APs. Seeds distributed have enabled families to not only feed their children but also have seed reserves for the next planting season allowing them to be more self-sustaining and resilient against external shocks.

KEY LEARNING AND RECOMMENDATIONS

Learning	Recommendations
Advocacy efforts focused on the increase of basic health services, especially allocation of budget for increased health coverage and skilled staffing in rural communities, are essential to reduce infant and maternal mortality risks and contribute to a reduction of community dependency on external assistance, such as NGO-run rally posts. While local advocacy actions for better health service have been initiated in a number of APs, these efforts by themselves are not sufficient if not linked with departmental and national advocacy efforts.	APs are recommended to continue scaling up local advocacy efforts by leveraging community and faith assets and intentionally involve AYs. National level advocacy actions should be linked with local advocacy actions. For FY18 and beyond, increase of basic health service and health budgets for specific clusters are the key recommended advocacy topics that should be launched and scaled up as quickly as possible.
WVH's LEAP 3 baseline findings reveal that overage exclusive breastfeeding is being practiced in all APs indicating that introduction of complementary feeding is not sufficiently promoted.	While exclusive breastfeeding sensitization for children less than six months of age should continue, especially in the North cluster, appropriate child nutrition messaging such as complementary feeding with special emphasis on introduction of nutrient rich foods should be reinforced through the various behavior change sensitization channels the CS TP has set up in the communities, including mother clubs, rally posts, mobile clinics, health centers, etc.
AY perception of their participation in community and local authority decision-making processes are alarmingly low and insufficient to build a strong	AY mobilization and participation will be continued and scaled up but with an intentional effort in opening up dialogue with local authorities and

Learning	Recommendations
generation of youth leaders who can sustainably and proactively promote child well-being without external assistance.	community leaders so as to build a new community culture that embraces AY voice in decision-making.
Engagement with faith leaders of diverse backgrounds contributes to increased behavior change as well as peace within communities.	Respect and embrace of diversity should continue to be integrated across all of WVH's work. APs are recommended to engage faith leaders in community development as behavior change that is first achieved with faith leaders have higher tendencies of being replicated exponentially within communities. The two Los Palis AP faith leaders should be invited to share their experience with faith leader peers from other communities.
A variety of solutions can be identified for the critical or action required indicators, but not all of them have equal value added for communities, especially in terms of reducing dependency and increasing sustainability.	WVH CS interventions conducted in APs should aim to avoid creating dependencies and ensure sustainability. For instance: • While water treatment should be continuously tackled, treatment methods promoted by APs must be the affordable and accessible option that families do not need to rely on NGOs to obtain (i.e. chlorine)[12]; • While increasing clean water access is key, community-led water point maintenance and repair capacities must be in place to ensure longevity of the water points; • As CLTS has effectively stopped open defecation in up to 26 communities and is actively monitored by community leaders themselves, this approach will continue to be scaled up in more communities.
Significant gaps in health, nutrition and WASH indicators in AP locations as well as Haiti in general further validate WVH's strategy to tackle Child Survival as its first strategic objective.	In line with baseline findings, WVH will continue tackling child survival challenges in target communities based on the AP level indicator levels with a special focus on strengthening civil society and expand the introduction of the necessary behavior changes to a critical mass of the population.

[12] WVH will not provide these except during humanitarian emergency situations.

SUCCESS STORY

"Water is a major challenge in the commune of Thomassique," explains Jean Rosemond, a 20 year-old young man living in Thomassique. *"When water is not available in my community, people have to walk long distances or pay a motor taxi to travel far away and get water. This will cost a family a little more than $1 USD a day for 30 gallons of water."*

This cost of water is a tremendous challenge for most who live in Thomassique as more than 69.5% of families in this area live on less than $1 USD per day. *"More often than not, the water we buy is not enough for drinking, cooking, washing clothes and bathing and it becomes a heavy burden on the family budget,"* he adds.

Figure 7. Women and children fetching water from a borehole repaired by youths in Thomassique, Hinche.

Jean Rosemond yearned to resolve the water challenge he and all the children, adolescent and youths encounter in Thomassique every day. Along with 15 other youths from the area, Jean Rosemond was anxious to do something that would change his community and reduce the challenges children and families experience every day to acquire a necessity as basic as water.

Learning about these 16 youths' desire to do something for their communities, WVH's WASH engineers trained them on the basics of borehole repair and maintenance. Armed with this newfound knowledge, and with the coaching of the WVH WASH team, these 16 youths set out to repair five non-functional boreholes that have broken down. After successful repairs of all five boreholes and gaining improved confidence and skills, these youths decided to repair even more boreholes—this time in complete autonomy without coaching or supervision from WVH's technical team. To date, a total of eight boreholes have been successfully repaired by these youths. This has helped improve the lives of more than 2,500 people in their community.

At one of these repaired boreholes, Fania, a six-year-old girl carrying two jerry cans of one gallon each, says, *"I often couldn't fetch water because it was too far for me. I'm so happy these youths helped fix a problem in my community. Now, I have water."*

Figure 8. Adolescents and youths leading open defecation free sensitization campaigns in their communities.

Strategic Objective 2 – Learning and Growth

Learning & Growth: Children, Adolescents and Youth are educated, have safer communities, and experience God's love.

Children have secured access to food	Children can read, write and use numeracy skills	Children experience God's love	Children are protected through strengthened systems

CWBT: Increase in children who can read.	**SDG:** 
CWBO: • Children read, write and use numeracy skills. • Children are cared for in a loving and safe family and community environment, with safe places to play. • Children grow in their awareness and experience of God's love in an environment that recognizes their freedom. • Children are celebrated and registered at birth.	

