

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

HAITI

COMMUNITY-BASED PROGRAM TO FOSTER HUMAN SECURITY IN HAITI

(HA-J0008)

GRANT PROPOSAL

This document was prepared by the project team consisting of: Nicola Magri, Co-Team Leader (SPH/CHA); Emmanuelle Monin, Co-Team Leader (SPH/CPN); Neili Carolina Bermudez; Florencia López Boo, Flavia Alessi, Carolina Freire, Lauramare Val (SCL/SPH); Naiara Martinez (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).

In accordance with the Access to Information Policy, this document is being released to the public and distributed to the Bank's Board of Executive Directors simultaneously. This document has not been approved by the Board. Should the Board approve the document with amendments, a revised version will be made available to the public, thus superseding and replacing the original version.

CONTENTS

PROJECT SUMMARY.....	1
I. PROJECT DESCRIPTION AND RESULTS MONITORING	3
A. Background, problem addressed, and justification.....	3
B. Objective, components, and cost	13
C. Key Results Indicators	15
II. FINANCING STRUCTURE AND MAIN RISKS.....	17
A. Financing instruments.....	17
B. Environmental and social safeguard risks	18
C. Other risks	19
III. IMPLEMENTATION AND MANAGEMENT PLAN	20
A. Summary of implementation arrangements.....	20
B. Summary of arrangements for monitoring results.....	24

ANNEXES	
Annex I	Summary Development Effectiveness Matrix (DEM)
Annex II	Results Framework
Annex III	Fiduciary Arrangements

REQUIRED ELECTRONIC LINKS (REL)	
REL#1	Pluriannual Execution Plan (PEP)
REL#2	Monitoring and Evaluation Arrangements
REL#3	Environmental and Social Review Summary (ESRS)
REL#4	Procurement Plan

OPTIONAL ELECTRONIC LINKS (OEL)	
OEL#1	FAES-executed portfolio
OEL#2	Lessons learned from Bank-funded interventions
OEL#3	Impact Evidence from WFP Case Studies
OEL#4	Impact Evidence from AVSI Case Studies
OEL#5	Impact Evidence from GHESKIO
OEL#6	Cash for Work Modality
OEL#7	Eligible Small Works (In French)
OEL#8	Targeting Mechanism of Vulnerable Beneficiaries (in French)
OEL#9	Complaints Management Mechanism (in French)
OEL#10	Health and Safety Checklist for C4W (in French)
OEL#11	Health Technical Analysis
OEL#12	ECD Analysis
OEL#13	Business Incubation Program
OEL#14	Draft proposal from CASELI Foundation
OEL#15	Draft proposal from CEDEL Haiti
OEL#16	Identification tool for Safe Spaces for Youth
OEL#17	Implementation Details
OEL#18	Social Protection Sector Analysis
OEL#19	Gender and Diversity Analysis
OEL#20	Climate Finance Analysis
OEL#21	Economic Analysis
OEL#22	Operational Contingency Allocation
OEL#23	Donors Coordination and Tracking Tool
OEL#24	Project Operations Manual (in French)
OEL#25	Lessons learned on Environmental and Social measures
OEL#26	Literature evidence on proposed interventions

ABBREVIATIONS	
AVSI	Association Volunteers for International Service
C4W	Cash-for-Work
CAP	Cap-Haitien
CCT	Conditional Cash Transfers
CNSA	National Coordination on Food Security
CTBWG	Cash-Based Transfer Working Group
DALYs	Disability Adjusted Live Years
ECD	Early Childhood Development
EMMUS	<i>Enquête Mortalité, Morbidité et Utilisation des Services</i>
FAES	Social and Economic Assistance Fund
FY	Fiscal Year
FEWSNET	Famine Early Warning System Network
GBV	Gender Based Violence
GHEKIO	Group for the Study of Kaposi's Sarcoma and Opportunistic Infections
GoH	Government of Haiti
HST	Haiti Startup Talent
HTG	Haitian Gourde
IDB	Inter-American Development Bank
IMF	International Monetary Fund
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
LAC	Latin-America and the Caribbean
MPAP	Metropolitan Area of Port-au-Prince
MAST	Ministry of Social Affairs and Labor
MEF	Ministry of Economy and Finance
NEET	Not in education, employment, or training
MSPP	Ministry of Public Health and Population
PADF	Pan-American Development Foundation
PAHO	Pan-American Health Organization
PES	Package of Essential Services
PIH-ZL	Partners in Health-Zanmi Lasante
PNPPS	<i>Politique Nationale de Protection et Promotion Sociale</i>
POM	Program Operations Manual
PwD	Persons with Disability
RUL	Reach Up and Learn
SIMAST	<i>Système d'Information du MAST</i>
SISNU	<i>Système d'Information de Santé National Unique</i> (MSPP information system)
TPC	Transitional Presidential Council
UAS	<i>Unité d'Arrondissement de Santé</i>
UCT	Unconditional Cash Transfers
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WFP	World Food Programme

PROJECT SUMMARY
HAITI
COMMUNITY-BASED PROGRAM TO FOSTER HUMAN SECURITY IN HAITI
(HA-J0008)

Financial Terms and Conditions				
Beneficiary				
Republic of Haiti			Amortization Period:	N.A.
Executing Agency			Disbursement Period:	4 years
Social and Economic Assistance Fund (FAES)			Grace Period:	N.A.
Source	Amount (US\$)	%	Interest rate:	
IDB (IDB Grant Facility):	110,000,000	100	Credit Fee:	
			Inspection and supervision fee:	
			Weighted Average Life:	
Total:	110,000,000	100	Currency of Approval:	U.S. dollars
Project at a Glance				
<p>Project Objective: The general objective of this operation is to foster human security in Haiti by addressing the needs related to food security, health, and children and youth inclusion of vulnerable populations. The specific objectives are to (i) support household income to sustain food consumption; (ii) improve access to and use of integrated essential healthcare services; (iii) increase children and youth inclusion through safe and stimulating environments; and (iv) strengthen the institutional capacity of the GoH to identify and assist vulnerable populations.</p>				
<p>Special contractual conditions prior to the first disbursement of the financing: the Beneficiary through FAES, shall have presented evidence to the satisfaction of the Bank of the designation of key personnel for the execution of the Program including a Program coordinator, two accountants, and two procurement specialists (¶3.13).</p>				
<p>Special Contractual condition prior to the first disbursement of Component 1: (i) prior to the first disbursement related to unconditional cash transfers (UCT) the Beneficiary, directly or through FAES, shall have presented evidence to the satisfaction of the Bank of the draft contract to be signed with World Food Program (WFP) and (ii) prior to the first disbursement related to the conditional cash transfers (CCT) the Beneficiary, directly or through FAES, shall have presented evidence to the satisfaction of the Bank of the draft contracts to be signed with CARE, Center for International Studies and Cooperation (CECI), Pan-American Development Foundation (PADF), VIVARIO, and AVSI (¶3.14).</p>				
<p>Special Contractual condition prior to the first disbursement of Component 2: the Beneficiary, directly or through FAES, shall have presented evidence to the satisfaction of the Bank of the draft contract to be signed with the Pan-American Health Organization (PAHO), and of the MoU to be subscribed between FAES and MSPP (¶3.15).</p>				
<p>Special Contractual condition prior to the first disbursement of Component 3: prior to the first disbursement related to for the youth entrepreneurship activities the Beneficiary, directly or through FAES, shall have presented evidence to the satisfaction of the Bank of the draft contracts to be signed with CASELI Foundation and CEDEL (¶3.16).</p>				
<p>Special Contractual Clauses of execution: Prior to payments to the beneficiaries of Component 1 of the Program by Specialized Operators, the Beneficiary, through FAES, shall have presented to the Bank's satisfaction, evidence that the Program Operations Manual (POM), previously agreed upon between the Bank and the Beneficiary, has been approved and has entered into effect (¶3.17).</p>				
<p>Exceptions to Bank Policies: The Project Team requests to the Board of Executive Directors to approve a specific waiver to the Bank's procurement policies (GN-2349-15 and GN-2350-15): (a) that PAHO, in the execution of its contract with the Beneficiary, be allowed to procure goods originating from non-member countries of the Bank, and to consider suppliers, contractors, consultants and service providers from non-member countries of the Bank; and (b) that the procurement policies (including eligibility) of PAHO as procurement agent, service provider and/or specialized agency may be used by PAHO in the execution of its contract with the Beneficiary (¶3.18).</p>				

Strategic Alignment							
Objectives^(a):	O1 <input checked="" type="checkbox"/>		O2 <input checked="" type="checkbox"/>			O3 <input type="checkbox"/>	
Operational Focus Areas^(b):	OF1 <input type="checkbox"/>	OF2-G <input checked="" type="checkbox"/> OF2-D <input checked="" type="checkbox"/>	OF3 <input checked="" type="checkbox"/>	OF4 <input checked="" type="checkbox"/>	OF5 <input type="checkbox"/>	OF6 <input checked="" type="checkbox"/>	OF7 <input type="checkbox"/>

^(a) O1 (Reduce poverty and inequality); O2 (Address climate change); and O3 (Bolster sustainable regional growth).

^(b) OF1 (Biodiversity, natural capital, and climate action); OF2-G (Gender equality); OF2-D (Inclusion of diverse population groups); OF3 (Institutional capacity, rule of law, and citizen security); OF4 (Social protection and human capital development); OF5 (Productive development and innovation through the private sector); OF6 (Sustainable, resilient, and inclusive infrastructure); and OF7 (Regional integration).

