

**ANNUAL REPORT OF  
THE HUMANITARIAN/RESIDENT COORDINATOR  
ON THE USE OF CERF GRANTS**

<b>Country</b>	<b>Haiti</b>
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<b>Reporting Period</b>	<b>February – December 2007</b>

**I. Executive Summary**

Haiti continues to be the poorest country in the Western Hemisphere. It ranks 153 out of 177 countries on the UNDP Human Development Index (2005). This situation is clearly reflected by the rates of chronic malnutrition amongst under five children in the country (national average is 23 percent) and the high prevalence of multiple micronutrient deficiencies especially amongst children.

Haiti's rural areas, which are particularly affected by natural disasters, face serious constraints that hinder their development. These constraints include environmental degradation, the lack of basic infrastructure, limited small commerce, and inflated market prices for staple foods.

Access to basic public services (health, education, water and sanitation) is very unreliable and social indicators are alarming. Basic infrastructure for access to water and sanitation is inadequate. Coverage is the lowest in the Western Hemisphere where infant mortality is estimated at 76 per 1,000 live births, or two times the regional average, and life expectancy is about 18 years shorter than the regional average. Seventy seven percent of the municipalities have a troubling lack of basic services. The consumption of water contaminated by infectious micro-organisms contributes to more than half of the total mortality of children and to chronic malnutrition. Thirteen out of 19 percent of the total population living in rural areas receive the minimum daily ration defined by WHO. As a result of inadequate food consumption more than 22 percent of children in Haiti are suffering from chronic malnutrition as indicated by their rate of stunting (low height for age), out of those children one third (about 8 percent) suffering from severe chronic malnutrition. More than a quarter of the child mortality can be attributed to malnourishment related diseases.

Conditions of extreme poverty; food insecurity; and lack of access to health care, education and employment have created heightened vulnerability for people. The latest EMMUS IV survey (Mortality, Morbidity, and Utilization of Services Survey 2005-2006) indicates a deterioration of the nutritional status of the Haitian population, particularly children under five years old, and an increase of the mortality rate of pregnant women.

For the last two years organizations implementing emergency activities have been dealing with lack of funds due to the fact that donors are more interested in long-term programs.

<b>Total amount of humanitarian funding required and received (per reporting year)</b>	<b>Required:</b> \$ 13,796,751 <b>Received:</b> \$ 3,868,422
<b>Total amount of CERF funding received by funding window</b>	<b>Rapid Response:</b> \$ 591,817 <b>Underfunded:</b> \$ 3,276,605 <b>Grand Total:</b> \$ 3,868,422
<b>Total amount of CERF funding for direct UN agency/IOM implementation and total</b>	<b>Total UN agencies/IOM:</b> \$ 3,868,422

<b>amount forwarded to implementing partners</b>	<b>Total implementing partners: \$ N/A</b>			
<b>Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)</b>	<b>Total</b>	<b>under 5 years of age</b>	<b>Female (If available)</b>	<b>Male (If available)</b>
	> 795,681	93,095	412,163	383,518
<b>Geographic areas of implementation</b>	Country wide, with particular incidence in West Department (capital and neighbourhoods)			

## II. Coordination and Partnership-building

### (a) Decision-making process

Activities funded by the CERF grant were identified through sectoral coordination mechanisms, held on a regular basis and headed by UN agencies, with the Government counterparts and NGOs. UN agencies with key actors, including government counterparts, evaluated the situation in different areas of the country. Based on these evaluations, which included consultation with all local stakeholders (Mairie, CASEC, community organizations and leaders), priority areas of intervention were identified and submitted to the Humanitarian Coordinator (HC). Identified priorities were agreed upon with the UN country team (UNCT) and then project proposals were prepared and submitted to the Humanitarian Coordinator. After the approval of the HC, and with the recommendation of the UNCT, proposals were submitted to the CERF secretariat.

Active implementation of UN humanitarian reform began in 2007. UN agencies have the responsibility for leading and coordinating sectors (clusters), or thematic groups, covering food aid, health, agriculture/food security, shelter and non-food items, nutrition, education, protection and emergency preparedness and response. Through consultations and workshops held over the second half of 2007, UN agencies and government partners, as well as national and international NGOs, developed the basis for the terms of reference for these working groups.

The preparation of Haiti's poverty reduction strategy over 2008 also helped foster collaborative decision making, leading to the formulation of social protection initiatives targeting the most vulnerable.

A thorough assessment of humanitarian needs has yet to be undertaken in areas affected by acute armed violence between 2004 and 2007. Despite high expectations, government capacities did not improve significantly over the last year. Little headway was made towards security and justice sector reform, which is needed to prevent violence against children and to structure support and rehabilitation services. No new resources were invested in either nutrition or child protection public services.

