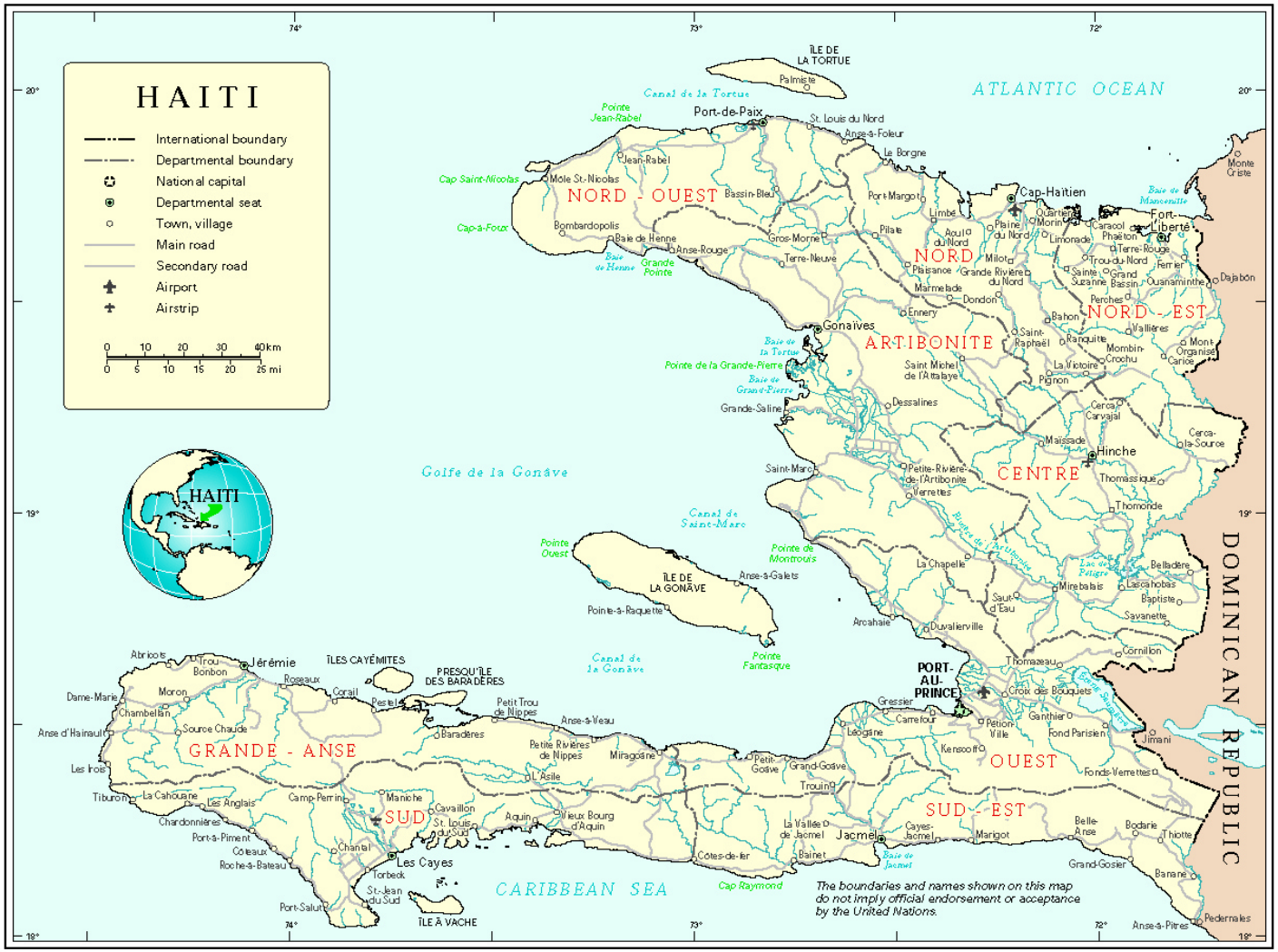
Integrated Emergency Response Programme Targeting Vulnerable Groups and Communities in Haiti

H a ï t i

United Nations System
Republic of Haiti
March 2003



Map No. 3855 Rev. 1 UNITED NATIONS
October 1995 (Colour)

Department of Public Information
Cartographic Section

LIST OF ACRONYMS

BRH	Banque de la République d'Haïti (Bank of the Republic of Haiti)
CAMEP	Centrale Métropolitaine d'Eau Potable
CCA	Common Country Assessment
CEP	Permanent Electoral Council
CNSA	Coordination Nationale de Sécurité Alimentaire (National Food Security Coordination Office)
CSCCA	Cour Supérieure des Comptes et du Contentieux Administratif (Superior Court of Accounts and Contentious-Administrative Proceedings)
DHP	Direction d'Hygiène Public (Directorate of Public Health)
DPC	Direction de la Protection Civile (Directorate of Civilian Protection)
EMMUS	Enquête de Mortalité, Morbidité et Utilisation des Services (Survey on Mortality, Morbidity and Use of Services)
EPA	Eau Potable et Assainissement (Drinking Water and Sanitation)
EPI	Expanded Programme on Immunization
FAd'H	Forces Armées d'Haïti (Haitian Armed Forces)
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross Domestic Product
GNP	Gross National Product
ha	Hectare
HUEH	Hôpital Universitaire d'État d'Haïti (Haitian State University Hospital)
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
MPCE	Ministère du Plan et de la Coopération Externe (Ministry of Planning and External Cooperation)
NGO	Non-governmental organization
OAS	Organization of American States
OPC	Office de la Protection du Citoyen (Citizens' Protection Office)
PAHO/WHO	Pan American Health Organization/World Health Organization
PIR	**Integrated Emergency Response Programme Targeting Vulnerable Groups and Communities in Haiti**
PNGRD	Plan national de gestion des risques et des désastres (National Risk and Disaster Management Plan)
PNH	Police Nationale d'Haïti (Haitian National Police)
POCHEP	Poste Communautaire d'Hygiène et d'Eau Potable (Community Health and Drinking Water Service)
PROMESS	Programme de médicaments essentiels (Essential Medicines Programme)
SNEP	Service National d'Eau Potable (National Drinking Water Service)
SNRE	Service National des Ressources en Eau (National Water Resources Service)
TCE	Tons of cereal equivalent
UCS	Unité Communale de Santé (Community Health Unit)
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNS	United Nations System
VAM	Vulnerability Analysis and Mapping
WFP	World Food Programme

TABLE OF CONTENTS

Introduction

Haiti is undoubtedly the poorest country in the Americas, no matter what yardstick one might choose to measure its condition. It is still important, however, to raise the awareness of the international community regarding the rapid pace at which the situation has deteriorated over the last few months, leaving the majority of the population increasingly destitute. In fact, their vulnerability has reached a critical level, as traditional survival mechanisms have broken down. During this time, 52 per cent of the population of Haiti who were already living beneath the poverty line saw their living conditions deteriorate dramatically, under the combined effect of currency devaluation and rising prices of staple commodities (imported goods account for a large share of the food basket), essential medicines and petroleum products. All these factors have worked together to critically reduce their already limited purchasing power. Already desperately impoverished and with their capital resources seriously depleted, faced with the weakening or lack of traditional or public safety nets, diminishing or vanishing economic opportunities, living in an atmosphere of heightened insecurity brought on by perennial injustice and exacerbated by the difficulty of gaining access to basic services and essential products, the daily lives of most Haitians are driven by two key conditions: their sense of insecurity and their sense of urgency.

Political unrest also contributed to the deterioration of living conditions, which in turn led to the economic and social exclusion of many strata of society. The people's sense of insecurity was exacerbated by armed violence and increased impunity. The atmosphere of lawlessness that prevails in certain parts of the country has allowed for the appearance of a new and worrisome phenomenon, namely, the appearance of armed groups and bandits who have isolated certain roads and regions of the country.

The term "critical decapitalization" seems to be the best way to express the "**silent emergency**" that Haiti is experiencing. Although the main problem is a structural one, the emergency has been exacerbated by the recent turn of events. The decapitalization with which many different actors of Haitian society (individuals, families, businesses, organizations and institutions) are faced has undermined the level of base capital on which the well-being and the future of any country rests. Thus, the steady deterioration of living conditions of the most deprived strata has shaken the very foundation of socioeconomic life and handicapped the capacity of Haitian society to take advantage of its entrepreneurs and generate the growth that it so needs to ensure its future development. As a result of this constant deterioration, the underprivileged sectors of Haitian society find themselves in a situation very similar to that of populations that have suffered armed conflict for over ten years. The following table compares basic indicators for Haiti with those of countries that have experienced classical types of outright humanitarian crisis for a number of years.

Table 1
Comparison of basic indicators for Haiti and countries experiencing humanitarian crisis

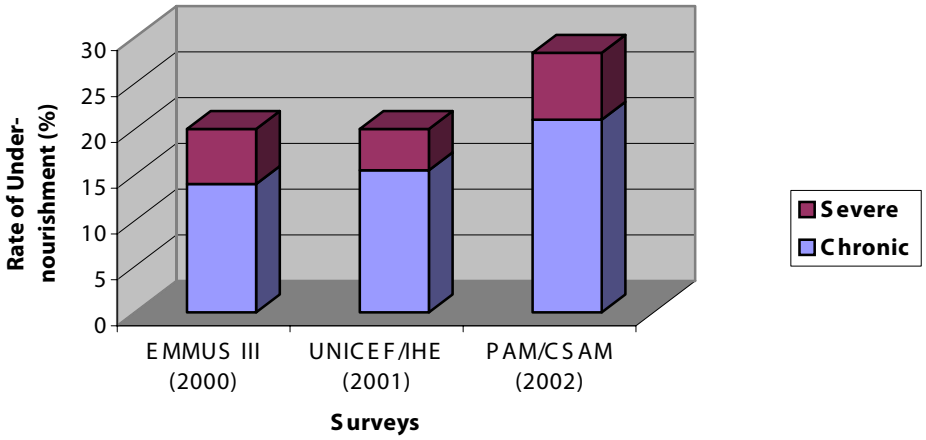
	Haiti	Congo (RDC)	Burundi	Angola	Sierra Leone	Eritrea	Sudan
Classification according to Human Development Index (2002)	**146**	155	171	161	173	157	139
Population living below the poverty line (%)	**42**	39	nd	nd	nd	42	38
Population below the monetary poverty line (%)	**65**	nd	36	60	68	53	nd
Life Expectancy at birth (years)	**52**	51	41	45	39	52	56
Children under weight for age (% under age 5)	**28**	34	45	nd	27	44	19
Population using adequate sanitation facilities (%)	**28**	20	nd	38	28	46	62
Births attended by skilled health staff (%)	**24**	70	25	22	42	21	nd
Under-nourished people (as % of total population)	**56**	64	66	51	41	57	21
Population not using improved water sources (%)	**54**	55	nd	62	72	54	25
Maternal mortality ratio reported (per 100,000 live births)	**520**	nd	nd	nd	nd	999	550
Under-five Mortality Rate (per 1,000 live births)	**125**	128	114	172	180	73	108
People living with HIV-AIDS (% age 15-49)	**6**	5	8	6	7	3	1
Official development assistance received (per capita in US$)	**25**	4	15	23	41	48	7
Adult literacy rate (%)	**49**	61	48	nd	nd	56	58

* Data from the *Human Development Report 2002*, based on data for 2000-2001

While this table clearly shows how Haiti compares with countries that experienced humanitarian crises in 2000-2001, it should be noted that far from improving, Haiti's position with respect to other countries undergoing humanitarian crises has deteriorated significantly over the last few years, and especially during the last few months. Observers and aid workers can attest to this, even though no recent data are available as yet. Indeed, the lack of data in itself is an important indication of the prevailing situation.

Thus, even in the absence of reliable statistics showing recent trends in the main indicators of the country's situation, **the agencies of the United Nations System have been witnesses, on a daily basis, to the impoverishment and increasing instability of a growing segment of the population that has reached a critical threshold of vulnerability**. These agencies are now intent on challenging the international community to wake up and provide an emergency response to the critical and precarious situation of a significant share of the population of the country. As shown by the following figure, for example, malnutrition in urban areas (for which data are available) has risen to an alarming level during the last few years.

Figure 1. Malnutrition Evolution in Metropolitan Area (%)



Thus, although Haiti does not fit any of the classic definitions of a country experiencing a humanitarian crisis as a result of a natural disaster or armed conflict, the agencies of the United Nations System that are involved in Haiti have determined, after a careful study, that an integrated emergency response programme is needed immediately. This **Integrated Emergency Response Programme Targeting Vulnerable Groups and Communities in Haiti (PIR) has been drawn up by the agencies of the United Nations system to provide a well-coordinated, rapid and targeted response to the needs of a growing number of Haitians whose vulnerability has reached a critical stage.** In the preliminary stage, the programme will provide assistance to persons living in such a state of vulnerability that their physical survival is at risk. At a second stage, the programme will supplement interventions carried out by the development partners, serving as a catalyst for their efforts by recapitalizing those groups that are too vulnerable to participate in development activities or who have been marginalized by recent developments. The Integrated Programme is designed to take advantage of the synergies arising from the complementarity between short-term humanitarian actions and long-term permanent structural development programmes. Thus, the idea is to ensure the continuity of recent achievements in the field of development and ownership by providing some relief to the extreme circumstances that have been brought about by circumstances that are not likely to improve any time soon.

The Programme was drawn up as the result of an open and participatory initiative undertaken by the agencies of the United Nations system as they reached common conclusions regarding the need for emergency intervention. All the United Nations agencies that have a presence in Haiti played a part in preparing the project, as did some thirty national and international NGOs, bilateral and multilateral donors and technical departments of the Haitian Government.

This programme is a direct product of discussions which began in connection with the Common Country Assessment (CCA) and the United Nations Development Assistance Framework ((UNDAF) for Haiti. Hence, the sectoral analyses on which the programme is based (and which are summarized herein) were drawn up as part of a joint effort involving all partners. This joint analysis made it possible to determine which sectors require priority intervention and to devise specific strategies for each one. These strategies will be implemented through individual projects which will be developed over time as financing becomes available.

As far as implementation of the Programme is concerned, the United Nations agencies will take into account the recommendations of UNDAF and the Common Country Assessment, with a view to coordinating the programmatic and operational elements required for implementation. The Agencies will act both as lead agencies, as coordinators in the sector falling within their particular mandate and, occasionally, as executing agencies. The international and national NGOs also have an important role to play in implementing the programme, as they will bring to bear their familiarity with the local environment and their considerable intervention capacity. Local organizations will also be key actors in project implementation. Finally, the public agencies will make a valuable contribution, given that their involvement is crucial to attaining results in those sectors in which the State plays a key role, particularly in the area of health.

The Integrated Emergency Response Programme Targeting Vulnerable Groups and Communities in Haiti (PIR) is being submitted in two separate documents:

- the analytic and strategic part of PIR (this document). Also included is a summary table of projects to be implemented for each sector concerned.
- an appendix containing detailed descriptions of the projects themselves.

Financing for the projects or initiatives envisaged in the Programme would be provided by donors who would communicate directly with the institutions responsible for the projects concerned. An office for the coordination of humanitarian assistance will need to be set up (see the section on *Coordination, follow-up and evaluation*). Once this office becomes operational, it will serve as an intermediary so as to ensure overall consistency and complementarity.

It should be pointed out that the Programme will be reviewed every six (6) months, taking into account the circumstances prevailing at the time, in order to ensure that it provides an adequate response to new needs as they arise in the communities and populations.

Haiti: a context fraught with humanitarian risks

The situation in which a significant share of Haitians are now living is not the result of a natural disaster or widespread armed conflict. However, a close look at a number of key indicators shows that there are many similarities between the Haitian situation and that of countries that are in the midst of just such a crisis (see table 2).

Table 2

Basic indicators

Poor population:	3 800 000 (cannot afford 2 240 calories dp+clothing+lodging)
Food insecurity:	2 400 000 (cannot afford 2 240 calories/day/person)
75% of the poor are in rural areas:	1 800 000 (300 000 families)
Chronic malnutrition:	51% of the population
Acute malnutrition:	4,5% of the population
Underweight:	28% of the population
Infant mortality rate :	125/1000
Maternal mortality rate :	523/100 000
Life expectancy :	53,3 years (2000) down since 1996 (55 years)
GDP	Falling by 2,5% per year since 1990
Access to drinking water	Urban 48%; Rural 55%
Value of the gourde	(Gourde/US$1) August 2002 = 26, October 2002 = 35, February 2003 = 45

More recently, in the political, economic, social and environmental spheres, the country has suffered rapid deterioration, making it even more fragile and volatile. In this context, too many elements work together that might create a humanitarian crisis within a short time. It is the conjunction of several factors that has led to this recent acceleration of the deterioration of the situation.

Political situation

The rule of law has broken down

In 1994, after several years of political instability, an American-led international military intervention made it possible to restore the constitutional order. In 1995, elections were held, and the newly elected Administration took over in 1996.

Beginning in 1997, further political crises have shaken the country. A number of local elections were contested, the Prime Minister resigned, and conflicts arose between the President and the Parliament.

> …Repeating his conviction that both Haiti and the international community are facing a moment of crisis, OAS Assistant Secretary General Luigi Einaudi yesterday described migration as “an escape valve from the country's problems" used by the Haitian middle classes as well as by the poor and dispossessed…
>
> *OAS Press release, 6 February, 2003*

In 1999, the terms of the deputies and most of the senators expired, but the elections envisaged by the Constitution were not held, allowing the Executive Branch to govern without

the Parliament. Legislative and local elections were finally held in 2000, but many of these were contested, with partial support from the international community. The failure to resolve electoral disputes led the opposition to boycott the presidential elections, and external aid was gradually suspended. With the breakdown of numerous attempts at mediation, in September 2002, the Organization of American States (OAS) adopted resolution 822, in which, inter alia, it called for the formation of an autonomous Provisional Electoral Council (CEP) and urged the Government to establish favourable conditions for legislative and local elections to be held as planned. Implementation of this resolution is a prerequisite for a return to normalcy and the resumption of external aid, but so far that requirement has not been met.

During the next few months, whatever solutions are found to the problems that lie behind the political unrest in Haiti will have an impact on the vulnerable populations and on how effectively mid- and long-term development programmes can be put in place. On the other hand, **any delay in normalizing the situation is bound to cause a further deterioration in the living conditions of the Haitian population, especially the vulnerable sectors**. Thus, it is of the utmost importance that action be taken to ensure access to basic services and products, in order to enable the population to participate in public life and in development activities.

Heightened political and social unrest

The difficulty of setting up a stable government with the support of the majority of the political forces is a source of political and institutional tension. This tension has exacerbated over the last two years, given that the 2000 elections were contested, calling into question the legitimacy of certain democratic institutions. Relations among the political actors have deteriorated, and social polarization has increased.

The reform programmes that were implemented in 1995 and 1996, particularly in the civil service, are basically at a standstill, and only a few activities involving preparations or support for the reforms and financed by external aid are operational. Any progress that has been made in strengthening the administration of justice and respect for human rights appears to be threatened. In the meantime, the capabilities of the public sector fall short of needs, corruption continues, and inadequate public policies have not been changed.

Increasing violence and insecurity

During the mid-1990s, the Government did away with the Haitian Armed Forces (FAdH) and replaced them with a civilian police force, the Haitian National Police. It also undertook reforms in the judiciary branch and the prison system, with a view to fighting impunity and abuses against human rights. Unfortunately, since 1997, the succession of political and institutional crises, particularly as regards the electoral process, crippled efforts in the areas of security and justice which had originally received strong support from the international community.

In this environment, light arms began to be widely used and distributed; the situation has gotten completely out of control and is tearing apart the very fabric of society. These light arms are obtained on formal and informal, domestic and foreign markets. By now, at the beginning of 2003, the situation has become especially distressing, and must be dealt with as a matter of urgency. These light arms are often used, both dissuasively and offensively, to settle disputes whether they be of a political, economic, social, family and/or personal nature.

The atmosphere of insecurity has become endemic and widespread as a result of the worsening of the economic crisis and the weakness of law enforcement.