I. PROJECT DESCRIPTION AND RESULTS MONITORING

A. Background, problem addressed, and justification.

- 1.1 **Human security¹ in Haiti has severely deteriorated because of multiple and simultaneous crises.** Exposure to natural disasters, the socioeconomic consequences of Covid-19, the 2022 cholera outbreak, worsening insecurity and social and political unrest have negatively impacted the Haitian population and economy, making the country chronically fragile. Haiti ranked 10th out of 179 countries in the 2023 Fragile State Index. Fiscal Year (FY) 2023 was the fifth consecutive year of contraction.² For the most vulnerable Haitians, chronic fragility has resulted in a lack of food security, limited access to basic healthcare, and inadequate conditions for emotional safety and social inclusion, disproportionately affecting children and youths. Early 2024 saw a major deterioration in security, especially in Metropolitan Area of Port-Au-Prince (MPAP). Gangs have targeted public buildings, shops, seaport, hospitals, and schools, and raided prisons. The worsening of the situation prompted the Port-Au-Prince (PAP) airport closure on February 29, 2024, and Emergency State declaration in the West department on March 3. Amid international concern, a Transitional Presidential Council (TPC) was proposed by CARICOM on March 11, to de-escalate and eventually plan elections. The Prime Minister announced his decision to resign, effective once the TPC was installed.³ In this context, restoring basic conditions for human security in the most vulnerable communities is a prerequisite towards longer-term stability and development goals.⁴
- 1.2 **Food insecurity poses a first critical threat to the human security of vulnerable populations.** High food and fuel global costs, monetary financing of the fiscal deficit, exchange rate depreciation, supply interruptions due to drought, and fuel shortages led to 38.7% annual inflation at the end of FY2022, peaking at 49.3% in January 2023 and 31.8% at the end of FY2023. March 2024 inflation was 26.7%, impacting food access, due to a weak Haitian Gourde (HTG) and the nation's dependence on imports. El Niño, with below-average rainfall, has hindered food production.⁵ Additionally, escalating gang violence in the Artibonite department has displaced farmers, reducing 3,000 hectares of agricultural land.⁶ Widespread violence in MPAP caused significant displacement, with more than 90,254 people relocating within MPAP⁷ and over 94,821 moving outside.⁸ The

¹ [UN, Human Security Definition](#): "(...) Protracted crises, violent conflicts, natural disasters, persistent poverty, epidemics, and economic downturns impose hardships and undercut prospects for peace, stability, and sustainable development".

² 2023, [Haiti Report](#), IMF

³ The Presidential Council was formalized by Decree on April 12, 2024, and the installation ceremony took place on April 25, 2024.

⁴ [2024. UN News | UN urges support for Haiti in remarks to regional leaders](#)

⁵ FAO. [Livelihoods at risk due to El Niño](#), January 2024

⁶ WFP. [Food Security Analysis](#), 1 March 2024.

⁷ [Update displacement metropolitan area, April 2024](#)

⁸ [Population Flow Monitoring, April 2024](#)

violence has also disrupted essential supplies, as gangs control major roads, impacting fuel, food, water, and medicine distribution, which will likely exacerbate food insecurity.⁹

1.3 The National Coordination on Food Security (CNSA) estimated that from March 2024 to June 2024, over 4.97 million people in Haiti will be in crisis areas (Integrated Food Security Phase Classification - IPC, level 3 and above), with 1.64 million in emergency (IPC 4),¹⁰ meaning that nearly 50% of the population in assessed areas will struggle to access food in the upcoming months,¹¹ marking the worst food insecurity since 2017.¹² Sustained efforts and funding is needed to prevent a catastrophic evolution of this critical situation.

1.4 **Lack of access to basic care and the erosion of essential services coverage pose a second threat to human security.**¹³ In 2023, Haiti's life expectancy at birth was 64.8 years—10.3 years lower than the LAC average—¹⁴ with only 4.6% of its population over 65. Haiti exhibits high premature and avoidable mortality. While non-communicable diseases account for 64.7% of deaths, communicable diseases, perinatal, and undernutrition causes make up 24.7%. External causes like violence contribute to 10.6% of deaths.¹⁵ The pandemic and insecurity have impacted access and use of essential services,¹⁶ reversing earlier gains in nutrition and maternal and child health. Maternal mortality is 350.4 deaths per 100,000 live births, and infant mortality is 59 deaths per 1,000 live births, five and four times the regional average, respectively.¹⁷ Low-weight births (less than 2.500g), increased from 9.6% in 2012 to 11.2% in 2021.¹⁸ Nutrition is critical, as a mother's health impacts her child's birth weight, later nutrition, and survival. Malnutrition during infancy also raises the risk of infectious diseases and poor metabolic development, leading to adult diseases like diabetes.¹⁹

⁹ NGOs and UN Agencies rely more on UN Humanitarian Air Services ([UNHAS](#)) to reach remote areas, which results into higher operational costs.

¹⁰ IPC reflects foods insecurity and malnutrition situations in the medium-long term, on a scale 1-5: 1 – minimal, 2 – Stress, 3 – Crisis, 4 – Emergency, and 5 – Famine.

¹¹ [IPC Report-CNSA](#), 22 March 2024.

¹² WFP. [Evolution of food insecurity 2017-2023](#), 29 March 2024.

¹³ Data in this section was collected prior to March 2024, when more healthcare facilities were shut down in MPAP.

¹⁴ OECD/The World Bank, [Health at Glance 2023](#), April 2023

¹⁵ [PAHO](#) and [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).

¹⁶ An 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 et al., 2017](#). [Aranda Z., et al. 2022](#).

¹⁷ OECD/The World Bank, [Health at Glance 2023](#), April 2023

¹⁸ PAHO, [Maternal mortality](#), 2023.

¹⁹ [Evidence-based interventions to reduce maternal malnutrition](#): Shenoy S et al., October 2023; Impact of malnutrition on systemic immune and metabolic profiles in type 2 diabetes, [Rajamanickam, A. et. Al, 2020](#)

- 1.5 Declining health outcomes are related to the decreasing coverage of essential services. For instance, the coverage of at least one prenatal visit dropped from 88% in 2018 to 66% in 2022, and institutional deliveries dropped from 76% in 2020/2021 to 68% in 2022.²⁰ Child vaccination presents sharp drops in coverage in areas such as Artibonite (from 75.2% Measles/Rubella and 80.2% 3rd doses of Pentavalent in 2018, to 53.2% and 62.8% respectively in 2022). Other social determinants, like inadequate road infrastructure, transportation costs²¹ and social and political disturbances, up to complete cut-off of transit and the isolation of entire areas of MPAP or the Lower Artibonite, further increase the cost of access and exacerbates healthcare inequalities, affecting poorer communities more, both urban (of MPAP and border cities) and rural.²²
- 1.6 **Other vulnerable groups face higher barriers to access, including women²³ and persons with disability (PwD).** PwD are more likely to be poor because they face higher expenses to cover support needs- specially healthcare-, as well as higher barriers to accessing employment.²⁴ Data shows that health expenditures are consistently higher for households with PwD, being healthcare costs one of the reasons they do not receive necessary healthcare.²⁵ Moreover, for women health services are difficult to access and insufficient. Women residing in the northern region cite lack of money (73.4%) and distance (35.6%) as the main limitations to accessing health services (EMMUS-VI 2016-2017).
- 1.7 On the supply side, health personnel shortage and facilities closure in gang-controlled areas reduce service availability. Only 16% of health facilities in the West department²⁶ are functioning at full capacity and several are closed due to violence.²⁷ Three major hospitals in MPAP have been recently attacked, the *Hôpital Universitaire d'Etat d'Haïti*, the largest public hospital in MPAP, is no longer operational. Tackling both demand and supply side barriers of access to essential services and fomenting the integration of nutrition promotion into health interventions is necessary to improve basic life conditions in health.²⁸
- 1.8 **The third human security threat stems from a lack of enabling factors for child and youth development, such as lack of access to basic services, safe spaces for interaction, participation, and the constructive use of time.** Early Childhood Development (ECD) services are scarce as only 3% of the population under 2 years of age and 58% of the population between 3 and 5 years old nationwide is enrolled in center-based programs (in contrast to 15% and 67%,

²⁰ PAHO, [Haiti Country Profile](#) and USAID, [Maternal Health in Haiti](#), March 2023, and MSPP, *Rapport Statistique 2018*, Nov. 2019 and *Rapport Statistique 2022*, Aug. 2023

²¹ One in four Haitians travels more than one hour to reach the nearest health center, [OCHA Haiti](#).

²² Marseille et al. [Addressing HTA among Haitians](#). J Adv Nurs. 2023 May; 79(5):1691-1698

²³ [Women and girls among those most impacted by Haiti's crises](#)

²⁴ 20% of the population is believed to have some form of disability, non-physical disability is underdiagnosed, [Lupica, 2021](#).

