

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

HAITI

**COMMUNITY-BASED HUMAN SECURITY PROGRAM FOR HAITI'S
VULNERABLE POPULATIONS**

(HA-J0008)

PROJECT PROFILE

This document was prepared by the project team consisting of: Nicola Magri, Co-Team Leader (SCL/SPH); Emmanuelle Monin, Co-Team Leader (SPH/CPN); Ramiro Guerrero; Neili Carolina Bermudez; Carolina Freire (SCL/SPH); Nadin Medellin, (SCL.GDI); Angel Sanabria and Marise Etienne Salnave (VPC/FPM), Sara Vila Saint Etienne (LEG/SGO); Aurélie Gilles, Mathieu Cros, and Giulia Lotti (CID/CID).

Under the Access to Information Policy, this document is subject to Public Disclosure.

PROJECT PROFILE

HAITI

I. BASIC DATA

Project Name:	Community-based human security program for Haiti's vulnerable populations.		
Project Number:	HA-J0008		
Project Team:	Nicola Magri, Co-Team Leader (SCL/SPH); Emmanuelle Monin, Co-Team Leader (SPH/CPN); Ramiro Guerrero; Neili Carolina Bermudez; Carolina Freire (SCL/SPH); Nadin Medellin, (SCL.GDI); Angel Sanabria and Marise Etienne Salnave (VPC/FPM), Sara Vila Saint Etienne (LEG/SGO); Aurélie Gilles, Mathieu Cros, and Giulia Lotti (CID/CID).		
Beneficiary:	Republic of Haiti		
Executing Agency:	FAES – Social and Economic Assistance Fund		
Financial Plan:	IDB (Grant Facility-GRF):	US\$	90,000,000
	Total:	US\$	90,000,000
Safeguards:	Policies triggered:	ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 10	
	Classification:	"C"	

II. GENERAL JUSTIFICATION AND OBJECTIVES

- 2.1 **Human security¹ in Haiti remains severely deteriorated because of multiple and simultaneous crises.** Continuous social and political unrest since 2018, exposure to natural disasters and the socioeconomic consequences of Covid-19 and the 2022 cholera outbreak negatively impacted the Haitian population and economy, and the country has become “chronically fragile”.² Haiti ranked 10th out of 179 countries in the 2023 Fragile State Index. Fiscal Year (FY) 2023 was the fifth consecutive year of economic contraction, as real Gross Domestic Product (GDP) shrank by 1.5%.³ For the most vulnerable Haitians, chronic fragility has resulted in a lack of food security, limited access to basic health promotion and care, and inadequate conditions for emotional safety and social inclusion, which disproportionately affect children and youths.⁴ Restoring conditions for basic human security in the most vulnerable communities is an immediate prerequisite towards longer-term development goals.

¹ The United Nations coined the term describing contexts where “(...) Protracted crises, violent conflicts, natural disasters, persistent poverty, epidemics, and economic downturns impose hardships and undercut prospects for peace, stability, and sustainable development”.^[1] Numbers between brackets refer to sources in Section IV of the [Technical Annex](#)

² See [Technical Annex, Section I](#), ^[2], OECD, 2022, and ^[3] Fund for Peace, 2023

³ ^[4], IMF, 2023.

⁴ ^[5], UN News, October 2023

- 2.2 **Food insecurity poses a critical threat to the human security of vulnerable Haitian communities.** High inflation (31.8% in September 2023) and a weakening Haitian Gourde (HTG) have hindered food access due to the country's heavy reliance on imports. Furthermore, the country is experiencing a multi-year cycle of drought and warming, which has negatively impacted local food production. Also, gang violence in the Artibonite department since 2022 has led to the displacement of farmers and the loss of 5,800 hectares of cropland.⁵ In October 2023, the National Coordination on Food Security (CNSA) estimated that 4.35 million people (44% of the population) faced difficulties accessing food, and live in areas classified as in crisis (Integrated Food Security Phase Classification -IPC- 3 and above), of which 1.4 million people are considered in emergency (IPC 4).⁶ Sustaining coordinated efforts and funding is crucial given the persistent global and external factors that contribute to food insecurity.
- 2.3 **Lack of access to basic healthcare and erosion of essential services coverage pose a second threat to human security in Haiti.** Despite a growing share (64.7%) of non-communicable conditions (NCD) in the country's death profile, Haiti still grapples with high rates of communicable diseases and maternal and newborn deaths (24.7%), and with an increasing share of deaths due to external causes, including violence—(10.6%).⁷ This situation is reflected in health and nutrition indicators such as in the rate of low-weight births.⁸ Simultaneously, the crises have negatively impacted access to essential services,⁹ compromising outcomes in nutrition, maternal and child health, and communicable diseases. For instance, maternal mortality remains five times the regional average, partly due to a decline in facility-based deliveries,¹⁰ and infant mortality is nearly four times the Latin America and the Caribbean (LAC) average.¹¹ The combined negative impact of food insecurity and lack of access to services on health makes synergies in the responses to those first two threats to human security necessary. The decline in access and coverage has intensified in the last two years due to insecurity and fuel shortages. Indeed, half the hospitals in Port-au-Prince are in zones controlled by gangs leading to the closure of several of them.¹² On the demand side, social determinants like inadequate road infrastructure and transportation costs¹³ and social and political disturbances (up to completely cut-off transit),¹⁴ exacerbate

⁵ [6], WFP, April 2023.

⁶ [7], Famine Early Warning System Network (FEW NET) [8], CNSA, Oct. 2023.

⁷ [9], Pan-American Health Organization (PAHO), and [10] World Health Organization (WHO), 2022. Chronic conditions accounted for 46.7% in 2000. Lower respiratory infections, neonatal conditions, maternal conditions, diarrheal diseases, and HIV/AIDS still appear among the first 10 causes of death, as 4, 5, 8, 9 and 10 respectively. In contrast, the neighboring [Dominican Republic](#)'s first 10 causes of death only include Neonatal conditions (5) and Lower Respiratory infections (6).

⁸ [9], PAHO, 2023. Low-weight (less than 2,500g) births increased from 9.6% in 2012 to 11.2% in 2021.