Unprecedented economic crisis

Economic aggregates have deteriorated

The situation in Haiti is all the more urgent because it is accompanied by a slow but relentless process of decapitalization at all levels: economic, human, public infrastructure and social. The GDP growth rate, which was 2 per cent during fiscal year 1997-1998, fell to 0.9 per cent for 1999-2000 and now stands at -1.2 per cent for 2000-2001. Over the last few years, the primary sector (basically agriculture), which provides most jobs, accounted for just slightly over one-fourth of GDP, and agricultural production continues to be faced with constraints, both structural (soil fertility, size and fragmentation of production units, land tenancy, rudimentary tools) and a conjunctural (competition from imports and food aid, lack of technical assistance and credit) that hinder the efforts of farmers to improve production.

Indeed, despite the efforts of farmers to improve the situation, the contribution of the agricultural sector to GDP has fallen. At the same time, the contribution of the secondary sector is still under 20 per cent of GDP, while the tertiary sector, in which informal microenterprises account for most of urban jobs, now accounts for more than half of GDP.

The trade balance is negative, with imports in the order of US$ 1 000 million, while exports amount to only US$ 300 million. On the whole, however, the balance-of-payments deficit is not that great, thanks to transfers from émigrés and resources from external aid. In mid-February, the foreign exchange reserve stood at barely US$ 24 million, which is not even fifty per cent of a month's imports (the standard recommended by IMF is three months).

Fiscal pressure is weak (around 7 per cent of GDP), depriving the public sector of the resources it needs to discharge its responsibilities, including the provision of basic services to the poor. For several years, essential public investments have been financed by external aid, which has covered some of the State's operating expenses, while an increasing share of social services have been taken over by the NGOs, also financed from abroad. The reduction of external financing has gone hand-in-hand with growing public sector deficits. The fact that these deficits are financed by the Central Bank has to a large extent contributed to the steady erosion of the value of the gourde and has directly hindered the already limited capacity of the State to provide basic social services to the most needy population. Since 1997, State operations had been carried out by renewing the 1996-1997 budget; the 2002-2003 budget was submitted to Parliament in mid-February 2003.

The political crisis led to the suspension or redistribution of most of the external financing on which the country depends and further weakened the scant financial resources of the State and its capacity to meet the demand for basic social services and maintain public infrastructure works, which had become obsolete. Between 1997 and 2000, public and private international assistance[1] fell from US$ 367 million to US$ 261 million, and has continued falling since then.

[1] Haiti National Human Development Report 2002, UNDP, February 2003.

The economic indicators in themselves reflect an alarming social reality. The economy has been declining steadily. Unemployment and underemployment are estimated at 50 per cent[2] of the active population and per capita GDP is less than US$ 400 per year (an amount that has not changed in real terms since the 1970s). The weakening of the production apparatus, both in rural areas (decapitalization, land pressure, difficulty of access, isolation of many areas) and in urban areas (decline of investments, scarcity and high cost of money, deficient production infrastructure) has meant that every day more and more people are left jobless and increased the vulnerability of the poorest sectors (particularly women and young people). Thus, the prevailing climate of mistrust has kept potential investors away and encouraged the relocation of companies, further aggravating the economic crisis, while pushing growing sectors of the population into chronic critical poverty. In a country where 50 per cent of the population is under 18 years old, the prospects for young people, most of whom have little schooling, are not at all encouraging.

The financial crisis

In October 2002, after rumours that foreign currency deposits were to be converted to gourdes, around US$ 100 million were withdrawn from banks, sometimes in an atmosphere of panic, despite the authorities' official denial of the rumours. The withdrawal of funds from the local financial system caused a substantial devaluation of the gourde; the exchange rate in October 2002 was 37 gourdes to the dollar, compared with 26 in early August 2002. This devaluation continued in early 2003, and at this writing, the exchange rate was 45 gourdes to the dollar. The impact of this sudden devaluation on the purchasing power of the population is all the more serious since the gourde had already lost more than one third of its value since 1999, and imports accounted for an increasing share of common consumer products (48 per cent of the overall supply and 40 per cent of foodstuffs).

[2] Haiti National Human Development Report 2002, UNDP, February 2003.

In addition, an increasing number of economic agents from all sectors calculate their prices or invoices in United States dollars, while the minimum daily wage, which was raised to 70 gourdes per day on 7 February 2003, is now equivalent to around US$ 1.50. This represents a considerable reduction, bearing in mind that the minimum wage was last increased in 1991 (from 15 to 36 gourdes, which at that time was equivalent to about US$ 3.00).

The fall of the cooperatives

The spectacular growth and then the bankruptcy of the so-called savings and loan "cooperatives" seriously affected the credibility of the authorities who had publicly encouraged their development. When this financial bubble burst, it left thousands of middle-class savers poorer than they had been before. These establishments, which first showed up in 1998, and most of which had no legal standing, were able to operate without any regulation or supervision. They proliferated, especially during 2001, when it is estimated that there were over one thousand of them. These "cooperatives" offered interest rates that were considerably higher than those offered by the banks (5% then 8% then 10% then 12% per month on gourde deposits; between 5% and 8% per month on U.S. dollar deposits), and some observers see a link between their proliferation and the entry into force, in the banking sector, of new anti-money laundering provisions. Be that as it may, from March 2002 onward, following the refusal, in February 2002, of most banks to accept deposits from the "cooperatives", one "cooperative" after another suddenly shut down, causing depositors to lose between 2,000 and 5,000 million gourdes (which at the time was equivalent to between US$ 70 million and US$ 175 million). Despite noisy protests from the hurting depositors, the court proceedings that had been announced were not always initiated, and the Government's promises of reimbursement were not honoured, except in the case of about one thousand members who received less than 16 million gourdes. As a result of the closing down of the "cooperatives", a large number of savers saw their financial situation worsen dramatically, as the family assets and the savings they had set aside for a rainy day were all swallowed up.

Prices soar

At the beginning of January 2003, and then in mid-February, price increases for petroleum products went into effect, reflecting rising international prices. The price increases from the beginning of the year amounted to 141 per cent for super gasoline (95), 182 per cent for regular gasoline (91), 185 per cent for gasoil and 211 per cent for kerosene. The people were dismayed at these high increases decreed by the Government, which sets prices at the pump. Adjustments in the prices set in gourdes in 2000 had been expected, given that the rise in petroleum prices on the international markets and especially the devaluation of the gourde, had drastically eroded revenues from taxes on petroleum products. More recently, government subsidies had been necessary in order to maintain prices despite the increases in the c.i.f. price. The extent of the increases may be explained, however, by the fact that the new prices include the adjustment required in order to eliminate the subsidies, and to restore the taxes. The steady devaluation of the gourde, together with the expected increase in petroleum prices on the international markets, are likely to make further price increases necessary.

The rise in prices of petroleum products has had immediate repercussions on staple products overall, causing the deterioration of purchasing power and domestic production capacity, which had already been affected by the constant devaluation of the gourde and the resulting inflation. In the case of the poorest sectors, this means that they are unable to obtain essential products and medicines; moreover, it also entails a considerable increase in their transport costs, which already take up too large a share of their meagre resources.

Managing space and undeveloped land

Over-used environment

In this context of economic decline, the demographic growth rate of about 2 per cent per year has put further pressure on natural resources and increased the trend towards migration. For all practical purposes, forest resources have been depleted. Land resources have also suffered the effect of considerable pressure leading to the cultivation of lands that are unsuitable for agriculture, while the average area of family plots has been reduced to 0.3 hectare. At the same time, the deterioration of the environment has spread, and the most obvious consequence, erosion, is increasingly threatening water resources and diminishing the productivity of land.

In addition, the recent rise in the price of kerosene is likely to further strain the environment, as households will turn to charcoal for cooking. Precipitation is quite irregular, so that some regions suffer flooding while others have been experiencing long periods of drought for years.

Vulnerability to natural disasters

The Integrated Response Programme is made all the more necessary by the country's serious weaknesses, which occur in a context of political instability and fluctuating rainfall in a country that is vulnerable to and ill prepared for weather-related natural disasters (in particular, the risk from hurricanes is very real). The deterioration of the environment, deforestation and erosion aggravated by the widespread use of charcoal as a source of energy (70 per cent of national energy consumption) threaten water resources and agricultural productivity and considerably increase the country's vulnerability to the consequences of natural disasters.

The consequences of unprecedented environmental degradation is also evident in the significant rural exodus and the resulting weakening of traditional systems of solidarity. A significant percentage of migrants have increased the already overpopulated slums which are increasingly unsafe and where living conditions and the lack of job opportunities keep people in a downward cycle of poverty and instability.

Decaying public and community infrastructures

Public and community infrastructures have reached are in a critical stage of decay. Many of the regions that were previously accessible by road from the capital are now outside the national road system. Certain areas, for example, have lost the advantages they had gained in the past, such as the ability to receive medical services from trained personnel or to have access to market outlets for their production. This productive and collective capital, which is so essential to the development of the poorest sectors in the rural areas, has been whittled down in a distressing way and must be revitalized in order to avoid excluding a significant part of the rural population from participating in development efforts and improving their living conditions.

Migration: reflecting a desperate search for solutions

Although it is difficult to gauge precisely, migration from rural areas to the cities, as well as from Haiti to other countries (especially qualified personnel and "brains") has been on the rise over the last few months. It is difficult to assess exactly how many Haitians leave the country every day in search of a better life. On the other hand, as far as internal migration is concerned, the urbanization rate has increased from 21.7 per cent in 1975 to around 35 per cent[3]; according to the most recent figures, Port-au-Prince, which had an estimated population of 720 000 in 1982, now has 2 million inhabitants.[4] In 1969, over 1.5 million Haitians lived outside the country, mainly in the Dominican Republic and the United States.[5] Remittances from emigrants, particularly those living in North America, currently estimated at around US$ 800 million per year,[6] which amounts to a little under US$ 100 per capita, represent an indispensable contribution to the survival of many families, as well as to the country's balance of payments. At the heart of survival strategies of the poor population, migration is often the last resort. In certain parts of the country, for several years harvests have been disappointing owing to lack of rainfall, and consequently, a significant part of the work force has migrated, increasing the number of single-parent households headed by women. These households are highly vulnerable, since they depend on occasional remittances from family members who have emigrated.

A population in the grip of a multidimensional humanitarian crisis

An analysis of the situation of Haiti throws light on the multidimensional and worrisome nature of the crisis facing the population. The political problems that constantly play a part on the national scene also have repercussions at the local level. As far as the economic situation is concerned, many observers and analysts consider it to be the worst the country has ever experienced. The sanitary situation, along with environmental problems and the phenomenon of exodus, only confirm the multifaceted nature of the problem and its implications at all levels of society.

The following table summarizes the main issues discussed in the preceding section, classifying them by sector and ranking them according to the degree of urgency faced by the vulnerable sectors of the population. This effort at consolidation is part of a dynamic and evolving process in the effort to provide an adequate response to these emergencies. Although the list is not an exhaustive one, the effort must be made in order to articulate a consistent and integrated response to the many problems being faced by the people of Haiti.

[3] UNDP – Economic and Social Survey 2001.
[4] Haïti, Les défis de la lutte contra la pauvreté. World Bank 1998.
[5] UNDP – Economic and Social Survey 2001.
[6] Ministère des Haïtiens Vivant a l'Étranger (Ministry for Haitians Living Abroad).

TABLE 4 : SUMMARY OF URGENT PROBLEMS BY SECTOR AND LEVEL OF URGENCY

Sectors	Level of urgency		
	Humanitarian needs (Level I)	**Need for recapitalization (Level II)**	**Need for reconstruction and consolidation (Level III)**
Food security	❑ Increased number of families seriously affected by drought and economic crisis ❑ 3.8 million persons have an income lower than the amount required to purchase on the market 2,240 Kcal per day needed to meet their nutritional requirements	❑ Drought and torrential rainfalls have drastically reduced productive capacity	❑ Decapitalization of farm and livestock production
Health	❑ Blood system in an alarming state ❑ Increasing difficulty obtaining essential medicines	❑ Increase in epidemics/Poor vaccination coverage ❑ Strong prevalence of HIV infection in 15-49 year olds (1st cause of mortality)	❑ Increase in chronic malnutrition among children ❑ Decline in real access to health services
Drinking water and sanitation	❑ Serious decrease in coverage of drinking water supply	❑ Deterioration of existing drinking water systems	❑ Deterioration of sewage system and disposal of solid waste
Security and governance		❑ Citizenry does not participate in setting priorities at the local level ❑ Increased insecurity and presence of armed bands	❑ Isolation of populations ❑ Inadequate delivery of public services ❑ Increased insecurity and presence of armed bands ❑ Absence of civil registries for more than half the population
Vulnerable groups			❑ HIV/AIDS increasingly affecting women and girls in Haiti ❑ More than one million boys and girls in domestic service, handicapped, living on the street or in prison ❑ Increasing numbers of women in position of serious economic instability
Education		❑ Deterioration of conditions for learning ❑ Reduced capacity of families to send their children to school	
Jobs and income		❑ Sharp increase in underemployment ❑ Financial flows for infrastructure projects substantially cut back	❑ Increasing informality of the economy ❑ Difficulty of access to investment capital
Risk of disaster		❑ Haiti is at high risk of natural disaster ❑ Institutions are ill prepared to manage risks and disasters	❑ Local authorities are ill prepared to manage risks and disasters

Response to the crisis: The Integrated Emergency Response Programme Targeting Vulnerable Groups and Communities (PIR)

Guiding principles of the response

Human rights

Emergency assistance is provided on the basis of human rights recognized by different international legal instruments, most of which have been signed and ratified by the Government of Haiti. The Programme will be implemented with a view to improving conditions and enabling all Haitians, particularly the most vulnerable segments, to enjoy these fundamental rights.

To this end, the United Nations System underscores the promotion of human rights and humanitarian principles, in particular:

- impartiality and free access to humanitarian assistance;
- protection of all the civilian population, with special emphasis on the most vulnerable groups;
- access to basic public services.

All the agencies and partners involved in the implementation of PIR follow the human rights approach and are committed to ensuring respect for those rights.

Humanitarian principles and human rights

The strategies and activities of the Programme are based on the following principles of humanitarian assistance:

- humanitarian assistance should be carried out so as to reinforce and not undermine national capabilities and strategies at the family and community levels, as well as at the level of nationwide decentralized services;
- planning, coordination and implementation of humanitarian assistance should supplement the efforts of the Haitian Government and of civil society, and special attention should be paid to encouraging the establishment of a context that is conducive to medium/ and long/term development;
- priorities for humanitarian assistance should be determined as a result of field studies based on the real needs of the people and should not be influenced by political considerations;
- humanitarian assistance should be presented, not only as a concrete contribution to needy populations, but also in terms of advocacy for universal human rights and international standards of humanitarian assistance.

Mainstreaming the gender approach

Bearing in mind that gender equity is an intrinsic aspect of sustainable development and a vital element for the promotion of human rights for all, men and women alike, humanitarian assistance programmes are conceived with a view to mainstreaming the gender approach.

This strategy of mainstreaming means that aid workers will be targeting groups of women and of men. If necessary, interventions directed at women will be maintained, but not by marginalizing men (especially with regard to sexual and family responsibility). They should not curtail or hold back progress already achieved by women. On the contrary, these programmes should be aimed at consolidating those gains which provide the basis for moving in unison towards gender equity.

Target groups

With the continuing breakdown of social structures, communities and households find they have to find innovative ways to deal with new problems, maintain their cohesiveness and preserve their gains and their sense of dignity. As a result of the steady deterioration that has been occurring in Haiti for several years, the number of households living in poverty is increasing daily. Thus, according to available data, **3.8 million Haitians do not have the resources necessary to obtain 2 240 calories and the clothing and lodging required for survival. Of this number, 2.4 million Haitians do not even have the resources necessary to obtain the 2 400 calories per day that are needed for nourishment, as a result of which they live in a situation of chronic insecurity as far as food is concerned. Moreover, over the last few months, this number will inevitably increase substantially, and the poorest sectors will find themselves at a point of critical vulnerability. The Programme is primarily aimed at this target population, and in particular, at the most vulnerable within it.**

Photo PAM

Although Haiti's current problems affect most of the population, it is important to realize that certain segments of the population are affected more directly than others. Women, for example, are usually more vulnerable than men, and children always suffer more than adults from lack of health care and the effect of undernourishment. The elderly and handicapped are often forgotten, even though they often suffer from lack of resources. This Programme provides a response in which strategies are adapted to specific groups. A more detailed analysis of these groups is included in the sectoral analyses presented later on in this report. The section on vulnerable groups describes the critical level of vulnerability that prevails among these populations.

The following areas of the country are the most unstable and most likely to suffer, either in terms of worsening living conditions, social unrest, or exacerbating tensions with neighbouring countries (especially the Dominican Republic, because of immigrants crossing on foot; or other island States and the United States, because of immigrants crossing by sea):

- poor neighbourhoods in the main cities (Port-au-Prince, Cap-Haïtien, Gonaïves, Jérémie and Saint-Marc);
- the North-West (département du Nord-Ouest);

- La Gonâve island;
- the region bordering the Dominican Republic, consisting of 13 communities, with special emphasis on the North-East (Nord-Est) and the Central Plateau (Plateau Central).

These areas, which are shown on the map on the following page, were chosen following an analysis of available data – especially the poverty map drawn up by MPCE – and recent observations conducted by the main partners involved in preparation of the Programme.

Strategic objectives of the Programme

The objectives of PIR focus on three different but complementary types of emergencies. In order to provide a better response to the vulnerable communities, the partners involved in PIR are committed to attaining the following three strategic objectives: (i) to save lives and alleviate human suffering (humanitarian emergency); (ii) to provide access to basic services and products and assist with the recapitalization of households (recapitalization emergency); (iii) to support rehabilitation and consolidation of progress made (consolidation emergency). These three objectives are consistent with the three types of emergencies described below.

Humanitarian emergency (1-6 months)

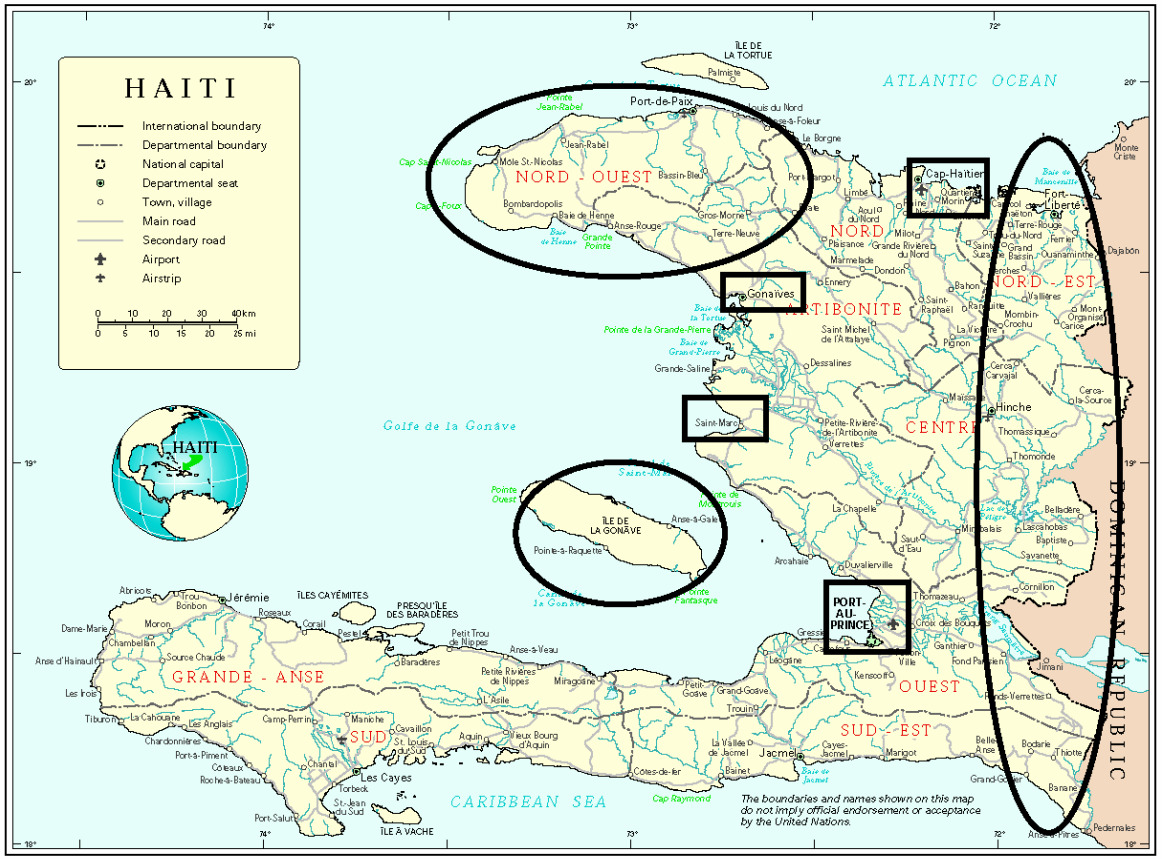
Activities directed at this type of emergency are designed to provide emergency assistance in order to prevent loss of life and alleviate suffering by providing food aid, essential medicines, food supplements and, in some cases, water, with a view to reducing the critical vulnerability in which the population at most risk are living.