In the absence of a national policy, it is very difficult to target children involved in armed violence and provide them with comprehensive reintegration assistance and lasting alternatives.

### (b) Coordination amongst the humanitarian country team

Joint needs assessments in several areas of the country were conducted by UN agencies, NGOs and Government counterparts. Priorities were identified during sectoral meetings headed by UN agencies with the participation of main stakeholders, including the Government. Projects were implemented by UN agencies either with or through partners, with the full involvement of the Government.

### (c) Partnerships

UN agencies are leading regular sectoral meetings and maintaining working relations with ministries at the central and departmental levels. The partnership with United Nations organizations, bilateral donors, governmental organizations and NGOs enhance programme implementation and allow effective coverage of vulnerable populations. Those partnerships, through synergies, enhance UN

agencies capacity to address emergencies as well as chronic situations. WFP, UNICEF, PAHO/WHO, FAO, IOM and UNDP continue to support the Department of Civil Protection (DPC) and other Government institutions, providing technical and financial assistance, to ensure that activities are coordinated with the full involvement of Government agencies.

NGOs contributed to institutional consolidation, the quality of services provided by the institutions and the involvement of beneficiaries in the participatory process. On the basis of established partnerships, NGOs were selected according to their experience, capacity and the way in which they implement policies on gender equality. Regular trainings and workshops were organized with partners to better implement the programmes and improve the management. Community-based organisations (CBO) have also been involved in several projects and training sessions were organised to ensure good and responsible management of the projects. MINUSTAH provided escorts for commodity convoys, where as implementing partners played a major role in technical design of activities, selection of beneficiaries, and day-to-day management of activities.

UNICEF worked with the Ministry of Social Affairs and Labour (MASL), the Institute of Social Welfare and Research (ISWR), and the Department of Civil Protection (DPC) to ensure that activities were coordinated with full involvement of government agencies. Nutrition activities were designed under the technical guidance of the Ministry of Public Health and the Population. Activities were implemented by national and international NGOs who are long standing UNICEF partners. UNICEF worked with the ISWR to provide care for children victims of violence, abuse and exploitation and the international NGO Associazione Volontari per il Servizio Internazionale provided protection and reintegration activities in Cité Soleil. Collaboration between UNICEF and Foyer Caritas Saint Antoine and Lakou/Lakay (CBOs) aimed to help street children of Port-au-Prince return to their immediate or extended families. AMI and GHESKIO provided health care and STI/HIV/AIDS treatment to those children. UNICEF and the Haitian Red Cross worked together to establish a network of child protection emergency response social assistants. Nutrition activities were implemented in partnership with the Ministry of Public Health and Population, WFP, and the INGOs Terre des Hommes and Initiative Développement. UNICEF oversaw and provided technical and financial assistance to the water and sanitation project. The Ministry of Public Works, Transport and Communications (MTPTC) has been the main partner in the process of project planning, monitoring and evaluation, together with Potable Water Metropolitan Autonomous Centre (CAMEP), Potable Water National Service (SNEP) and Municipality in target areas. NGOs or Community-based Organisations were in charge of project execution.

UNICEF also pursued its partnership with the international organisation CONCERN in St Martin and OXFAM in Grande Saline to provide emergency response for people affected in targeted areas. Three Community-based Organisations (CBO), KDSM, CODEGSA, and ODVA have been involved in this activity for their physical participation in this work. In particular, family households were targeted for promotion sessions and training to identify safe and sustainable solutions to ensure safe family health. Training sessions have been organised with Community-based Organisations to ensure a good and responsible management of project.

#### **(d) Prioritization process**

Underfunded priorities agreed on sectoral meetings were submitted to the UNCT and then presented to the Humanitarian Coordinator for approval. It was suggested that UN agencies prepare project proposals with partners in line with agreed priority sectors. These proposals were also discussed with UNCT members prior to the approval of the Humanitarian Coordinator.

### **III. Implementation and Results**

#### **Rapid Response projects**

Following the severe damages caused by the passage of Hurricane Dean in August 2007 Haiti received a rapid response grant of \$591,817 from CERF. In view of the threats to vulnerable populations until the end of the hurricane season in December, projects were formulated in support of the Government of Haiti's request for urgent assistance to improve temporary shelter conditions and to restore livelihoods of small farmers and fishermen.

The IOM project ensured that adequate protection facilities were in place for at least 6,500 individuals living in at-risk regions through: improvements to 13 temporary shelters in three affected areas of Southern regions, setting-up of a semi-permanent disaster relief shelter in Thoman, Ganthier; and procurement of non-food items (hygiene kits and sheets) for distribution in these shelters.

FAO projects enabled farmers and fishermen to restart farming after cleaning of irrigation canals and to resume fishing activities.