⁹ A 2017 assessment concluded that “although about 91% of the population lived within 5 km of a primary care facility, only an estimated 23% of the entire population – including just 5% of the rural population – had access to primary care of good quality”. Gage, Anna D et al. (2017-03-01). [11].WHO, 2017.

¹⁰ [9], PAHO, and [12], WHO et al., February 2023, [13], USAID, March 2023.

¹¹ [14], OECD/The World Bank, 2023

¹² Because of insecurity, Doctors Without Borders (MSF, French acronym in) closed its [hospital in the area of Martissant](#) in 2021 and suspended all activities in Cité Soleil in 2022. [15]

¹³ One in four Haitians travels more than one hour to reach the nearest health center. Between January 2022 and April 2023, there were more than 30 kidnappings of doctors. See [16], OCHA-Haiti, April 2023. [17] UN News, June 2023.

¹⁴ Road access is essentially cut off by gang activity, from the West Département to the Southern peninsula beyond Carrefour and towards the Northern half of the country cutting off the Artibonite Département.

healthcare inequalities and affect access to healthcare services, particularly in rural areas.¹⁵ The isolation of entire areas hinders responses to health crises like the cholera outbreak, while pervasive fragility forces people to prioritize more basic needs, such as food and security, over seeking healthcare. Women and persons with disability (PWD) are particularly vulnerable. Even though, non-physical disability is underdiagnosed and nationally representative data is not available, it is estimated that 20% of the population has some form of disability and they are more likely to be poor due to barriers to access employment and higher expenses due to their support needs.¹⁶ Data shows that health expenditures are consistently higher for households with PwD,¹⁷ being the high cost of healthcare one of the main reasons why this population does not receive the necessary healthcare.

- 2.4 **The third human security threat stems from a lack of habilitating factors for emotional development of children and youths, such as safe spaces, use of time, and participation.** This threat is especially concerning as 32% of the population is under 15 and the median age is 23.5. Early Childhood Development (ECD) services were already scarce in impoverished communities and only 3% of the population under 2 years of age and 58% of the population between 3 and 5 years old nationwide was enrolled in center-based programs (in contrast to 15% and 67%, respectively, in LAC in 2020).¹⁸ The surge in gang control has worsened the situation and has led to increased school dropout rates, school closures, and significant internal displacements, affecting more than 140,000 people in the Port-au-Prince area over the past two years, according to the United Nations Population Fund (UNFPA).¹⁹ This context has also likely increased the number of people 15 to 24 (39% of the Haitian population) with no stable use of their time,²⁰ neither in education, employment, or training. While exact measurements are lacking, the influence of gangs continues to grow due to insufficient law enforcement and diminishing public services – both eroding public trust.
- 2.5 On the other hand, the lack of safe spaces and opportunities for children and youth is closely linked to and may perpetuate high prevalence of gender inequality and gender-based violence (GBV) – as models of relationships based on respect are lacking. Notably, according to [EMMUS-2016-17](#) (*Enquête de Mortalité, Morbidité et d'Utilisation des Services*, in French), 29% of women aged 15 to 49 have experienced physical violence²¹ but survivors of GBV endure limited access to physical and mental health support.²² Adolescent pregnancies are often tied to abuse situations, and domestic and social violence is also associated with risky behaviors, such as alcohol abuse by partners in cases of domestic violence.²³ Changing gender beliefs that normalize not only a lesser role for women but also Violence Against Women and Girls (VAWG) is integral to preventing such violence.

¹⁵ [\[18\]](#). Marseille et al. J Adv Nurs. 2023 May; 79(5):1691-1698

¹⁶ [Analysis on Gender and Diversity in Haiti drafted by the IDB's GDI Division](#).

¹⁷ García Mora, María Elena, Steven Schwartz Orellana and Germán Freire. 2021. Disability Inclusion in Latin America and the Caribbean: A Path to Sustainable Development. Washington, DC: World Bank. License: Creative Commons Attribution CC BY 3.0 IGO.

¹⁸ IDB calculation based on UNESCO (2020).

¹⁹ [\[19\]](#), UNFPA September 2023.

²⁰ The 2012 statistic collected by ILO was 27.9%, with women (23.7%) almost double men (12.7%), reported in [\[21\]](#) World Bank and [\[20\]](#), BID 2018.

²¹ [\[22\]](#), IHE and ICF, 2019; [\[23\]](#) IMF, 2020

²² [\[24\]](#) UNFPA, 2022

²³ [\[22\]](#) and [\[2\]](#), OECD, 2022.

Evidence is emerging of interventions successful at such changes in gender norms (for example, from a small-scale program in Southeast Haiti).²⁴ Innovative responses such as *Reach Up and Learn* for ECD and *Haiti Start-up Talent* for teenagers and young adults (see ¶2.8) are needed to provide young people, young parents, and their children with safe spaces, and positive opportunities to counter this social challenge.

2.6 **Sector context.** Over the past three years, the Government of Haiti (GoH) has increased its efforts to strengthen social safety nets and support the provision of basic health services to counterbalance the socioeconomic consequences of the combined crises that have affected the country. The Bank has been supporting that effort since 2018 with five operations executed by the Social and Economic Assistance Fund (FAES), the autonomous agency under the Ministry of Economy and Finance (MEF) with the mandate to deliver social protection interventions. Under these programs more than one million people have received assistance through the various interventions (see [Technical Annex, Section II](#) for details). To increase social spending under the government's *Politique Nationale de Protection et Promotion Sociale* (PNPPS), the budget allocation to the Ministry of Social Affairs and Labor (MAST) has increased from HTG4.9B in fiscal year 2021/2022 to HTG30.6B in 2022/2023, including the equivalent to HTG14.6B approved by the International Monetary Fund (IMF) through its Food Shock Window. For FY 2023/2024, the budget for MAST will be HTG25.7B. Allocation to FAES, has increased from HTG138M to HTG275M for the same period.²⁵ Considering limitations such as the lack of a social registry with universal coverage, the GoH has been investing resources to strengthen its institutional capacity to target the most vulnerable households by expanding the coverage of the Information System of MAST,²⁶ as well as the management and reporting of delivered benefits through the Commcare-based solution used by FAES.²⁷