SUMMARY OF LOGIC CHAIN[13]

Problems	Root causes	WV Approaches
• Low functional literacy rates • Domestic violence • Violence against children • Child domesticity (restavek)	• Inadequate teacher quality • Inadequate school facilities and instruction resources • Schools not sufficiently supervised by MENFP • Inadequate availability and use of child protection mechanisms • Traditional parenting practices employ harsh methods, such as physical punishment • Insufficient understanding of child rights • Late school enrollment and grade repetition • Parents' inability to provide for their children	• Unlocking literacy[14] • CVA • CPA • School feeding

KEY INFORMATION

Number of projects	3 PNSF special projects; 6 grants
Technical staffs	3 staff including Food and Cash Manager, Education Specialist and Child Protection Advisor
Budget spent	PNSF: $435,646 (9%) Grants: $4,395,405 (91%)
Key partners	MENFP, Partner schools, WFP, Marcom
Scale of programming	72,227 children have participated and benefited from the pilot L&G and food security projects

RESULTS & ANALYSIS

The L&G strategic objective has not yet been launched in WVH as the country strategy follows a graduation approach and CS has yet to reach graduation thresholds. However, pilot tests for some sectors have been conducted in select locations to identify the best approaches for the Haitian context. Along

[13] The logic chain summary for L&G may be subject to change pending its TA design.
[14] Formerly known as Literacy Boost.

with WVH's LEAP 3 baseline findings for strategy indicators[15], this section presents the achievements of the school feeding program[16] as well as an initial view of these pilots that will serve as input for the eventual design of the L&G TA and TP.

Child Protection

Children in Haiti are constantly exposed to a variety of risks that include forced labor, verbal and sexual abuse as well as physical violence and punishment. As many of these risks are often considered normal or ignored by the Haitian society, WVH as a child focused organization has joined forces with stakeholders in country to lobby for improved legal frameworks that protect children as well as build a new awareness and paradigm in communities that protect children and their rights. Even though WVH has not yet commenced implementation of L&G, it has embedded many of its child protection interventions through all the CESPs implemented across its 20 APs and this section presents the baseline findings for key child protection indicators as well as some WVH intervention highlights during FY16-17.

WVH's baseline survey for more than 6,000 AYs using the YHBS tool throughout all APs revealed that only 60.7±1.2% of AYs feel safe in their communities and the main reasons safety is not commonly felt are fear of thieves, lack of safe places to play, fear of being assaulted or beaten, fear of local gangsters and thugs, and fear of sexual assault and harassment. X^2 tests reveal that girls are significantly more fearful of gender based violence such as sexual harassment than boys (92.3% of girls cited sexual harassment as cause of fear for safety compared against 7.7% of boys) as male offenders often target girls in their communities, including within their families. While the reasons for not feeling safe may vary in order of commonality across clusters, AYs identified that the offenses they experienced during the past year were often committed by family members or elders in their communities, i.e. people they know, and these offenses come in the form of screaming, striking with belts, touching and punching. This coincides with WVH's SES HH census finding in which 76.3% of parents and caregivers admit to physically punishing their children by striking the child's head, face, hands and/or buttocks or have the child kneel on the ground for more than one hour. Alarmingly, when faced with these forms of violence or abuse, baseline findings revealed that only 61.6±1.2% of AYs know of child protection services and mechanisms available to them, but only 14.8±0.9% of AYs in general actually use these services in the event of a child protection incident. As shown in Table 13 below, AYs in the North are the least likely to use the services in the event of a child protection incident which can be attributed to not having (travel) money to access the services (43.6±1.6%) and fear of what family and friends would

Graph 10. Proportion of Parents who Apply Physical Punishment

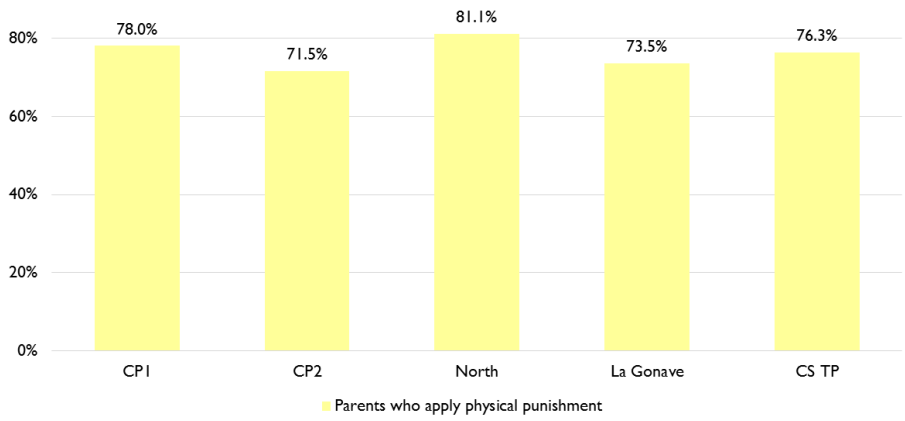


Table 13. Parents who Apply Physical Punishment

	CP1	CP2	North	La Gonave	CS TP
Parents	8,817	6,697	6,945	5,109	28,801

[15] Baseline findings that originate from the SES HH census do not contain confidence intervals as they represent the entire population in APs while YHBS findings contain confidence intervals at 99% confidence level with 1% margin of error.

[16] Food programming responses to emergencies are not included in this section and can be found in the Disaster Management section of this report.

think (24.5±1.4%) indicating a need for mentality shift that reprimands child abusers in communities as well as advocacy for increased coverage of child protection services.