### **Underfunded projects**

The CERF (07-WFP-030) allocation allowed WFP to rapidly and adequately respond to emergency needs through two distinct but complementary mechanisms: Immediate Emergency Food Aid Response to vulnerable victims of natural disasters involving general food distributions of HEB (High Energy Biscuits) - ready to eat nutritious foods); and Relief Response with general food distribution for a longer period (oil, pulses and rice, the later being funded by CERF grant).

The second CERF grant (07-WFP-055), in the context of deteriorating malnutrition in Haiti and at a time of WFP pipeline breaks and contribution shortfalls, allowed WFP to continue its assistance through the mother/child health component of the PRRO 10382.0 and improved health and nutritional status of more than 73,000 beneficiaries. Some \$500,000 allowed the purchase and distribution of approximately 550 MT of CSB which covers one month of WFP needs for the Mother/child Health component of the PRRO.

PAHO/WHO CERF funded projects contributed to restoring quality and increase quantity of potable water to an estimated 100,000 persons living in a Martissant (neighbourhood Department of Civil Protection of the capital Port-au-Prince) while covering a part of the financial gap of Haiti's national immunization campaign, allowed for the extension of the campaign to the metropolitan area of Port-au-Prince. This included the marginalized and insecure settings, which were for a long time underserved by basic health services, in general, and by immunization activities in particular.

UNICEF targeted CERF funds on actions aiming to reintegrate children affected by armed violence with their families; improve prevention of malnutrition in emergencies and provide rehabilitation care to children suffering severe malnutrition; and improve the public health and living conditions of children affected by emergency situations.

The "Emergency Response to Child Trafficking in Volatile Areas" project implemented by IOM has enabled the rescue and return of 158 of the thousands of children trafficked for domestic servitude in the volatile slums of Port-au-Prince. Both the Government of Haiti and NGOs lack the necessary resources and capacity to respond effectively to this widespread problem and these vulnerable children were in danger of becoming victims of gang violence, including gender-based violence. With the funding received, 104 girls and 54 boys were successfully returned and reintegrated throughout Haiti and reunited with their families in their home communities.

### **How was the monitoring and evaluation of the CERF projects conducted?**

The WFP quantitative and qualitative data collection was regularly undertaken by monitors in the field. Standardized project report formats were adopted by partners to ensure that data is uniform, homogenous and comparable and to show progress towards the achievement of expected results. The primary data, disaggregated by sex, were entered into the database to be analysed and used in quarterly reports.

To ensure continued evaluation of the project, IOM project management team partnered with local organizations that have the necessary expertise and experience in working with trafficked "restavek" children to assist in and monitor the successful reintegration of the returned children. When necessary, trainings were provided to partner NGOs to ensure that the best interests of children were considered before returning them to their community of origin.

During the implementation of the “Improvement of temporary shelter in support of populations affected by Hurricane Dean” project implemented by IOM, all project sites were supervised by IOM project engineers to ensure that the works were completed with quality. Payments to contractors were issued following progress inspection visits by IOM engineers evaluating the progress and quality of the tendered works. Periodic updates on the works following site visits were provided by project management teams in their respective areas of intervention.

FAO conducted regular monitoring visits to farmers with Ministry of Agriculture and periodic technical backstopping visits were conducted by the FAO Regional Coordinator. OCHA staff also visited project areas and discussed with beneficiaries and local authorities on the impact.

**Initiatives which complemented CERF-funded projects**

WFP supported with Food for Work activities such as the cleaning of irrigation canals.

#### IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Food Aid	<b>07-WFP-055 Assistance to Food Insecure Persons in Crisis Situation</b>	500,000	73,000 (35,000 Women and 38,000 Children under five)	<ul style="list-style-type: none"> <li>▪ MSPP</li> <li>▪ Various local NGOs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improvement in the recovery rate</li> <li>▪ Number of vulnerable people assisted in the context of Mother Child Health programme</li> </ul>	<ul style="list-style-type: none"> <li>▪ From 58.1 percent of recovery rate in the previous follow-up (dec 2006) to 59.9 percent in the latest follow-up (dec 2007)</li> <li>▪ CERF grant allowed to improve health and nutritional status of more than 73,000 beneficiaries (35,000 Women and 38,000 Children under five : 18,000 girls and 20,000 boys)</li> </ul>
Food Aid	<b>07-WFP-030 Assistance to Food Insecure Persons in Crisis Situation</b>	500,000	74,825 persons (36,013 Men or Boys and 38,812 Women or Girls)	<ul style="list-style-type: none"> <li>▪ Haitian Red Cross</li> <li>▪ TDH</li> <li>▪ Various local NGOs</li> </ul>	<ul style="list-style-type: none"> <li>▪ High Energy Biscuits distributed in the following 48h of a reported affected area (DPC and OCHA reports).</li> <li>▪ Number of people receiving a family ration in the context of a General Food Distribution in response to a disaster</li> </ul>	<ul style="list-style-type: none"> <li>▪ 281 MT actually distributed in 2007 in response to the various emergencies from June to December at the request of the DPC (Civil Protection Direction). The 150 MT of HEBs funded by CERF grant were the first to be dispatched in the first part of the hurricane season.</li> <li>▪ 74,825 persons (36,013 men and 38,812 women) benefited of a family food ration. This food aid was provided to the most affected people based on joint evaluations and reports from the DPC.</li> </ul>
Shelter	<b>07-IOM-020 Improvement of temporary shelter in support of populations affected by Hurricane Dean</b>	254,660	6,500 individuals of all age groups in 6 at-risk communities	Ministry of Interior: <ul style="list-style-type: none"> <li>▪ Direction de la Protection Civile: Central and Regional office</li> <li>▪ Mairie de Ganthier ;</li> <li>▪ Delegations Départementales</li> </ul>	<ul style="list-style-type: none"> <li>▪ Setting-up of semi-permanent disaster relief shelter in Ganthier (Toman) (West)</li> <li>▪ Immediate improvement of temporary shelter in three affected areas of southern Haiti as follows:               <ul style="list-style-type: none"> <li>➢ South-East: Jacmel/Cayes</li> <li>▪ Jacmel: 4 sites;</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ 13 temporary shelters (South:6; South East: 4 and Grande Anse:3) upgraded to minimum standards, including emergency repairs to walls, windows, floors ,roofs and culverts, installation of water points or reservoirs as well as pumps, electric works, installation of doors and windows, cleaning or building of latrines, to minimum shelter standards, and provided with water points and latrines in the South (6); South East (4) and Grande Anse (3)</li> </ul>

				du Sud, Sud-Est et de la Grande Anse	<ul style="list-style-type: none"> <li>➤ South: Les Cayes/Les Anglais : 6 sites.</li> <li>➤ Grande-Anse: Jeremie: 3 sites.</li> </ul>	<ul style="list-style-type: none"> <li>■ 1 semi-permanent shelter built in Toman</li> <li>■ Procurement of NFIs (hygiene kits and sheets) for use by 1445 beneficiaries</li> </ul>
Protection	07-IOM-007 Emergency Response to Child Trafficking in Volatile Areas	221,955	104 girls and 54 boys trafficked for domestic labour: in the following age group 22: 0-10 yrs 76: 11-15 54: 16-18 9: 19+	<ul style="list-style-type: none"> <li>■ Government: Ministry of Social Affairs (IBERS)</li> <li>■ NGO partners: <i>Aide Enfants en Domesticité (AED)</i> ;</li> <li>■ <i>Centre d'Aide Enfants Démunis (CAD)</i> ;</li> <li>■ <i>Solidarité pour Développement d'Haiti (SODIH)</i> ;</li> <li>■ <i>Centre de Compassion Enfants Démunis (CECODE)</i> ;</li> <li>■ <i>Association Défense des Droits des Enfants à Anse Rouge (ARD TAR)</i> ; and</li> <li>■ <i>Fondation Zanmi Timoun.</i></li> </ul>	<ul style="list-style-type: none"> <li>■ 150 <b>children victims of trafficking</b> in volatile and poor neighbourhoods of Port-au-Prince will be effectively covered by this emergency response, through the following specific outcomes: <ul style="list-style-type: none"> <li>➤ Provision of shelter;</li> <li>➤ Provision of medical, nutritional and psycho-social care; and</li> <li>➤ Provision of return and reintegration assistance.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ 158 children victims of trafficking were rescued from volatile slums of Port-au-Prince and provided with temporary shelter; nutritional, medical and psycho-social care; and reunited with their families in their community of origin throughout Haiti. Fees for educational or training needs were paid for one year for all returned children/youth and their parents/guardians provided with training and set-up grant to engage in livelihood opportunities in order to ensure successful reintegration and sustainability of the objectives of the project.</li> </ul>
Protection	07-CEF-030-B UNICEF Protection of children affected by armed violence	393,760	2,000 girls and boys in the most violence-prone neighbourhoods	<ul style="list-style-type: none"> <li>■ Ministry of Social Affairs and Labour (MASL),</li> <li>■ Institute of Social Welfare and Research (ISWR), and the Department of Civil Protection (DPC);</li> <li>■ Associazione Volontari per il Servizio</li> </ul>	<ul style="list-style-type: none"> <li>■ Training for community workers in child protection, identification of separated children, family tracing and mediation, care standards for fostered children;</li> <li>■ Creation of non-formal education programmes (accredited by the Ministry of Education) for the primary cycle in local schools and community centres, and establishing partnerships with local schools to ensure access of children for</li> </ul>	<ul style="list-style-type: none"> <li>■ 87 children (27 girls) living in the streets of Port-au-Prince have returned to their families and are enrolled in school, with support for schooling and follow-up monitoring</li> <li>■ 350 children living in the streets of Port-au-Prince participated in education, professional training and recreational activities in an open care centre.</li> <li>■ 1,700 of the estimated 2,200 children living in the streets of Port-au-Prince received basic and specialised health care; 40 HIV+ and RPR + children were enrolled in a specialised care and treatment.</li> <li>■ 723 children in Cité Soleil were enrolled in school: 64 who had been dependant on armed groups, 219</li> </ul>