²⁵ [García et al., 2021](#)

²⁶ [Paho situation report May 3 2024](#)

²⁷ [United Nations](#). The situation in the gang-ravaged capital of Haiti has gone from worrying to “extremely alarming”, 2024

²⁸ 2021, Health system strengthening in fragile and conflict, [Landry et al., 2021](#)

respectively, in LAC in 2020). In addition, home environment quality tends to be low, 54% of children under five engaged in four or more early stimulation and responsive care activities with an adult in the household (only 7% did it with their father), and only 8% have three or more children's books. Furthermore, 83% of children aged 1-14 years experienced physical punishment or psychological aggression by caregivers, placing it as one of the most violent in the region in terms of parenting practices.²⁹

- 1.9 **Children and young adults between 10 and 24 years old make up 29% of the population and are at high risk due to violence.**³⁰ Insecurity has led to closures of schools, recreational spaces, and internal displacement especially in the most affected areas of PAP. While exact measurements are lacking, informants report that most youngsters are affected by the current crisis and, thus, are not in education, employment, or training (NEET).³¹ There is ample evidence showing that NEETs are vulnerable to recruitment by gangs due to their lack of opportunities and sense of belonging, which gangs exploit through promises of status and financial gain.³²
- 1.10 **Gender-based violence (GBV) affects one out of every three Haitian women and girls.** Conflict and the lack of opportunities to interact, learn, play sports, engage in creative activities, or simply spend free time in "safe spaces", is linked to and may perpetuate a high prevalence of gender inequality, violence, including GBV.³³ According to EMMUS-2017, the demographic and health survey, 29% of women aged 15 to 49 have experienced physical violence.³⁴ This high prevalence warrants a systematic effort of inclusion across interventions in food security and health, as well as specific ones, offering safe space opportunities for priority groups where changes can be fostered.
- 1.11 **Strengthening human security requires institutions capable of addressing social, health and inclusion priorities.** The Ministry of Social Affairs and Labor (MAST) and the Social and Economic Assistance Fund (FAES) need strengthened planning and supervision capabilities to coordinate the delivery of basic services with other sectors. In health, the Ministry of Public Health and Population (MSPP) relies heavily on external funding and NGOs for basic services, which is challenging given the country's increased fragility. To address this, MSPP must consolidate its capacity to align with national policies and priorities, as well as accelerate decentralization by supporting the Department Directorates' ability to coordinate and supervise services in their District Health Units.
- 1.12 **Problems to be addressed.** The intertwined crises have resulted into multilayer threats to human security arising from: increasing food insecurity, limited healthcare services, lack of inclusive opportunities for children under 5 and

²⁹ Country Report, [UNICEF-DHS, 2016-17](#).

³⁰ 2024, UNFPA. [Haiti Country Profile](#).

³¹ In Haiti, 1/5 of people aged 15-24 are NEET, with the proportion of women in this group (23.7%) nearly double that of men (12.7%) (WDI-WB, 2012).

³² [Gang Involvement Prevention | Youth.gov](#)

³³ 2022, Mannell et al. [Risk factors for VAWG in high-prevalence settings](#).

³⁴ DHS-EMMUS, *Enquête de Mortalité, Morbidité et d'Utilisation des Services*, in French- [Haiti Report](#), 2018

vulnerable youths and limited institutional capacity in the social protection and health sectors to effectively mobilize multisector interventions.

- 1.13 **Government's response to support affected populations due to increased fragility.** In the last years, the Government of Haiti (GoH) has increased its initiatives to strengthen social support systems and improve basic healthcare to address multiple crises. Since 2018, the Bank has supported these efforts with five operations executed by FAES, an autonomous agency under the Ministry of Economy and Finance (MEF) tasked with delivering social protection interventions. As of May 12, 2024, more than 1.3M people received assistance through these interventions (¶1.17). To increase social spending under the government's *Politique Nationale de Protection et Promotion Sociale* (PNPPS), the budget for the Ministry of Social Affairs and Labor (MAST) and of FAES rose significantly, including resources from International Monetary Fund (IMF)'s Food Shock Window. Given limitations such as the lack of a universal social registry, the GoH, in coordination with various donors, has expanded SIMAST, now covering 27% of the population. From 2021 to May 2024, 84,000 households were added to the social registry with IDB funding through FAES. Additionally, resources have been allocated to enhance management and reporting of delivered benefits through the Commcare-based solution used by FAES.
- 1.14 **Tackling food insecurity has been a priority since 2017.** The PNPPS under the MAST leadership aims to address food insecurity and promote social welfare in Haiti. Key goals include enhancing food access, reducing malnutrition, and strengthening social safety nets. It seeks to improve community resilience through social protection measures, poverty reduction and promoting sustainable development. Donors (¶2.4) support the PNPPS implementation and complementary efforts like the SIMAST coverage expansion and IPC classification updating.
- 1.15 **Haiti's health sector has faced challenges in implementing policies designed to align with best practices since the 2010 earthquake.** 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. Health services delivery is organized into micro-networks (including mixed status and private facilities) across the country, with District Health Units (*Unité d'Arrondissement de Santé-UAS*) overseeing the facilities network in the 42 districts (*Arrondissement*) of the 10 departments. Haiti's healthcare system is fragmented and reliant on NGOs, with 36% of facilities managed by NGOs and mixed governmental-not-for-profit entities;³⁵ the main ones are part of the MSPP network under formal agreements. Moreover, international partners have supported the development of the most recent policies, strategies, and protocols (e.g., Community Health Strategy, Framework Document for UAS, the health information system – SISNU – based on the open platform DHIS2 and used in all Departments) and align the interventions under them. Although this reliance poses governance and sustainability challenges for the health sector, many donors

³⁵ DHS, [Haiti Report](#), 2018

channel their support through NGOs but require them to hold formal agreements with MSPP to comply with national clinical, reporting, and surveillance norms.

1.16 **Social inclusion initiatives for children and youth in Haiti are small-scale but with high potential.** Experiences from similar contexts can be successfully adapted to improve ECD in Haiti, a sector lacking substantial evidence-based investment, a promising approach is the high-impact [Reach Up and Learn](#) (RUL) program, which promotes ECD through home visits focusing on play-based activities and nurturing adult/parent-child interactions in vulnerable environments (¶1.26).³⁶ To address youth inclusion through business incubation, [Haiti Startup Talent](#) (HST),³⁷ a six-month program offering full-time training and mentoring using the Business Model Canvas, has seen significant success.³⁸ Since 2020 HST applications from across Haiti have surged, with a 3.5% acceptance rate, highlighting its unique approach to youth socioeconomic inclusion. It provides youth mentoring with a modern, safe space in PAP, with participants using the facilities beyond training hours to network and access resources. FAES has requested Bank support to expand HST into additional hubs beyond PAP, creating more "safe spaces" for youth outside MPAP. Innovative responses like RUL for ECD and HST for youth offer crucial positive alternatives in fragile environments, providing venues where youngsters can play sports, learn, and engage in meaningful activities.³⁹

1.17 **Bank's programmatic approach and complementarity across social interventions.** Since 2018, the Bank has supported the GoH's efforts to address food insecurity as a cross-cutting determinant of welfare and development, calling for complementary transfer modalities including school feeding (see [5820/GR-HA](#)), cash transfers and cash-for-work (C4W) to achieve impact on childhood development, school retention and learning, as well as benefit women, PwD, and youths. Since 2020 cash transfers combined with basic health services (such as screening, medications, nutritional supplements) were introduced to address access to basic care. This operation will upscale this approach with larger coverage (beneficiaries) and scope (services). Instrumental to this, Bank programs have strengthened the institutional capacity of the governmental actors, namely MAST by expanding SIMAST, and FAES – the Executing Agency, by strengthening its procurement, administrative and fiduciary capacity. This approach has four pillars: (1) Sector-specific: continuing to address food insecurity with school-age children and families, and, since 2020, fostering access to health; (2) Geographical targeting: taking into account food insecurity evolution, complementarity across programs, and supply-side gaps; (3) Implementing mechanism: relying on specialized operators (NGOs and UN Agencies) that reach beneficiaries on behalf of GoH; and (4) Institutional strengthening: allowing for effective execution, evaluations and reporting. The approach has consisted in the approval of operations [4657/GR-HA](#), [5068/GR-HA](#), [5288/GR-HA](#), [5591/GR-HA](#)

³⁶ RUL has been replicated in multiple lower and middle-income countries, showing benefits on cognition and language, and positive impacts on home environment quality (IDB ECD SFD, 2023).

³⁷ [HST](#) executed by CASELI Foundation, received IDB funding under [4657/GR-HA](#). As of August 2023, 6 cohorts of 15 teams, involving 300 youth entrepreneurs in all, have completed the program.

³⁸ 2024, [HST results prepared by Caseli Fondation](#).

³⁹ [Amplifying the Cry for Help](#).

and [5817/GR-HA](#) totaling US\$ 280M, of which US\$177M disbursed as of April 30, and US\$910,000 in technical cooperations to support execution and stakeholders coordination. [OEL#1](#) provides a detailed overview of the results to date, while [OEL#2](#) presents a wealth of lessons learned. Moreover, this Program complements operations [4359/GR-HA](#) and [5422/GR-HA](#) aiming at addressing food insecurity through supporting rural production. The proposed Program is part of this programmatic approach and continues supporting the fight against food insecurity, expanding the approach to human security that, besides new health aspects, ([¶1.20](#)) also fosters ECD and youth inclusion ([¶1.21](#)).