Table 14. Proportion of AYs who Use Child Protection Services and Mechanisms to Report Abuse, Neglect, Exploitation or Violence Against Children

	CP1	CP2	North	La Gonave	CS TP
%	21.2%	20.0%	3.6%	14.9%	14.8%

If birth declaration and registration are not ensured, children will face severe limitations in their rights of identity, voting and accessing key government services. Haiti's Civil State system first calls for all children to be declared at birth, which will then be registered into a national archive that is linked to all key government services. Parents and caregivers are encouraged to declare children's births and the GoH is expected to ensure effective national archive management. According to the SES HH census, only 71.6% of U5 children have their births declared (falling below the globally critical threshold of 95%) but no official data is available on the percent of the population registered into the national archive, though in Haiti it is not uncommon for individuals with birth certificates to discover they are not in the national archive years after birth declaration was conducted.

To contribute to a safer community environment for children in APs, WVH conducted a series of interventions targeted at CAY (especially girls), communities and leaders to 1) increase awareness on child rights and child protection, 2) set up community managed mechanisms to respond to incidents, 3) usher in a new culture of positive parenting and 4) promote birth declaration and registration.

- **Raise awareness on child rights and child protection:** To ensure a common understanding on the importance of child protection, WVH organized multiple community conversations on child protection with key stakeholders, such as parents, faith leaders, CPA groups, etc. These community conversations helped stakeholders reflect on child protection issues within their communities, strengthen their commitment and skills to transform behaviors that are harmful to children, as well as identify protection services and reporting mechanisms. More than 5,000 child friendly comic strips that highlighted the importance of a protective environment were produced and shared with CAY to increase both their awareness of child protection as well as knowledge of actions they can take in the event of child abuse or other forms of violence. Trainings for AYs were conducted throughout both years wherein more than 700 AYs were directly trained on the safety hazards in their communities and what they can do to protect themselves from harm, especially physical violence. AYs in La Plangne AP proactively organized a march against violence against children was carried out, during which CAY disseminated anti-violence messages and called for a ban of violence against children in their community and across the country.
- **Set up community managed child protection mechanisms:** Following numerous training sessions for the 180 CPA group members on child protection incident reporting, referral and follow-up, numerous CPA groups are proactively intervening in the management, referral and follow-up of incidents in their communities, practicing family mediation and sensitization on child protection when needs arise, and escalating cases to the relevant Department authorities. Various CPA groups proactively created safe summer leisure spaces, such as summer camps for children and engineering competitions for AYs, allowing CAYs to learn, play and express themselves in a safe environment during a period when CAY are more exposed to protection risks.
- **Usher in a new culture of positive parenting:** Recognizing that ACEs such as physical abuse (including slapping, pushing, grabbing and throwing something at the child), emotional abuse, sexual abuse, emotional neglect and physical neglect within HHs will have tremendous impacts on a child's development and wellbeing throughout his or her course of life[17], including disrupted neurodevelopment, social, emotional and cognitive impairment, social problems and even early

[17] CDC-Kaiser ACE Study (1998)

death, WVH understood that changing the deeply entrenched physical punishment practice in Haiti is necessary. To introduce a new awareness and parenting paradigm in AP communities, WVH trained 309 community leaders, faith leaders, teachers and parents on the adverse impacts of physical violence on a child's physical, psychological and social development and introduced a positive parenting alternative. While actual changes to parenting methods are still being monitored during home visits, numerous faith leaders have pledged to spread the message and mobilize their congregations on positive discipline.

- **Promote birth declaration and registration:** WVH trained 100 AY leaders on CVA techniques and the importance of birth declaration, of which the AYs are replicating these citizenship messages with their peers and advocating for GoH accountability with the Ministry of Justice. As a result of AY empowerment on this topic, a group of AYs from WVH APs actively promoted awareness messaging on the importance of birth declaration to a nation-wide audience in one of Haiti's most popular TV channels—Tele Soleil. Birth registration messaging also reached CPA groups and in FY17, six of these groups along with youth leaders in the communities compiled a list of children without birth certificates and advocated for their registration through their local civil state officers. Through monthly follow-up meetings, they were able to support the birth declaration of about 20 children across some of the most remote communities in the APs.

At the national level, WVH is engaged in the National Child Protection Working Group (GTPE in French) to influence decision makers and contribute to systemic changes and improvements in child protection across Haiti. Within this group, WVH and other stakeholders, such as IBERS, Plan, CRS, Terre des Hommes, UNICEF, Care among others are promoting a common understanding of child protection and the current challenges children face, proposing a clear division of roles and responsibilities between the various GoH actors and civil society stakeholders and reinforcing existing child protection structures and mechanisms.

Education

Despite GoH efforts over the last 20 years to extend access and school enrollment in Haiti, children's performance in schools and quality of education continue to be big challenges. To inform the upcoming L&G TA and TP design, WVH conducted EGRA interviews with 768 grade 3 students across its APs to gauge the level of reading comprehension for Creole and French and found that across all of its APs, only 6.9% of 3rd graders in partner schools are able to read Creole texts smoothly and understand its content, while only 1.7% of 3rd graders in partner schools are able to read and comprehend French texts. Creole reading comprehension is as expected higher than French since Creole is the spoken language used on a daily basis in Haiti while French is used for more formal or official government situations.