				<p>International (AVSI);</p> <ul style="list-style-type: none"> <li>▪ (CBOs) - Foyer Caritas Saint Antoine and Lakou/Lakay;</li> <li>▪ AMI and GHESKIO, and</li> <li>▪ The Haitian -Red Cross.</li> </ul>	<p>the complete primary cycle;</p> <ul style="list-style-type: none"> <li>▪ Identification of extremely vulnerable children and their referral to project services;</li> <li>▪ Placement and monitoring of separated children with biological or foster families;</li> <li>▪ Organisation of social activity programmes by community workers;</li> <li>▪ Referral of children over 15 having completed primary education certificate to economic participation support programmes;</li> <li>▪ Coordination meetings with project partners and community workers.</li> </ul>	<p>children victims of domestic violence, 59 children victims of armed violence (injured or whose family members had been injured or killed), 71 children living in or on the streets, 30 child domestic workers, 11 child market workers, 41 children living in extreme poverty, 8 children mothers and 2 children living with physical handicaps.</p> <ul style="list-style-type: none"> <li>▪ The state social service agency initiated a transitional care programme for victims of abuse in care homes, a first group of 28 girls participated in this programme.</li> <li>▪ 60 Haitian Red Cross and child protection NGO social assistants, from each of Haiti's ten regional departments, were trained in the basics of emergency child protection as well as prevention and response to sexual violence; they now constitute a national network of emergency child protection workers.</li> </ul>
<b>Food security</b>	<b>07-FAO-049 Humanitarian assistance to small farmers and fishermen South and South East departments, victims of hurricane Dean</b>	207,580	5,600 families	None	<ul style="list-style-type: none"> <li>▪ Irrigation scheme of Peredeau functioning</li> <li>▪ 8,000 families have received 40 tonnes of beans</li> <li>▪ 2,500 farmers planted 25,000 fruit trees</li> <li>▪ 200 fishers have received fishing materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Irrigation system is functioning and farming activities have restarted</li> <li>▪ 4,000 families have received 40 tonnes of beans and 500 families have received vegetable seeds. The quantity by beneficiary was increased in order to have more impact.</li> <li>▪ 850 families have planted 25,000 fruit trees.</li> <li>▪ 675 kits of hand tools distributed to 675 families.</li> <li>▪ 250 fishers have received fishing materials.</li> </ul>
<b>Food security</b>	<b>07-FAO-048 Humanitarian Assistance to small farmers victim of flooding</b>	129,577	1,800 families	None	<ul style="list-style-type: none"> <li>▪ 12 Tons of beans and three tons of maize distributed to 600 families</li> <li>▪ 3,000 hens and 600 goats distribute to 600 families</li> <li>▪ 600 families trained</li> </ul>	<ul style="list-style-type: none"> <li>▪ 12 tons of beans and 3 tons of maize distributed to 1,200 families.</li> <li>▪ 1,200 kits of hand tools distributed to 1,200 families and 600 goats distributed to women. The hens have been replaced by the hand tools as requested by the beneficiaries.</li> <li>▪ 1,200 families trained.</li> </ul>