Photo PAM

For example, in the health sector, access to essential medicines and the availability of blood products are of primary importance, inasmuch as shortfalls in these areas can have dramatic consequences for certain population groups. These products must be made available throughout the country over a very short period of time.

Food aid is also an area in which intervention is essential. This aid will be provided in such a way as to avoid hindering the potential recovery of agricultural production, while at the same time mitigating the most urgent needs of the most vulnerable groups and regions.

Interventions Sites



Shanty towns/Slums

Rural Areas

Recapitalization and access to basic services (1-12 months)

As regards this second level of emergency needs, interventions will seek to provide a response to pressing needs by enabling direct beneficiaries to gain ownership and maintain the progress they have already made. The poorest groups will be empowered to take ownership of the minimum capital (human and financial) needed for survival and thus benefit from the opportunities provided by development activities. The Programme will contribute, *inter alia*, towards recapitalization of the most vulnerable families, a prerequisite for their survival and their involvement in the development process over a longer period of time, so as to improve their own situation as well as that of the country.

The second-level emergency, referred to as *recapitalization and access to basic services*, also has to do with projects relating to the supply of drinking water in rural and urban areas, preventive health services (upgrading health capital), education (improving the schooling rate), revitalization of agricultural production (increasing capital for production), as well as risk and disaster management at the central/ national levels.

In the field of health, activities will be carried out in connection with vaccination and the fight against AIDS. In addition, access to drinking water will be improved. Clean water is scarce both in cities and in rural areas. Different types of systems will need to be promoted, depending on the needs of specific areas (shantytowns, villages on the plains or in the mountains).

The strategy will also entail rehabilitating, through labour-intensive projects, certain sections of the road system that have become impassable in several regions of the country. This type of operations will facilitate travel of goods and persons and improve access to essential services and goods (health services, medicine, schools, markets), while at the same time allowing for a quick shot of money into the most vulnerable areas. This will make it possible for poor families to recapitalize and to restore the economic dynamics, reducing migration to the cities or abroad. The emergency projects will inject money into the local economies and enable the local citizens to invest and undertake a number of crucial public and community infrastructure works.

Photo PAM

Rehabilitation and consolidation (1-18 months)

Addressing this type of emergency will entail rehabilitating and consolidating economic and social assets belonging to communities and individuals. Projects in this category are designed to increase and diversify opportunities for growth and economic development of vulnerable communities and populations.

The response to the third-level emergency will also include second-level interventions for less vulnerable target populations, along with projects in education, governance, security, and local risk and disaster management. While activities will continue to focus on the regions mentioned above, special attention will also be paid to other departments or communities that have similar needs.

In regard to security, the Programme will include voluntary disarmament projects in the communities that are most affected by violence.

Over half the population of Haiti is not registered in vital statistics records. This means that they are further excluded, in many regards, from exercising their fundamental rights and from access to essential social services. This situation must be rectified as soon as possible.

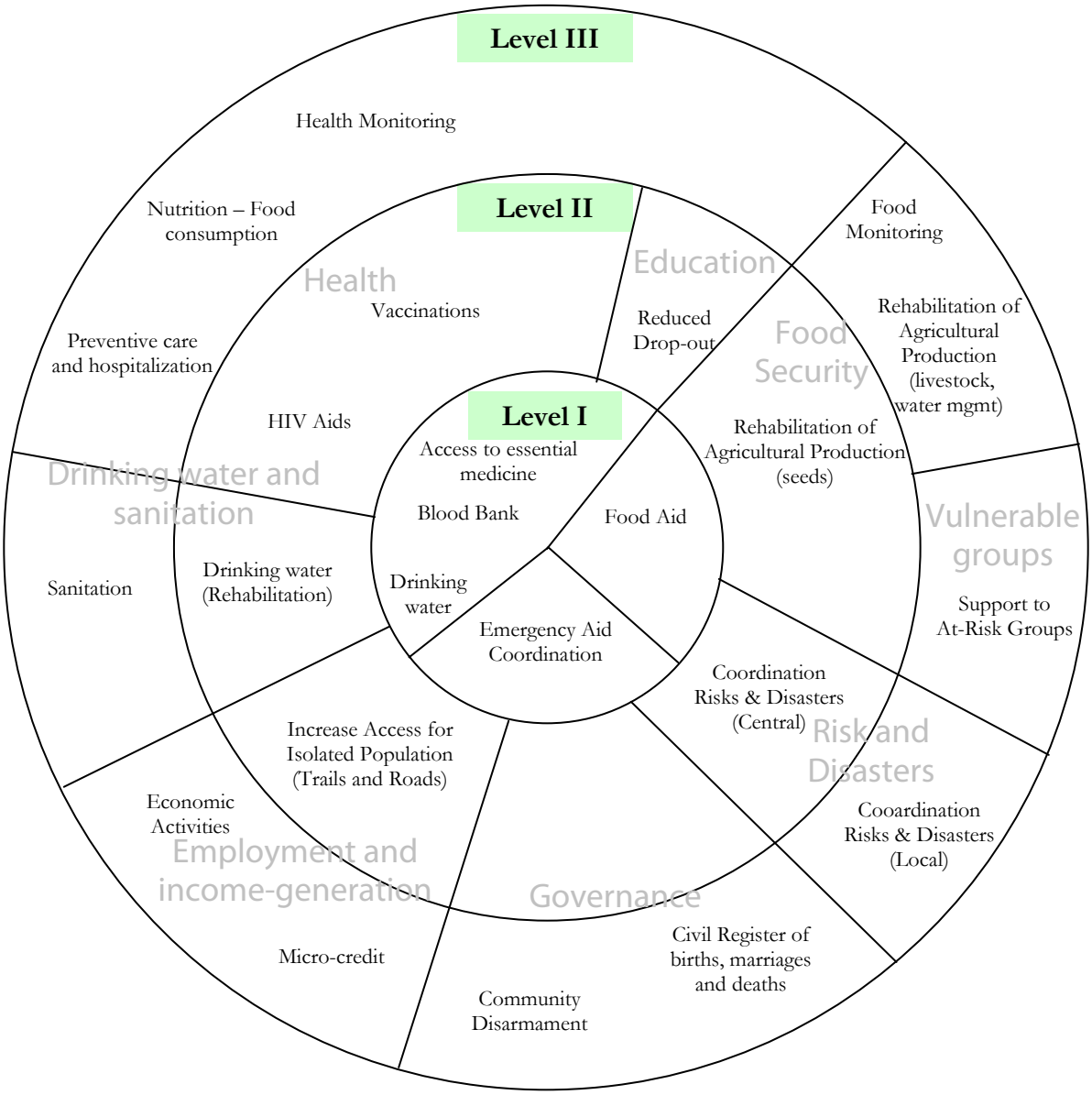

Photo PAM

Parallel to these general programmes, it will be important to work for decentralization in decision making and action. Local participation in setting priorities and deciding on investments is essential to restoring confidence among communities. Faced with the breakdown of the central State, local populations and communities should have the opportunities to take over.

Risk and disaster management, which is a weak link in the event current problems should be exacerbated or in the event of a natural disaster, which could happen at any moment – given the extent of environmental degradation – should be addressed on several fronts, with special attention being given to reinforcing decentralized structures.

The figure on the following page provides an overview of the different levels and spheres of intervention to be undertaken for each type of emergency. These spheres of action cover the categories shown in table 4, "Summary of Urgent Problems by Sector and Level of Urgency" (page 16).

Spheres and Levels of Intervention of the Integrated Program



Level I =	Humanitarian Emergency (1-6 months)
Level II =	Recapitalization and access to basic services (1-12 months)
Level III =	Rehabilitation and consolidation of social and economic assets (1-18 months)

PIR Strategy

The Programme was drawn up on the basis of analyses and discussions undertaken by the agencies of the United Nations System in Haiti in preparation for the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF), both of which are tools for coordination and joint planning that were in put in place during 2002. **More than a conventional emergency response, PIR is a comprehensive programme that is designed for the unique circumstances of Haiti and which embodies a strategy for assisting vulnerable populations in their efforts to gain access to essential services and products, while at the same time integrating those efforts into a long-term development strategy.** During the 18-month implementation period, the Programme, which will be coordinated by the United Nations agencies and the Haitian Government, will allow for the creation of new synergies between the actors who are already involved in a given region and between the mechanisms put in place to ensure that essential needs are met and to support the development efforts.

In order to ensure that the resources allocated to the Programme are used wisely and to minimize logistical and coordination problems, an integrated approach will be needed; hence, an appropriate coordination mechanism will be needed. While solutions will be directed towards the sectors mentioned above, the implementation strategy will concentrate on the groups and regions considered most vulnerable. Given the nature of certain problems, a nationwide approach will be required (e.g., with regard to the blood system and essential medicines).

The comprehensive operational strategy will hinge on three levels of intervention, namely, the national level, extreme poverty in rural areas, and extreme poverty in urban areas. In addition, **in assigning priorities, a temporal element will be borne in mind, with a view to linking actions in such a way as to**
ensure that once an extreme emergency is solved, the gains achieved are consolidated so as to prevent a reversion to the original state of affairs.

The aspect of advocacy and communication is a key element in support for PIR, not only at the national level, but also at the international level. Advocacy may be defined as the organization of information with a view to obtaining support for the Programme from the Government and its institutions, as well as from other stakeholders, including the vulnerable populations. Communication and social mobilization will help encourage and motivate all parties concerned – both individuals and communities to exercise their human rights to choose those interventions that will best meet the priority needs as they are perceived by the vulnerable populations themselves. The media and other traditional channels of communication have an important role to play in changing attitudes and behaviours so as to ensure that the interventions will have a lasting effect and to promote long-term development.

The projects will be managed and executed by the United Nations agencies, either through NGOs or through NGO/Agency partnerships. The detailed arrangements for each project are shown in the annex. Programme management costs will be included in the amounts shown on the individual project descriptions and will be discussed with donors.

Local capabilities and potential

Local and grassroots organizations

It should be borne in mind that the State and its deconcentrated services are weak, owing to the lack human and financial resources, in several regions of the country. On the other hand, given their associative dynamics, local and community groups have managed to play an important role in providing the structural elements for the people's development efforts. These grassroots groups represent a vital force that cannot be ignored by the development partners. On the other hand, very few relay or federal structures allow for local associative dynamics to get a foothold and operate in a concerted and coordinated fashion at the regional or national levels. These organizations and associations often depend on the dynamism of a few members, which means that their continued existence over time is purely a matter of chance. A World Bank study estimates that there are 10 000 such organizations[7] (including those that are not officially registered but which are involved in recognized activities). Many of these organizations consist of *gwoupman paysan* (peasants' associations) or *gwoupman katye* (urban neighbourhood groups). Only a few of them belong to networks, federations or more formal regional and national associations. They are both providers of self-help or publicly funded activities aimed at improving the economic situation of their communities, especially the more vulnerable and destitute groups, and the recipients of larger grants from NGOs or grants provided directly by donors.

Non-governmental organizations

In keeping with the strategy of offering a decentralized response through local coordination and implementation structures and mechanisms, there is a very active network of NGOs that are familiar with the problems of the most destitute groups. With the wealth of experience they have developed over the years, they can become valuable partners in executing the projects envisaged in the Programme.

Most of the NGOs operating in Haiti are multisectoral in nature; they target their comparative advantages in geographical terms and/or allow beneficiaries to choose the activities they wish to undertake. Others, particularly those that provide food aid or health services, use targeting mechanisms to identify the most needy groups. Many national NGOs focus specifically on women, even though their programmes often cover men as well. Most of the NGOs are headed by professionals, some of whom are highly qualified in technical fields.

The implementation of PIR will depend heavily on the dynamism and familiarity with the environment of the NGOs and grassroots organizations in order to ensure that they will have a direct and rapid impact on the living conditions of the most vulnerable populations. The decision to include them in the preparation of the Programme and to have them participate in mobilizing resources is a reflection of the willingness of the United Nations System to include them, as well as others, as full partners in the Programme.

[7] See: Haïti, Les défis de la lutte contra la pauvreté. World Bank, August 1998.

Religious associations

In many cases, church associations provide a social support network that reaches the most vulnerable communities. In many places, these associations fill the void left by the breakdown of the social services infrastructure, helping to educate the children., care for the sick and attend to the elderly.

Geographical groupings

In certain parts of the country, communes and community sections have recently shown some dynamism in taking charge of programmes. They have helped local stakeholders coordinate their efforts relating to the identification, prioritization and implementation of specific actions that have helped reduce poverty among the local population. Representatives of local organizations sit down with officials of the public deconcentrated services and local elected officials, and together they all cooperate to ensure better delivery of public services.

Local consensus-building mechanisms

At the regional and local levels, efforts at building consensus have been carried out by the different development partners, which have on occasions set up an agenda for consensus building. The effectiveness of these mechanisms varies from region to region. Nevertheless, they have made a significant contribution to progress in improving the effectiveness and coordination of PIR activities.

Sectors covered by PIR

The projects to be implemented through the Programme will cover eight major sectors. The total of 128 projects will cost around US$ 84 million. Both the United Nations agencies and the national and international NGOs will participate in the projects.

The following tables provide an overview of the projects included in the Programme, grouped by sector, location and level of urgency set forth in PIR.

The next part of this document, on sectoral analyses, includes tables summarizing the projects to be undertaken under each sector.

Projects Distribution by "Sector"

Sector	Qty	Amount
Food Security	15	13,815,564
Health	20	21,143,926
Water and Sanitation	35	13,127,725
Risk and Disasters	12	2,648,699
Education	4	1,835,000
Governance/Security	5	3,550,000
Vulnerable Groups	11	2,824,995
Employment and Incomes	24	24,524,328
Coordination	2	443,000
Total	128	83,913,237
Average		*654,829*

Projects Distribution by "Localization"

Localization	Qty	Amount
Rural Areas	68	36,111,950
Shantytowns/Slums	24	8,256,911
National	36	39,544,376
Total	128	83,913,237

Projects Distribution by "Emergency Level"

Emergency Level	Qty	Amount
Level "I": Humanitarian	13	14,400,757
Level "II": Recapitalization	46	22,046,532
Level "III": Rehabilitation	69	47,465,948
Total	128	83,913,237

The following tables show the distribution of projects by location for each level of urgency. This analysis is important because the idea is that PIR should follow an integrated approach based on level of urgency; thus, synergies and complementarity will be sought in the projects carried out in each geographic area. An overview of all projects classified by level of urgency may be found in an annex to this document.

Projects Distribution by " Emergency Level "I" "

	Qty	Amount
Rural Areas	6	7,817,757
Shantytowns/Slums	1	500,000
National	6	6,083,000
Total	13	14,400,757

Projects Distribution by " Emergency Level "II" "

	Qty	Amount
Rural Areas	28	12,991,316
Shantytowns/Slums	5	1,183,000
National	13	7,872,216
Total	46	22,046,532

Projects Distribution by " Emergency Level "III" "

	Qty	Amount
Rural Areas	34	15,302,877
Shantytowns/Slums	18	6,573,911
National	17	25,589,160
Total	69	47,465,948

The projects described in the annex to this document are not intended to present an exhaustive response to the urgent needs of target groups in the vulnerable regions. In order to respond to these same types of needs among other groups and in other regions, the United Nations System and its partners might easily adapt some of these projects, based on the availability of funding and/or conditions of donors.

Supplementary information, details or clarification may be obtained from the annex, which include 128 project descriptions, or by contacting the institution mentioned in each project description.

In these project descriptions, the numbering system is as follows: Roman numerals indicate the level of urgency of the project, i.e., I, II and III. Abbreviations indicate the sector to which the project belongs (FS for Food Safety, DWS for Drinking Water and Sanitation, HL for Health, etc.). Finally, the Arabic numerals merely represent an arbitrary method for organizing the project descriptions and distinguishing one from another.

Sectoral analyses

The food security sector

Situation with regard to food insecurity in Haiti[8]

Total supply and food balance[9]

Food insecurity in Haiti is apparent in the inadequacy of total supplies of food available for consumption. Total needs for 2000-2001 were estimated at 1.83 million TCE[10] per 8 million inhabitants; the National Food Security Coordination Office (CNSA) estimates that 54 per cent of those needs were covered by domestic production, 29 per cent by commercial imports and 8 per cent by food aid, leaving an overall deficit of around 9 per cent of total needs. In 1995-1996, with total needs estimated at 1.71 tons of cereal equivalent, 57 per cent were covered by local production, 18 per cent by commercial imports and 8 per cent by food aid, and the total deficit stood at around 17 per cent. Thus, the overall food deficit declined between 1996 and 2001, and this trend has been confirmed by FAO. The food deficit was likely reduced by transfers in kind, which are not counted as commercial imports, the growing importance of which was stressed by the World Food Programme (WFP). On the other hand, FAO estimates seem to indicate that the deficit rose in 2002. As a result of the drought which sharply reduced domestic production, and of the drop in food aid, the deficit is about 20 per cent of total needs, which are estimated at 1.9 tons of cereal equivalent.

Poverty and food insecurity affect half of all Haitians[11]

Improvements in the food supply do not benefit all the population; 3.8 million people have an income lower than the amount needed to purchase on the market the 2 240 Kcal per day that are required to meet minimum food needs and cover essential non-food expenses. Those whose income is this low are unquestionably living in a situation of food insecurity. Among the 3.8 million poor people in the country, nearly 2.4 million are living in extreme poverty and are unable to obtain a minimum daily amount of food. These figures mask substantial income inequalities: 10 per cent of the poorest households have an income that is 10 times lower than the average. This food insecurity, which is widespread, mainly affected 56 per cent of the rural population, 34 per cent of the population in the metropolitan area of Port-au-Prince and 35 per cent in other cities. Recent surveys, however, although limited in terms of sampling, seem to indicate a deterioration of the situation in the metropolitan area, which has a population of 2 million, and in certain secondary cities. The profiles of food insecurity at the household and community levels drawn up by CNSA and WFP, through the Vulnerability Analysis and Mapping (VAM) programme, in the departments of the north, north-east and north-west, as well as in 10 urban and peri-urban communities in Port-au-Prince, show that the situation with regard to food insecurity is deteriorating in every region, especially in the western part of the north-west department, commonly known as the "Far-West". Nearly 80 per cent of households in all the communities visited during the survey were in a state of chronic food insecurity. In the poorer neighbourhoods of Port-au-Prince, the VAM survey found that 56 per cent of households were faced with food insecurity, compared with 40 per cent in the peri-urban

[8] Haïti: insécurité alimentaire 2001-2002, CNSA-FAO/SICIAV, November 2002. (Provisional report).
[9] Coordination Nationale de la Sécurité Alimentaire (CNSA), based on secondary data, the only realistic method considering the means available, the results of which must be considered with caution.
[10] Tons of cereal equivalent
[11] Study on poverty by the Fafo Institute, based on a survey of household budgets and consumption (IHSI/EBCM II, 1999-2000).

households. The structure of consumption confirms the inadequacy of income in households, which devote 55 per cent of their budget to food purchases (over 80 per cent in poorer households), 30 per cent for lodging, transport and clothing and 3 per cent each for health and education. These figures[12] indicate that the number of persons living in a situation of food insecurity in Haiti rose by 300 000 between 1987 and 2000, when the percentage declined, from 60 per cent to 48 per cent.