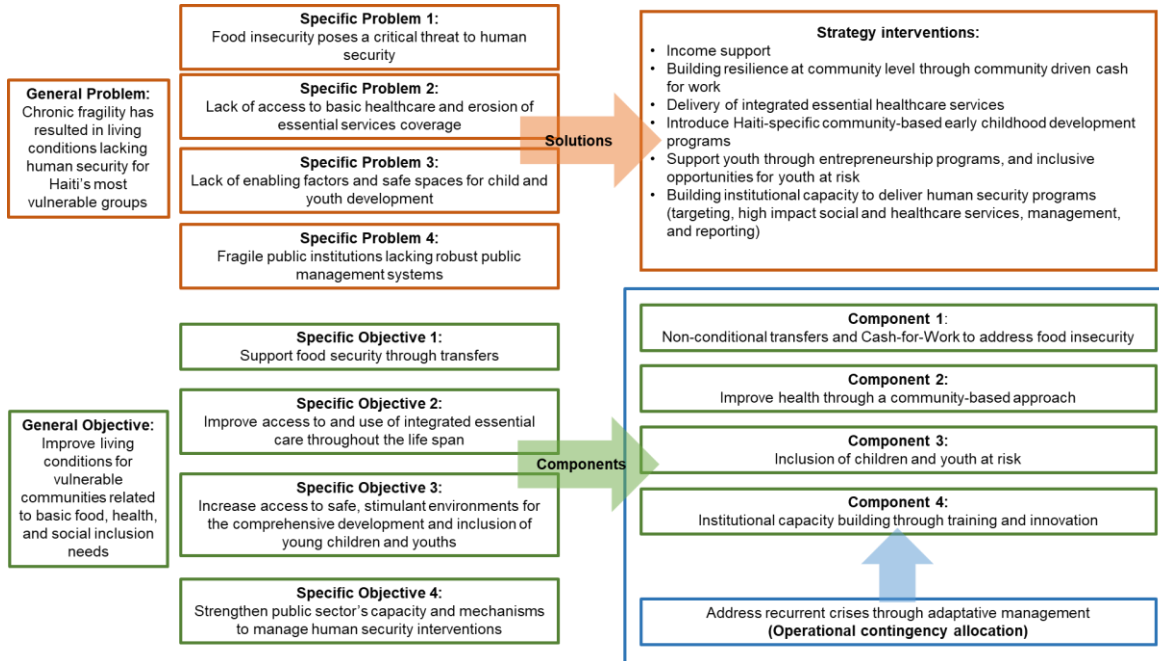
- 1.18 **Main impacts from Bank-funded interventions:** Despite the practical infeasibility of large-scale assessments, evaluations have been implemented based on representative samples, for the programs mentioned in [¶1.17](#)). Such evaluations with data from the World Food Programme (WFP) ([OEL#3](#)), AVSI ([OEL#4](#)), and GHESKIO ([OEL#5](#)), show significant improvements in food security for households receiving cash transfers. The reports indicate a substantial reduction in households with insufficient food consumption and a marked decrease in crisis coping strategies. There's also a notable school absenteeism decrease among children from recipient households and enhanced decision-making empowerment among women. As they complement Bank-funded school feeding programs, these interventions exemplify a comprehensive approach to tackling Haiti's challenges through coordinated social protection, economic support, and healthcare initiatives, demonstrating significant progress in improving the lives of Haitians despite the complex operational environment.
- 1.19 **Program Strategy.** The Program strategy is community-based and focuses on improving basic living conditions and resilience through three priority areas: food security, health, and the inclusion of children and youth. The first aim is to address short and medium-term needs in Haiti by leveraging NGOs and UN agencies to deliver services in hard-to-reach areas ([¶1.18](#)). This approach builds on successful partnerships between the GoH and specialized operators. Second, the Program aligns with the IDB Framework to Support Populations in Situations of [Fragility, Conflict, and Criminal Violence](#) (FCCV)⁴⁰ and incorporates adaptive management practices ([OEL#6](#)), including comprehensive participatory planning and consultative processes,⁴¹ and leveraging existing mechanisms (i.e., activating district health committees and adapting existing Results Based Funded maternal and child health interventions), while investing in the capacity of the GoH. Third, technology and innovation will be used to enhance monitoring, evaluation, and payments through mobile phones (including the upscaling of IT solutions for monitoring, reporting and mobile payments under Components 1 and 2). Fourth, informed prioritization, involving various stakeholders and donors, will help target resources to areas with the most significant human security needs. Finally, the program includes an operational contingency allocation, should unexpected

⁴⁰ The IDB Group first "Framework to Support Populations in FCCV (GN-3199-2)" defines fragility, conflict, and criminal violence as elements that reinforce each other, and their interplay is growingly characterized by the emergence of criminal governance in LAC. Moreover, FCCV traits are usually exacerbated by other global challenges such as climate change, natural disasters, and public health risks.

⁴¹ The program will seek synergies between interventions, engaging communities with social protection and health promotion efforts. Feasibility will be assessed at startup of activities based on the evolution of the situation.

natural or man-made events increase the needs of the Program’s target groups, ensuring flexibility in responding to emerging crises during execution (¶1.38).

Figure 1 – Proposed Strategy



1.20 **The program is structured along three components to each address a human security dimension and a fourth one to strengthen institutions.** To address food insecurity of vulnerable households, the Program will fund (i) UCT to households in food insecure areas, covering at least 70% of the food basket cost over a period of 4-6 months - to cover short and medium term needs; and (ii) cash transfers conditional (CCT) to the participation in community-driven C4W to provide temporary income, while restoring or renovating community-prioritized assets, improving quality of life and contributing to building medium and long term resilience to economic and climate shocks. [OEL#6](#) describes the C4W modality, which will be guided by a list of eligible small works ([OEL#7](#)). All beneficiaries, irrespective of the transfers modality (UCT or CCT) will be identified using a targeting tool ([OEL#8](#)) and can present complaints and concerns at all time using a complaints mechanism ([OEL#9](#)). C4W will also comply with a health and safety check-list ([OEL#10](#)) based on lessons learned on Environmental and Social measures from previous operations ([OEL#25](#))

1.21 To improve healthcare, the Program will select specialized operators to address supply and demand-side constraints to: (a) provide a package of essential services in targeted communities, based on community and primary care, but ensuring the availability of specialized services (i.e., management of obstetric and neonatal complications); the package – following the national definition of the Essential Package of Services (PES), prioritizes maternal health (including family planning), child survival, and the early detection of transmissible and prevalent chronic diseases, as well as case management from the community; it also integrates community-based nutrition into mother and child health interventions; (b) provide

- operational support, equipment and training to referral facilities strengthening their resolute capacity to ensure the availability of primary and basic hospital care when needed; and (c) provide vouchers to offset the direct costs of accessing facility-based services, such as transportation vouchers, and services fees.⁴² A health technical analysis will inform the selection process of the operators ([OEL#12](#)) to intervene into the geographical areas prioritized by the MSPP ([MSP' Framework Document for Health Decentralization](#)). Pan-American Health Organization (PAHO) will be hired to support the Executing Agency with technical advisory, supervision activities, and the purchase of medications and supplies needed for the healthcare sector. When relevant, synergies with IDB Lab funded healthcare interventions will be assessed,⁴³ as well as the potential ones with BID Invest.
- 1.22 Regarding the priority of creating enabling environment for children and youth, the Program will fund an ECD program to build parenting practices via home visits to parents of children 6-36 months old using the RUL Curriculum to promote good ECD outcomes ([OEL#12](#)). For youth inclusion, the Program will continue supporting youth entrepreneurship ([OEL#13](#)) through HST, the PAP-based top quality startup incubation program led by [CASELI Foundation](#) ([OEL#14](#)); furthermore, it will co-fund with the IDB Lab⁴⁴ the establishment of a second youth entrepreneurship hub in the 2nd biggest city of Haiti, Cap-Haïtien (CAP), similar to HST, with [CEDEL Haiti](#) ([OEL#15](#)). Moreover, at least four “safe spaces” in fragile neighborhoods of MPAP will be activated, offering a broad variety of sport (i.e., collaboration with foundations of famous soccer teams offering sport-based inclusive programs), creative, recreational, and training activities; the most adequate sites are being identified as of May 12 using an assessment tool ([OEL#16](#)).
- 1.23 **Implementation.** Activities described in ¶1.20 and ¶1.21 will be implemented building, whenever possible, on the successful modalities of the Bank-funded sector portfolio (¶1.17), incorporating lesson learned ([OEL#2](#) and ¶1.40). [OEL#17](#) provides a detailed description of the targeting of beneficiaries and implementation modality of the activities on social protection, health, children development and youth inclusion.
- 1.24 The institutional capacity of the executing agency FAES, MAST, CNSA and MSPP will be strengthened through specialized personnel, training, technical support from consultants, and improved targeting and management tools, including increased coverage of SIMAST, upscaling of Commcare to track beneficiaries and the services provided, increased number of facilities using SISNU. This will include: (i) addition into SIMAST of 56,000 household to improve vulnerable beneficiary targeting; (ii) the IPC assessment will be updated for 2025; (iii) Commcare will be upscaled for tracking social protection beneficiaries, linking them to specific benefits, and automating reporting to reduce fraud and ease audits. FAES's technical supervisory capacity will be boosted by hiring PAHO as

⁴² Health system strengthening in fragile and conflict, [Landry et al., 2021](#)

⁴³ For instance, IDB Lab funds pilot projects “[DocMobil](#)”, focusing on telemedicine for rural areas and “[Leveraging Technology and Incentives to Enhance Last Mile Pre-natal Health in Haiti](#)”, [Last Mile Pre-natal Health in Haiti](#), which will be assessed based on the objectives of Component 2.