<p><b>Health and nutrition</b></p>	<p><b>07-WHO-062</b></p> <p><b>Immunization campaign in marginalized urban settings of Port au Prince</b></p>	<p>500,000</p>	<p>OPV and Vitamin A: 52,072 under five</p> <p>MR: 322,252 one to nineteen children and youths</p> <p>DT: 113,344 Women in Procreative Age</p> <p>De-worming: 159,551 school children</p>	<ul style="list-style-type: none"> <li>▪ Ministry of Health</li> <li>▪ Ministry of Education</li> <li>▪ UNICEF</li> <li>▪ MINUSTHA</li> </ul>	<ul style="list-style-type: none"> <li>▪ 95 percent of targeted population (1-19 years of age of both sexes) received one doses of Measles-Rubella vaccine</li> <li>▪ 95 percent of targeted population (0-4 years of age of both sexes) received two doses of vaccine against polio</li> <li>▪ 95 percent of targeted population (Women of Child bearing Age – 15-49 years) received two doses of vaccine against diphtheria and Tetanus</li> <li>▪ 95 percent of targeted population (1-4 years of age of both sexes) received one dose of vitamin A</li> <li>▪ 95 percent of targeted population (Primary school attendants) received one dose broad spectrum anthelmintic.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,155,950 children and adolescents from one to nineteen years of age received measles and rubella vaccine; coverage for RR was thus 96 percent</li> <li>▪ 225,107 children under five years of age received Polio vaccine; coverage's attained was thus 64 percent for polio; this coverage is under estimated owing to the deliberate use of an over estimated arbitrary denominator for the under five in the planning (arbitrary 13 percent vs 10.6 percent for official estimate of the Haitian Institute for Statistics and informatics (IHSI). With this IHSI denominator, coverage is 84 percent</li> <li>▪ 493,541 women of reproductive age (15-49) received dT vaccine; coverage was thus 78 percent</li> <li>▪ Children more than one year and under five years of age received vitamin A along with polio.</li> <li>▪ 322,836 children attending primary and secondary schools received de-worming drug; thus coverage 77 percent. In fact de-worming coverage was under estimated because of the neglect to register.</li> </ul>
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<p><b>Health and nutrition</b></p>	<p><b>07-CEF-030A UNICEF Recognition and Treatment of Acute and Chronic Malnutrition</b></p>	<p>662,330</p>	<p>30,000 girls &amp; boys</p>	<ul style="list-style-type: none"> <li>▪ Ministry of Public Health and Population,</li> <li>▪ WFP</li> <li>▪ the INGOs Terre des Hommes and</li> <li>▪ Initiative Développement</li> </ul>	<ul style="list-style-type: none"> <li>▪ The nutritional status of 30,000 children under five, 5,000 breastfeeding mothers and 5,000 pregnant women in vulnerable areas will be significantly improved in ten communes affected by socio-political conflict.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 15,000 acutely malnourished children received appropriate treatment in different zones of the country with special focus on the neighbourhoods most affected by violence.</li> <li>▪ About 22,000 children under five and 8,000 women benefit from micronutrients supplementation and/or targeted protein biscuits distribution.</li> <li>▪ Breastfeeding promotion activities have been developed as part of the “Baby Friendly Hospitals” strategy.</li> <li>▪ UNICEF and partners have initiated with INGOs a new community approach for severe malnutrition treatment.</li> <li>▪ In order to cover the needs of an estimated 1,000 children under 5, UNICEF increased emergency nutritional stocks as part of Emergency Preparedness and response activities. Emergency Nutritional supplies have been available during the whole year and positioned in the North, Artibonite, Central and South departments to reduce response delay.</li> <li>▪ UNICEF in collaboration with the Ministry of Health and NGOs has ensured training for 60 medical staff on Community management of acute malnutrition, covering screening and care standards.</li> </ul>
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<p><b>Water and Sanitation</b></p>	<p><b>07-WHO-025</b> <b>Potable water for Martissant</b></p>	<p>222,500</p>	<p>100,000</p>	<ul style="list-style-type: none"> <li>▪ CAMEP (Port-au-Prince governmental water agency)</li> <li>▪ Mairie de Port-au-Prince and MOH</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water distribution network is repaired and improved</li> <li>▪ Chlorination facilities are functioning</li> <li>▪ Collecting area is protected</li> <li>▪ Water distributed is potable</li> <li>▪ Technical staff and people from the area trained</li> <li>▪ Population knowledge and behaviour is improved</li> <li>▪ Diarrhoeas and other water related illnesses or affections significantly decreased</li> </ul>	<ul style="list-style-type: none"> <li>▪ The water system in Martissant (100, 000 hab.) is functional in Rue Romulus and Baigne;</li> <li>▪ A water management committee opens everyday and serves individuals who have seen their water services regularized;</li> <li>▪ For the first time Martissant is making the experience of a public paying fountain;</li> <li>▪ 40 young people of the community are aware of the sanitary problems of the zone and trained in hygiene techniques;</li> <li>▪ Other agencies are using the committee established by the project to carry out their activities, which was not possible before.</li> </ul>
<p><b>Water, Sanitation, and Hygiene (WASH)</b></p>	<p><b>07-CEF-070</b> <b>Rehabilitation of Water and Sanitation systems in poor areas of Port-au-Prince</b></p>	<p>276,060</p>	<p>150,000 girls &amp; boys</p>	<ul style="list-style-type: none"> <li>▪ Ministry of Public Works, Transport and Communications (MPTC)</li> <li>▪ Potable Water Metropolitan Autonomous Centre (CAMEP),</li> <li>▪ Potable Water National Service (SNEP) and</li> <li>▪ Municipality in target areas,</li> <li>▪ OXFAM-GB,</li> <li>▪ Concern, and</li> <li>▪ Community Based Organisations (CBO): KDSM, CODEGSA, ODVA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Construction/rehabilitation of water distribution systems in 5 poor areas.</li> <li>▪ Construction of water treatment system in Cite Soleil.</li> <li>▪ Support the construction of 6 institutional latrines and sanitation activities.</li> <li>▪ Promotion of health and hygiene education in 5 local communities</li> </ul>	<ul style="list-style-type: none"> <li>▪ The construction of water distribution was planned with governmental institutions but follow up to emergencies in November 07, these funds have been reallocated to emergency response to hurricanes Dean and Noel in Artibonite and consisted in construction and distribution of 500 locally-made water filters to households to provide safe water to 500 families.</li> <li>▪ Rehabilitation of 4 communal latrines in St Martin to provide safe excreta disposal to 10,000 people. The cost was underestimated for 6 latrines and 4 latrines were constructed.</li> <li>▪ Promotion, material distribution and technical support for the construction of facilities for hand-washing and safe excreta disposal for 300 families.</li> <li>▪ Community sanitation education to improve hygiene practices in 5 communities.</li> <li>▪ Construction and distribution of 500 locally-made water filters to households to provide safe water to 500 families.</li> <li>▪ Capacity building of Community Based Organisations</li> </ul>