2.7 **Haiti's health sector has faced challenges in implementing policies designed to align with best practices since the 2010 earthquake.** The Ministry of Public Health and Population (MSPP) has developed policies emphasizing community-based healthcare to improve access and service delivery through an integrated network centered around primary health care. Family Health Teams (*Équipes de Santé Familiale-ESF*) provide community health, coordinating with multi-skilled community health workers (*Agents de Santé Communautaires Polyvalents-ASCP*) to support health in their communities. The delivery of health services is organized into micro-networks across the country's districts and departments, with District Units for Health (*Unité d'Arrondissement de Santé-UAS*) overseeing each network in 42 Districts (*Arrondissement*) of the 10 Departments. However, the capacity of many district hospitals is limited in terms of staff, infrastructure, and resources,²⁸ which hinders their ability to provide essential care, particularly for obstetric and

²⁴ [25] Early results in modifying beliefs are documented, although the final evaluation is not yet available.

²⁵ Does not include IDB resources executed by FAES.

²⁶ [SIMAST](#) is the social registry, managed by MAST to calculate the National Hardship and Vulnerability Index used for targeting and currently covers 30% of the population.

²⁷ Commcare is a social protection management tool. FAES (among others) uses it to register targeted beneficiaries (through SIMAST, where available), track and automatically report on benefits, with new security and interoperability features to come.

²⁸ Per-capita, on-budget health expenditures was around US\$32 in 2015, much lower than the estimated cost of an essential package of services in Low Income Countries (US\$86). [26], World Bank, 2017

neonatal complications.²⁹ Haiti's healthcare system is fragmented and heavily reliant on non-governmental support, with 36% of facilities managed by not-for-profit providers and mixed governmental-not-for-profit entities.³⁰ Established non-profit organizations like the Albert Schweitzer Hospital (HAS), GHESKIO centers, Health Equity International (Saint Boniface), and Partners in Health (PIH) have been active in Haiti for decades and fund and operate facilities³¹ within the MSPP network under formal agreements with the Ministry. Although this dependence poses challenges to the governance and sustainability of the health sector, effective delivery has taken precedence over the effort to develop the Ministry's fiduciary capacity, so that many donors channel their support through non-governmental actors but require them to hold formal agreements with the Ministry, that include compliance with national clinical, reporting, and surveillance norms.

2.8 Social inclusion initiatives for children and youths in Haiti are few, mostly small-scale and rarely have been rigorously assessed or documented.

However, vetted experiences in similar contexts can be successfully adapted. One example is *Reach Up and Learn*, a home-visiting play-based program to promote early childhood development through nurturing adult/parent-child interactions created in Jamaica.³² For the youth, *Haiti Startup Talent*³³ is an incubation program, consisting in full time training and mentoring, over 6 months, using the Business Model Canvass. It has seen an exponential increase of application since its launch in 2020 - the admission rate is of 3.5%, as it is quite unique in explicitly seeking youth socioeconomic inclusion, providing youth mentoring tailored to the Haitian context, and in a physical space that is modern, safe, and attractive for its young users. Other partner organizations of FAES and MAST have experience in offering access to safe spaces, modeling of respectful relationships and positive use of time, whether creative, athletic, or social. The GoH has requested the Bank support in vetting and piloting interventions to support greater social inclusion.

2.9 Program strategy. To address fundamental human security needs and diminish their threats (as detailed in [Figure 1](#)), the program is an integrated social protection program that aims to strike a balance between addressing different but overlapping determinants, requiring multiple actors, and the need to provide rapid support and equitable resource distribution, requiring a streamlined menu of essential interventions, a clear implementation plan, and to harness existing capacity. The program strategy will leverage past experiences with FAES and partners in social development and health, prioritizing interventions with strong interconnections as determinants of human security: food security, maternal health and nutrition, healthcare services for PwD, early childhood development, and social capital

²⁹ [\[27\]](#), MSPP, *Institut Haïtien de l'Enfance*, ICF-International 2019. 71% of facilities are dispensaries, community health centers or health centers-without-beds. Compliance is an issue: 37% of health centers self-report providing the complete basic care package corresponding to their profile.

³⁰ Ibid [\[27\]](#).

³¹ HAS opened in 1956 in Lower Artibonite; GHESKIO (French acronym for "Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections") is a Haitian non-profit founded in 1982; Health Equity International (HEI) (originally Saint Boniface Hospital) is active in Fond des Blancs, South Department, since 1983, and PIH has been active in Haiti since 1987, see [Technical Annex](#)

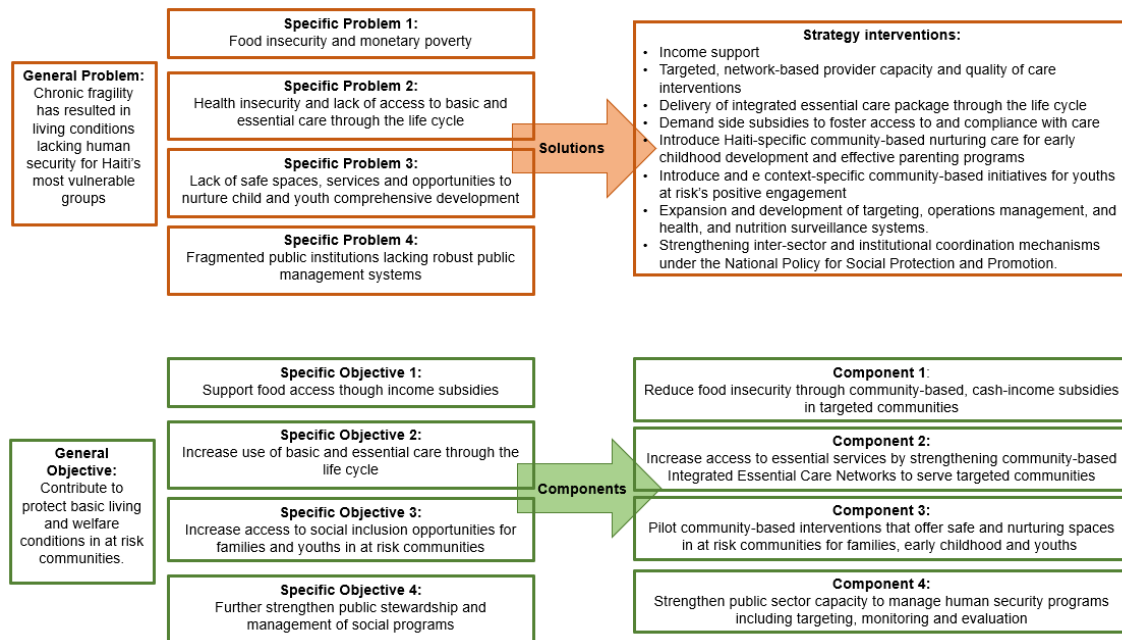
³² Reach Up has been replicated in several lower and middle-income countries, consistently showing benefits on cognition and language, and positive impacts on home environment quality. [\[28\]](#) Jervis et al. 2023