⁴⁴ See IDB Lab project proposal [Space to prepare the Entrepreneurship Road in Haiti](#), 2024

an advisor for healthcare supervision. PAHO will also collaborate with MSPP and partner NGOs to enhance UAS's ability to plan, coordinate, and supervise health services. Fiduciary management will leverage the IDB Client Portal⁴⁵ for extended oversight. Increased personnel turnover will be addressed by upscaling training and retraining FAES team in critical functions like procurement and accounting, with additional technical training provided as needed for government stakeholders (see details [here](#)).

- 1.25 **Operational contingency allocation.** Taking into account the FCCV Framework recommendation of its paragraph 3.22 that contingencies should be planned since project design, operational contingency resources will be leveraged when needed. Initially reserved under the Administrative envelope, these resources would be transferred to the corresponding Components (¶1.35 to ¶1.37) to tackle needs arising from unforeseen crises (e.g., natural disaster, public health emergency, sudden economic downturn, or conflict outbreak) provided that: (i) the need strictly falls under the specific objective of Component 1, 2 or 3; and, (ii) the response is compatible with the program objectives and does not constitute a substantial change in activities. The response could translate into contract-amendments for the operators hired by FAES. Operational contingency resources will enhance the achievement of the expected results and outputs (see [OEL#22](#) and [OEL#24](#), section VIII for details).
- 1.26 **Evidence from literature.** In addition to the insights in ¶1.17, [OEL#26](#) provides an overview of literature evidence of the interventions of the proposed Program. Benefits include increased consumption, better nutrition, higher school attendance, and greater use of health services, as described in the Social Protection and Poverty Sector Framework (GN-2784-12).
- 1.27 **Alignment to IDB Strategy+.** The Program is consistent with the IDB Strategy+ ([CA-631](#)), with the core objectives (i) reduce poverty and inequality, by providing social protection transfers and health services, and (ii) address climate change by supporting small works at the community level to build resilience. In particular, the program is aligned with the operational focus areas of: (i) gender equality and inclusion of diverse population groups; (ii) institutional capacity, rule of law, and citizen security; (iii) social protection and human capital development; (iv) sustainable, resilient, and inclusive infrastructure.
- 1.28 This Program is also aligned with the current Haiti Country Strategy 2017-2021 (GN-2904-3),⁴⁶ 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. Moreover, the Program is 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); ECD (GN-2966-2); 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 \(2020-2023\)](#) and with the government’s [PNPPS](#) (see [OEL#19](#)).

⁴⁵ Client Portal is central to IDB's Digital Transformation agenda. Executing Agencies and the Bank communicate and manage procurement and fiduciary aspects online.

⁴⁶ GN-2904 has been extended until December 31, 2024.

- 1.29 Finally, the program applies recommendations presented in the FCCV Framework, which, under “Pillar III: Adapted Strategic and Operational Approach to FCCV Areas, recommends assessing project risks, applying particular implementation arrangements and redoubling effort to build the implementation capacity of executing agencies’ core functions. Furthermore, risk and results matrices were developed to calibrate programs indicators, minding feasibility of both documenting and reaching said indicators.
- 1.30 Furthermore the Program is also aligned with the Haiti Institutional Capacity and Rule of Law Country Matrix, which recommends, among others, that the Bank focus on addressing SIMAST weaknesses, including funding needs to update the registry and expand coverage, while also strengthening executing and reporting capacity of public players such as FAES and MAST (see ¶1.24).
- 1.31 **Gender Equality and Inclusion of Diverse Groups.** The program prioritizes subsidies for households with PwD and targeting those with children under 5 and female heads of households. This focus ensures equitable access to healthcare resources and support. It also creates safe spaces for girls, promoting inclusion and gender responsiveness within the community. The Program will provide essential healthcare services for children and mothers, addressing critical healthcare needs that affect women disproportionately ([OEL#19](#)). Component 2 will require operators to include training to identify and provide non-judgmental support to GBV survivors and develop inclusive messages that promote access to services among under-served age and social groups.
- 1.32 **Paris Agreement (PA).** This Program has been analyzed using the [Joint MDB Framework for the Assessment of Alignment with the PA](#) and the IDB Group’s PA Implementation Approach ([GN-3142-1](#)); it has been determined that: (i) it is aligned with the adaptation goal of the PA; and (ii) it is universally aligned with the mitigation goal of the PA.
- 1.33 **Climate change alignment.** Based on the [Joint Methodology for Tracking Climate Change Adaptation Finance](#), climate finance for the operation is US\$4,800,000 corresponding to 4.75% of the IDB resources destined to finance the Program ([OEL#20](#)).

B. Objective, components, and cost

- 1.34 **Objectives and scope.** The general objective of this Program is to foster human security in Haiti by addressing the needs related to food security, health, and children and youth inclusion of vulnerable population. The specific objectives are to (i) support household income to sustain food consumption; (ii) improve access to and use of integrated essential healthcare services; (iii) increase children and youth inclusion through safe and stimulating environments; and (iv) strengthen the GoH institutional capacity to identify and assist vulnerable populations.
- 1.35 **Component 1 – Support to household income to sustain food consumption (US\$47.2M).** This component targets food insecure areas that are (i) particularly exposed to climate shocks,⁴⁷ (ii) with an IPC classification at level 3 or higher and

⁴⁷ Vulnerable areas will be identified using Haiti Data Hub.

(iii) that are not receiving assistance under other social protection programs. It will finance UCT (¶1.20), and transfers conditional to the participation into small works (¶1.20), for the creation, restoration, and maintenance of community assets selected by the communities (OEL#7). Targeting criteria will be applied to identify the most vulnerable (OEL#8). In particular, FAES will hire specialized NGOs and WFP as non-consultancy service providers to implement: (i) targeting, identification, registration and selection of the beneficiaries for the UCT and CCT; (ii) selection and prioritization of small works, and the required materials and supplies; (iii) the transfers. The lump-sum contracts will cover all direct and administration costs necessary for the hired partners (WFP, CARE, CECI, PADF, VIVARIO, AVSI, see ¶3.5) to meet their UTC and C4W targets.

1.36 Component 2 – Improving access to essential healthcare services (US\$ 36M).

Through specialized operators to be identified, the component will fund the provision of: (i) an community-based, integrated and progressive⁴⁸ essential care package, aligned with the PES, focusing on: (a) mother and child health and nutrition-including facility-based delivery and the management of obstetric complications; family planning and anti-conception, and care for GBV survivors including telephone remote services; (b) community-based and primary level services to control and prevent HIV, tuberculosis, and malaria, and (c) detection and care in the community and primary level of patients with the most prevalent chronic conditions; (ii) demand-side vouchers to remove economic barriers to the use of community- and facility-based interventions, such as transportation costs; maternity waiting home subsidy; and out-of-pocket costs subsidy, prioritizing subsidies for PwD and their promotion among households with people with disabilities; and lastly, (iii) the expansion and strengthening of the integrated health network of prioritized UAS, by closing gaps in the resolute capacity necessary to deliver the services described in numeral (i). Health network strengthening will include equipment and basic repairs of the hospitals that receive referrals from prioritized UAS, and the procurement of strategic health inputs (vaccines, medicines, equipment, and parts), which will be consolidated under the responsibility of PAHO. Targeting will be geographic, based on the same food security criteria as component 1, and additional health access indicators.

1.37 Component 3 – Improving social inclusion for children, aspiring youth entrepreneurs, girls, and youths at risk (US\$12.5M).

This component targets vulnerable children and youths and will finance activities to promote their socio-emotional inclusion, in particular: (i) the RUL curriculum adaptation and implementation and learning materials for children 6 to 36 months old in Haiti's Southeastern department, community facilitators and supervisors training, the development of an information system for monitoring and evaluation; (ii) two youth entrepreneurship incubation hubs (one in MPAP, one in CAP) and the outreach, selection, training and support activities for youth entrepreneurs and gender-inclusive initiative tailored for women entrepreneurs (¶1.21); (iii) at least four multi-purpose "safe spaces" (hubs) for youths, in fragile neighborhoods of MPAP, covering minor repairs, maintenance and equipment of the sites, the trainers needed for a variety of activity and outreach; and (iv) other direct and indirect costs necessary for the not-for-profit organizations that FAES will hire to implement the

⁴⁸ i.e. care through referral at the level required according to the person's condition.

interventions described in numerals (i) to (iii). Identified organizations are PAHO, CASELI Foundation, CEDEL, PADF, AVSI, and VIVARIO (¶3.5).