## V. CERF IN ACTION: Success stories

### Rapid Response project

#### Shelter - 07-IOM-020: Improvement of temporary shelter in support of populations affected by Hurricane Dean

Designed and implemented in conformity with the objectives of the Government's efforts to improve shelter infrastructure and conditions in Haiti, the main objective was to support the Direction de la Protection Civile (DPC), the governmental agency responsible for overseeing disaster preparedness and response in Haiti, in providing safe shelter to populations most at risk of being affected by disasters during the 2007 rainy and cyclonic season.

Within each targeted at-risk area, the priority was to improve to minimum shelter standards buildings used as temporary shelters. The works carried out comprised mainly repair works to walls and roofs, installation of windows, doors, electricity, and rehabilitation/construction of key amenities such as water supply points, reservoirs and latrines. In Toman, the construction of the semi-permanent shelter was designed to provide separate space and sanitation facilities for girls and women and include the building of a reservoir, latrines, and construction of 130 m of road to facilitate access to the shelter. Additionally, hygiene kits, plastic washbasins and sheets were procured for 1,445 beneficiaries.

### Targeted regions and shelters

South: Les Cayes and Les Anglais	Grande Anse: Jeremie	South : Jacmel and Cayes - Jacmel	Ganthier: Toman
Lycee Philippe Guerrier	Ecole Soeur Marguerite D'youville	Lycée Cayes Jacmel	New semi-permanent shelter and 130 mts of access road
Eglise St. Eugene de Mazenod	Lycee des Jeunes Filles	Lycée Célie Lamour de Jacmel	
College Pierre Corneille	Lycee Nord Alexis	Ecole Kay Douge	
Ecole Sou Woch		Ecole EDEZE Gousse	
Ecole Claude Museau			
Ecole Presbyteral Les Anglais			
<b>Non-food items (hygiene kits, washing basins and sheets) for 1,445 beneficiaries</b>			

Associated outputs of the project provided adequate learning and sanitary conditions for children who attend the 12 schools that are used as temporary shelters and that were targeted by the project. Moreover civil works carried out under the project facilitated created the creation of short-term livelihood opportunities for the generation of income in the areas of intervention.

**Improvement works carried out at targeted shelters**



*Block of latrines*



*Iron doors*



*Reservoir*



*Water points*



*Latrines*



*Reservoir*



*Electrical connection work*



*Water connection work*

## Underfunded Project

### Protection - O7-IOM-007: Emergency Response to Child Trafficking in Volatile Areas

The main objective of the project was to rescue at-risk trafficked children in poor and volatile neighbourhoods of Port-au-Prince, prone to gang violence. While trafficked boys are at risk of being recruited in gangs, girls are more likely to become exposed to gender-based violence.

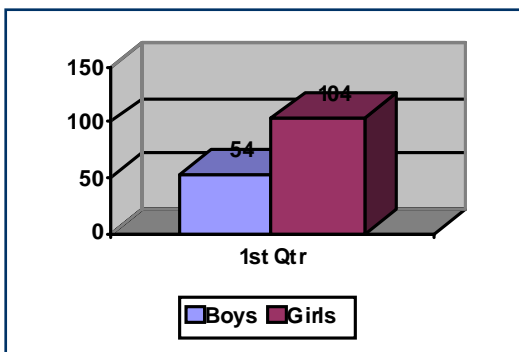
Project activities replicated those that have been developed by IOM in its comprehensive programme to assist child victims of trafficking in Haiti. Targeted victims were identified with the collaboration of partner organizations that were selected to participate in project and with the support of social workers. Some of the victims were identified by the Institut de Bien Etre Social et de Recherches (IBESR), the government agency responsible for the defence and protection of minors.