Figure 9. Children participating in community reading circles managed by youth volunteers

In anticipation of L&G rollout after key CS indicators reach graduation levels, WVH piloted the Unlocking Literacy model contextualized by GoH into the "Ann Ale" methodology in a small number of APs. Through this pilot, more than 60 school teachers received training on Literacy Boost methods and have been observed to switch their traditional memorization teaching styles to a more participatory instruction approach where children are encouraged to read in turns. Children were observed to be more engaged in class, increasing their participation and showing gradual improvements in reading. To reinforce the reading skills taught in classrooms, WVH also set up 30 community reading circles with the support of 60 AY volunteers to increase reading spaces for an average of 25 children per circle. In a context where

reading materials are limited in schools and nonexistent at homes, these reading circles that are equipped with mobile libraries and meet twice a week have helped 6-14 year-old children improve their vowel, consonant and sound identification. So far, school directors have attested to improvements in reading score competencies of children who have participated in the pilot.

Food Security

Many parts of Haiti are characterized by seasonal food insecurities that occur every year; this is especially true for La Gonave where chronic food insecurities that last multiple years may be suddenly compounded by new waves of drought or other external shocks, such as hurricanes. Whenever food insecurities occur, families lose years and sometimes even a lifetime of work, generations' worth of savings as well as the resources needed to resume their livelihoods. As these occur, children are among the most impacted when common negative coping strategies such as skipping meals or swapping out nutritious foods for cheaper, less nutritious foods were adopted. In FY16, more than 3.6 million people suffered from food insecurity, of which 1.5 million people were severely insecure according to CNSA.

Through grant funding, PNSF and food commodities, WVH implemented a small scale livelihood pilot project and school feeding projects in La Gonave and Central Plateau where food insecurities occurred, limiting HH abilities to provide for their children. Through this project, WVH has directly improved the dietary diversity and food security of 140 families with chicken livestock as well as training on breeding techniques, chicken coop management and health care. These have allowed families to increase access to nutritious foods such as eggs and poultry as well as improve their income by selling surplus eggs and chickens that were not consumed or used for further reproduction. On average every beneficiary family produces 160-175 eggs a month, of which 22.3% of the eggs are consumed by the family and 42.7% are sold for income. The remaining 35% of the eggs produced are shared with 225 other vulnerable families as an intentional project effort to create a sustainable community support culture. Every beneficiary family also hatches an average of 26 chicks a year, of which 18.4% are retained for future breeding, 51.6% are sold in markets for income once they mature and 30% are shared with 292 other vulnerable families. As a result of this project, beneficiary families were able to increase their annual income by an average of 7,500 Gourdes or $117 USD per year from selling eggs.

Through school feeding, WVH delivered 1,278.17 MTs of food (including cereals, beans, oil, peanuts and salt) to schools and was able to reduce hunger levels of 65,381 school children (49.87% girls; 50.13% boys) in 122 schools, preventing the occurrence of malnutrition, increasing school attendance and retention as well as improving student learning effectiveness.

MOST VULNERABLE CHILDREN

WVH ensures that MVCs and MVHHs are primary targets in its child protection and food security interventions by intentionally targeting children exposed to violence, children who are malnourished, children from food insecure HHs, children from single-parent HHs who are not able to provide for their children, children at risk of parental separation due to economic challenges and children with disabled family members. Beneficiary verification for all food security projects are conducted by WVH's DME team to ensure that vulnerability criteria are fully met. As the pilot projects are smaller in scale and unable to reach a large amount of MVC and MVHHs, a community support culture is promoted within the projects wherever possible in which beneficiary families are encouraged to reach out to other vulnerable families within their communities and share the benefits reaped from their participation in WVH projects.

SUSTAINABILITY

Ownership: CAY, when empowered, are observed by WVH staff to display a strong sense of ownership by becoming active agents of change who often proactively mobilize their peers and send out calls for action and for change as seen in the march against violence organized by more than 2,700 AYs in La Plangne, Okodem, Men Nan Men, Cobocol, UDICC and La Belle Mere APs.

National advocacy: As part of the ITAW campaign, seven of WVH's youth ambassadors reached more than one million people in their media messages calling for policies that ensure access to drinking water, health care, a functional birth registration system and protection of children against violence in eight major Haitian TV and radio channels. In FY17, WVH submitted a petition, signed by 402 individuals and 46 organizations, calling for a stop of violence against children to the Justice Committee of the Haitian Senate.

Transformed relationships: Through the community support culture created by the small livelihood pilot project, most vulnerable families in the same community are able to support other vulnerable families and reduce their dependency on seasonal migration as mentioned in the food security section above. An improved income also reduces the tendency of cross-border child trafficking and domestic child labor that are common occurrences in the location of the pilot project.

SUCCESS STORY

Clémène, a 37 year old woman, lives with her unemployed husband and four of her children in Savane Plate, a community of Cerca La Source, which is extremely remote and lacks the most basic of services, such as health, education and water. Like many other women living in this community, Clémène earns a living as a shopkeeper selling charcoal, eggs and agricultural products from her garden in order to make her daily living and escape from migration. For her, the most profitable day of the week is market day Wednesday, as it is also the day when the demand for eggs is high. It is a day to improve her family income and to make good provisions for the entire week. However, the situation was not like this two years ago when her dire economic situation and food insecurity brought her to the livelihood project.

Figure 10. Clémène holding one of the chickens she received through the small scale livelihood pilot project

"At first, I didn't take this seriously, I even wanted to sell the chickens I received. But, gradually with the training we received from World Vision, I understood the benefit and decided to invest time and effort in a small business. Now I have enough eggs to sell at a good price—3 for 25 gourdes. My life is improving. The eggs I am selling allow me to earn 1,750 to 2,000 gourdes weekly. I can now feed my family and above all my 4 year-old girl and prevent her suffering malnutrition, buy school materials, and respond to small family emergencies. I feel I am contributing to my own life, I feel empowered as I am no longer fully dependent on my husband, who can work only during the agricultural season. This is really a booster for my self-esteem and dignity as a woman."