Food insecurity is reflected in high malnutrition rates[13]

High malnutrition rates are one of the most serious consequences of this food insecurity: 22.7 per cent of children under five are stunted (chronic malnutrition), a rate that is twice as high in rural areas as in urban areas. In addition, 4.5 per cent show symptoms of acute malnutrition. Malnutrition was a contributing factor in high infant and child and infant mortality rates (80 and 119 per thousand).

A comparison of the findings of three surveys conducted in the metropolitan area during 2000, 2001 and 2002 shows a gradual increase in the chronic malnutrition rate. Acute malnutrition (7.2 per cent) and chronic malnutrition (20 per cent) were observed at the community level. Acute malnutrition , which had fallen during 2001, returned to the level of 2000. A similar trend was observed in respect of serious forms of malnutrition. The aggravation of the nutritional situation observed could be underestimating the extent of the situation due to the fact that it is not an indicator of the deterioration of living conditions. Nevertheless, given the persistence of the socio-economic and political crisis, children's nutrition is likely to deteriorate further unless something is done to reverse the trend.

In the Far West, malnutrition is evenly distributed and appears to be increasing. Despite the efforts of the nutritional support programmes, a large number of children in M2 and M3 are still underweight. In Jean-Rabel, the M2/underweight malnutrition rate by age rose from 11 to 21 per cent between May and November 2002, and the M3 malnutrition rate rose from 0.6 to 1.6 per cent between June and November. Over the last few months, health centres in the area have found an increase in premature births, which is a sign of maternal malnutrition.

Food insecurity and gender

The VAM survey showed that households headed by women were more vulnerable than others (32 per cent of the rural sample). In rural areas, food insecurity affected 51 per cent of households headed by women and 37 per cent of households headed by men, while in the urban areas, the rates were 62 per cent and 57 per cent, in that order. Women heads of household had very limited access to land; nearly 40 per cent of female heads of household did not have access to land, and only 18 per cent had a plot of one hectare or more.

[12] Comparison between IHSI/EBCM I, 1986-1987 and IHSI/EBCM II, 1999-2000.
[13] Enquête sur la mortalité, la morbidité et l'utilisation des services de santé EMMUS III, 2000.

Causes of food insecurity in Haiti[14]

The policies of economic liberalization, especially in foreign trade, that were implemented during the 1980s, were geared towards taking advantage of an abundance of cheap unskilled labour. Apparently this did not make the country attractive to investors. On the contrary, regular export of this untapped labour force is currently the main source of foreign exchange for the country's economy,[15] making emigration the main strategy for reinforcing food security. This liberalization was accompanied by a voluntary policy of overvaluation of the gourde designed to make imports less expensive. As regards agricultural commodities and foodstuffs, trade liberalization undoubtedly had a positive impact in that it improved the total supply and accessibility of food in urban areas; however, it also forced many peasants to migrate (as a response of households where food insecurity increased[16]) and considerably changed the structure of the food supply and consumption habits, increasing the dependency and the risk of food insecurity linked to external supply in a fragile macro-economic context. The gradual increase in overall imports, and food imports in particular, was reflected in a deterioration of the trade balance. This affects the balance of payments, the traditional surplus of which (transfers from abroad, foreign assistance) disappeared, to the detriment of foreign exchange reserves in BRH[17] which represented less than half a month's imports at the end of 2002. The deterioration of the trade balance and the balance of payments, the rising public deficit and growing external indebtedness are the three major signs of the weakness of the country's macro-economic situation, and the resulting aggravation of food insecurity. The first signs of deterioration are inflation and devaluation of the gourde, the direct consequence of which is a rise in the cost of food imports, which in turn influence the situation with respect to food security, especially in the cities.

Weakness of investments and inadequacy of infrastructures and services

Despite population growth that was not offset by increased emigration, the share of domestic resources that was available for investment fell over the last 20 years and total production dropped in real terms, leading to increased unemployment and a decline in per capita income. Public investment was particularly affected, inasmuch as road and energy systems are highly inadequate, preventing the stabilization of local agricultural surpluses; sanitary conditions (access to health services and drinking water) deteriorated, affecting consumer health and consequently, the biological processing of foods and productivity of labour. The economic impact of AIDS needs to be analysed, not only in terms of how to handle it and provide for treatment, but also of how it hinders development. Private sector investments have also been limited by serious imbalances in income, given that a very small share of the population is able to invest any surplus. In the rural areas, this imbalance is reflected in the overexploitation and degradation of the environment, which in turn reduces productivity.

Food insecurity is also aggravated by natural disasters and repeated crises. With every new shock, the socio-economic impact on an already vulnerable population goes way beyond

[14] Haïti: insécurité alimentaire 2001-2002, CNSA-FAO/SICIAV, November 2002 (provisional report).
[15] Transfers from the diaspora amount to US$ 700 or 800 million per year, compared with US$ 400 million for exports of good and services (CNSA, based on data supplied by Banque de la République d'Haïti).
[16] Migration brings the growth of shantytowns and can cause serious seasonal manpower shortages in rural areas, at a time when underemployment is widespread (*Haiti: Community and Household Food Profiles*, WFP/CNSA, 2002).
[17] Banque de la République d'Haïti.

what might be expected under "normal" circumstances. The more vulnerable to risk a community or a household is, the weaker its capacity to respond and the worse the consequences in terms of its capacity to survive.

This was apparent to the members of the rapid evaluation mission sent by WFP and other partners to assess the emergency in the lower North-West. In addition to the chronic food insecurity that had already been detected in April 2002 during the VAM analysis, the loss of four or five successive harvests and the decapitalization of households sharply reduced access to food in the four *communes* of the so-called Far West (the name given to the four *communes* of the far North-West). Only 27 per cent of the 7 800 hectares that had been planted produced a harvest, and that harvest amounted to only 28 per cent of expected production, i.e., 1 622 tons of staples for a population of nearly one quarter of a million.

Owing to the prolonged drought and widespread unemployment, the food insecurity situation of households in all the locations visited by the mission was alarming, despite the emergency programme and the regular programme being carried out by CARE and other participants. Although it is too early to speak of famine, credible witnesses agree that the potential is there, and that unless immediate action is taken to make food available and accessible, a famine could occur in the not-too-distant future.

The current crisis

In the context of extreme and increasing fragility described above, certain additional elements are present which appear to be moving the entire agricultural system towards an acute crisis. These elements are:

- The rising price of fuel. As the cost of transport (for both people and goods) has risen, the percentage of their income that families use to buy food has been eroded; food prices have also risen, and the quality and quantity of food consumed have deteriorated.
- Inflation has been rising by several points per week, reducing families' purchasing power and decapitalizing small businesses which account for a significant share of the income of vulnerable groups, especially women.
- The drought on the Central Plateau and in the North and the torrential and/or unseasonable rains in other parts of the country have reduced crops and stocks, as well as the productive capacity of the whole system, exposing the populations concerned to serious food insecurity.
- Peasants do not have access to the factors of production (seed, tools, etc.) they need in order to resume production. The widespread dissatisfaction among the people and the worsened situation with regard to security (of property and of persons) discourage both national and foreign investors.
- The deterioration of the road system has led to a wide gap between producer prices and consumer prices.

The danger

The situation in Haiti appears to be explosive. The stress caused by the deterioration of living conditions is added to a highly unstable political atmosphere. As they have become poorer and poorer, the inhabitants of rural areas have moved more and more into the cities and abroad. At the same time, the demand for immigrants to the United States has been halted by that country's economic crisis, and the Dominican Republic has stepped up forced repatriation

of illegal Haitian immigrants. Thus, the flow of remittances to Haiti could be curtailed, although in times of crisis, emigrants tend to increase their solidarity with relatives who have stayed behind. There is a potential for serious social unrest and this is likely to lead to tragic consequences in a country with a longstanding tradition of violence. The worsening security situation is already evident. Bearing all this in mind, it seems imperative that the humanitarian community should take action.

The response

In order for a response to this situation to be useful and to avoid aggravating the symptoms mentioned above, it should be aimed at protecting the integrity of all the victims, and of the peasants in particular. In other words, they need to be helped to deal with these temporary problems and recover their capacity to continue their production activities (crops and livestock). This response should not be limited to food aid, but should also include help with restoring agricultural production.

The current crisis, which is characterized by a scarcity of reserves and food (loss of crops, half-empty storehouses), the depletion of working capital, the deterioration and partial or total loss of production infrastructure, scarcity of seed and tools, should be addressed at three levels of urgency:

Humanitarian emergency

1. Make up for loss of production and lack of reserves by expeditiously providing emergency food aid. This support should be continued for the duration, until the next harvest, in both rural and urban areas.

Recapitalization

2. Contribute towards immediate reactivation of production through programmes aimed at rehabilitating infrastructure and supplying essential inputs.

Rehabilitation and consolidation

3. Help reinforce, reproduce and multiply successful experiences so as to help peasants increase their labour productivity and get away from the dreadful prospect of food insecurity.

This approach should eventually bring results not only for vulnerable rural populations but also for the populations of poor neighbourhoods in the large cities, who are also victims of the drop in domestic production, not having access to expensive imported food.

General objective

To increase agricultural production so as to improve food security in vulnerable farm households and thus improve food security throughout the country.

Strategic objectives

Humanitarian emergency

- To provide emergency food aid to populations suffering from critical food insecurity.
- To provide technical assistance and coordinate emergency programmes in the agricultural sector; to monitor food security among vulnerable farm families; to disseminate the relevant information throughout the humanitarian community.
- To contribute to nutritional recovery of children, mothers and their families, and to provide dry rations for families who take in children orphaned by HIV/AIDS.

Recapitalization and access to basic services

- To enable households and communities to reorganize their collective strengths and improve their response capacity by initiating activities to benefit the community and focusing on participation of young people and women.
- To enable agricultural producers affected by drought, torrential rains or phytosanitary problems to resume agricultural production thanks to the supply of suitable agricultural inputs.
- To recapitalize farmers affected by the loss of animals by supplying livestock.

Rehabilitation and consolidation

- To improve living conditions of farmers and their capacity to produce during dry seasons with simple hydraulic systems.
- To help the people diversify their sources of income so as to improve the food security of households.

References:

- Situation économique, agricole et alimentaire 2002, FAO, June 2002.
- Haiti: community and household food security profiles, VAM/PAM-CNSA, October 2002.
- Haïti: insécurité alimentaire 2001-2002, CNSA–FAO/SICIAV, November 2002.
- Bulletin de conjoncture N°1, CNSA, December 2002.
- Mission d'évaluation rapide de la situation d'urgence dans le bas Nord-Ouest (Far West), WFP, December 2002.
- Enquête nutritionnelle dans six zones marginales et onze institutions sanitaires de l'aire métropolitaine de Port-au-Prince, WFP, December 2002.
- Central Plateau: rapid food security assessment report, World Vision, December 2002.

Food Security

Project No			Executing agency	Title of project	Location	Budget (US$)
I	FS	1	Concern Worldwide	Improve food security in Basse Gonave	Gonave	112,478
I	FS	2	WFP	Food aid to families seriously affected by drought and the Economic crisis in the Far West	NW	4,995,279
II	FS	3	Action Aid	Supply of seeds in response to the 2002 drought in the Far West NW	NW	180,000
II	FS	4	ASSCDLO	Support for women's associations to produce yams to improve food security	Nippes, Nord	233,000
II	FS	5	Catholic Relief Services	Help improve agricultural production capacity for 2000 families afected by the repeated drought	NE, SE	400,000
II	FS	6	FAO	Support for construction of family cisterns in the areas of the North-West affected by drought	NW	850,000
III	FS	7	Action Aid	Rehabilitation and expansion of irrigation infrastructure in Digoterie	NW	99,355
III	FS	8	CARE	Support for sustainable improvement of food security in the 4 Communes of the North-West department	NW	550,000
III	FS	9	FAO	Supply essential agricultural inputs for vulnerable farmers afected by drought or floods	Artibonite, North, NE, NW	4,000,000
III	FS	10	FAO	Supply small livestock for vulnerable farmers	Artibonite, North NE, NW, South Grande Anse	500,000
III	FS	11	FAO	Vaccination of sensitive animals against anthrax	Artibonite, South North	350,000
III	FS	12	FAO	Support for facilitation of emergency operations to improve food security in Haiti	Nationwide	340,000
III	FS	13	Oxfam-Qc	Restoration of the stock of goats and poultry for families afected by May 2002 floods	Nippes	72,452
III	FS	14	Oxfam-UK	Expansion of support for economic activities of rural women belonging to cooperatives in the North-East	NW	133,000
III	FS	15	PADF	Rehabilitation of agricultural infrastructure in the North-West	NW	1,000,000
					Total	**13,815,564**

The health sector

A chronically deplorable health situation

The current deterioration of the socio-economic situation has hit a population that was already extremely vulnerable in the area of health. Indeed, Haiti holds the record in the Americas for AIDS, malnutrition and infant and maternal mortality. The situation does not seem to have improved over the past few years.[18] Between 1995 and 2000, maternal mortality rates rose from 457 to 523 per 100 000 live births; infant mortality rose from 74 to 80 per 100 000 live births; and life expectancy fell from 55 to 53.3 years (EMMUS II and III). The unfavourable trend shown by these indicators reflects the general deterioration of the health situation over the past few years.

Around one fourth of all children suffer from chronic malnutrition, and 3 to 6 per cent suffer from acute malnutrition. Iodine and vitamin A deficiencies are equally prevalent. Some of the most common diseases are acute respiratory infections and diarrhoea, which alone cause half the deaths of children under 5 (EMMUS III).

Around one quarter of confinements are complicated, and the chief causes of maternal mortality are post-partum haemorrhage, eclampsia, septicemia and abortion.

The prevalence of HIV infection is the population aged between 15 and 49 years is estimated at between 7 and 10 per cent in urban areas and between 3 and 5 per cent in rural areas (national meeting to reach consensus on HIV/AIDS, held in 2001). AIDS is the first cause of deaths reported in the country, accounting for 10 per cent of recorded deaths. The yearly incidence of tuberculosis is estimated at 280 cases per 100 000 inhabitants. Malaria (*malaria falciparum*) is endemic, and threatens to become an epidemic, placing 75 per cent of the rural population at risk Filariasis, dengue fever, meningitis, whooping-cough and diphtheria are some of the contagious diseases affecting the country.

Parallel to these pathologies, there has recently been an increase in cases of diabetes, hypertension and cardiovascular diseases.

A health system ill suited to respond to needs

The Ministry of Public Health and Population (MSPP) has long centred its efforts on the implementation of priority programmes based on a vertical strategy that is dependent on international donors. For several years, the authorities have been concerned with reorganizing the system with a view to decentralizing services through local health systems known as UCS (Unité Communale de Santé). The health system is linked at three levels - central, departmental and UCS levels - but decentralization is not yet fully operational.

Coverage of health services is still low throughout the country as a result of serious problems encountered in the effort to meet the needs of the population, especially the poorest sectors.

Around 40 per cent of the population does not have real access to basic health services. In more specific terms:

- 20 per cent of women receive no prenatal care (EMMUS III);
- 76 per cent of deliveries take place at home (EMMUS III);

[18] We must be cautious in this statement, since different methodologies were applied for the EMMUS II and III surveys mentioned in the references, making it difficult to compare results.

- 76 per cent of women give birth without qualified medical assistance (EMMUS III);
- only 28 per cent of couples use birth control (EMMUS III);
- only 20 per cent of children aged between 12 and 23 months are fully vaccinated (EPI 2001);
- 41 per cent of children with diarrhoea receive oral rehydration therapy (EMMUS III);
- More than half the population do not have satisfactory access to medicines (CERES 2002);
- unmet needs for obstetrical services amount to 47 per cent, according to a recent MSPP survey in three departments of the country.

In addition, as a result of deficiencies in drinking water and sanitation services, 52 per cent of the rural population and 45 per cent of the urban population do not have access to drinking water.

In this alarming situation, the Ministry of Public Health and Population (MSPP) has drawn up an Agenda for Action 2002-2003 organized according to five priority lines of action, namely:

- women's health, with special attention being paid to the reduction of maternal mortality;
- children's health, with special attention being paid to the reduction of infant mortality, the starting point on which the health system is organized;
- monitoring of HIV/AIDS;
- monitoring of tuberculosis;
- monitoring of malaria and filariasis.

The health agenda also attaches priority to certain more specific actions, such as:

- revitalization of hospitals and organization of medical and surgical emergency services;
- reinforcement of primary health care;
- establishment of a national ambulance system;
- development of a health information system.

A system that is highly dependent on international financing

The country currently produces the same amount of goods and services that it did twenty years ago, while the population has increased by 80 per cent (BRH, Annual Report 2001). The per capita GDP stands at around US$ 480. Per capita GDP declined by 2.5 per cent between 1990 and 2001. Spending on health account for 5 per cent of GDP.

In 1997, when international assistance amounted to US$ 50 million per year, a World Bank survey showed that total yearly per capita spending on health amounted to US$ 25, broken down as follows:

- 3.5 from the national budget;
- 7.5 from international assistance;
- 5 from associations;
- 9 directly from the population.

Since 1998, the freezing of aid from the main donors brought the amount of total international assistance received per year for the health sector down to around US$ 29 million. At the same time, the State budget in gourdes dropped sharply, owing to the depreciation of

the gourde vis-à-vis the dollar and the fact that most inputs for the sector were billed in dollars. Consequently, the percentage of the health budget that was covered directly by the population became more and more important.

Impact of the crisis on the sector

The serious lack of health information in the country makes it impossible to directly measure the implications of the crisis for the health of the people. Nevertheless, it is possible to list a number of negative effects that have led to further deterioration of health, particularly among the most vulnerable sectors.

Essential medicines: the essential medicines programme (PROMESS) set up in 1992 by PAHO/WHO under a mandate from the international community is undoubtedly the most widely used source of supply used by public, mixed and non-profit private institutions. PROMESS if fully funded without subsidies, as users cover the costs (storage, staff, etc.) only up to 5 per cent of their purchases. The sharp depreciation of the gourde vis-à-vis the dollar, the currency in which the medicines are bought, made it necessary for the Ministry to provide a subsidy in November 2002 in order to keep prices stable. This subsidy ended on 1 February 2003. Adjusting the sales price of medicines to actual cost, indexed as of 1 February 2003 at the United Nations exchange rate, will cause them to rise on average by 31 per cent. Given that purchasing power is falling day by day, this increase will seriously affect the people's access to medicines, even though the prices of products sold by the PROMESS programme are very competitive with those of other distributors.

Vaccination: coverage of the regular vaccination programme has fallen steadily since 1999. DTP3 coverage for under one-year-olds has dropped from 60 per cent to 48 percent. After five years with no cases of measles, an epidemic broke out in March 2000, mainly in the metropolitan area, which last nearly one year. Some cases of vaccine-associated polio appeared at the same time. Large-scale vaccination made it possible to bring the situation under control, and there have been no further cases after one year. Neonatal tetanus is still a serious problem, considering the number of cases discovered through active research in the hospitals in 2002. These data attest to the inadequacy of vaccination coverage in cities and the absence of vaccination in certain isolated rural areas which place the country at high risk for epidemic breakouts.

Blood transfusion: the blood situation in Haiti has reached emergency proportions. The stock of reagents for monitoring diseases that can be transmitted by transfusion (HIV, HBV, HCV and syphilis) will be exhausted by the end of February, and no strategic plan is in place to purchase new reagent kits. At time when the prevalence of infection markets is alarming among donors, the lack of regular donors is a serious problem. Of donors who were tested at CTS in Port-au-Prince between October 2001 and September 2002, 2.71 per cent tested positive for HIV, 4.39 per cent for hepatitis B and 1.4 per cent for syphilis.

Haiti does not have a safe blood transfusion system, and blood safety is a priority in the health policy of MSPP. Blood is used across different programmes and determines the success of several of those implemented by the Ministry, including the fight against HIV/AIDS, reduction of maternal mortality and emergency services. The Haitian Red Cross is currently experiencing serious difficulties in obtaining inputs.