³³ [Haiti startUp Talent](#) executed by CASELI Foundation, has received IDB funding through FAES under [4657/GR-HA](#). As of August 2023, 6 cohorts of 15 teams, involving 300 youth entrepreneurs in all, have completed the program.

through youth engagement- the latter two as smaller-scale pilot interventions to meet urgent needs in areas with little context-specific or evidence-based offerings.

2.10 **Strategic alignment.** The program is consistent with the Second Update to the Institutional Strategy (AB-3190-2) and is aligned with the development challenge of Social Inclusion and Equality by providing cash transfers to the most vulnerable. It is also aligned with the crosscutting themes of: (i) Climate Change, (ii) Gender Equality and Diversity; and (iii) Institutional Capacity and Rule of Law by supporting small works at the community level to build resilience and providing transfers and services to women, PwD, survivors of GBV, and strengthening the institutional capacity to target and support the most vulnerable. Additionally, it will contribute to the Corporate Results Framework 2020-2023 (GN-2727-12) by increasing the number of beneficiaries of targeted anti-poverty programs. It is also aligned with the current Haiti Country Strategy 2017-2021 (GN-2904),³⁴ as it contributes to “render key services more accessible to enhance human development” and is relevant to the country development challenge of inclusion and poverty. The program is also aligned with the following Sector Frameworks: Social Protection and Poverty (GN-2784-12), Health (GN-2735-12), Food Security (GN-2825-8), Gender and Diversity (GN-2800-8), and Gender and Diversity Action Plan 2022-2025 (GN-3116-1). The operation is also aligned with the government’s *Plan De Relance Economique Post Covid-19* (PREPOC) (2020- 2023)³⁵ and with the government’s *PNPPS*.³⁶

Figure 1: Program vertical logic



2.11 **Objectives and scope.** The general objective of this operation is to improve living conditions for vulnerable communities related to their basic food, health, and social inclusion needs. Its specific objectives are to (i) support food safety; (ii) improve

³⁴ This document is still in force and has been extended until December 15, 2023.

³⁵ [PREPOC](#), GoH May 2021

³⁶ [PNPPS](#), (MAST, GoH) April 2020.

access to and use of integrated essential care through the life span; (iii) increase access to safe environments for the comprehensive development and inclusion of children and youths; and (iv) strengthen the capacity of the public sector to manage community-based, integrated human security interventions.

- 2.12 **Component 1- Reduce food insecurity through community-based, cash-income subsidies.** This component will be deployed to complement, expand, and sustain the coverage of current transfers, maintaining the targeting criteria of high food insecurity, targeting communities with an IPC of 3 (crisis) and 4 (emergency), and high exposure to climate shocks,³⁷ as well as the executing arrangement through specialized UN agencies and non-Governmental implementation partners. Beneficiaries will be selected based on vulnerability criteria, in continuity with the successful modalities of the portfolio being implemented by FAES.³⁸ The component will finance non-conditional transfers, with beneficiaries receiving periodic transfers adequate to cover at least 50% of the monthly value of the basic food basket for a household of five people.
- 2.13 It will also include transfers, such as cash-for-work, conditional on the participation in small works for the creation, restoration, and maintenance of community assets, as well as the development of small and basic infrastructure, taking up the deployment of those transfers once resources from the [5591/GR-HA](#) operation are used.³⁹ The component will finance: (i) targeting, identification, and selection of the beneficiaries; (ii) selection and prioritization of small works, and the required materials and supplies; (iii) delivery of the transfers; (iv) registration of all beneficiaries; (v) trainers; (vi) administration fees (salaries, supervision costs, bank fees, among others) charged by the operators; and (vii) operational costs charged by the National Identification Office (ONI, in French) to support the issuing of IDs to beneficiaries.
- 2.14 **Component 2- Increase access to essential services by strengthening Community-based, Integrated Essential Care Networks in targeted areas.** This component will support the hiring of implementation partners to provide: (i) Health networks capacity strengthening, by closing gaps in equipment and clinical training and management, to ensure the delivery of the integrated essential services package as described in the next numeral; (ii) the delivery of an integrated, community-based essential care package covering, in priority, (a) mother and child health and nutrition; family planning, adolescent health and anti-conception, as well as care for survivors of GBV; and, when feasibility conditions are met, (b) community-based services to control and prevent the transmission of HIV, Tuberculosis, and malaria as well as care for patients, and (c) community-based detection and care for the most prevalent chronic conditions; and lastly, (iii) demand-side vouchers to remove economic barriers to the use of community- and facility-based interventions such as transportation costs- (i.e. to seek services, or participate in mothers' club or chronic patients' support group meetings); maternity waiting home subsidy; and out-of-pocket costs subsidy

³⁷ Priority will be given to the Grande Anse, Artibonite and Ouest *Départements* that exhibit the highest concentration of people in emergency and crisis, see current IPC map in the [Technical Annex](#).

³⁸ In order to maximize the coverage and reach as many vulnerable people as possible, beneficiaries will be reached through one modality only: either conditional or unconditional.