Clémène goes on to say, "*This initiative is such a blessing. After months of savings, I accumulated enough money to buy a pig that I am raising at home. My plan now is to have as many as pigs, so that I can sell to buy a cow. Little by little I am making my way out of poverty. I also joined a savings group last April, which has already helped me pay for my children's school fees. This is thanks to the eggs I am selling.*"

LEARNING AND RECOMMENDATIONS

Learning	Recommendations
Functional literacy for French and Creole are extremely alarming.	Reading comprehension should be a key problem to tackle in the L&G TA and TP. WVH interventions in this future TP should not solely focus on improving reading capacities in children but aim for systemic and structural changes through parental involvement, advocacy and education quality improvement to ensure sustainable change.
Child protection incidents are very often committed by people familiar with the children and even when child protection mechanisms are present they are not always used.	Increased sensitization on the importance of child protection and GBV prevention should continue throughout all programs. Self-protection, positive parenting and child incident reporting cultures should be encouraged. APs are advised to conduct sensitization activities with caregivers and integrate positive parenting counseling in home visits to tackle this alarming rate of physical punishment. National awareness campaign messaging against domestic violence can be leveraged for a multiplier effect.

Figure 11. WVH staff monitoring program implementation progress.

DISASTER MANAGEMENT

During the reporting period of this CWBR, Haiti was plagued by two large scale disasters that affected more than one million people each, one of which was the food security crisis of 2016 cause by chronic droughts related to El Niño while the other was a large scale disaster caused by the Category 4 Hurricane Matthew that decimated the entire Southern Peninsula of the island. This section summarizes WVH's disaster management for both emergencies.

El Niño Food and Nutrition Crisis Response (2016)

Starting in 2015, Haiti started experiencing lengthier droughts that culminated to more than 50% loss of the annual agricultural production by Spring 2016, of which more vulnerable contexts like the island of La Gonave had crop loss of its main agricultural produce—corn—beyond 80%. By February 2016, CNSA estimated about 3.6 million people (or 700,000 HHs) were food insecure, of which 1.5 million people (or 300,000 HHs) were severely food insecure. Approximately 76,000 children were acutely malnourished to different degrees of severity across Haiti.

To address the food and nutrition crisis across the country and more specifically in WVH intervention areas, a series of emergency response activities were conducted in 14 APs in La Gonave and Central Plateau regions, serving 52,539 persons of which 23,541 were children.

Among the response activities, the first was a large scale nutritional screening that was conducted for 12,323 children under the age of 5 in La Gonave and Central Plateau as both locations were categorized as "acute food and livelihood crisis" by IPC. Through weight and arm circumference gathered in rally posts, WVH identified 1,540 MAM and SAM cases. All malnourished children with moderate and severe wasting who did not have medical complications were provided with Medika Mamba—a RUTF manufactured in Haiti—while children with medical complications were referred to the nearest health care institution.

In La Gonave, where food insecurity is even more severe due to chronic drought, WVH distributed food vouchers worth $50 USD per month to 5,400 most vulnerable HHs, benefiting 27,000 persons, over a period of seven months. These most vulnerable HHs were selected after a beneficiary verification conducted by WVH confirmed their vulnerability status and that they are not duplicate beneficiaries with a previous food security program.

To assist families in the recovery of their assets and build their capacity to respond to negative external shocks, WVH capitalized on the March-April planting season and distributed seeds and cuttings (peanuts, cassava, corn, sweet potatoes, and peas) to the most vulnerable families affected by the food insecurity who had children under the age of 5 suffering malnutrition across its 14 APs in the affected areas. Follow-up monitoring revealed that 91% of the beneficiaries were able to successfully plant and harvest a good amount of crops from the seeds and cuttings received.

To ensure good management of malnutrition cases and prevention malnutrition recurrence, WVH conducted trainings of PD Hearth and CMAM for nurses, auxiliary nurses, ACPs, and mother volunteer leaders in food insecure communities. By the end of the response period, all MAM and SAM cases were recovered.

Hurricane Matthew Emergency Response (2017)

The powerful Category 4 Hurricane Matthew passed through the island of Haiti on October 4, 2016, bringing heavy rain and strong winds that led to large scale flooding and mudslides, collapsed bridges, widespread crop devastation as well as destruction and damage of homes, schools, and health facilities throughout the country. Death tolls and destruction and damage reports rose rapidly in the days immediately following the hurricane, characterizing Hurricane Matthew as the largest humanitarian emergency in Haiti since the earthquake of 2010. UNOCHA estimated 2.1 million people were affected

by Hurricane Matthew, of which 1.4 million people were in requirement of humanitarian assistance[18]. The majority of the damage was concentrated in the hardest hit areas of the Southern Peninsula, including the Departments of Nippes, Sud, and Grand Anse, as well as the Island of La Gonave.

Even before Hurricane Matthew made landfall, WVH activated its CMT, used its network of ACPs to disseminate and reinforce messaging on hurricane disaster prevention measures, deployed pre-positioned supplies to nearby warehouses which allowed WVH to respond to the needs of affected children and their communities immediately after the hurricane passed. On October 7, 2016, a Category 3 – Global Response was declared, launching a large-scale response in targeted communes of the Nippes and Sud Departments as well as the island of La Gonave, the mountain areas of Port-au-Prince and most vulnerable areas in Grand Anse where no other aid support reached the hurricane-affected communities. Among the targeted geographic areas, La Gonave is the only area where WVH had existing programs.