Access to social marketing products: products sold through the social marketing programme are subsidized, so prices remained constant over the last three years. Only the oral contraceptive Minigynon, which is sold at no profit, showed some variation in purchase prices. These sales fell substantially, at about one third per year in terms of volume, while sales of all the other products rose considerably (PSI sales statistics). The rising prices linked to depreciation of the gourde seriously hindered accessibility.

Nutrition: A comparison of three surveys on malnutrition conducted in the metropolitan area in 2000, 2001 and 2002 (EMMUS III / UNICEF / WFP) showed an upward trend (14, 16 and 20 per cent, in that order) in chronic malnutrition among under fives. In the Far West region, which is the poorest in the country, malnutrition is on the rise. Between June and November 2002, moderate malnutrition rose from 11 per cent to 21 per cent and serious malnutrition rose from 0.6 to 1.6 per cent (Rapid Evaluation – WFP 2002).

STRATEGY/OBJECTIVES OF RESPONSE

Intervention strategies for meeting urgent needs

In a country whose health indicators are already a matter of serious concern and whose health system faces serious difficulties, the line between emergency assistance and development assistant is quite blurry. The emergency assistance programme, conceived as a specific response to a particular socio-economic crisis, must adapt to the acute needs brought about by the deep structural crisis of Haiti's health system.

Although the scope of humanitarian assistance is usually determined by targeted programmes, in the case of the health sector in Haiti, it needs to be broadened so as to take into account the national priorities. Assistance should begin by providing support to health institutions in order to enable them to withstand the crisis in those areas in which the challenge is most serious.

Assistance must provide a response primarily to the different actors in the health sector and should not replace activities already undertaken by the existing health system. Given the chronic crisis which has been further aggravated by current circumstances, the personnel already in place are best able to assess the needs of the most vulnerable sectors and offer them the services they need. Humanitarian assistance should draw from local expertise and resources.

Intervention objectives

In order to respond effectively to the crisis, the health sector needs to focus primarily on those geographic areas that are at the greatest risk. Priority will be given to the shantytowns in the two main cities of the country, Port-au-Prince and Cap Haïtien, as well as to the rural regions that have traditionally had the greatest problems.

The response of the health sector will be geared towards two overall objectives:

1. Support for health priorities:

Maternal and child health services

- reduction of maternal mortality
- Integrated Management of Childhood Illness (IMCI)
- vaccination
- nutrition

HIV/AIDS

- mother-to-child transmission prevention programmes (PTME)
- transfusion safety
- prevention of HIV in women victims of rape

2. Accessibility and availability of essential medicines and basic medical supplies

3. Strengthening of management of medical and surgical emergency services

4. Surveillance of the health situation

Project profiles
The projects proposed to implement the objectives of the Programme were selected by agreement among the different partners involved in health programmes in the country. Each project profiles addresses problem that has been created or aggravated by the current socio-economic situation. To the extent possible, priority has been given to the domestic approach in order to ensure that the most vulnerable regions are treated equitably. The projects that target a given area of vulnerability are designed to reinforce the activities proposed for all the regions as a whole.

The following table summarizes the projects that have been selected to provide a response to the crisis in the health sector. The profiles are organized according to three types of response bearing in mind the conjunctural and structural mix of needs, namely, immediate response to a primary emergency, humanitarian action of a structural nature aimed at preventing a foreseeable acute crisis, and action aimed at consolidating assets.

Health

Project N.			Exec. Agen.	Title of project	Location	Budget (US$)
I	HL	1	PAHO/WHo	Securing access of the population to generic essential medicines	National	4,140,000
I	HL	2	PAHO/WHo	Suport for sage blood transfusions /Blood quality	National	570,000
I	HL	3	PAHO/WHo	Support for sage blood transfusions/ Equipment	National	500,000
I	HL	4	PAHO/WHo	Support for safe blood transfusions / Donors, Collection, Use	National	430,000
II	HL	5	GHEIKIO	Support for handling of accident victims and victims of sexual Violence to prevent them from being exposed to contaminated blood	National	100,452
II	HL	6	UN/AIDS	Prevention of mother-to-child transmission of HIV and syphilis	National	1,990,250
II	HL	7	PAHO/WHo	Improvement of access to vaccination services	National	1,605,609
II	HL	8	PAHO/WHo	Support for vaccination of children against polio and measles	National	1,000,000
II	HL	9	PAHO/WHo	Support for elimination of maternal and neonatal tetanus	National	938,905
III	HL	10	Family Health International (FHI)	Social mobilization to enable communities to take Responsibility for persons living with HIV and support for PTME Progr.	NE, SE	700,000
III	HL	11	UNFPA	Emergency programme to provide integrated women's health services, with emphasis on reduction of maternal mortality in the North East	NE	1,000,000
III	HL	12	MRCH	Rapid recovery and early stimulation of children with malnutrition	Lower Central Plateau Grande Anse	438,550
III	HL	13	UN/AIDS	Strengthening of assoc. of persons living withHIV	National	60,000
III	HL	14	PAHO/WHo	Support for medical centres to take responsibility for medical and surgical emergencies	National	4,957,000
III	HL	15	PAHO/WHo	National Nutrition and Food Campaign	National	1,181,160
III	HL	16	PAHO/WHo	Support for access to emergency hospital care for vulnerable persons	National	102,000
III	HL	17	PAHO/WHo	Active surveillance of the health situation in the framework of PIR	National	50,000
III	HL	18	PSI-Haiti	ORS: Prevention and management of diarrhoea	National	300,000
III	HL	19	UNICEF	Support for integrated management of childhood diseases	National	660,000
III	HL	20	UNICEF	Reduction of maternal mortality	Border region	420,000
					Total	**21,143,926**

The drinking water and sanitation sector

In Haiti, the drinking water and sanitation sector (DWS) includes services relating to supply of drinking water to cities and rural communities, sewage treatment, disposal of excreta (public or private latrines) and the collection and final disposal of solid waste. DWS services in health institutions and public schools are also included in this sector.

Significant investments were made in the sector between 1981 and 1990 (on average, US$ 10 million per year). The political problems affecting the country since October 1991 (when the coup against President Aristide occurred) and practically up to the present time have drastically reduced external financing for the sector.

According to PAHO/WHO estimates, in December 2000, coverage of DWS services, which are the weakest in the American hemisphere, was as follows: DW to Port-au-Prince, 54 per cent; DW for the 27 secondary cities managed by SNEP (State water service), 46 per cent; DW in rural areas (less than 5 000 inhabitants), 48 per cent; excreta disposal in urban areas, 46 per cent; excreta disposal in rural areas, 23 per cent. Regrettably, DW systems in the rural environment are constantly deteriorating owing to lack of maintenance; thus, inadequate financing and lack of maintenance have led to a decline in coverage. There is no public sewage collection and treatment system in any of the cities. The task of gathering water is left to the women, especially girls, who instead of going to school, spend many hours and cover long distances looking for a few litres of water.

The obvious deficiency of the solid waste disposal system in Port-au-Prince is a visible sign of the poor physical environment of the capital city. Less than 50 per cent of the 1 800 tons of solid waste produced every day are collected only to be thrown on to undeveloped sites. A similar situation prevails in all the secondary cities, none of which has a satisfactory controlled disposal system following minimum public health standards.

As regards fresh water resources, the water table is overexploited in the Port-au-Prince metropolitan area, both by irrigation (e to 4 m3/sec) and by 15 wells from which CAMEP (the State drinking water agency) pumps water for the capital city's drinking water supply. To that must be added the wells opened up by many vendors who sell water in tanker-trucks and many individual private wells. This overexploitation has led to the gradual and irreversible salinization of underground waters.

The serious deforestation that has taken place has upset the rainfall and hydrogeological system of the country, leading to a decline in the flow of springs and the replenishment of underground water. Thus, for example, the volume of water flowing from 18 springs that supply Port-au-Prince have dropped on average by 50 per cent over the last ten years. A similar situation obtains practically throughout the entire country.

The water that is distributed through public systems will not last forever and moreover, it is of poor quality. Only CAMEP regularly treats the water it distributes in Port-au-Prince and has a water analysis laboratory. Water distributed in secondary cities and villages is not treated or monitored, and springs are not protected from pollution produced by people, livestock or crops. The prevalence of diarrhoeic diseases is one of the consequences of the poor bacteriological quality of drinking water.

Drinking water and sanitation facilities in public hospitals are deficient. Only the University Hospital of the State of Haiti in Port-au-Prince (HUEH) has a general sanitation system, which was built in 1996 thanks to cooperation from IDB and PAHO/WHO. Hygiene is unsatisfactory in all the departmental hospitals. That is why in-hospital infections are widespread, although unreported.

Public schools, especially in the rural areas, have no running water or sewage disposal. Diarrhoeic diseases are common, although not report, and they are aggravated by the chronic undernourishment affecting students.

The national institutions in the sector (CAMEP, SNEP, DHP, POCHEP and SNRE) are weak, as there is a shortage of qualified personnel, operating budgets are tight, and directors do not have stability in their posts, as a result of which programmes lack continuity and long-term vision. A reform of the sector had been envisaged which was aimed at improving top-level coordination (Conseil de Régulation d'Eau Potable et d'Assainissement – CREPA – and Office National d'Eau Potable et d'Assainissement – ONEPA) and decentralizing basic operations (Comités d'Adduction d'Eau Potable et d'Assainissement – CAEP). The reform was started in June 1996, with cooperation from IDB and PAHO/WHO, but it was not followed through owing to inaction by Parliament, which was not able to debate the pertinent legislation. The reform process, which was to be financed by IDB, is at a standstill. This delay in implementing reform is a reflection of the lack of vision and political will in the sector.

POCHEP, which was created in 1981 with cooperation from IDB (financing) and PAHO/WHO (technical assistance), succeeded in building 148 drinking water systems in rural areas, worth around US$ 16 million and serving 500 000 inhabitants.

Thus, POCHEP has gained considerable managerial and technical expertise and has a well-trained staff. Unfortunately, in the wake of a much too lengthy process of sectoral reform and as a result of the continuing political crisis, POCHEP has been without external financing for six years and is now at the verge of disappearing. Work on construction of drinking water systems has been interrupted owing to lack of funds. This institution has projects ready to be implemented which could be started as soon as financing is received; hence, POCHEP could partner with the NGOs in executing the projects selected for this emergency programme.

The local communities (CAEP) not only lack financial resources but they lack the cadres needed to manage and maintain their drinking water systems.

Given the forced withdrawal of POCHEP and the State services in general, the NGOs have a particularly important role to play in the drinking water and sanitation (DWS) sub-sector in the rural areas an in the marginalized urban areas. In September 2002, in order to better coordinate their actions and ensure synergy in their programmes, the NGOs involved in the DWS sector, in cooperation with PAHO/WHO, set up the Drinking Water and Sanitation Platform (PEPA).

Intervention strategies
The projects include rehabilitation or expansion of existing infrastructure, establishment of new entities to meet urgent needs, health education, social mobilization and training of personnel for maintenance and management of DWS infrastructures.

Funds earmarked for the DWS sector will be entrusted to PAHO/WHO, which will manage them in return for reimbursement of project overhead costs (at organization headquarters) and local project management expenses (in Haiti).

Project execution will be entrusted on the one hand, to NGOs that have submitted project proposals, for which they will enter into mutually agreed contracts with PAHO/WHO, and on the other hand, by local enterprises subcontracted by PAHO/WHO, to be selected through a limited bidding process.

The partner NGOs must be well established in the region concerned, have confirmed experience in the sector and show evidence of capacity to assume the financing requested.

PAHO/WHO will submit quarterly progress report on the work and a final report upon conclusion of the projects.

Programme objectives
The objectives of the programme are as follows:

Humanitarian emergency
- Construction/expansion of overall sanitation systems (drinking water, sewage and drainage) in public hospitals considered of high priority;

Recapitalization
- Establishment of sanitation facilities (drinking water, washbowls and toilets) in rural schools in vulnerable communities;
- Supply of drinking water and construction of family latrines for impoverished rural and urban communities;
- Construction of rainwater collection tanks for mountain populations that have no springs;
- Drainage of rainwater for poor urban neighbourhoods.

Consolidation:
- Promote treatment of drinking water through social marketing.

Water and Sanitation

Project N.		Exec. Ag.	Title of project	Location	Budget (US$)
I	DWS1	PAHO/Haiti	Improvement of sanitary conditions in 12 schools in Roche a Bateau, Port-à-Piment, Coteaux.	SE	150,000
I	DWS2	PAHO/Who	Construction of Phase II of the health centre with beds in Rabeauteau, shantytown in Gonaives	Artibonite	500,000
I	DWS3	PAHO/Who	Support for improvement of sanitary conditions at Justinien Hospital in Cap-Haïtien (286 beds)	North	300,000
I	DWS4	UNICEF	Support for improvement of sanitary infrastructures in schools	SE	1,600,000
I	DWS5	World Vision	Improvement of access to drinking water in schools in La Gonave	La Gonave	660,000
II	DWS6	AAA	Rehabilitation of 25 community drinking water supply systems In the commnune of Jean-Rabel	NW	520,000
II	DWS7	Action Contre La faim	Integrated programme of access to drinking water In three communes of the North-West	NW	316,684
II	DWS8	AOPS	Construction/rehabilitation of 10 drinking water supply systems	National	250,000
II	DWS9	ASSODLO	Improvement of coverage of needs for drinking water in Communites in the buffer zone of Foret des Pins	SE	265,000
II	DWS10	CECI	Improvement of the physical and sanitary environment of schools communes of Mont-Organisé, Carice, Capotille	NE	560,000
II	DWS11	Concert-Action	Support for the improvement and stabilization of coverage of Drinking water supply in three communal sections of Plaisance	North	97,031
II	DWS12	Concert-Action	Support for the improvement and stabilization of coverage of Drinking water supply in four communal sections of Grand-Goave	West	96,098
II	DWS13	PAHO/Haiti	Support for improvement of sanitary conditions in health centres in the South	PAP	100,000
II	DWS14	Helvetas Haiti	Improvement of sanitation and rehabilitation of SAEP In the communes of Aquin, Port-Salut, Verrettes and La Chapelle	Artibonite, South	610,000
II	DWS15	PAHO/Who	Construction of 8 drinking water supply systems	S	663,000
II	DWS16	PAHO/Who	Supplying drinking water for the neighbourhood of Drouillard Por-au-Prin	PAP	303,000
II	DWS17	PAHO/Who	Asupport for improvement of sanitary conditions in Saint-Antoine de Jérémie	Grande-Anse	300,000
II	DWS18	PAHO/Who	Rehabilitation of drinking water supply systems in La Caouane, St-Jean du Sud, Damassin, St-Louis du Sud and Gros-Marin	S	300,000
II	DWS19	PAHO/Who	Support for improvement of sanitary conditions in Inmmaculee Conception des Cayes Hospital	North	280,000
II	DWS20	PAHO/Who	Construction of sanitary facilities in rural schools in the South	Artibonite	250,000
II	DWS21	PAHO/Who	Support for improvement of sanitary conditions in Saint-Nicola de Saint-Marc Hospital	S	180,000
II	DWS22	Oxfam-UK	Expansion and rehabilitation of the drinking water system in Carrefour Feuilles (West) ans Mare Rouge (Far West)	NW, PAP	250,000
III	DWS23	Action Contre la Faim	Sanitation programme in poor sectors of the city of Gonaives	Artibonite	391,897
III	DWS24	ASSODLO	Sanitation and rehabilitation of drinking water supply in Côtes de Fer	S	320,000
III	DWS25	ASSODLO	Sanitation and rehabilitation of drinking water supply in the commune of Baradères	S	146,900
III	DWS26	CECI	Rehabilitation and reinforcement of drinking water supply Systems in the commune of St-Michel de l'Attalaye	Central Plateau	622,000
III	DWS27	CECI	Construction of latrines in the communes de Tiburon, Les Anglais, Port-À-Piment and Chardonnières	S	413,000
III	DWS28	CECI	Sanitation in the city of Hinche	Central Plateau	250,000
III	DWS29	CECI	Rehabilitation and reinforcement of drinking water supply system in buffer zoneof Parc La Visite	SE	200,000
III	DWS30	Comité Protos Haïti	Water and sanitation in the commune de Saut d'Eau	Central Plateau	312,277
III	Dws31	Concern Worldwide	Construction of rainwater collection tanks and latrines in Gonave on the Central Plateau in populous neighbourhood P-au-P	Central Plateau PAP	144,091
III	DWS32	PAHO/Haiti	Rehabilitation and management of spring water supply in Coteaux, Roche à Bateau and Port-à-Piment	S	150,000
III	DWS33	GRET/HATI	Improvement of sanitary conditions in poor neighbour-hoods of Port-au-Prince	PAP	910,000
III	DWS34	UNDP	Construction of market-slaughterhouse complex - Beauchamp	NW	291,747
III	DWS35	PSI-Haïti	Social marketing of water treatment solution: private and public sector of partnership	National	425,000
				Total	**13,127,725**

The education sector

A weak educational system

Schooling levels have risen significantly: pre-school attendance rose from 19.7 per cent in 1990 to 40 per cent in 1998; the net schooling rate for primary education rose from 35 per cent to 65 per cent between 1990 and 1997. Nevertheless, this massification of education in a relatively short period went hand in hand with the deterioration of learning conditions.

The following indicators show how difficult the situation is:

- Relatively limited access to first year;
- Less than half of 6-year-olds attend primary school;
- Short school life expectancy (a child entering primary school can expect to stay there for 3.9 years)
- Nearly one out of two students are three years behind in school (overall, 48 per cent of students are more than three years behind in terms of specific ages, i.e., ages 6 to 11);
- On average, students take about 14 years to complete the first two cycles of primary education;
- High dropout rates (in a cohort of 1 000 students starting first year, 355 reach the third cycle of primary education);
- A majority of teachers are not qualified (nearly 11 500 teachers – one fourth of the total teaching staff – have an educational level lower than or equal to fourth year of secondary education).

Substantial financial contribution from families and waste

Given that private education accounts for between 80 and 90 per cent of school resources, it is clear that the contribution made by households is substantial. It is estimated that total spending on education amounts to nearly 14 per cent of GDP (2 per cent public + 12 per cent private). At the same time, the poor performance of the educational system causes a considerable waste of resources, which is all the more serious considering that families sacrifice other types of expenses in order to send their children to school. A brief analysis of this problem shows that the cost is in the neighbourhood of US$ 60 million per year.

From structural weakness to conjunctural disaster

The deterioration of economic conditions that is reflected, in particular, in a sharp reduction of household income has limited the ability of families to educate their children. Indeed, the net schooling rate at the primary level (ages 6 to 11) has fallen dramatically, considering that in 2002 it stood at 60 per cent while it had reached 67 per cent in 1998. This downward trend in schooling, which was aggravated during the last six months (rise in the cost of living, depreciation of the local currency, reduction of international assistance) has a particularly negative effect on the most vulnerable groups in rural areas and the poor neighbourhoods in the cities. In some regions of the country, classes only meet four days a week in order to reduce transport costs for students.

Objectives/strategy

Although it will clearly take a long time and sustained effort to fix the educational system, there is an urgent need to maintain the gains achieved over the last 15 years. In this regard, it is essential to ensure that poor children (in the country and in shantytowns) stay in school by carrying out programmes aimed, on the one hand, at subsidizing certain schools (equipment, notebooks, texts, school fees, etc.) so as to keep them afloat, and, on the other hand, enabling them to get some financial relief by creating income-generating activities to cover school fees. School cafeterias should also be strengthened in the poorest areas, and every effort should be made to ensure that HIV/AIDS sensitization and prevention programmes among young people do not have to close down for lack of funds.

Education

Project N.	Exec. Agen.	Title of project	Location	Budget (US$)
II EDU 1	UNESCO	Support for school enrolment of 6-to 12-year-old children in schools Located in 44 poor neighbourhoods of Port-au-Prince	PAP	500,000
II EDU 2	UNESCO	Support for school enrolment of problem young people in Séguin	SE	275,000
II EDU 3	UNICEF	Expansion of FRESH Programme (Focusing Resources on Effective School Health) and emergency response	National	640,000
II EDU 4	UNICEF	Psychological and social monitoring of children and young people	National	420,000
			Total	**1,835,000**

The employment and income-generation sector

The situation with respect to income-generating employment, which was already difficult, has become critical over the last two years, leaving in its wake a dramatic level of poverty.