³⁹ Following [HA-J0007](#), the operation will establish an updated "menu" of eligible small works, to guide the consultative process – see, for example [here](#).

including for PwD. Targeting will be geographic, gradually strengthening health networks with poor food security and health access indicators, and for which a qualified implementing partner has been identified.

- 2.15 **Component 3- Pilot community-based interventions that offer safe and nurturing spaces in at risk communities for families, early childhood, and youths' development.** This component will support through implementing partners with current capacity in Haiti the expansion, adaptation, or introduction on a pilot scale, and the evaluation, of: (i) a program to develop parenting skills and improve the affective and safety environment at home for younger children, based on the *Reach Up and Learn* model; (ii) pilot interventions for at risk youths offering group opportunities to decrease VAWG and safely interact and participate in sport, artistic, social or entrepreneurial activities. As for component 2, targeting will be geographic, the deployment of interventions will be gradual, will require the identification of qualified operators and may entail prioritizing areas with some initial existing capacity, and buy-in by local users.
- 2.16 **Component 4- Strengthen public sector's capacity and mechanisms to manage human security interventions.** The component will further strengthen systems and mechanisms throughout the project cycle, or introduce and cover the cost of deploying, monitoring and evaluating new ones, such as: (i) continuing to expand SIMAST coverage under the technical responsibility of MAST; (ii) continuing to scale up use of Commcare-software; (iii) technical training for FAES personnel; (iv) hiring of non-profit and/or specialized agency as implementation partner to provide (a) technical training to central and local directorate of MSPP, and equipment and inputs necessary to exert MSPP's stewardship responsibilities; and (b) advise both MSPP and FAES acting as technical secretary of the steering committee proposed in the implementation scheme (see ¶4.3); provide external evaluation of pilot interventions in component 3.
- 2.17 **Program management, monitoring, and evaluation.** The project will finance: (i) operational costs of FAES including personnel, operational and fiduciary training, field supervision costs, equipment, communication, and outreach activities exclusively related to the program; (ii) annual financial audits; (iii) a midterm term review; and (iv) a final program wide evaluation of the indicators in the results matrix.
- 2.18 **Expected results** will be measured in targeted areas with relation to food consumption, monitoring of nutritional status in priority groups (infants, children, and women of child-bearing age), access to anti-conception and family planning, estimated coverage of key essential services – for instance, infant and child vaccine, prenatal care, institutional delivery, monitoring of glycemia and blood pressure-, and use of time and participation of people 15-to-24 years of age in social inclusion activities in safe environments. In terms of capacity, results are expected in terms of coverage of public program management systems, and availability of data and evidence on the implementation and effectiveness of the human security interventions supported by the program.
- 2.19 **Financing instrument.** The following Specific Investment Operation is financed by the IDB Grant Facility for US\$90,000,000. This modality is justified since the

scope, costs, and works entailed are well defined and project components cannot be divided without impacting their logic.

III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

- 3.1 This program builds on the successful portfolio of previous operations ([4657/GR-HA](#), [5068/GR-HA](#), [5288/GR-HA](#), [5591/GR-HA](#), and [5817/GR-HA](#)), as well as on the Covid-19 Immediate Public Health Response funded between 2020 and 2022 through redirected resources for which a summary of results- in terms of access to services and food, as of today more than 140,000 vulnerable households have received cash transfers and food aids. Additional detail is presented in the [Technical Annex, Section II](#). Lessons learned from these operations include (i) cash-for-work programs identified through a consultative process and providing temporary income are well received by the communities, foster economic and financial inclusion, promote social cohesion and improve the perception of the state- they will be extended through component 1 (see ¶2.13); (ii) the payment of beneficiaries through mobile transfers ensures timely payments, reduces frauds, and allows automated reporting and will be used in component 1, and possibly for the demand-side subsidies in component 2. (see ¶2.14); (iii) the direct provision of healthcare services in a context of generalized fragility fills supply-side gaps and will be strengthened and expanded through component 2; and (iv) rapid and effective deployment of interventions can be achieved while contributing to institutional capacity building through the mobilization of vetted locally implanted actors and specialized agencies who have built a long-standing and formal relationship with their public entities of reference – all three components will be delivered by partners hired by FAES (see ¶4.3). Incorporating lessons learned in this and other sectors,⁴⁰ the proposed implementation scheme strongly emphasizes participatory and coordination mechanisms between beneficiaries, public and implementation partners, at the community and local levels (*Département, Arrondissement*), as a strategy to foster ownership by all. See [Technical Annex, Section III](#).

IV. ENVIRONMENTAL SAFEGUARDS AND FIDUCIARY SCREENING

- 4.1 In accordance with the Environmental and Social Policy Framework, the operation was classified as Category “C” as it is expected to cause minimal or no negative environmental or social impacts.
- 4.2 **Beneficiary and executing agency.** The beneficiary of the program is the Republic of Haiti, and the executing agency will be FAES (see ¶2.6). FAES has achieved meaningful progress in its supervisory, administrative, and fiduciary capacity in recent years, as confirmed by the IMF.⁴¹ It has successfully identified, engaged, supervised, and retained NGOs and specialized agencies to implement social protection interventions in the most challenging areas on behalf of the GoH while coordinating with all stakeholders. The Bank will continue to support FAES

⁴⁰ See [GA-19013-HA](#), [4318/GR-HA](#), and [5390/GR-HA](#) in agriculture, water, and transportation sectors.

⁴¹ See page 8 of [Haiti: Staff-Monitored Program-Press Release; and Staff Report \(imf.org\)](#)

to ensure it has the capacity to properly implement this program and the ones already approved (see ¶3.1). The execution period will be 48 months.