In the first 12 months following the passing of Hurricane Matthew, WVH was able to deliver a total of 551,473 humanitarian servings to 246,154 beneficiaries by leveraging pre-positioned emergency supplies, NEPRF funding, private funding, grants, GIK and food commodities as well as local capacities from the NO and field teams along with the support from GRRT and RDMT staff deployed from around the globe. A summary of the humanitarian servings delivered by WVH disaggregated by geographic location can be found in Graph 11.

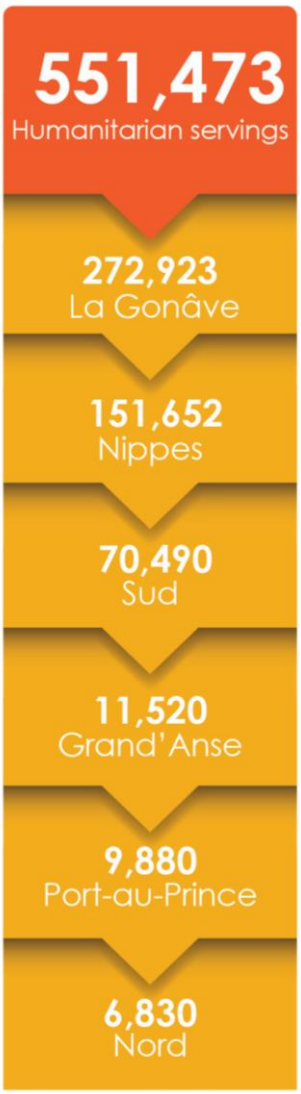


Figure 12. Humanitarian servings delivered by WVH for Hurricane Matthew

Key achievements of the first year of the Hurricane Matthew Response conducted by WVH in coordination with interagency working groups and the GoH include:

- Delivery of life-saving WASH NFIs that included hygiene kits, jerry cans, Aquatabs or bucket filters benefiting more than 133,390 persons, allowing families to treat and store drinking water and prevent water-borne diseases like cholera;
- Rehabilitation of 10 water points in hurricane affected communities, increasing access to clean water for more than 10,180 persons;
- Hygiene promotion sessions for more than 52,385 persons to promote appropriate hygiene and sanitation behaviors post-disaster that reduces risks of water-borne and mosquito-borne diseases;
- Distribution of HH kits benefiting more than 106,505 persons with emergency relief items such as bed sheets, blankets, tarps, flashlights, mosquito nets, kitchen kits, among other things;
- Distribution of 282 MTs of food supplies to 21,215 highly food insecure people in the hardest hit communities;
- Distribution seed and cuttings to the most vulnerable hurricane affected families in anticipation of the upcoming planting season as well as animal husbandry support, benefiting more than 34,535 persons;
- Rehabilitation of two schools and three health centers in the hardest hit areas that were damaged by the hurricane, benefiting more than 620 students and teachers as well as 1,500 patients per center per month;

[18] WVH estimates that 840,000 of the 1.4 million people in need of humanitarian assistance are children.

- Establishment of 9 CFS at the outset of the response to provide hurricane-affected children with psychosocial first aid, educational stimulation, protection and access to safe and relevant learning opportunities while schools were used as emergency shelters and later on as voting centers[19]; and
- Radio spots and awareness banners on the upcoming 2017 hurricane season were posted to ensure hurricane disaster prevention measures were taken by families in the hurricane-affected areas (estimated audience reach is 20,000 persons during the broadcast period).

Figure 13. Hurricane affected families receiving NFIs.

In all of WVH's Hurricane Matthew Response activities, the most vulnerable people, including children, women, elderly and disabled persons, were prioritized. These groups were prioritized in beneficiary selection, served first during distributions, and intentionally targeted for early recovery work such as skills training, shelter repair and seed distribution. To improve resilience toward external shocks, WVH integrated skills training across all of its response sectors with an intentional focus on women and youth.

Through its accountability teams, WVH ensured that all host communities and partners in all response areas were consulted as much as possible on the needs and informed of relevant activity information, selection criteria and World Vision Haiti's identity and code of conduct. Help desks, feedback boxes, and phone lines were set up to ensure that beneficiaries had confidential and safe channels to acquire information as well as submit feedback to WVH. Community feedback and complaints received were quickly acted on and also used to inform program adjustments where feasible. Community leaders, local authorities, AYs, and beneficiary families were consulted in the design of specific activities and also invited to participate during the implementation of CFSs, distributions and CLTS promotion as volunteers and animators. Beneficiaries of the Hurricane Matthew Response were selected and verified in coordination with local authorities and communities in accordance with the pre-determined response plan and donor beneficiary criteria.

WVH's DME team was deployed to the field to verify beneficiaries selected using mobile data collection platforms. Verified data was then integrated into the LMMS system which allowed WVH to provide beneficiaries with unique identification cards and ensure timely communication, fair and accurate distributions and prioritization of the most vulnerable families. Post-activity monitoring were conducted in targeted areas whenever feasible to gauge the level of relevance and effectiveness of the humanitarian aid, after which lessons learned captured informed activity adjustments and improvements.

Multiple Lessons Learned Events were held throughout the first 12 months of the Hurricane Matthew Response, allowing WVH to capture good practices and adjust implementation based on lessons learned in a timely manner. Two most note-worthy lessons were 1) maintain an integrated response structure and a CMT that can be activated and deployed at any warning sign of an impending disaster and 2) ensure that pre-positioned stocks and NEPRF are replenished whenever they are used for responses as the Haiti context is disaster prone, with an average of one Category 3 response every year.