It is estimated that out of an active population of about 4.1 million, only 110 000 have jobs in the formal sector, including the civil service. The public sector, which has long been considered an important source of employment, suffered serious cutbacks over the last few years. In fact, right now there are probably no more than 35 000 civil servants in all regions and sectors of the country and at all levels of public administration.

The formal private sector has not been able to regain the number of jobs it had towards the end of the 1980s. The assembly industry, which was the largest subsector and accounted for nearly 60 000 jobs before the economic embargo period, currently provides no more than 13 500 jobs, having lost about 26 per cent in 2002, to around 25 000, and had as little as 13 000 in 2001.

The construction sector, which had shown strong growth in recent years, has for some time seen activities decline. This situation may be explained by (i) the increased difficulty of households to finance residential construction; (ii) a marked reluctance of banking institutions to take risks, and especially, (iii) the discontinuation of international financing for infrastructure projects. With no jobs, construction workers have emigrated in large numbers to the Dominican Republic, where wages, working conditions and security in the workplace are very different from conditions offered in Haiti.

The flagrant imbalance between the supply of and demand for jobs in almost every sector of economic and social activity has led to the exclusion of the great majority of workers, who try to survive by engaging in microenterprises outside the formal economy. Thus, the informal sector continues to serve as a "refuge" for most of the active population, who turn to it to seek their means of survival. The latest BRH report attests to the importance of the informal sector, as it is estimated that about 300 000 enterprises operate in that sector, with about 810 000 persons working informally. Small-scale commercial activities, usually referred to as survival microenterprises and characterized by the fact that they create little or no value added, are becoming more and more important in the economy. On the whole, these microenterprises make practically no investments, create very few job s and often depend for survival on repeated loans from microcredit institutions, which often do not have limitations in regard to effective rates and collection practices.

In the formal sector, training falls short of needs, whether it be in the trades, or at the vocational, technical or university level, and lack of financing is still a major obstacle to meeting training needs. Although activities in the assembly industry have slowed down, there are a number of well-trained entrepreneurs in this sector who are committed to contributing to the economy recovery of their country provided qualified manpower is available and the macroeconomic environment offers security and stability for investment.

In the informal economy, there is a serious shortage of trained personnel. Managerial and technical capabilities need to be strengthened, and enterprises need to be enabled to penetrate new markets.

Response strategies

In response to the current emergency, the response strategy should be to create short-term jobs in order to generate income in the areas most affected by the deteriorating humanitarian situation.

Over the medium term, support should be provided to micro and small enterprises so as to help them consolidate and carry out their business in a context that is becoming more and more difficult. Concerted action should be taken to help them generate more income by setting up management support mechanisms, promoting best practices, increasing productivity and improving operating conditions.

In this context, microfinance appears to be an appropriate strategy for giving the underprivileged sectors access to the financial services they need to start and carry out their income-generating economic activities. There is an urgent need for regulation in this sector, in order to enable it to grow while at the same time protecting the interests of actors concerned.

In the formal sector, every effort must be made to ensure that intervention programmes complement each other, with a view to maintaining existing jobs and taking advantage of the opportunities arising from globalization that would have an almost immediate impact on income generation. Efforts should be aimed at improving the people's employability and enhancing the capacity of the production sectors to respond to business opportunities. Efforts in the area of manpower training and job stability should be conducted across the board so as to meet the most urgent needs and at the same time lay the foundation for sustainable economic development.

Special attention should be paid to interventions targeting women. In the formal sector, such efforts might be carried out through joint financing with the private sector in the context of partnerships to ensure that the programmes can be taken over locally and thus have some permanence.

Employment/Income Gener.

Project N.	Execut. Ag.	Title of project	Location	Budget (US$)
II EIG 1	CECI	Rehabilitation of the Carrefour Marose – Delathe highway	S	544,000
II EIG 2	CECI	Rehabilitation of the Mont-Organisé – Ouanaminthe highway	NE	368,000
II EIG 3	PFI	Rehabilitation of the Hinche-Pignon (30.3 Km)	Central Plateau	1,112,000
II EIG 4	PFI	Rehabilitation of the Hinche – Thomassique road (20.2 Km)	Central Plateau	808,000
II EIG 5	PFI	Rehabilitation of the Maissade-Hinche road (15.5 Km)	Central Plateau	620,000
II EIG 6	UNDP	Rehabilitation of 11km on the Jean Rabel / Mare Rouge road	NW	1,263,503
II EIG 7	UNDP	Supply of equipment and materials to the Sainte-Anne (Cité Soleil) Vocational Training Centre	PAP	30,000
II EIG 8	World Vision	Improvement of secondary roads in the Central Plateau and La Gonave	La Gonave, Central Plateau	250,000
II EIG 9		Rehabilitation of the Fonds Verrettes - Solyette road (15 km)	SE	750,000
III EIG 10	ILO	Support for the creation of productive jobs in the assembly sector	PAP	1,200,000
III EIG 11	ILO	Support for the design of HIMO programmes	National	75,000
III EIG 12	CECI	Contribution to poverty reduction through jobs for 1500 young people	PAP	303,825
III EIG 13	ID	Access to loans and savings for 2 500 extremely poor women In marginal districts of Port-au-Prince	PAP	350,000
III EIG 14	UNDP	Expansion of financial services offered by SHEC to the national level	National	12,500,000
III EIG 15	UNDP	Microfinance for sustainable development	National	1,500,000
III EIG 16	UNDP	Support for professionalization of actors in the microfinance sector	National	1,000,000
III EIG 17	UNDP	Support for the development of a system for supervising non Cooperative microfinance structures	National	500,000
III EIG 18	UNDP	Technical and financial support for the promotion and establishment of micro and small enterprises	PAP	500,000
III EIG 19	UNDP	Support for the promotion of a microinsurance system through microfinance structures	PAP	250,000
III EIG 20	UNDP	Establishment of small manufacturing centres for dress-making	PAP	200,000
III EIG 21	UNDP	Reinforcement of national capacities in setting up decentralize microinsurance systems in the field of health	National	118,000
III EIG 22	UNDP	Support for the establishment of an agroindustrial development financing fund	NE	100,000
III EIG 23	UNDP	Support for the promotion and dissemination of hydroponics by and for women	PAP	100,000
III EIG 24	UNDP	Processing and promotion of breadfruit	North, SE, South, West	82,000
			Total	**24,524,328**

The governance sector

The changing political situation

The situation with respect to political governance in Haiti is characterized by a long transition to democracy which began in 1986, with the fall of Jean Claude Duvalier and has not always resulted in the normalization of institutions. Several elections have been held since then, but most of them have been contested, and this has fostered a period of political unrest which continues to this day.

This situation has further undermined the democratic institutions and prevented the proper functioning of the State. Thus, as one author has said, it does not have the means to implement policy and has not always developed a strategy for transition to democracy that would entail a gradual acceptance of and move towards application of constitutional measures.

The current political crisis has led to a further deterioration of relations between the Haitian politicians and the development community (national and international), who are already suspicious of and exasperated with each other. In brief, there is a state of chronic instability which makes governance a difficult issue.

This situation is pointed out in a document issued by the Government, entitled *Gestion des crises et perspectives de réforme de l'État en vue d'un développement humain durable*. This report identifies three types of crisis that affect governance and efforts to modernize the State, namely, the crises of legitimacy, effectiveness and equity.

The rule of law and civil service have been undermined

The **parliamentary system** is not accomplishing its purpose. This may be attributed, inter alia, to the persistence of the political culture that prevailed under the former regime; the weakness of political parties which do not make good use of the talents of their elected officials and their members; the strained relations between the Executive and the Legislative branches; the lack of training of elected officials; the absence of women in elected office; and the inadequacy and even absence of human, financial and material resources.

> *On the whole, the State has been weakened. It has become more vulnerable to short-term crises and does not have the means or the capacity to respond toshocks or to provide basic services and protect…*

Impunity is often mentioned as one of the most flagrant evidences of the dysfunctionality of Haitian society in general and of the **judicial system** in particular. Many laws are anachronistic, contributing to a crisis of confidence in the courts, and the proper working of the judiciary is hindered by fact that court system is not adequately represented throughout the country. Judges and administrative staff are poorly paid, the court apparatus has become politicized, and sentences are often not enforced.

As far as **independent institutions** are concerned – such as the Citizens' Protection Office (OPC), the Permanent Electoral Council (CEP) and the Superior Court of Accounts and Contentious-Administrative Proceedings (CSCCA) – some have not yet been set up and those that do exist often lack the means to implement policy.

The **civil service**, for its part, has been diagnosed as sick and weakened. Productivity is low, as services are poor and inadequate. It is vulnerable to the vicissitudes of politics, and the ministries do not operate within the framework of legal regulations in force. Technical resources are wasted as qualified staff have left; budget controls are weak, and financial management is deficient. Excessive centralization means that deconcentrated and decentralized structures are relieved of responsibilities. Consequently, essential goods and services are not delivered to the population.

Decentralized institutions are virtually non-existent and do not help respond to the needs of local populations for public infrastructure and social services at the first level. Delivery of public services at the grassroots level is still weak and inequitably distributed. Some regions of the country are chronically underserved. The North-West and almost all the communities on the border with the Dominican Republic are, in many respects, the most needy when it comes to public services at the community level. The state of the road system is worse than pitiful, as are facilities for obtaining drinking water and health services. In addition, the poor neighbourhoods of the large cities are also seriously wanting when it comes to local services.

Local elected officials, whose legitimacy has been questioned, are often unaware of just what their prerogatives are and what means are available to them. Administrative personnel are too often chosen because of influential contacts, so the staff changes after every election. Moreover, the same political divisions exist at the local level as at the national level; at the same time, very few local citizens actually participate in the political process or in decisions on policies that directly concern them.

The crisis of confidence and lack of access to essential services

There is a real crisis among the citizenry, given that the civil society – at all levels – cannot count on the State institutions to meet their most basic needs, i.e., for roads, water, health care, education, protection of their rights and fair law enforcement, participation in decision making in matters that concern them, and security.

In the shantytowns, insecurity has become an especially serious problems. Violence and crime reign, and many people feel they have to carry a gun in order to survive. The Organization of American States (OAS) and several other organizations have raised the question of disarmament as an essential step towards solving the country's political problems.

Finally, the crisis among the citizenry is most evident in the fact that most Haitians do not have any records in the civil registry and thus lack the documentation that is essential for any individual to exercise his or her rights and obtain basic services.

A short-term strategy focusing on local action, essential works and security

Although humanitarian assistance is usually geared towards the traditional sectors such as health and food security, the governance sector also deserves attention. Many observers and analysts hold the view that the current crisis is primarily a problem of governance. It is therefore worthwhile to address this issue directly with short-term measures, following the approach embodied in this integrated emergency assistance programme. The measures to be taken in the governance sector fall within the scope of emergency level III, i.e., rehabilitation and consolidation.

This action should make it possible to respond to the acute needs generated by the profound structural crisis of the governance sector in Haiti. Special attention will be paid at the local level to fostering investment in essential infrastructures in the poorest regions of the country,

i.e., the North-West, the border region and the poorest neighbourhoods of Port-au-Prince. Labour-intensive projects listed under the section on employment and income generation will be part of this approach to the extent that the works selected and some of the management will be carried out in partnership with key local actors who are elected officials and leading civil society organizations. Likewise, local projects in the drinking water and sanitation sector as well as those relating to risk and disaster management would be coordinated with local actions carried out through projects in the area of governance.

Sectoral objectives

In order to respond effectively to the crisis, the governance sector will need to achieve the following objectives over the short term:

- support in providing the poorest communities with essential goods and services, by involving the local population in advance in decision making and implementation;
- reducing armed violence and the availability of light arms through a community-wide approach;
- ensuring access of the population to registration of vital statistics;
- promoting deconcentration of legal services through the creation of pilot jurisdictions in the departments.

Project profiles for these objectives are included in the annex to this document.

Governance

Project N.	Executing Agency	Title of project	Location	Budget (US$)
II GOV 1	UNCDF	Poverty reduction through local participation	NE	650,000
III GOV 2	UNDP	Strengthening of State services in three pilot jurisdictions	National	1,650,000
III GOV 3	UNDP/OAS	Support for community initiatives to reduce armed violence	Port-au-Prince and other urban areas	800,000
III GOV 4	SECOS	Sensitization and education on emergency and development Needs of vulnerable social sectors and strengthening of community radio stations	National	250,000
III GOV 5	World Vision	Support for training in principles of human rights good Governance and active citizenship	La Gonave, Central Plateau, South, NW	200,000
			Total	**3,550,000**

The risks and natural disasters sector

Permanent threats

Like many Caribbean countries, Haiti is highly exposed to danger from natural phenomena. Every year during the hurricane season (June-November), Haiti is faced with the risk of a natural disaster. Even though it is not often mentioned, there is also a risk of earthquakes; according to specialists, an earthquake on the order of 7.5 on the Richter scale could occur. Finally, the potential for manmade disasters should also be taken into account, such as the that of the Péligre dam, the retention capacity of which has been considerably diminished, posing a serious threat to the entire population of Bas-Artibonite.

Heightened vulnerability

From the standpoint of physical, socio-economic and institutional factors, Haiti is considered to be at great risk according to international criteria. The measures that have been taken over the last few years – such as the creation of a Directorate of Civilian Protection (DCP) and the implementation of a National Risk and Disaster Management Plan (PNGRD), with a substantial contribution from the United Nations System – are still not enough to address the dramatic increase in the vulnerability of the population, which was further heightened during 2002. The main factors causing this trend are the rapid deterioration of the economy, the persistence of the political crisis and the degradation of the environment. The combination of these three factors has many complex consequences in terms of the overall vulnerability of the Haitian people.

The main factors causing vulnerability are:

- The poverty level of the population (a rapid process of impoverishment is taking place);
- The political context (weak legislature/trend towards centralization);
- Increasing insecurity;
- Heavy population density (280 inhabitants per square kilometre);
- The growth of shantytowns and failure to implement building codes;
- Environmental degradation;
- Diminishing water resources (occurrences of drought);
- Weak educational system;
- Worsening of sanitary conditions;
- Weakness of infrastructure/isolation of communities affected by heavy rainfall;
- Food insecurity/heavy dependence on imports;
- Social and cultural factors/practices and beliefs;
- Increase in especially vulnerable population: increased marginalization of children and the phenomenon of street children;
- Poor institutional capacity to manage risks and disasters/financial, technical, logistical and organizations aspects;
- Regional context/ongoing tension at the border with Dominican Republic

Despite the establishment of the Directorate of Civilian Protection (DPC), the mission of which is to coordinate all intervention operations and activities relating to the management of risks

and disasters relating to natural disaster, PNGRD has encountered difficulties carrying out its work, especially because of the lack of resources. This is paradoxical, given the rapid rise in vulnerability of the population. However, the decentralization process initiated in the context of PNGRD is far from adequate, and the departments do not have the necessary means to coordinate response actions and provide services to the victims of natural disasters.

Notwithstanding the above, those concerned have shown considerable initiative and willingness to address the issue of risks and natural disasters, as evidenced by the fact that coordination and mobilization mechanisms have been set up by the different national and international institutions.

There are still some recurring problems, however, notably:

- A propensity to concentrate disaster management efforts during the hurricane season;
- Inter-institutional coordination of response action is very limited: the Emergency Operations Centre is almost non-existent at the national and departmental levels;
- Heavy centralization of decision making and information, as well as technical capabilities, in Port-au-Prince;
- Absence of an ad hoc legal framework;
- Poor response capacity of the decentralized committees, especially as regards emergency services for affected populations; lack of preparatory measures in the departments and limited technical capabilities;
- The private sector is not included in the national risk and disaster management system;
- The intervention capacity of DPC, the main execution and coordination institution, is limited (it has a staff of around 15 people to cover the entire country);
- Inadequate early warning system throughout the country.

In brief, the ability of national institutions to reduce risks by taking measure pertaining to vulnerability factors is limited, and a significant investment in financial and human resources is needed. Considering the economic context, this means that international aid would have to increased in order to provide for a well-coordinated and consistent multisectoral response capacity.

Sectoral strategy

In this context of vulnerability, along with the potential for frequent natural disasters, especially during the hurricane season (June-November), the population is always at risk. Consequently, high priority must be given to disaster management.

The National Risk and Disaster Management Plan provides for three priority areas of intervention which entail setting up three distinct programmes under which the individual projects would be implemented, namely:

- Risk management at the central level;
- Disaster management at the central level;
- Risk and disaster management at the local level.

The establishment of these three programmes attests to the need to act not only in the area of risk management (prevention or mitigation/long-term approach) but also, at the same, of disaster management (preparation and response capacity/short-term approach). In addition, actions focus on both the national and the local levels and on the regions that are most vulnerable.

Risk and Disaster Management(Rdm)

Projects N.		Executing Agency	Title of project	Location	Budget (US$)
II	Rdm 1	PAHO/WHo	Support for PAHO/WHO-PROMESS emergency fund	National	120,000
II	Rdm 2	UNDP	Identification of earthquake risk in Haiti	National	170,000
II	Rdm 3	UNDP	Emergency programme to establish a mechanism for coordinating Response actions of the national risk and disaster management system at the central level	National	130,000
II	Rdm 4	UNDP	Reinforcement of the mechanism for coordinating response Actions of the United Nations risk and disaster management system	National	80,000
II	Rdm 5	UNICEF	Support for implementation of an intervention framework in MENJS for emergency preparedness and response	National	377,000
III	Rdm 6	AAA	Support for disaster prevention in lower Artibonite	Artibonite	400,000
III	Rdm 7	Concern Worldwide	Improvement of emergency preparedness and response capacities of vulnerable communities	NW	291,040
III	Rdm 8	Concert-Action	Support for vulnerable communities in the development of a disaster assistance and prevention system	W, SE	195,659
III	Rdm 9	CRS/HAITI	Reinforcement of local emergency response capacities	North,NE, South, SE, Grande-Anse	150,000
III	Rdm 10	UNDP	Emergency programme to reinforce local risk and disaster management capacities	North, Grand-Anse, South	330,000
III	Rdm 11	Service Chrétien d'Haïti	Support for prevention and reduction of the effects of drought In two communities of the island of La Gonâve	La Gonave	280,000
III	Rdm 12	World Vision	Reinforcement of disaster management capacities of vulnerable groups	La Gonave, Central Plateau, South, North, NW	125,000
				Total	**2,648,699**

Vulnerable groups

Situation of vulnerable children

More than half the population of Haiti, which is estimated at 8 million, is made up of children and young people under 20 years old. Around 40 per cent of this segment of the population is under 15. The current socio-economic crisis has been disastrous for children, who are usually highly vulnerable anyway.

Haiti's children are faced with precarious living conditions, given the prevailing poverty, the inadequacy of policies and programmes targeting children, poor access to essential social services, social discrimination, the weaknesses of national institutions that should normally come to their aid, and the inadequacy of human and financial resources. To this difficult structural situation is added the severe crisis, which jeopardizes the modest progress made in recent years thanks to the joint efforts of the development partners.

Basic Data

Age structure :	0-19 years 52.3% (2000)
Infant mortality rate :	80.9 deaths per 1 000 births (2000)
Under-5 mortality rate :	119 deaths per 1 000 births (2000)
Maternal mortality rate :	523 pour 100 000 live births (2000)
Gross birth rate :	31 births per 1.000 habitants (2000)
Access to prenatal care :	79%
Prevalence of HIV/AIDS (adults):	5.4% to 7.7% (2001)
Number of children at extreme risk :	1. 21 million (2000)
Number of AIDS orphans :	200 000 (2001)
Number of street chldren in Port-au-Prince :	8 000 (1999)
Number of children in domestic labour arrangements :	173 000 (2002):
Immunization:	
One-year-olds fully immunized :	30% (2000)
One-year-olds immunized against DPT3 :	36,2 % (2000)

In the present circumstances of fragile social organization, impoverishment and disruption of families, children are the first victims of physical and psychological abuse, of marginalization and abandonment. Consequently, certain categories of children are at extreme risk, and emergency measures must be taken to protect them and prevent a major humanitarian disaster. Around 1.21 million boys and girls are affected by or infected with HIV/AIDS and other diseases, orphaned, handicapped, in domestic labour, on the street, in prison and suffering from acute or chronic malnutrition, representing between 20 and 25 per cent of the population under 15 years old. Girls are especially vulnerable to these circumstances.