- 1.38 **Component 4 - Strengthening public sector's capacity to manage human security interventions (US\$5.3M).** This component will fund: (i) the SIMAST expansion; (ii) the hiring of DIMAGI to upscale Commcare to track all interventions; (iii) the issuing of IDs for beneficiaries in coordination with the National Identification Office; (iv) training of FAES personnel including technical and operational assistance, as needed at central and regional levels, in program management and execution; (v) the strengthening of prioritized UAS, *Directions Départementales de la Santé* (DDS) and central directorates of MSPP, with training, technical and operational assistance ¶1.24, including to support the operation of the consultative health committees described in ¶3.2- those activities will be included in the scope of PAHO's contract mentioned in ¶1.36), (vi) the updating of IPC classification of CNSA.
- 1.39 **Program management, audits, monitoring and evaluation (M&E), operational contingency (US\$9M).** The project will finance: (i) operational costs of FAES including personnel, supervision costs, equipment, communication, and outreach activities exclusively related to the program; (ii) periodic reasonable insurance reviews of the transfers under Component 1 and of the provision of the PES and incentives under Component 2, the latter to be conducted by specialized health consultants; (iii) annual external financial audits; (iv) a midterm term review; (v) an evaluation of RUL as well as other specific impact evaluations, (vi) a final program-wide evaluation of the indicators in the results matrix, (vii) the operational contingency allocation of US\$5M.
- 1.40 **Lessons learned and value added by the Bank.** 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](#)), and the Covid-19 Immediate Public Health Response funded between 2020 and 2023. Key lessons include (i) C4W programs identified through consultative processes are well-received and foster economic inclusion, social cohesion, and positive public perception of the state, extended through Component 1 (¶1.35); (ii) mobile payment for beneficiaries ensures timely payouts, reduces fraud, and automates reporting, which will be used in Component 1 and possibly for Component 2 subsidies (¶1.36); (iii) direct healthcare services provision in fragile contexts addresses supply-side gaps and will be strengthened through Component 2; and (iv) rapid and effective deployment of interventions can build institutional capacity through vetted local actors and specialized agencies with formal relationships with their public partners; (v) incubation programs are well received by youth and represent opportunities for their social and economic inclusion and will be upscaled under Component 3. Regarding ECD, the Sector Framework (GN-2966-2) recommends designing and implementing services which are adapted to children's contexts to guarantee their relevance; these lessons and recommendations are incorporated in Component 3.

C. Key Results Indicators

- 1.41 **Expected Impact and Additionality.** The program is an additionality to the current portfolio (¶1.17 and ¶1.18) and is expected to have a positive impact in terms of food security, healthcare access and coverage, childhood development and youth

inclusion. Furthermore, it will allow to continue to strengthen FAES, MAST and MSPP which will enhance effectiveness of social protection and health interventions beyond this program (¶2.5). In particular, the deployment and evaluation of interventions will produce contextualized evidence for potential upscaling (see ¶1.37 and ¶1.38).

- 1.42 **Beneficiaries include:** (i) Component 1: 33,000 households (165,000 people) will receive UCT; 180 community-driven small works will be implemented countrywide, providing temporary income to 7,400 workers (benefiting their families: 37,000 individuals); (ii) Component 2: over 1,500,000 people in the targeted communities⁴⁹ (see ¶1.37 and ¶1.38) where the PES will be delivered, including over 182,000 children under five, over 380,000 women of childbearing age – expecting to attend more than 30,000 deliveries in the facilities supported by, and with resources of the program in its last year –, and over 300,000 adults at risk for diabetes and hypertension who will have access to screening. The program will indirectly benefit people outside of the targeted communities, but who live in the catchment area of the hospitals that will be strengthened as referral facilities; (iii) Component 3: 2,000 children 6 to 36 months old and their families will participate into the RUL model for a period of 24 months; 750 entrepreneurs (equivalent to 250 startups) will be incubated through 2 incubation programs (in PAP and CAP); 20,000 vulnerable youth will participate in creative, sports and training activities through the activation of at least 4 “safe spaces” in MPAP; and (iv) Component 4: 56,000 households will be added into SIMAST and Commcare solution will be upscaled to the program.
- 1.43 **Results assessment** in targeted areas will be implemented- within the security constraints- and will focus on food consumption, health (e.g. nutritional status in vulnerable children and women, access to anti-conception and family planning, essential healthcare services coverage (e.g. infant and child vaccine, prenatal care, institutional delivery, screening for hypertension and diabetes), and use of time and participation of youths in social inclusion activities in safe spaces. Income generation of young entrepreneurs of the incubation programs will also be assessed. Institutional capacity results are expected in terms of SIMAST coverage, Commcare upscaling, IPC updating, technical strengthening of government stakeholders, and data and evidence generation on social protection effectiveness – as all pilot interventions include documenting results, potential and conditions for upscaling (see [REL#2](#)).
- 1.44 **Economic analysis.** The economic rationale is based on the economic effects of policies that (i) protect consumption and income levels and reduce food insecurity; (ii) that save lives through better healthcare; (iii) foster ECD and socio-economic inclusion of youth. Benefits include the economic multiplier of transfers, consumption smoothing, and other monetary benefits related to improving health and saving Years of Life Lost. Based on the foregoing, a benefits-costs analysis was conducted, rendering a Net Present Value of US\$7,800,000 in the base case scenario, suggesting that the program is economically beneficial ([OEL#21](#)).⁵⁰ The results are robust to the sensitivity analysis, which considers different assumptions

⁴⁹ MSPP directorates for the North, North East, Artibonite, Center, South and Nippes departments and MPAP identified districts with lower access and resolute capacity.

⁵⁰ The Monitoring and Evaluation Plan can be updated based on the evolution of events in the country.

on benefits from infrastructure investments, program effectiveness, and discount rate. Furthermore, regarding Component 2 specifically, there is a strong cost-effectiveness rationale, that the services provided are well known to significantly improve the health status of the beneficiaries. In this case a reduction in maternal and infant mortality is projected. If the cost of provision to obtain those benefits is contained, and can be expected to be sustained over time, then the expenditures would be warranted. Component 2 has an expected cost of US\$89 per direct beneficiary⁵¹ and per year. Although triple Haiti's recent per-capita, on-budget health expenditures,⁵² this cost is in line with the estimated cost of an essential package of services in Low Income Countries (US\$86).⁵³

II. FINANCING STRUCTURE AND MAIN RISKS

A. Financing instruments

- 2.1 The Program is a Non-reimbursable Specific Investment Operation financed by the IDB Grant Facility for US\$110,000,000; this modality is justified since the scope, costs, and works entailed are well defined and project components cannot be divided without impacting their logic. The disbursement and execution period will be 48 months, based on lessons learned from similar interventions executed by the GoH (¶1.17). Table 2 shows estimated yearly expected disbursements.

⁵¹ Pregnant women and children under five, assuming an average coverage of 30% attributable to the program, of the perinatal, vaccine, nutrition and healthy child package for the target population of 1.5 million people in the targeted districts, [OEL#11](#).

⁵² Estimated in 2015 around US\$32, World Bank, [Better Spending, Better Care](#), 2017

⁵³ Ibid Note 52.

Table 1 – Estimated Program Costs (US\$)

Components	IDB	%
Component 1. Support to household income to sustain food consumption	47,200,000	
• WFP – UCT	31,200,000	42.9
• NGOs - CCT (CARE, CECI, PADF, VIVARIO, AVSI)	16,000,000	
Component 2. Improving access to essential health services	36,000,000	
• NGOs - Networks and care provision	33,500,000	32.7
• PAHO – training and procurement	2,500,000	
Component 3. Improving social inclusion for children, aspiring youth entrepreneurs, girls, and youths at risk	12,500,000	
• PAHO - ECD programs	5,000,000	11.4
• CASELI Foundation - Youth entrepreneurship	1,000,000	
• CEDEL - Youth entrepreneurship	500,000	
• PADF, VIVARIO, AVSI - safe spaces for youth	4,000,000	
• Other activities provided at the youth safe spaces	2,000,000	
Component 4. Strengthening public sector's capacity and mechanisms to manage human security interventions	5,300,000	
• WFP - SIMAST expansion and support to CNSA	2,500,000	4.8
• DIMAGI – upscaling of Commcare IT solution	500,000	
• PAHO - technical advisory of executing agency	2,000,000	
• Other institutional strengthening activities	300,000	
Program management, audits, M&E, Operational contingency	9,000,000	
• Administration, Audits, Supervision and Procurement	2,500,000	8.2
• Evaluations and communication of results	1,000,000	
• Administrative contingency	500,000	
• Operational contingency	5,000,000	
Total	110,000,000	100

Table 2 – Disbursement Schedule (US\$)

	2024	2025	2026	2027	Total
IDB	25,000,000	40,000,000	35,000,000	10,000,000	110,000,000
%	23%	36%	32%	9%	100%

B. Environmental and social safeguard risks

2.2 **Environment and Social Policy Classification.** In accordance with the Environmental and Social Policy Framework, the operation was classified as Category “C” since only minimum or no significant negative environmental or social effects are to be expected. Interventions that would trigger a Category A or B according to the IDB’s social and environmental safeguards policies are not eligible for funding – either in the original planning or by activating the Operational Contingency Allocation. This will be stipulated in the Project Operations Manual (POM), see ¶3.3. Environmental and Social Performance Standards 1, 2, 3, 4, and 10 were triggered and actions as described in [REL#3](#), including the preparation of a Disaster Risk Management and Climate Change Plan, will be stipulated in the POM. The project risk related to natural disasters and climate change is classified as Moderate, considering both the planned activities and the exposure of the country to potential natural hazards from earthquake and extreme weather events (tropical rains, hurricanes, and droughts). The Disaster and Climate Change Risk Classification, currently set as Moderate.