As the response is currently in the recovery phase, emphasis is placed on building resilience through DRR capacity building and family emergency development plans. For more details on the Hurricane Matthew Response, please refer to the WVH Hurricane Matthew Response: One Year Report in the Annex section.

[19] To date, all the CFSs have been transitioned to recreational spaces for children operated by young volunteers initially trained by World Vision Haiti staff on animation techniques, child protection and group management.

WVH'S DEVELOPMENT PROGRAM APPROACH

The launch and implementation of LEAP 3 in WVH marked a new beginning characterized by a shift from service delivery interventions to community empowerment and participation-based programming. To ensure full ownership and sustainability of impact, WVH endeavored to ensure partner and community participation from the design process all the way to planning, implementation and monitoring based on the maturity of local civil society. At the national level, coordination and consultation with key GoH ministries, such as MSPP, DINEPA, CNSA, IBESR, BSEIPH and MENFP, helped shape short-term TP priorities and ensure availability of dedicated technical, human and financial resources for interventions in program areas. These resources included contributions by both WVH and national partners.

At the AP level, plans are developed on the basis of community shared vision and CWB priorities with shared responsibilities in which WVH is one of the local partners. These plans are then implemented with tangible contributions from communities, local authorities, faith leaders and partner NGOs, oftentimes with WVH or its national GoH partner providing technical guidance and mobilization while communities pitch in manpower or volunteer as mobilizers. Plans are monitored on a routine basis through key stakeholder gatherings, called Community Action Groups, or CAGs, and achievements accumulated over the year are broadcasted during community summits. During these summits, local authorities, CAGs and other key stakeholders are mobilized to come together to update the following year's plan.

Figure 14. WVH accountability staff providing program information and inviting communities to provide feedback

During the first year of TP implementation (FY16), most communities and partners were hesitant to be implementers and resource contributors for the action items in the AP/community plans, citing poverty and deprivation as reasons for their inability to contribute. This was not a surprise for WVH due to the significant presence of external aid in the country and repetitive influx of dependency inducing assistance that arise after every disaster. However, through repeated sensitization and meetings with WVH staff and after a couple of initial rounds of joint activity implementation, some communities (and especially AYs) came to a gradual realization that as owners of their communities, creativity, manpower, solidarity and whatever local materials they have are sufficient contributions they can use to jumpstart development actions in their communities. To date, a significant portion of faith leaders, community leaders and AYs have embraced this attitude and some are using their influence to bring others in their communities on board. Where community ownership is more evident, WVH plays a coaching role while community members, faith leaders or AYs take the lead in implementing development activities. For more details, please refer to the Strategic Objectives section. WVH intends to continue implementing this development approach, replicating good practices from some communities into others.

Using the PESRT across all APs, key progress and improvement plans for the main PAF standards are:

- **Providing information, consulting with communities and participation:** WVH consistently provides information on all its activities to partners and communities through joint annual community summits and activity planning sessions. During these planning sessions, volunteers are jointly identified, community and partner as well as WVH contributions are committed and roles for joint implementation are assigned. WVH's information provision in both development and emergency response activities intentionally prioritizes most vulnerable people to ensure that they are among the first to receive the information, have opportunities to be consulted and can provide feedback safely so as to ensure that activities are not only locally appropriate but can be effective in positively impacting the most vulnerable. Wherever feasible,

information provided include activity details such as location, date, time, participants, selection criteria, activity objectives, expected results/deliverables, partners, and partner contributions. Community and CAY consultation occur during joint activity planning, CAG meetings and routine home visits where feedback is collected on community/CAY preferences and potential contributions. WVH conducts all of its activities with as much community, faith actor, CAY and partner participation as possible. Community leaders, mothers, faith actors and CAYs often participate in activities as active implementers, mobilizers or volunteers. In some situations, such as CLTS, WVH plays the trainer and catalyst role while community leaders, AYs and families are the mobilizers and implementers. WVH plans to organize quarterly meetings with CAGs to jointly monitor implementation progress in order to further increase ownership and make participatory adjustments to the plans as well as boost participation levels.

- **Feedback/response systems:** Community feedback and response mechanisms are currently available in APs through all activities, including rally posts, mother clubs, youth groups, as well as CAG meetings; in the case of emergency response, beneficiaries provided confidential feedback through comment boxes and help desks manned by emergency response staff. Since current AP intervention feedback and response platforms are usually done in group or open settings, WVH recognizes that while current feedback mechanisms are accessible and clear, confidentiality may be a concern for some community members. WVH plans to set up complaint and feedback boxes or hotlines in each AP with clear response loops to ensure confidentiality and prompt response.
- **Effective collaboration with partners:** WVH, through all its programs and projects, collaborate with a variety of partners to implement activities and leverage diverse resources. At the national level, partnership agreements are negotiated and established through MOUs (e.g. MSPP, DINEPA or NGOs) and then cascaded down to the field level through the Departmental representative offices of each partner (e.g. District Sanitaire, OREPA or local NGO offices). Local level community partners are identified through partnership opportunity mappings conducted in the APs. CS activities in the APs are implemented in conjunction with resource contributions from local community partners, national partners and WVH. Currently, local community partner contributions are often verbal agreements that require multiple follow-up conversations. Routine partner meetings are needed to hold partners accountable to their committed contributions, for which WVH hopes to develop AP level joint partnering plans that clearly delineate partner roles and responsibilities in advance and combine these with regular monitoring meetings in conjunction with CAGs.
- **Adaptation of TP to local contexts:** To adapt the CS TP to local contexts, WVH conducted multiple meetings with local and departmental stakeholders to ensure a common understanding of CWB vision and share the findings from the last LQAS study that was conducted to inform TP design. Based on the LQAS findings and local stakeholder feedback, TP interventions were prioritized and contextualized for each AP to ensure alignment with community priorities. AP CAGs were formed in these joint meetings, in which community leaders, religious leaders, AYs and local authorities developed their community shared vision and identified key CWB priorities for their communities. As a partner in each AP, WVH shared the contextualized technical project activities that align with community priorities, agreed on partnering opportunities with CAG members, and jointly finalized the AP plans with shared roles and responsibilities.
- **Community-led review and planning:** ACRP sessions (also called community summits in Haiti) are held in conjunction between WVH and CAGs. In these, local authorities, community leaders, faith leaders, AYs and sponsored children assess the progress of their community plan based on what has been achieved during the year, reflect on what worked and what should stop as well as fine-tune plans for the following year. Progress data originate from monitoring actions conducted by WVH, community leaders, mothers, faith actors, CAYs, other partners and local authorities. While the community summits are valuable, WVH feels that annual meetings are not sufficient and intends to increase frequency of joint monitoring and plan revisions with CAGs.