The atmosphere of violence is evident in the fact that around 40 per cent of children at all social levels are beaten.[19] Girls and women are also victims of rape and early pregnancy. Their precarious living conditions push some of them into prostitution.

The rise in the adult mortality rate caused by HIV/AIDS has led to an increase in the number of children affected by and infected with the disease. It is estimated that the percentage of orphaned children will remain very high at least until 2020.[20] In 2001, there were 200 000

[19] Government of Haiti/UNICEF Cooperation Programme, *Document de stratégie. Le droit a la vie, au développement et a la protection des enfant haïtiens*, Port-au-Prince, September 2000, p. 11.

[20] The estimates on orphans usually do not include children who are born HIV-positive because most of them die before age one. USAID/UNICEF/UNAIDS, *Children on the Brink*, 2002.

orphans in Haiti,[21] although other estimates put the figure at between 163 000 and 235 000.[22] Persons affected by or infected with HIV/AIDS are shunned by the rest of the population who, lacking information and education, "demonize" the infection and the sickness. HIV/AIDS is viewed as anathema, and infected and/or affected children and AIDS orphans also suffer this rejection. More and more, there has been a feminization of the pandemic.

Handicapped children are a group that is both vulnerable and invisible. In its report entitled *Analyse de la Situation Sanitaire, Haïti 1998*, the Ministry of Health estimates that 520 000 people – 7 per cent of the total population – are handicapped. In its report on the implementation of the Convention on the Rights of the Child, the Government recognizes that handicapped children have been neglected and that of the 120 000 school-age handicapped children, only 1.7 per cent have had access to special education. With the contraction of the State and the dwindling of its resources, the rights of handicapped children have been completely flouted.

Around 173 000 children are in domestic labour arrangements; of these, 60 per cent were girls in 2001.[23] These children perform live permanently in a home other than that of their parents, performing different tasks, especially household chores. They are victims of humiliation, abuse and violence on the part of their employers. Not only are they mistreated, they are sent to very deficient schools, if at all. Given the difficult living conditions of many Haitian families, it is to be expected that children in domestic labour will also suffer.

The accelerated deterioration of the socio-economic situation has led more than 2 000 children from three provinces in the north of the country to cross the border every year – often with their parents' consent – in order to bring home money for education, food and other expenses. They are taken by traffickers into the Dominican Republic, where they live in deplorable conditions and go begging or engage in other activities in the informal sector. The girls usually take jobs in domestic activities.

According to a survey carried out by Quisqueya University in 1999, there are around 7 500 street children in Port-au-Prince. According to the survey, which was conducted in the cities of Port-au-Prince, Cap-Haïtien and Jacmel,[24] there are between 6 226 and 7 833 children between the ages of 5 and 17 in Port-au-Prince, or 0.4 per cent of the entire population of the city. In Cap-Haïtien, the survey found 163 children, and in Jacmel, 41. Among girls living on the street, between 20 and 33 per cent are in Port-au-Prince, 6.5 per cent in Cap-Haitïen and none in Jacmel.[25] Street children are abused by police, who see them as "well-known delinquents"[26] and often accuse them of "associating with crooks". Children complain that the police beat them constantly and arrest them illegally and arbitrarily. Their health and hygiene are poor and they inevitably suffer from skin and digestive diseases.

As far as children who break the law are concerned, even though the law provides for it, there is no policy on rehabilitation and re-entry into society of children who are accused of a

[21] USAID/UNICEF/UNAIDS, *Children on the Brink*, 2002.
[22] *La Situation des Orphelins et des Enfants Vulnérables en Haïti*, Impact, p. 10.
[23] Unpublished report financed by UNDP, ILO/IPEC, Save the Children UK and Canada, and UNICEF, 2002.
[24] Apparently street children prefer these three cities because of their proximity to the port, according to the study entitled *Planification d'interventions* prepared by Bernier, Martine and Ponticq Françoise, Research Unit on Children at Risk (UNRESD), Quisqueya University, 1999.
[25] *Planification d'interventions, op. cit.*, p. 23. The findings of this survey refer both to "street children" per se (children who have severed relations with their family group) and to children on the street (children who maintain more or less regular ties and relationships with their families and who return home to sleep or bring the product of their work).
[26] Victoria Forbes Adam, Training Coordinator, *Final Report*, International Civilian Mission in Haiti (MICAH), 2001.

criminal offence. Prolonged provisional detention is a phenomenon which affects around 80 per cent of the prison population in Haiti, including children. Moreover, there are no admissions centres or detention facilities for minors. Minors who are arrested are placed under guard in facilities that are already crowded with adults and are left in administrative preventive detention beyond the 48 hours envisaged in article 26 of the Constitution.

Problems of governance and insecurity, along with the deterioration of the social situation, jeopardize efforts to implement the Convention on the Rights of the Child. Despite these limitations, however, there is a body of legislation that can be used to put in place institutional protection mechanisms. The Citizens' Protection Office (OPC) is the State institution that is responsible for protecting citizens from abuse on the part of the administration.

Up to now, OPC has focused on working to protect children in the schools; as of 2003, and with support from the United Nations, it will be prepared to hear, on a regular basis, complaints concerning the violation of children's rights. The Institut du Bien-être et de la Recherche (IBESR) is the technical agency in the Ministry of Social Affairs that works with the Ministry of Justice, particularly in the courts, on implementing protection measures for minors who are at risk. Among other things, this institute provides special protection to children and women, and is responsible for creating, authorizing, promoting and supervising public and private social assistance efforts, monitoring application of social laws and coordinating policies on prevention and treatment of juvenile misconduct.

Responses aimed at solving the social crisis should attach priority to providing special protection for at-risk children. Since the State is the main guarantor of children's rights, a children's protection programme in Haiti cannot sidestep the governmental **structures** with the excuse that public institutions are inoperative. However, strategies should focus on strengthening the capabilities of existing public institutions that are committed to the protection of children's rights, such as OPC, IBESR and the Police. In particular, they should help the NGOs reactivate the chain of protection by presenting complaints when children's rights are violated.

In order to decisively address the factors that contribute to the crisis of extreme vulnerability of children, innovative solutions must be sought to fight HIV/AIDS and its impact on children, protect AIDS orphans, support re-education projects for child lawbreakers, help street children and children in domestic labour to re-enter society, offer psychosocial support for all children at risk, combat discrimination and stigmatization, offer basic services and strengthen ties of solidarity within the community.

Situation of vulnerable women

Among the many Haitians who live in alarming poverty, women are certainly not to be envied. Their situation is usually more difficult than that of men, and they are often responsible for the well-being of children. In general terms, their situation may be described as follows:

- *Extremely precarious economic situation*. According to the findings of EMMUS III (2000), the great majority (72 per cent) of women between 15 and 49 work in the sales and services sectors. In the departments of the North-East and the North-West, the percentages are 73.3 per cent and 68.65 per cent. It has usually been the case that in times of economic crisis, the sales and services sectors are vulnerable to the ebb and flow of circumstances. Moreover, since they are most often in the informal sector, these jobs do not provide women with any protection against loss. Although statistical

data are scarce in this field, it appears that women are among the groups that are the first to bear the brunt of economic crisis.

- *Limited participation in power and decision making*. Haitian culture has traditionally assigned women-mothers a key role in the family structure, but it is the men who take decisions and hold power, in keeping with the patriarchal paradigm. Thus, women are responsible for keeping the family together and ensuring its survival, but they do not enjoy the "privilege" of power and decision making. In times of crisis, their position is particularly difficult. They are more exposed to domestic violence. There sources of income dwindle, although their responsibilities as a pillar in the family do not diminish at all; hence, their own situation also affects the children. It is important to bear this in mind, given that on average, nationwide, the synthetic fertility rate of women between the ages of 15 and 49 is 4.7. It is understandable that the impoverishment and increased vulnerability of women in crisis situations has a significant effect on the population, since it is "naturally" reflected in the situation of their children, both those already born and those to be born in future (considering that 9.1 per cent of women between 15 and 49 are currently pregnant).

- *Reproductive health in times of crisis*. The question of reproductive health problems becomes even more important in times of economic and social crisis. Access to health services falls drastically during crises, in a context of spontaneous prioritization of needs to be met. The maternal mortality rate is a good illustration of extent and the consequences of the choices involved in survival. The maternal mortality rate, which is already high at 523 deaths per 100 000, is likely to get worse. Indeed, since the causes of maternal mortality are linked to maternal health, access to care or even to complications of abortion, the rate could rise because all these parameters are likely to deteriorate further in the present circumstances. According to estimates based on the EMMUS survey conducted in 2000, 11 per cent of women resorted to abortion and 33 per cent stated that they had had complication after their last abortion. The percentage is even higher among women with less schooling (40 per cent of women with no schooling or barely literate compared with 27 per cent among those who had a secondary or higher level of education). One might fear that, faced with imminent crisis (and considering the ideal number of children – 3.1 – according to EMMUS III), that abortions would increase and complications would also rise proportionately to that increase.

- *The implications of women's vulnerability for that of children, adolescents and young people*. The high maternal mortality rate is an underlying factor in the vulnerability of children under five years old and partly explains the high infant mortality rate in Haiti (8 per cent). It is also related to the appearance and gradual increase in the category of problem children.

  When crisis is widespread, a woman who is already weakened is not able to fully perform her role as mother, pillar of the family, counsellor and shaper of adolescents and young people. This certainly has an impact on different groups who in turn will represent the vulnerable segments of society and who are bound to perpetuate the vicious circle of self-reproduction of vulnerability.

Adolescents and young people

According to estimates made by the Haitian Institute of Statistics and Information (IHSI), adolescents and young people (aged 10 to 24) account for 31 per cent of the population of Haiti. They are directly affected by the economic and structural deterioration that is taking place, and this heightens their vulnerability. In Haiti, they are not able to exercise their right to have access to basic social services, including the right to grow up in an environment that encourages their full development as individuals. They bear the burden of their parents' joblessness and, left to their own devices, see themselves as having no future.

Burdened by their basic needs and with no formal outlets that would enable them to grow, to become informed, to develop and blossom so as to participate actively in the development of their community, these adolescents and young people are often exposed to terrible diseases. They are exposed to AIDS and sexually transmitted diseases (there is talk of the juvenilization of STDs and AIDS), become addicted to drugs, take up formal and informal prostitution, all kinds of violence, and they do not have access to quality social services that might help them deal with their daily lives. They become even more vulnerable and outcast, losing hope as they face the desolation and rampant poverty that have ravaged this country for decades.

In the context of efforts to implement efficient short-term emergency strategies, as well as medium- and long-term structural programmes, one way to address the deteriorating socio-economic situation of the country would be to invest resources in helping adolescents and young people get an education, develop, grow and get away from violence and prostitution, so as to enable them to protect themselves against AIDS and sexually transmitted diseases and take advantage of opportunities for becoming productive individuals who have hope for the future.

Vulnerable Groups

Project N.			Executing Agency	Title of project	Location	Budget (US$)
II	VG	1	UNFP	Support for development of response capacity among adolescents and young people in the department of the North-East to promote responsible sexual and social behaviour	National, NE	300,000
III	VG	2	ATD	Support for access to health for poor families in marginalized neigh-bourhoods of Port-au-Prince	PAP	50,995
III	VG	3	UNFPA	Urgent life skills training for adolescents and youth to fight HIV-AIDS / STD and poverty	NE, NW	320,000
III	VG	4	UNFPA	Emergency programme for integrated intervention for health and economic and social protection of women in the North-East department	NE	290,000
III	VG	5	OIM	Assistance for displaced and repatriated Haitian migrants	Border region	348,000
III	VG	6	SOFA	Support for strengthening of centres in Douvanjou	National	171,000
III	VG	7	UNICEF	Creation of a reception centre for at-risk children	PAP	400,000
III	VG	8	UNICEF	Support for protection of children affected by or infected with HIV/SIDA	South, SE	400,000
III	VG	9	UNICEF	Support for protection of streets children	PAP	250,000
III	VG	10	UNICEF	Support for protection of children in domestic labour arrangements	PAP	200,000
III	VG	11	UNICEF	Support for protection of the rights of vulnerable children	PAP	95,000
					Total	**2,824,995**

Coordination, follow up and evaluation

The Integrated Emergency Response Programme Targeting Vulnerable Groups and Communities in Haiti (PIR) attests to the determination of the United Nations agencies in Haiti to carry out a strategy for emergency assistance along with medium- and long-term structural programmes, to develop a common advocacy tool to provide support for the country and, finally, the explicit willingness to coordinate efforts through planning, execution and follow up to the Programme.

The Programme is being submitted at a very timely and critical moment, given that it offers an ideal framework for further improving coordination and programming among the agencies of the United Nations System, national and local institutions, NGOs and donors. The approach of PIR consists of reinforcing existing coordination mechanisms and regional arrangements with a view to allowing for concerted follow up and across-the-board coordination.

Under the supervision of the Resident Coordinator of the United Nations System, the Agencies serve as the link between the Programme and the Haitian Government. Each Agency, in turn, ensures that there is agreement and coordination at the sectoral and/or thematic level so as to allow for rational and constructive implementation of PIR. They serve as spokesmen before the national institutions and contribute to the efforts and support provided by NGOs and grassroots organizations.

The Programme will provide for the management of outputs so as to facilitate accountability and the preparation of reports relating to all the activities and projects as a whole. The Agencies of the United Nations System and their partners will follow a common methodology (logical framework), reporting regularly on the progress achieved, to share information and disseminate results among the population and the donor countries.

Follow up and evaluation will be integral components of each project. Follow up should enable the different partners to develop a framework for dialogue on data gathering and modalities to be followed in each case. In addition, provision will be made for missions to be set up jointly by the United Nations System, the Government and the NGOs, with a view to improving the distribution of information among the central and decentralized levels and thus facilitating decision making. The parameters for evaluation will be developed by the coordinator and should reflect the Programme's concern for making an impact at the sectoral and intersectoral levels and meeting the agreed timetables.

Coordination objectives

The following objectives will guide the establishment of coordination mechanisms:

- To set up mechanisms for regular reporting on developments with regard to the humanitarian situation and the progress of the Programme;
- To support operations and efforts of stakeholders in the field with a view to enhancing the efficacy and efficiency of aid, monitoring follow up on priorities and avoiding gaps and overlapping of activities;
- To conduct regular monitoring and evaluation of activities undertaken in the framework of PIR;

- To foster complementarity among the actions undertaken by the Agencies and their partners, so that the sum of the interventions is greater than the individual efforts;
- To ensure that PIR activities cover those geographical areas where there is greatest need and encourage those concerned to assume responsibility by developing effective follow-up mechanisms to monitor the humanitarian situation in the regions;
- To ensure that resources and efforts are invested wisely. Special attention needs to be paid to the sharing of means of communication, transport and the delivery of assistance, given the poor condition of communication channels;
- To reinforce (while avoiding competition and overlapping) the capacities of existing local organizations, particularly the local dialogue workgroups and mechanisms;
- To adopt and inclusive and open approach so as to enable all stakeholders to fully carry out their role.

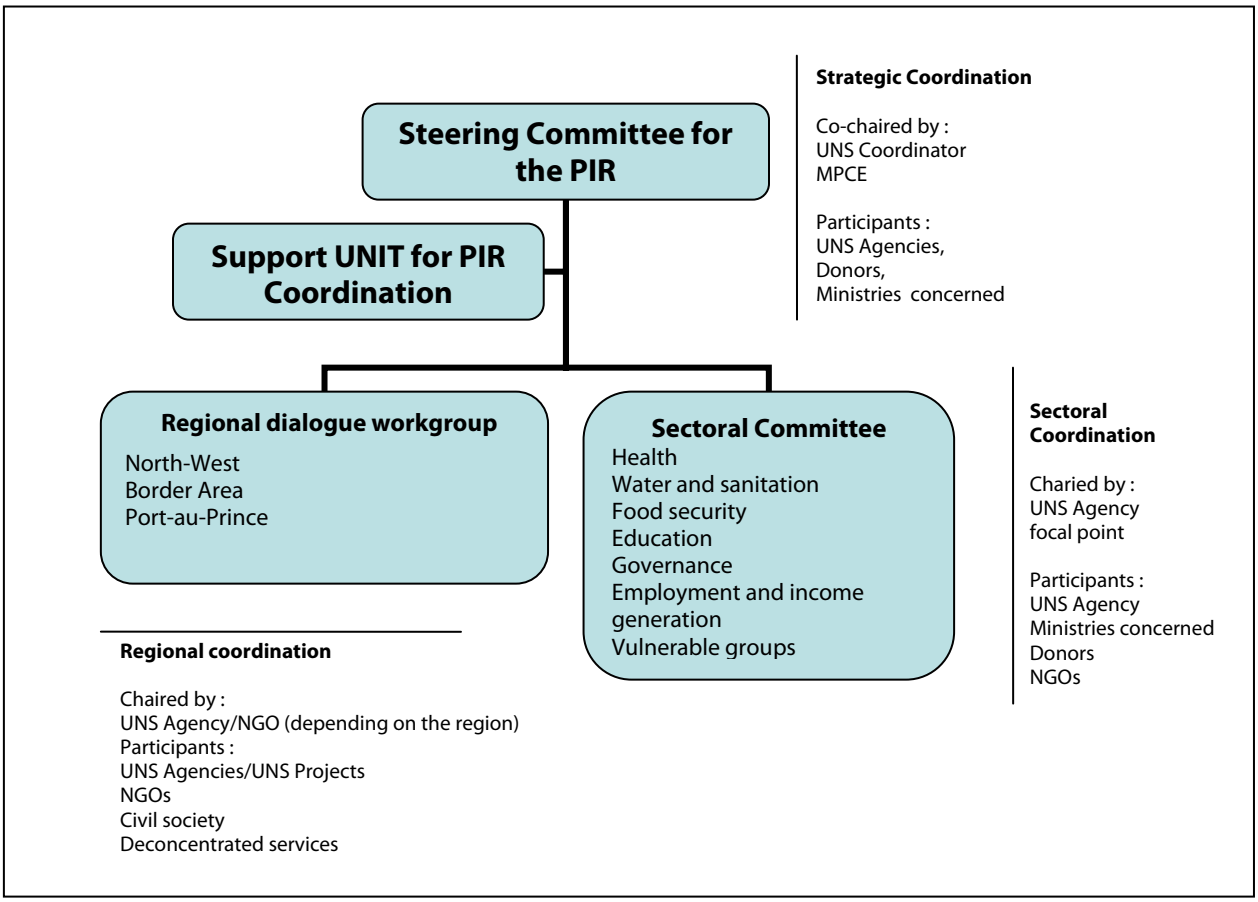
Coordination mechanisms

To achieve these objectives, coordination efforts will be supported and strengthened at three levels, as follows:

1. At the national level, a coordination and follow-up mechanism called the **PIR Steering Committee** (Comité de Pilotage du PIR). This Committee will include the different partners (United Nations System, donors, technical units, NGOs, civil society). It will be co-chaired by the United Nations Coordinator and the Minister for Planning and External Cooperation (MPCE). The Steering Committee will be responsible for strategic coordination of programme activities, allowing the different partners to express themselves and make recommendations on implementation strategies. The Support Unit for PIR Coordination (Cellule d'appui a la Coordination du PIR) will be provide support to the Steering Committee by gather information on the implementation of and follow up to the Programme. The Steering Committee, assisted by the Support Unit, will be responsible for updating the Program six, 12 and 18 months after it starts. Should there be a serious deterioration of the situation, the Steering Committee may decide to activate the United Nations System Contingency Plan (Plan de Contingences du SNU) to address the new situation.