C. Other risks

- 2.3 Preliminary risks identified are as follows: (i) Political: High – If political instability leads to a change in government, project eligibility and implementation may suffer delays while new leadership starts its mandate and gets familiar with the project. This risk is mitigated by ensuring that project management is assigned to the same “core team” that has managed other IDB-funded operations at FAES (ii) Social: High –If socio-political unrest leads to lockdowns, fuel shortages, or insecurity, project implementation will be delayed. This risk is mitigated by engaging specialized operators with deep knowledge of Haiti, shifting implementation to safer areas, and focusing on project aspects that can be conducted remotely while the situation stabilizes; (iii) Economic and financial: High – If inflation is high during implementation, or if the HTG depreciates further, the program's cost could exceed the budget. This risk is mitigated by signing contracts in dollars when possible and estimating a conservative budget during contract preparation; (iv) Human Resources: High - If project personnel leave Haiti due to the worsening general situation, implementation could be delayed. This risk is mitigated by keeping FAES adequately staffed and conducting periodic training in essential functions (e.g., procurement, accounting); if needed, the IDB project team could support FAES with external consultants; (v) Planning: High – If the security situation remains unstable, key personnel of the executing agency and partners might leave Haiti, causing delays; this risk is mitigated through continuous hiring and training of new personnel; and (vi) Governance System: High – The program is designed in a context of unprecedented uncertainty and insecurity, limiting access to data and direct interactions with stakeholders, potentially requiring further analysis and adaptation during project kick-off, delaying on-the-ground implementation; this risk is accepted as inevitable.
- 2.4 **Donors’ funding and coordination.** Recently Haiti has seen a decrease in donor’s funding for social protection and health due to multiple crises worldwide. This, given the limited fiscal space of the GoH, is a sustainability challenge as large-scale social protection and health interventions require major financing. Despite this, the GoH has been allocating resources (e.g. through the IMF-funded Food Shock Window) to social protection, health, education and rural development and the donors have increased their coordination to seek complementarity. For instance, the Bank, being the social protection main donor, co-leads a social protection donor coordination group including WB, USAID and BHA, EU and ECHO and the Swiss Cooperation. This has resulted in the development of 'tracking reports' that allow for the mapping of interventions and informs medium and long term programming ([OEL#23](#)). Specifically, this Program complements the WB funded social protection efforts in Southern Haiti implemented by MAST, as well as programs financed by USAID, BHA, EU and ECHO that fund WFP and established NGOs. It also complements USAID interventions in the healthcare sector implemented by IMA World Health and Health Equity International, among others, also focusing on children and maternal health, and health networks.
- 2.5 **Sustainability.** This operation supports the GoH efforts to tackle food insecurity, ensure access to essential healthcare, and create safe spaces for vulnerable children, aspiring entrepreneurs, and at-risk youths. This program complements previous Bank-financed interventions – [4657/GR-HA](#), [5068/GR-HA](#), [5288/GR-HA](#),

[5591/GR-HA](#), the COVID-19 Immediate Public Health Response operation ([3383/GR-HA](#) and [4618/GR-HA](#)), and [5817/GR-HA](#) – by extending transfer programs and facilitating access to healthcare for the most vulnerable. While funding is a threat to long-term continuity of the program (¶2.4) the Program is expected to generate results that will positively impact Haiti beyond its implementation period, such as: (i) the community assets built throughout the country through the cash for work interventions of Component 1; (ii) the improved capacity of health facilities and personnel, as well as the effect on the social fabric, governance and productivity to have improved the health of the communities benefited under Component 2; (iii) support for early childhood development through improved parenting practices, strengthening of youth leaders in inclusive spaces, and youth economic opportunities through business incubation in Component 3; and (iv) the expansion of SIMAST and upscaling of Commcare, crucial for national social protection and the capacity to respond to future shocks, and strengthening the (MSPP) to structure community-based healthcare under Component 4. This program’s implementation and evaluation will continue to guide future interventions in line with the GoH’s priorities.

III. IMPLEMENTATION AND MANAGEMENT PLAN

A. Summary of implementation arrangements

- 3.1 **Beneficiary and Executing Agency.** The beneficiary of the program is the Republic of Haiti, and the Executing Agency will be FAES (¶1.11), which has achieved important improvements in its supervisory, administrative, and fiduciary capacity in recent years, as confirmed by the IMF.⁵⁴ Moreover, because of its effective implementation of multiple IDB-funded programs, it received the IDB Superheroes of Development Award in 2023.⁵⁵ FAES 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 to ensure it has the capacity to properly implement this program and the ones already approved (¶1.17).
- 3.2 **Proposed implementation modality.** This modality will seek to strengthen FAES as the sole executing agency, ultimately responsible for timely execution, delivering resources at the community and local levels and entirely fulfilling the fiduciary responsibility. FAES will hire NGOs and Specialized UN Agencies as partners throughout the program’s components. For Component 2, the District Health Committees⁵⁶ contemplated in the [Framework Document for health decentralization](#) will be activated in the targeted districts with the support of PAHO, and will serve as a consultative follow-up mechanism for the purposes of this program, to ensure the engagement of local health actors and foster ownership by

⁵⁴ Page 8 of [Haiti: Staff-Monitored Program Report \(imf.org\)](#) extended until [September 30, 2024](#).

⁵⁵ [Haiti and Peru Win IDB's 2023 Superheroes Contest](#)

⁵⁶ *Comité Sanitaire d'Arrondissement*, led by the Departmental Health Directorate. It gathers monthly, in principle, to coordinate actions, adjust planning, receive progress reports and statistics and discuss the performance of providers active in the district. This mechanism is merely consultative with regards to the execution of the contracts between FAES and specialized operators.

the health authorities. At central level, FAES and MSPP will designate respective focal people and will sign a Memorandum of Understanding (MoU) that will detail the mechanisms for their collaboration, including frequency of coordination meetings, roles, and responsibilities of focal people at central and local level, supervisory and reporting mechanisms.

- 3.3 **Institutional viability and Project Operations Manual (POM).** The Institutional Capacity Assessment of FAES was updated in March 2023. It confirms that FAES can implement complex programs with multiple stakeholders while successfully adhering to IDB fiduciary policies. However, an increased workload poses a challenge, which will be addressed by strengthening FAES's Procurement and Financial Units. Although this program uses established modalities from other Bank-funded programs, the POM outlines the policies, procedures, and detailed responsibilities of FAES with NGOs, specialized agencies, and MSPP, clarifying roles and responsibilities. The POM will be finalized and updated during the kick-off workshop ([OEL#24](#)) and revised throughout the program as needed.
- 3.4 **Procurement aspects.** Project management will be executed according to OP- 273-3. 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) or those in effect at the time of project execution; see ¶3.18 for the exceptions to Bank's policies. The Procurement Plan ([REL#4](#)) includes details of the planned procurement activities, which will be updated during the semi-annual reporting exercise, or whenever necessary or required by the Bank.
- 3.5 **Single Source Selection.** The project will single source the contracts with the following operators: Component 1: WFP, CARE, CECI, PADF, VIVARIO, AVSI; Component 3: PAHO, CASELI, CEDEL, PADF, VIVARIO, AVSI; and for Component 4: WFP, DIMAGI, and PAHO. These operators have been selected in accordance with the Policies for works, goods, and services, (GN- 2349-15) clause 3.7 (a) as well as contracts for consulting services (GN- 2350-15), clause 3.11 (d).
- 3.6 The selection of WFP is justified by its unique and exceptional experience implementing large scale cash and in-kind transfer programs in the most vulnerable contexts, as well implementing household surveys for SIMAST expansion in coordination with MAST. In particular, WFP has successfully implemented Bank-funded contracts under [5068/GR-HA](#), [5288/GR-HA](#), [5591/GR-HA](#) and another contract, specific to SIMAST expansion, is being negotiated with FAES under [5817/GR-HA](#). To date, under these operations, WFP has reached 845,980 beneficiaries through transfer programs, implemented 184 small works providing temporary employment to 69,475 beneficiaries, and incorporated into SIMAST data of 84,073 households. An extra 200,000 beneficiaries will be reached by WFP by 2025 and 152,500 households will be added into SIMAST by 2026.
- 3.7 CARE, CECI, PADF, VIVARIO and AVSI are established NGOs with a long standing presence in Haiti and have been selected because they have contracts of similar nature under [4657/GR-HA](#), [5591/GR-HA](#) and [5817/GR-HA](#), to provide temporary income to workers from vulnerable households through community-driven C4W, in respective geographical areas of specialization. To date, under

these operations, 321 small works have been completed, providing income to 67,089 youth. A total of 520 small works and 140,000 beneficiaries will be reached by 2027. These NGOs have demonstrated unique and exceptional experience implementing community driven C4W projects, with an above satisfactory performance, in the current context of protracted fragility. No advantage could be obtained by further competition.