LEARNINGS FROM THE CWB REPORTING PROCESS

The FY16-17 CWB reporting process in WV Haiti was a participatory process. Senior leaders from the National Director to the Department Heads as well as technical teams, DME, Finance, Communications, and Advocacy staff were highly involved in the entire process. Following the planning, analysis, and writing stages of the process, feedback from NO leadership and technical teams on the analysis and recommendations of the report were sought and integrated into the report. The process provided ample opportunities for learnings of which some highlights are captured below.

Key learning points on the process of producing the report

- The CWBR captures a good snapshot of progress toward the strategic objectives and provides a good reflection opportunity at national and field levels.
- Baseline and routine monitoring data provide a general view of status quo but outcome monitoring data will allow WVH to better gauge impact progress and WVH contribution.
- Early planning and communication ensures better participation of multifunctional teams in the reporting process.
- Qualitative data from recent transition evaluations is a good supplement to program output and quantitative data.
- The revised M&E framework has allowed WVH to boost its quality of evidence. Programs need to make evidence-based decisions and consistently implement approaches throughout the country to ensure effectiveness and deliver on impact.

Recommendations for improving future reporting processes

- Continue the multifunctional team approach for future reporting processes.
- Technical advisors are recommended to have an increased and intentional focus on impact and progress toward outcomes and objectives when making decisions based on monitoring data.
- Conduct LQAS studies in advance to generate outcome monitoring data that will better inform impact progress.
- Improve writing skills of key staff.

Figure 15. WVH staff monitoring child nutritional status.

ANNEX

1. List of WVH Area Programs

Department	Cluster	Area Program	Context
Center (Centre)	CP1	Okodem AP	Rural
		Cobocol AP	Rural
		UDICC AP	Peri-urban
		La Belle Mere AP	Rural
		Men Nan Men AP	Peri-urban
	CP2	Akodet AP	Rural
		Covihoy AP	Rural
		Los Palis AP	Rural
		Rio Onde AP	Rural
		Cerca la Source AP	Peri-urban
North (Nord)	North	La Plangne AP	Rural
		Bassin Diaman AP	Rural
		Bois de Lance AP	Rural
		Limonade AP	Peri-urban
		Morne Pelee AP	Rural
West (Ouest)	La Gonave	Pacodes AP	Rural
		Port de Bonheur AP	Rural
		Grand Lagon AP	Rural
		Gonave Hope AP	Rural
	-	Port-au-Prince Ganthier AP	Peri-urban

2. SDG indicators WVH contributes to

TP	SDG	Indicator[20]
Child Survival	Zero Hunger (2)	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)
	Good Health and Well-Being (3)	• Proportion of births attended by skilled health personnel • Proportion of women of reproductive age who have their needs for family planning satisfied with modern methods
	Clean Water and Sanitation (6)	• Proportion of population using safely managed drinking water services • Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water
Learning & Growth	Quality Education (4)	Proportion of children and young people (a) in grades 2/3 […] achieving at least a minimum proficiency level in reading […] by sex

[20] Due to the large quantity of outcome and intermediate outcome indicators, not all of these corresponding WVH CS indicators were included in this CWBR. For more details on the corresponding baseline value of these indicators in WVH program areas, please refer to the LEAP 3 baseline report included in this Annex.

TP	SDG	Indicator[20]
	Peace, Justice and Strong Institutions (16)	• Proportion of population that feel safe walking alone around the area they live • Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month • Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

3. WVH LEAP 3 Baseline Report

4. WVH Hurricane Matthew Response: One Year Report

5. SES Threshold Table

06. SES Thresholds.xlsx

6. Data Sources
   - LEAP 3 Baseline Report (WVH, 2017)
   - Transition Evaluation Report: Men Nan Men & Covihoy APs (WVH, 2016)
   - Transition Evaluation Report: La Plangne & Bassin Diaman APs (WVH, 2017)
   - Child Survival TP Annual Report (WVH, 2016)
   - Rapport de la Carte Sanitaire du Pays (MSPP, 2011)
   - Haiti Mortality, Morbidity, and Service Utilization Survey Key Findings (DHS, 2012)
   - At a Glance: Haiti Statistics (UNICEF, 2012)
   - CDC-Kaiser ACE Study (Felitti, *American Journal of Preventive Medicine*, 1998)