2. At the national level, **thematic groups** will be set up – ideally, within existing structures – to work with specific sectors. These groups will be made up of different partners involved in the sector concerned and will make it possible to draw up and coordinate sectoral and geographic strategies, both for emergencies and for development, and to share information and make recommendations on the problems arising during implementation of and follow up to PIR.

3. At the local level, coordination will be the responsibility of all concerned partners that are on the scene (associations, churches, NGOs deconcentrated services, UNS projects, other projects) and, to the extent possible, **existing mechanisms** (departmental dialogue workgroups, etc.). This level of coordination will be geared towards solving specific problems relating to project implementation and assistance. The Support Unit for PIR Coordination will work to ensure communications and information sharing between the local and the national levels of coordination and will maintain constant contact with the local coordination committees.



Follow up and evaluation

As mentioned at the beginning of this document, the social impact of the crisis in Haiti has not been systematically or systemically documented for several years. It is important, therefore, to develop methodological tools along with implementation of Programme activities. These tools will make it possible to follow progress in connection with the activities carried out and the corrective measures taken, while at the same time documenting the process.

The United Nations agencies and other institutions concerned (e.g., NGOs and donors) will be asked to invest in follow-up and evaluation activities. To this end, the United Nations System will be supported by the Support Unit for PIR Coordination. This Unit will be headed by an expert in humanitarian questions, who will assist the United Nations Coordinator in all aspects of follow up and evaluation of PIR, as well as with coordination with thematic groups and donors and handling of information on humanitarian issues. More specifically, the Support Unit for PIR Coordination will be responsible for:

- Supporting the operation of a monitoring system (information network in the field and among partners), standardization of follow-up indicators, gathering and managing data;
- Establishing and maintaining a central database on humanitarian issues (monitoring the situation); partners and their activities and areas of intervention, and on activities in progress;

- Updating and following up on the contingency plan;
- Preparing and disseminating to partners a monthly electronic newsletter on PIR activities, including ongoing activities, data and documents produced, conclusions of project evaluations, schedules of coordination and follow-up meetings, summary records of sectoral, regional and national meetings, etc.);
- Facilitating access to documents, data and maps of the humanitarian situation in the country;
- Supporting the preparation of follow-up and evaluation reports on the humanitarian situation;
- Supporting the establishment of logistical capabilities for use by agencies and partners (security, communications, transport);
- Supporting the mid-term and final evaluations, with the aim of measuring the impact and progress of PIR and updating programme follow-up indicators.

Security and Coordination

Project N.	Executing agency	Title of project	Location	Budget (US$)
I SCO 1	UNDP	Coordination Bureau for emergency humanitarian assistance (Support for implementation of PIR)	National	350,000
I SCO 2	UNSECOORD	Support for security of humanitarian personnel (United Nations and other partners) in Haiti in the context of implementation of PIR	National	93,000
			Total	**443,000**

ANNEX A

List of projects by level of urgency

Urgency Level I

Project N.	Sector	Exec. Agen.	Title of project	Location	Budget (US$)
I FS 1	Food security	Concern Worldwide	Improve food security in Basse Gonave	Gonave	112,478
I FS 2	Food security	WFP	Food aid to families seriously affected by drought and the Economic crisis in the Far-West	NW	4,995,279
I HL 1	Health	PAHO/WHo	Securing access of the population to generic essential medicines	National	4,140,000
I HL 2	Health	PAHO/WHo	Support for safe blood transfusions/Blood quality	National	570,000
I HL 3	Health	PAHO/WHo	Support for safe blood transfusions/Equipment National	National	500,000
I HL 4	Health	PAHO/WHo	Support for safe blood transfusions/Donors Collection, Use	National	430,000
I DWS1	Water and sanitation	PAHO/HAITI	Improvement of sanitary conditions in 12 schools in Roche à Bateau, Port-à-Piment, Coteaux.	SE	150,000
I DWS2	Water and sanitation	PAHO/WHo	Construction of Phase II of the health centre with beds in Rabeteau a shantytown in Gonaïves	Artibonite	500,000
I DWS3	Water and sanitation	PAHO/WHo	Support for improvement of sanitary conditions at Justien Hospital in Cap-Haïtien (286 beds)	North	300,000
I DWS4	Water and sanitation	UNICEF	Support for improvement of sanitary infrastructures in schools	SE	1,600,000
I DWS5	Water and sanitation	World Vision	Improvement of access to drinking water in schools in La Gonave	La Gonave	660,000
I SCO 1	Security / Coordination	UNDP	Coordination Bureau for emergency humanitarian assistance (Support for implementation of PIR)	National	350,000
I SCO 2	Security/Coordination	UNSECOORD	Support for security of humanitarian personnel (United Nations And other partners) in Haiti in the context of implementation of PIR	National	93,000
				Total	**14,400,757**

Urgency Level II

Project N.	Sector	Ex. Agency	Title of project	Zone Location	Budget (US$)
II DWS6	Water and sanitation	AAA	Rehabilitation of 25 community drinking water supply systems in the commune of Jean-Rabel	NW	520,000
II DWS7	Water and sanitation	Action Contre La faim	Integrated programme of access to drinking water in three communes of the North -West	NW	316,684
II DWS8	Water and sanitation	AOPS	Construction/rehabilitation of 10 drinking water supply systems	National	250,000
II DWS9	Water and sanitation	ASSODLO	Improvement of coverage of needs for drinking water in communities in the buffer zone of Forêt des Pins	SE	265,000
II DWS10	Water and sanitation	CECI	Improvement of the physical and sanitary environment of Schools in the communes of Mont-Organisé, Carice, Capotille	NE	560,000
II DWS11	Water and sanitation	Concert-Action	Support for the improvement and stabilization of coverage of drinking Water supply in three communal sections of Plaisance	North	97,031
II DWS12	Water and sanitation	Concert-Action	Support for the improvement and stabilization of coverage of drinking Water supply in four communal sections of Grand-Goave	West	96,098
II DWS13	Water and sanitation	PAHO/Haiti	Support for improvement of sanitary conditions in health centres In the South	PAP	100,000
II DWS14	Water and sanitation	Helvetas Haiti	Improvement of sanitation and rehabilitation of SAEP in The communes of Aquin, Port-Salut, Verrettes and La Chapelle	Artibonite, South	610,000
II DWS15	Water and sanitation	PAHO/WHo	Construction of 8 drinking water supply systems	S	663,000
II DWS16	Water and sanitation	PAHO/WHo	Supplying drinking water for the neighbourhood of Drouillard (Port-au-Prince)	PAP	303,000
II DWS17	Water and sanitation	PAHO/WHo	Support for improvement of sanitary conditions in Saint-Antoine de Jérémie Hospital	Grande-Anse	300,000
II DWS18	Water and sanitation	PAHO/WHo	Rehabilitation of drinking water supply systems in La Caouane St-Jean du Sud, Damassin, St-Louis du Sud and Gros-Marin	South	300,000
II DWS19	Water and sanitation	PAHO/WHo	Support for improvement of sanitary conditions in Immaculée-Conception des Cayes Hospital	North	280,000

Urgency Level II (Continuation)

Project N.	Sector	Ex. Agency	Title of project	Location	Budget (US$)
II EDU 1	Education	UNESCO	Support for school enrolment of6-1012-year-old children in schools located in 44 poor neighbourhood of Port-au-Prince	PAP	500,000
II EDU 2	Education	UNESCO	Support for school enrolment of problem young people in Seguin	SE	275,000
II EDU 3	Education	UNICEF	Expansion of FRESH Programme (Focusing Resources on Effective School Health) and emergency response	National	640,000
II EDU 4	Education	UNICEF	Psychological and social monitoring of children and young people	National	420,000
II EIG 1	Employ./income gen.	CECI	Rehabilitation of the Carrefour Marose – Delathe highway	S	544,000
II EIG 2	Employ./income gen.	CECI	Rehabilitation of the Mont-Organisé – Ouanaminthe highway	NE	368,000
II EIG 3	Employ./income gen.	PFI	Rehabilitation of the Hinche-Pignon road (30.3 Km)	Central Plateau	1,112,000
II EIG 4	Employ./ income gen.	PFI	Rehabilitation of the Hinche - Thomassique road (20.2 Km)	Central Plateau	808,000
II EIG 5	Employ./income gen.	PFI	Rehabilitation of the Maïssade-Hinche road (15.5 Km)	Central Plateau I	620,000
II EIG 6	Employ./income gen.	UNDP	Rehabilitation of 11km on the Jean Rabel / Mare Rouge road	NW	1,263,503
II EIG 7	Employ./income gen.	UNDP	Supply of equipment and materials to the Sainte-Anne (Cité Soleil) Vocational Training Centre	PAP	30,000
II EIG 8	Employ./ income gen.	World Vision	Improvement of secondary roads in the Central Plateau and La Gonave	La Gonave, Central Plateau	250,000
II EIG 9	Employ./ income gen.		Rehabilitation of the Fonds Verrettes - Solyette road (15 km)	SE	750,000
II GOV 1	Governance	UNcdf	Poverty reduction through local participation	NE	650,000
II VG 1	Vulnerable groups s	UNFPA	Support for development of response capacity among adolescents and young people in the department of the North-East To promote responsible sexual and social behaviour	National, NE	300,000
II Rdm1	Risk & disaster mngmt.	PAHO/WHo	Support for PAHO/WHO-PROMESS emergency fund	National	120,000
II Rdm2	Risk & disaster mngmt.	UNDP	Identification of earthquake risk in Haiti	National	170,000
II Rdm3	Risk & disaster mngmt.	UNDP	Emergency programme to establish a mechanism for coordinating response actions of the national risk and disaster management system at the central level	National	130,000
II Rdm4	Risk & disaster mngmt.	UNDP	Reinforcement of the mechanism for coordinating response actions of the United Nations risk and disaster management system	National	80,000
II Rdm5	Risk & disaster mngmt.	UNICEF	Support for implementation of an intervention framework in servals MENJS for emergency preparedness and response	National	377,000
II HL 5	Health	GHEIKIO	Support for handling of accident victims and victims of sexual Violence to prevent them from being exposed to contaminated blood	National	100,452
II HL 6	Health	UN/AIDS	Prevention of mother-to-child transmission of HIV and syphilis	National	1,990,250
II HL 7	Health	PAHO/WHo	Improvement of access to vaccination services	National	1,605,609
II HL 8	Health	PAHO/WHo	Support for vaccination of children against polio and measles	National	1,000,000
II HL 9	Health	PAHO/WHo	Support for elimination of maternal and neonatal tetanus	National	938,905
II FS 3	Food security	Action Aid	Supply of seeds in response to the 2002 drought in the Far-West	NW	180,000
II FS 4	Food security	ASSCDLO	Support for women's associations to produce yams to Improve food security	Nippes, North	233,000
II FS 5	Food security	Catholic Relief Services	Help improve agricultural production capacity for 2000 families affected by repeated drought	NE, SE	400,000
II FS 6	Food security	FAO	Support for construction of family cisterns in the areas of The North-West affected by drought	NW	850,000
				Total	**22,046,532**

Urgency Level III

Project N.	Sector	Ex. Agency	Title of project	Location	Budget (US$)
III DWS23	Water and sanitation	Action Contre la Faim	Sanitation programme in poor sectors of the city of Gonaives	Artibonite	391,897
III DWS24	Water and sanitation	ASSODLO	Sanitation and rehabilitation of drinking water supply in Côtes de Fer	S	320,000
III DWS25	Water and sanitation	ASSODLO	Sanitation and rehabilitation of drinking water supply in the commune of Baradères	S	146,900
III DWS26	Water and sanitation	CECI	Rehabilitation and reinforcement of drinking water supply Systems in the commune of St-Michel de l'Attalaye	Central Plateau	622,000
III DWS27	Water and sanitation	CECI	Construction of latrines in the communes of Tiburon, Les Anglais, Port-À-Piment and Chardonnières	S	413,000
III DWS28	Water and sanitation	CECI	Sanitation of the city of Hinche	Central Plateau	250,000
III DWS29	Water and sanitation	CECI	Rehabilitation and reinforcement of drinking water supply system in buffer zone of Parc La Visite	SE	200,000
III DWS30	Water and sanitation	Comité Protos Haiti	Water sanitation in the commune of Saut d'Eau	Central Plateau	312,277
III DWS31	Water and sanitation	Concern Worldwide	Construction of rainwater collection tanks and latrines in Gonave on the Central Plateau and in populous neighbourhoods of PAP	Central Plateau, PAP	144,091
III DWS32	Water and sanitation	PAHO/Haiti	Rehabilitation and management of spring water supply in Coteaux, Roche à Bateau and Port-à-Piment	S	150,000
III DWS33	Water and sanitation	GRET/HATI	Improvement of sanitary conditions in poor neighbourhoods of Port-au-Prince	PAP	910,000
III DWS34	Water and sanitation	UNDP	Construction of market-slaughterhouse complex in Beauchamp	NW	291,747
III DWS35	Water and sanitation	PSI-Haiti	Social marketing of water treatment solution: private and public sector partnership	National	425,000
III EIG 10	Employ./income gen.	ILO	Support for the creation of productive jobs in the assembly sector	PAP	1,200,000
III EIG 11	Employ./income gen.	ILO	Support for the design of HIMO programmes	National	75,000
III EIG 12	Employ./ income gen.	CECI	Contribution to poverty reduction through jobs for 1500 young people	PAP	303,825
III EIG 13	Employ./income gen.	ID	Access to loans and savings for 25000 extremely poor women In marginal districts of Port-au-Prince	PAP	350,000
III EIG 14	Employ./income gen.	UNDP	Expansion of financial services offered by SHEC to the national level	National	12,500,000
III EIG 15	Employ./income gen.	UNDP	Microfinance for sustainable development durable	National	1,500,000
III EIG 16	Employ./income gen.	UNDP	Support for professionalization of actors in the microfinance sector	National	1,000,000
III EIG 17	Employ./income gen.	UNDP	Support for the development of a system for supervising non-cooperative microfinance structures	National	500,000
III EIG 18	Employ./income gen.	UNDP	Technical and financial support for the promotion & establishment of micro and small enterprises	PAP	500,000
III EIG 19	Employ./ income gen.	UNDP	Support for the promotion of a microfinance system through microfinance structures	PAP	250,000
III EIG 20	Employ./income gen.	UNDP	Establishment of small manufacturing centres for dress-making	PAP	200,000
III EIG 21	Employ./income gen.	UNDP	Reinforcement of national capacities in setting up decentralized microinsurance systems in the field of health	National	118,000
III EIG 22	Employ./ income gen.	UNDP	Support for the establishment of an agroindustrial development financing fund	NE	100,000
III EIG 23	Employ./income gen.	UNDP	Support for the promotion and dissemination of hydroponics by and for women	PAP	100,000
III EIG 24	Employ. / income gen.	UNDP	Processing and promotion of breadfruit	North, SE, South West	82,000
III GOV 2	Governance	UNDP	Strengthening of State services in three pilot jurisdictions	National	1,650,000
III GOV 3	Governance	UNDP/OAS	Support for community initiatives to reduce armed violence	Port-au-Prince and other urban areas	800,000
III GOV 4	Governance	SECOS	Sensitization and education on emergency and development needs of vulnerable social sectors and strengthening of community radio stations	National	250,000
III GOV 5	Governance	World Vision	Support for training in principles of human rights, good governance and active citizenship	La Gonave, Central Plateau, South, NW	200,000
III GOV 2	Vulnerable groups	ATD	Support for access to health for poor families in marginalized Neighbourhoods of Port-au-Prince	PAP	50,995
III VG 3	Vulnerable groups	UNFPA	Urgent life skills training for adolescents and youth to fight HIV-AIDS / STD and poverty	NE, NW	320,000
III VG 4	Vulnerable groups	UNFPA	Emergency programme for integrated intervention for health and economic and social protection of women in the North-East department	NE	290,000

Urgency Level III (Continuation)

Project N.	Sector	Ex. Agency	Title of project	Location	Budget (US$)
III VG 5	Vulnerable group	IOM	Assistance for displaced and repatriated Haitian migrants	Border region	348,000
III VG 6	Vulnerable groups	SOFA	Support for strengthening of centres in Douvanjou	National	171,000
III VG 7	Vulnerable groups	UNICEF	Creation of a reception centre for at-risk children	PAP	400,000
III VG 8	Vulnerable groups	UNICEF	Support for protection of children affected by or infected with HIV/AIDS	S,SE	400,000
III VG 9	Vulnerable groups	UNICEF	Support for protection of street children	PAP	250,000
III VG 10	Vulnerable groups \	UNICEF	Support protection of children in domestic labour arr.	PAP	200,000
III VG 11	Vulnerable groups	UNICEF	Support for protection of the rights of vulnerable children	PAP	95,000
III Rdm6	Risk & disaster mngmt.	AAA	Support for disaster prevention in lower Artibonite	Artibonite	400,000
III Rdm7	Risk & disaster mngmt.	Concern Worldwide	Improvement of emergency preparedness and response capacities of vulnerable communities	NW	291,040
III Rdm8	Risk & disaster mngmt.	Concert-Action	Support for vulnerable communities in the development of a disaster assistance and prevention system	West, SE	195,659
III Rdm9	Risk & disaster mngmt.	CRS/HAITI	Reinforcement of local emergency response capacities	North, NE, South, SE, Grande-Anse	150,000
III Rdm10	Risk disaster mngmt.	UNDP	Emergency programme to reinforce local risk and disaster management capacities	North, Grand-Anse, S	330,000
III Rdm11	Risk & disaster mngmt.	Service Chrétien d'Haïti	Support for prevention and reduction of the effects of the drought in two communities of the island of La Gonâve	La Gonave	280,000
III Rdm12	Risk & disaster mngmt.	World Vision	Reinforcement of disaster management capacities of vulnerable groups	La Gonave, Central Plateau, South, North, NW	125,000
III HL 10	Health	Family Health International (FHI)	Social mobilization to enable communities to take responsibility for persons living with HIV and support for PTME progr.	NE, SE	700,000
III HL 11	Health	UNFPA	Emergency programme to provide integrated women's health services, with emphasis on reduction of maternal mortality in the North-East	NE	1,000,000
III HL 12	Health	MRCH	Rapid recovery and early stimulation of children with malnutrition	Lower Central Plateau, Grande Anse	438,550
III HL 13	Health	UN/AIDS	Strengthening of assoc. of persons living with HIV	National	60,000
III HL 14	Health	PAHO/WHo	Support for medical centres to take responsibility for medical and surgical emergencies	National	4,957,000
III HL 15	Health	PAHO/WHo	National Nutrition and Food Campaign	National	1,181,160
III HL 16	Health	PAHO/WHo	Support for access to emergency hospital care for vulnerable persons	National	102,000
III HL 17	Health	PAHO/WHo	Active surveillance of the health situation in the framework of PIR	National	50,000
III HL 18	Health	PSI-Haiti	ORS: Prevention and management of diarrhoea	National	300,000
III HL 19	Health	UNICEF	Support for integrated management of childhood diseases (IMCI)	National	660,000
III HL 20	Health	UNICEF	Reduction of maternal mortality	Border region	420,000
III HL 7	Food security	Action Aid	Rehabilitation and expansion of irrigation infrastructure in Digoterie	NW	99,355
III HL 8	Food security	CARE	Support for sustainable improvement of food security in the 4 communes of the North-West department	NW	550,000
III HL 9	Food security	FAO	Supply essential agricultural inputs for vulnerable farmers affected by drought or floods	Artibonite, North, NE, NW	4,000,000
III FS 10	Food security	FAO	Supply small livestock for vulnerable farmers	Artibonite, North, NE, NW, South, Grande Anse	500,000
III FS 11	Food security	FAO	Vaccination of sensitive animals against anthrax	Artibonite, South, North	350,000
III FS 12	Food security	FAO	Support for facilitation of emergency operations to improve food security in Haiti	Nationwid	340,000
III FS 13	Food security	Oxfam-Qc	Restoration of the stock of goats and poultry for families affected by May 2002 floods	Nippes	72,452
III FS 14	Food security	Oxfam-UK	Expansion of support for economic activities of rural women belonging to cooperatives in the North-East	NE	133,000
III FS 15	Food security	PADF	Rehabilitation of agricultural infrastructure in the North-West	NW	1,000,000
				Total	**47,465,948**