- 4.3 **Proposed implementation modality.** This modality will seek to strengthen FAES as the sole executing agency (see ¶4.2), ultimately responsible for a timely execution, delivering resources at the community and local levels and entirely fulfilling the fiduciary responsibility. FAES will hire vetted NGOs and Specialized Agencies as implementing partners throughout the program's components. It will activate participatory and coordination mechanisms at the local level between deconcentrated entities (i.e., MSPP's units and directorates of the *Arrondissement* and *Département* levels) on the one hand, and FAES and its direct implementing partners, on the other hand. At the central level, the scheme would involve MEF, as the Ministry authority over FAES, to convene and chair an inter-sector steering committee to ensure reporting and information flow (from the operators through FAES towards sector ministries) and strategic decision-making – thus respecting the MAST and MSPP's sectoral stewardship, normative and planning roles, and FAES's fiduciary and operational mandate. See [Technical Annex, Section IV](#).
- 4.4 **Procurement aspects.** Project management will be executed according to OP- 273-12. Procurement of works, goods, and services, as well as contracts for consulting services will be executed in accordance with the Bank's procurement policies, rules, and procedures (GN-2349-15 and GN-2350-15). There will be no exceptions to Bank rules and no retroactive financing is expected.
- 4.5 **Risks.** Preliminary risks identified are as follows. Execution environment: (i) High – If socio-political unrest leads to lockdowns, fuel shortages or worse insecurity, project implementation will be delayed. This risk will be mitigated by continuing to engage specialized operators with a deep knowledge of the Haitian context and shifting implementation to vulnerable areas where minimum security conditions are met; (ii) High – If inflation is high during years of implementation, and/or if the HTG depreciates further, the cost of the program may be higher than the estimated budget. This risk will be mitigated by, whenever possible, signing contracts in dollars and estimating a conservative budget during project preparation; (iii) Medium-High – If there is a change in government, resulting into a change in FAES leadership, project implementation might suffer delays while the new leadership becomes familiar with the project. This risk will be mitigated by ensuring that project management and execution is assigned to the same “core team” which has been managing other IDB-funded operations at FAES; (iv) Low - If healthcare services and social protection needs worsen due, for instance, to environmental and social shocks, implementing operators' capacity might reach its limit resulting into implementation delays. This risk will be mitigated through programming ahead of time of all the activities; furthermore, the selected operators have a solid track implementing large contracts and rapidly scaling operations. Executing agency: (v) High - If some project personnel, as it has happened across executing agencies, leave Haiti due to the worsening of the general situation, project implementation might suffer delays. This risk will be mitigated by ensuring that FAES is adequately staffed at all time and training and retraining on essential functions (e.g., procurement, accounting) will be conducted periodically. Project: (vi) Medium - If key stakeholders, partners, and operators are not coordinated in the targeting of communities and implementation modalities, tensions might arise at local level and inclusion, or exclusion errors might occur. This risk will be

mitigated through continuing the close coordination among donors and partners, including the sharing of information and alignment of social protection modalities.

V. RESOURCES AND TIMETABLE

- 5.1 **Resources and Preparation Timeline.** Annex II details the schedule and resources needed to prepare the operation (US\$61,000). It is expected that the Proposal for Operation Development will be distributed on April 30, 2024, to the Operation Policy Committee. The expected date of approval of the Investment Grant Proposal by the Board of Directors is June 12, 2024.

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.

Operation Information

Operation Name	
Community-based human security program for Haiti’s most fragile areas	
Operation Number	HA-J0008

Operation Details

Organizational Unit	IDB Sector/Subsector
SCL/SPH	POVERTY ALLEVIATION
Type of Operation & Modality	Original IDB Amount
GRF / ESP	\$90,000,000.00
Executing Agency	Borrower
HA-FAES	MINISTERE DE L'ECONOMIE ET DES FINANCES
ESG Primary Team Member	Team Leader
	Nicola Magri
Toolkit Completion Date	Author
03/11/2023	Mauricio Tapia (Esg Guidance Service)
Applicable ESPs with requirements	
ESPS 1; ESPS 2; ESPS 3; ESPS 4; ESPS 10	

Operation E&S Classification Summary

Environmental and Social Impact Categorization (ESIC)	C
Disaster and Climate Change Risk Classification (DCCRC)	Moderate
Environmental and Social Risk Rating (ESRR)	Moderate

Summary of Impacts / Risks and Potential Solutions

The project has no environmental and social impacts and/or risks therefore no Environmental and Social Assessment (ESA) or Environmental and Social Impact Assessment (ESIA) process will be conducted for the project during preparation.

The operation will not have direct impacts associated with child labor or forced labor in the workforce.

The operation will not have significant indirect and/or cumulative impacts associated with child labor or

forced labor in the workforce.

The Executing Agency or other relevant entity (in relation to the operation) has a proven track record to respect and protect the fundamental principles and rights of workers (including fair treatment, commitment to non-discrimination, equal opportunity, protection of workers including workers in vulnerable situations, work accommodations, migrant workers' rights, collective bargaining and rights of association) and compliance with national employment and labor laws.

The operation will not result in the direct loss of employment (i.e. retrenchment).

The operation will not result in the indirect and/or cumulative loss of employment (i.e. retrenchment).

The Borrower will prepare and operate a Grievance Redress Mechanism for all workers (direct and contracted).

The operation will not cause indirect and/or cumulative impacts associated with accidents, injury, and disease arising from, associated with, or occurring in the course of work.

The operation will promote a sustainable use of resources including energy, water and raw materials.

The operation will not have direct adverse impacts on human health and the environment due to pollution from project activities.

The operation will not have indirect and/or cumulative adverse impacts on human health and the environment due to pollution from project activities.

The operation will not have direct negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of hazardous materials such as PCBs, Radiological Waste, Mercury, CFCs, etc.

The operation will not have indirect and/or cumulative negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of hazardous materials such as PCBs, Radiological Waste, Mercury, CFCs, etc.

The operation will not have direct negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of pesticides.

The operation will not have indirect and/or cumulative negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of pesticides.

The operation is not expected to or currently produce directly GHG emissions.

The operation is not expected to or currently produce indirectly-cumulatively GHG emissions.

The operation is considering alternatives to implement technically and financially feasible and cost-effective options to avoid or minimize project-related GHG emissions during the design and operation of the project.

The operation has no exposure to climate transition risks related with a loss of value of a project driven by the transition to a lower-carbon economy, result from extensive policy, legal, technology, and/or market changes to address climate change.