Targeted beneficiaries included children who had run away from their host families and were living on the streets. Others were identified in the communities where they were living and working while they were out fetching water or going to the street market. They were found in the volatile neighbourhoods of Martissant, Solino, Bas Delmas, Bel-Air, Caradeux, Fort-National and Carrefour Feuilles. The most vulnerable children were taken to temporary shelters until it was considered safe to return them to their community of origin. Forty-three children (13 boys and 30 girls) were sheltered before being returned to their community of origin.

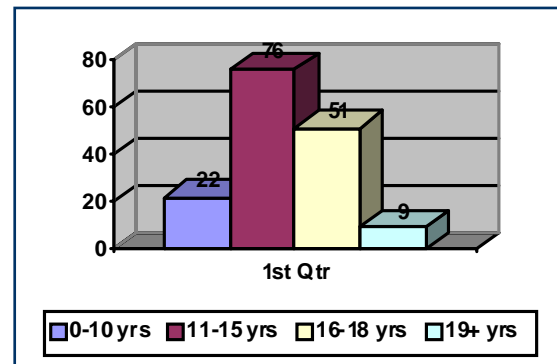
All victims identified for assistance under the project received medical and psychological assistance as needed. Medication, food supplements were also provided to the children. Some of the medical conditions suffered by these children include malnourishment, skin diseases and vaginal infections. Psychosocial activities were conducted in temporary shelters for identified victims and a psychologist was recruited for cases that required particular attention as many of the rescued children were traumatized by their experience. After these children were returned, their parents were provided with the necessary resources and advice to follow up on the specific care needed.

In sum, this CERF-funded project enabled the successful return of 158 trafficked children (104 girls and 54 boys) to their community of origin and their reunification with their parents/guardians. The latter were also provided with training assistance and micro-grants to set up livelihood opportunities in order to ensure that the long term needs of the beneficiaries are catered for. Many other trafficked children in the targeted neighbourhoods of destination, on learning of the return of their friends, are still claiming for their return too.

Number of beneficiaries by sex



Number of beneficiaries by age





*Rescued children waiting for their medical tests*



*Children with their parents in Lascahobas*



*Children rescued in Bas Delmas, Solino et Delmas 33 returning to their community of origin to be reunited with their parents.*



*Rescued children reunited with their relatives in Grand Bois (Plateau Central)*

## **Tales on eliminating rubella in Haiti**

It is 10 o'clock in the morning in Haiti. In one school, teenagers are attending history class. Everything appears normal, when all of sudden a group of four people enter the class. They are all wearing the same t-shirt with the slogan.... Ann al' vaksynenn".....

The four greet the class enthusiastically and in a friendly manner. They identify themselves as vaccinators from the Ministry of Health while they start preparing vaccines. The eyes of the students jump out of their heads and their pupils are widening. Their breathing becomes irregular and their hearts are beating faster....like a formula 1 car....

One of the team members breaks the silence and asks with a huge smile: Has anybody in this class heard what rubella is?

Rubella? What is that? - asks the whole class.

The vaccinator of the Ministry of Health takes out a flyer and shows pictures while explaining what kind of disease Rubella is. She then tells the class that luckily a vaccine exists to avoid getting Rubella and that this team has come to vaccinate all the students. Not only all the students in this class but all Haitians, male and female, up to 19 years of age will be vaccinated against Rubella. After this class, the team and their colleague teams will vaccinate more than 5 million people in Haiti!

Who of you will be the first? - asks the vaccinator. The class is in awe and it takes a couple of minutes to recover.

Claude, a tough and tall guy, is making himself as small as possible and hides behind his classmates. Julia, an intelligent girl, is apparently questioning the vaccine. Pedro, the best captain of the football team is trembling all over due to the presence of the vaccinators.



All of a sudden, a small voice can be heard. Jean Marie, who is sitting close to the window and to whom nobody ever pays attention, stands up and raises his voice and says loudly: Moi!!!!

The students look at each other with an expression of disbelief. This small guy has the courage to go to these people with their green and white t-shirts??!!! Nobody can believe that!

Jean Marie walks over slowly but surely, while arranging his clothes and rolling up the sleeves of his shirt. He demonstratively puts his bare arm forward to the vaccinator, ready to receive his vaccination!

The children start screaming, the girls are stupefied, nobody can believe it! Jean Marie is the first to get vaccinated!

Jean Marie convinced the class. They all think that if he can do it "I can do it!!" Claude approaches the vaccinators. The vaccination turns into a party. Everybody watches how their classmates receive the vaccination. They are smiling, making jokes and copying the vaccinators while taking the opportunity to get vaccinated and avoid Rubella.

This is how the vaccination campaign happened in Haiti.