There are no direct health and safety risks associated with the design of structural elements or components

of the operation (e.g. existing or new buildings, earthworks, bridges, drainage, roadways, power stations, transmission and distribution poles, underground utilities, and dams), and/or road transport activities (e.g. transport of heavy or over-sized equipment) which could result in health and safety impacts to third parties and project-affected people.

There are no indirect and/or cumulative health and safety risks associated with the design of structural elements or components of the operation (e.g. existing or new buildings, earthworks, bridges, drainage, roadways, power stations, transmission and distribution poles, underground utilities, and dams), and/or road transport activities (e.g. transport of heavy or over-sized equipment) which could result in health and safety impacts to third parties and project-affected people.

The project will not directly affect the public (including workers and their families) by exposing them to hazardous materials released by the project, particularly those that may be life threatening.

The project will not indirectly-cumulatively affect the public (including workers and their families) by exposing them to hazardous materials released by the project, particularly those that may be life threatening.

There is no potential for the project or project-related activities (e.g. the influx of temporary or permanent project labor, among others) to directly result in or exacerbate community exposure to water-related (i.e., waterborne, water-based, and vector-borne diseases) and/or communicable diseases (e.g. COVID).

There is no potential for the project or project-related activities (e.g. the influx of temporary or permanent project labor, among others) to indirectly-cumulatively result in or exacerbate community exposure to water-related (i.e., waterborne, water-based, and vector-borne diseases) and/or communicable diseases (e.g. COVID).

The project's direct impacts on priority ecosystem services will not result in adverse health and safety risks and impacts to the project-affected people.

The project's indirect and/or cumulative impacts on priority ecosystem services will not result in adverse health and safety risks and impacts to the project-affected people.

There is no potential for an emergency or unanticipated event to occur in the project area of influence that demands immediate action to prevent or reduce harm to people, property, and/or the environment.

There is no potential direct impacts to workers and project-affected people related to the use or arrangement of security services to safeguard personnel and/or property.

There is no potential indirect and/or cumulative impacts to workers and project-affected people related to the use or arrangement of security services to safeguard personnel and/or property.

The project will not lead to direct impacts related to physical, and/or economic displacement - Impacts include, and are not limited to, relocation; expropriation; loss of shelter; loss of land; loss of assets; restrictions on land and natural resources; loss of income; loss of livelihoods; loss of social safety net.

The project will not lead to indirect and/or cumulative impacts related to physical, and/or economic displacement - Impacts include, and are not limited to, relocation; expropriation; loss of shelter; loss of land; loss of assets; restrictions on land and natural resources; loss of income; loss of livelihoods; loss of social safety net.

Vulnerable people will not be disproportionately affected by direct impacts related to land acquisition - people may be considered vulnerable by virtue of disability, state of health, indigenous status, gender

identity, sexual orientation, religion, race, color, ethnicity, age, language, political or other opinion, national or social origin, property, birth, economic disadvantage, or social condition. Other vulnerable people include the elderly, children, single-headed households, refugees, internally displaced persons, natural resource dependent communities.

Vulnerable people will not be disproportionately affected by indirect and/or cumulative impacts related to land acquisition - people may be considered vulnerable by virtue of disability, state of health, indigenous status, gender identity, sexual orientation, religion, race, color, ethnicity, age, language, political or other opinion, national or social origin, property, birth, economic disadvantage, or social condition. Other vulnerable people include the elderly, children, single-headed households, refugees, internally displaced persons, natural resource dependent communities.

The operation doesn't have the potential to directly impact modified habitat that include significant biodiversity value.

The operation doesn't have the potential, including through the supply chain, to indirectly-cumulatively impact modified habitat that include significant biodiversity value.

The operation doesn't have the potential to directly convert or degrade natural habitat.

The operation doesn't have the potential, including through the supply chain, to indirectly-cumulatively convert or degrade natural habitat.

The operation doesn't have the direct potential to implement project activities in critical natural habitat.

The operation doesn't have the indirect and/or cumulative potential, including through the supply chain, to implement project activities in critical natural habitat.

The operation is not expected to directly impact a legally protected area or an internationally recognized area.

The operation is not expected, including through the supply chain, to indirectly-cumulatively impact a legally protected area or an internationally recognized area.

The project will not directly introduce (intentionally or accidentally) alien, or non-native, species of flora and fauna that have the potential for invasive behavior in areas where they are not normally found.

The project will not indirectly-cumulatively, including through the supply chain, introduce (intentionally or accidentally) alien, or non-native, species of flora and fauna that have the potential for invasive behavior in areas where they are not normally found.

The project is not likely to adversely directly impact ecosystem services.

The project is not likely to adversely indirectly-cumulatively, including through the supply chain, impact ecosystem services.

The project is not expected to cause adverse direct impact on Indigenous Peoples. FPIC is required when there will be (i) impacts on lands and natural resources subject to traditional ownership or under customary use; (ii) Relocation of Indigenous Peoples from lands and natural resources subject to traditional ownership or under customary use; or (iii) significant impact on Cultural Heritage.

The project is not expected to cause adverse indirect/cumulative impact on Indigenous Peoples.

Indigenous Peoples are not expected to be adversely impacted by direct project related land-acquisition or access restrictions. Note that all impacts on lands and natural resources subject to traditional ownership or under customary law requires FPIC.

Indigenous Peoples are not expected to be adversely impacted by indirect/cumulative project related land-acquisition or access restrictions. Note that all impacts on lands and natural resources subject to traditional ownership or under customary law requires FPIC.

The project doesn't have the potential to cause adverse direct impacts on Indigenous Peoples who live in isolation and initial contact.

The project doesn't have the potential to cause adverse indirect and/or cumulative impacts on Indigenous Peoples who live in isolation and initial contact.

The project is not expected to directly damage or negatively impact cultural heritage.

The project is not expected to indirectly-cumulatively damage or negatively impact cultural heritage.

The project is not expected to directly damage or negatively impact critical cultural heritage.

The project is not expected to indirectly-cumulatively damage or negatively impact critical cultural heritage.

The project will not negatively directly affect people due to their gender, sexual orientation or gender identity.

The project will not negatively indirectly-cumulatively affect people due to their gender, sexual orientation or gender identity.

The project is not expected to lead to direct risks and impacts associated with Sexual and Gender-based Violence.

The project is not expected to lead to indirect and/or cumulative risks and impacts associated with Sexual and Gender-based Violence.

The project will not potentially face direct barriers to equitable gender-based participation.

The project will not potentially face indirect and/or cumulative barriers to equitable gender-based participation.

The project will not deal with a subject matter and/or be implemented in an area where the manipulation, interference, coercion, discrimination, and intimidation of stakeholders has been documented.

ESPS 1 - Assessment and Management of Environmental and Social Risks and Impacts

The Executing Agency will prepare and maintain an Environmental and Social Management System (ESMS) for the operation as defined under ESPS 1.

The Borrower/Executing Agency's has good organizational capacity and competency for managing environmental and social issues.

There are moderate levels of contextual risks associated with the project (e.g. political instability,

oppression of communities, armed forces in the project area).

ESPS 2 - Labor and Working Conditions

The Executing Agency will prepare and maintain an Environmental and Social Management System (ESMS) for the operation with specific elements related to Labor and Working Conditions under ESPS 2.

The operation has the potential to cause minor direct impacts associated with accidents, injury, and disease arising from, associated with, or occurring in the course of work.

ESPS 3 - Resource Efficiency and Pollution Prevention

The operation will generate minor direct impacts generated by solid waste (hazardous and/or non-hazardous).

The operation will generate minor indirect and/or cumulative impacts generated by solid waste (hazardous and/or non-hazardous).

ESPS 4 - Community Health, Safety, and Security

Natural hazards, such as earthquakes, droughts, landslides, floods, wildfires, or others, including those caused or exacerbated by climate change, are likely to occur in the project area, and these may moderately impact the project, and/or the project may moderately exacerbate the risk from natural hazards to human life, property, and/or the environment.

ESPS 10 - Stakeholder Engagement and Information Disclosure

The Borrower will operate a Grievance Redress Mechanism at the Project level (direct and contracted).

Environmental and Social Annex of the PP for Category C operations

- 1.1 In accordance with the Environmental and Social Policy Framework (ESPF), the operation was classified as Category “C” as it is expected to cause minimal or no negative environmental or social impacts.
- 1.2 Component 1 will be deployed to expand and sustain the coverage of current transfers, maintaining the executing arrangement through specialized United Nation agencies and non-Governmental implementation partners, as well as the targeting criteria of high food insecurity as measured by the IPC classification.
- 1.3 Component 2 will increase use of essential services by strengthening Community-based, Integrated Essential Care Networks in targeted areas with implementing partner and in prioritized local health networks to deliver an integrated, community-based essential care package covering, community-based detection and essential care for most prevalent chronic condition, and demand-side vouchers to remove economic barriers to the use of community.
- 1.4 Component 3 will support the creation of safe, nurturing spaces and community-based opportunities for early childhood and youths’ development in targeted at risks communities.
- 1.5 Component 4 will focus on strengthening social ministries and FAES’s institutional capacity to manage and sustain a human security program.
- 1.6 In order to comply with the requirements of the ESPF and especially those of the Environmental and Social Performance Standards 1, 2, 3, 4, and 10, during preparation any existing environmental and social management instrument in the Executing Unit and/or in the applicable local regulations will be reviewed. In addition, the Executing Agency will prepare and Environmental and Social Management System to comply with ESPS 1.

INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Topic	Description	Date	Reference and Links
Food insecurity	The food security situation in Haiti remains alarming.	August 2023	Haiti: Acute Food Insecurity Situation for August 2023 - February 2024 and Projection for March - June 2024 IPC - Integrated Food Security Phase Classification (ipcinfo.org)
Healthcare sector diagnostic	In Haiti there is a pronounced shortage of equipment, financing, and professional skills to tackle the highest rates of maternal, child and under-five infant mortality in the Americas.	July 2023	Haiti: Continuing to Improve Maternal and Child Health Services AFD - Agence Française de Développement
	Lack of security is widespread in Haiti where gangs continue to sexually abuse women and girls who have no access to health care services	October 2023	UN human rights official is alarmed by sprawling gang violence in Haiti PBS NewsHour
	In Haiti there are stark health disparities between people who live in urban versus rural areas.	February 2023	Marseille BR, Kolawole J, Thorpe-Williams J, Francis L, Delva S, Foronda CL, Bivins B, Owusu B, Josiah N, Baptiste DL. Addressing hypertension among Haitian adults with insufficient access to quality healthcare: A discursive review. J Adv Nurs. 2023 May;79(5):1691-1698 https://doi.org/10.1111/jan.15633
Lack of security and youth crime prevention	The escalating gang warfare in Haiti has led minors at-risk and youths to be press-ganged and recruited for street battles. The gangs are also imposing control through sexual violence for	June 2022	Haiti Gangs Recruiting, Arming More Children (insightcrime.org)
	This review explores the effectiveness of sports programs in preventing youth involvement in criminal activities.	2007	Youth Crime Prevention through Sports Programs: A Review. Authors: C. Attila Ceranoglu Published in: Social Work, 2007.
	This article examines the role of out-of-school time programs in reducing juvenile crime and victimization.	2004	Using Out-of-School Time to Address Juvenile Crime and Victimization: Lessons from the Field. Authors: Nancy Rappaport and Stephen W. Raudenbush Published in: Journal of Law and Policy
	This study explores the impact of after-school programs on high-risk urban youth, including their effects on reducing gang involvement.	1999	After-School Programs for High-Risk Urban Youth: A Randomized Controlled Trial. Authors: Jean Baldwin Grossman, Joseph P. Tierney, and Nancy L. Resch Published in: Children and Youth Services Review
	This publication discusses community-based strategies, including after-school programs, to prevent youth from getting involved in gangs.	1999	Preventing Gang Involvement: Community-Based Approaches. Authors: James C. Howell, Deborah G. Mordica, and Susan M. Egley Published in: Juvenile Justice Bulletin

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.