- 3.8 The selection of PAHO is justified by its unique and exceptional experience building capacity of healthcare stakeholders, supporting childhood and maternal healthcare through training on health and nutrition, administrative and management best practices, and the purchase of medical equipment, supplies and medicines at scale for the public and not-for-profit sector. Moreover, under the COVID-19 Immediate Public Health Response operation ([5288/GR-HA](#)), PAHO successfully implemented a contract of similar nature, focusing on making the emergency room at La Paix University Hospital operational, the training of medical personnel and the provision of medical equipment (§1.17), under [5817/GR-HA](#) PAHO will further strengthen the same hospital and the national blood banks network.
- 3.9 CASELI Foundation successfully implemented a contract of similar nature under [4657/GR-HA](#) (§1.16) and demonstrated unique and exceptional experience supporting youth entrepreneurship through a training curriculum adapted to Haiti. Results as of today are presented in [OEL#14](#). The hiring of CASELI represents a natural continuation of the activities and will allow to upscale the HST work. CEDEL has been successfully supporting entrepreneurship in Haiti since 2012. BID LAB will co-fund CEDEL, as it is the only organization supporting youth entrepreneurship in CAP. It is an actor of unique and exceptional experience to establish an entrepreneurship hub for youth entrepreneurs from Northern Haiti (§1.21).
- 3.10 The selection of DIMAGI, a social enterprise, is justified because it is implementing a contract of similar nature under [4657/GR-HA](#), [5288/GR-HA](#), [5591/GR-HA](#), and [5817/GR-HA](#). They also have experience of exceptional worth for this assignment; no advantage could be obtained by further competition. Specifically, DIMAGI has supported FAES in adapting and adopting Commcare (§1.11), now the main social protection management tool used by FAES. DIMAGI has a deep knowledge of, and an established relation with FAES and its performance has been above satisfactory. Furthermore, DIMAGI has unique and exceptional experience delivering adaptations of the Commcare software for government and non-governmental programs. Under this operation DIMAGI will further adapt the Commcare solutions for the needs of the various components, allowing FAES to scale up the Commcare use and monitor execution of the operation in real time.
- 3.11 **Disbursements** will be made through the advance of funds modality based on liquidity needs for periods of up to six months pursuant to the Financial Management Guidelines for IDB-financed Projects (OP-273-12) or the guidelines in effect at the time of program execution- and the Fiduciary Agreements and Requirements (Annex III). For each new advance, due to the nature of the operation and given that activities will be executed in urban and rural areas throughout the Country, FAES will need to justify at least 50% of cumulated

previously received advances. FAES will submit a quarterly justification of advances to the Bank within 45 days after the end of every fiscal quarter.

- 3.12 **Audit.** For audit and financial reporting purposes, FAES will use the Haitian FY. Throughout the disbursement period, FAES will submit to the Bank (i) annual audited financial statements within 120 days after the close of each fiscal year and including reasonable assurance reports for the activities related to CCT; (ii) a final financial audit to be submitted within 120 days after the date of the last disbursement. The audit will be conducted by an independent firm considered eligible by the Bank, which will abide by the Financial Management Guidelines (OP- 273-12) and the Guide for Financial Reports and Management of External Audit. Audit costs will be financed with project resources.
- 3.13 **Special contractual conditions prior to the first disbursement of the financing:** the Beneficiary through FAES, shall have presented evidence to the satisfaction of the Bank of the designation of key personnel for the execution of the program including a program coordinator, two accountants, and two procurement specialists. This condition is needed to ensure the effective kick-off of the activities.
- 3.14 **Special Contractual condition prior to the first disbursement of Component 1:** (i) prior to the first disbursement related to unconditional cash transfers (UCT) the Beneficiary, directly or through FAES, shall have presented evidence to the satisfaction of the Bank of the draft contract to be signed with World Food Program (WFP). This contractual condition is necessary to ensure the timely kick-off of activities under the respective contracts and (ii) prior to the first disbursement related to the conditional cash transfers (CCT) the Beneficiary, directly or through FAES, shall have presented evidence to the satisfaction of the Bank of the draft contracts to be signed with CARE, Center for International Studies and Cooperation (CECI), Pan-American Development Foundation (PADF), VIVARIO, and AVSI. This contractual condition is necessary to ensure the timely kick-off of activities under the respective contracts.
- 3.15 **Special Contractual condition prior to the first disbursement of Component 2:** the Beneficiary, directly or through FAES, shall have presented evidence to the satisfaction of the Bank of the draft contract to be signed with the Pan-American Health Organization (PAHO), and of the MoU to be subscribed between FAES and MSPP. This contractual condition is necessary to ensure the timely kick-off of activities of PAHO and clarity above roles and responsibilities of FAES and MSPP.
- 3.16 **Special Contractual condition prior to the first disbursement of Component 3:** prior to the first disbursement related to for the youth entrepreneurship activities the Beneficiary, directly or through FAES, shall have presented evidence to the satisfaction of the Bank of the draft contracts to be signed with CASELI Foundation and CEDEL. This contractual condition is necessary to ensure the timely kick-off of activities under the respective contracts.
- 3.17 **Special Contractual conditions of Execution:** Prior to payments to the beneficiaries of Component 1 of the Program by Specialized Operators, the Beneficiary, through FAES, shall have presented to the Bank's satisfaction, evidence that the [Program Operations Manual](#) (POM), previously agreed upon between the Bank and the Beneficiary, has been approved and has entered into

effect. This condition is essential to guarantee that the rules of operation and adequate team will be in place to initiate and conduct project execution.

- 3.18 **Exceptions to Bank's policies and rules. The Project Team requests to the Board of Executive Directors to approve a limited waiver to the Bank's procurement policies (GN-2349-15 and GN-2350-15):** (a) that PAHO, in the execution of its contract with the Beneficiary, be allowed to procure goods originating from non-member countries of the Bank, and to consider suppliers, contractors, consultants and service providers from non-member countries of the Bank; and (b) that the procurement policies (including eligibility) of PAHO as procurement agent, service provider and/or specialized agency may be used by PAHO in the execution of its contract with the Beneficiary. The requested waiver has a narrower scope than the special measures described in paragraph 4.2 a) and b) of document GN-2996 and paragraph 2 of Resolution DE- 28/20, as said requested waiver only dispenses eligibility by country of origin for goods and services originating in non IDB members countries All IDB integrity provisions will apply, including, and not limited to, notifications to providers on IDB funding and prohibited practices, as well as the ineligibility of sanctioned providers and ineligibility resulting from PAHO's and the Beneficiary's compliance with a United Nations Security Council measure.⁵⁷ It would allow PAHO to procure specialized supplies such as WHO-prequalified generic drugs,⁵⁸ vaccines and other essential health supplies under existing and worldwide price agreements, achieving expedited deliveries and economies of scale, as well as consider expert from non-member countries as they offer clear advantages of language skills in French and experience in fragile contexts (see Annex III for more details).

B. Summary of arrangements for monitoring results

- 3.19 **Monitoring.** FAES, which has strengthened its M&E Unit through the hiring of qualified specialists, will be responsible for implementing the M&E plan. The Results Matrix, the procurement plan and the multiyear and annual execution plans prepared by FAES are the main monitoring tools for this program, using administrative records from transfer programs, and other complementary sources such as reports from operators, implementation data recorded by the operators into Commcare for monitoring the impact, outcome, and output indicators. The main reporting tool will be the Progress Monitoring Report, using the information provided by FAES in the program's Annual and Semi-annual Reports.
- 3.20 **Evaluation.** The project evaluation plan will consist of: (i) a main evaluation of the impact of the interventions that allows verifying the achievement of the main proposed objectives and determining their attribution; (ii) complementary evaluations to measure the impact of other proposed objectives; (ii) an evaluation that allows an ex post economic analysis; (iii) at closing, an analysis in accordance with the IDB guidelines of the Project Completion Report. FAES will be responsible for conducting the main evaluation of the operation. The goal will be to determine the impact of cash transfers (Component 1) and provision of essential packages

⁵⁷ As per GN-2349-15, 1.10 (a)

⁵⁸ Non-member countries such as India (mostly), Singapore, or South Africa, are significant exporters of generic drugs, although member countries represent the majority of the international market for such products, with countries such as Japan, the US, European countries (Switzerland, Germany, France, etc.), etc.

of health services (Component 2) on beneficiaries in comparison to a control group. PAHO, CASELI, CEDEL, PADF, AVSI, and VIVARIO will be responsible for leading and executing the complementary evaluations under the supervision of the FAES as described in the Monitoring and Evaluation Plan of the operation (see [REL#2](#)).

Development Effectiveness Matrix		
Summary		HA-J0008
I. Corporate and Country Priorities		
Section 1. IDB Group Institutional Strategy Alignment		
Operational Focus Areas	<ul style="list-style-type: none"> -Gender equality and inclusion of diverse population groups -Institutional capacity, rule of law, citizen security -Social protection and human capital development 	
[Space-Holder: Impact framework indicators]		
2. Country Development Objectives		
Country Strategy Results Matrix	GN-2904	2.2 Reduction in maternal mortality and mortality of children under five
Country Program Results Matrix	GN-3207	The intervention is included in the 2024 Operational Program.
Relevance of this project to country development challenges (If not aligned to country strategy or country program)		
II. Development Outcomes - Evaluability		Evaluable
3. Evidence-based Assessment & Solution		8.5
3.1 Program Diagnosis		2.3
3.2 Proposed Interventions or Solutions		3.5
3.3 Results Matrix Quality		2.8
4. Ex ante Economic Analysis		8.5
4.1 Program has an ERR/NPV, or key outcomes identified for CEA		0.0
4.2 Identified and Quantified Benefits and Costs		3.0
4.3 Reasonable Assumptions		2.5
4.4 Sensitivity Analysis		2.0
4.5 Consistency with results matrix		1.0
5. Monitoring and Evaluation		7.1
5.1 Monitoring Mechanisms		2.8
5.2 Evaluation Plan		4.3
III. Risks & Mitigation Monitoring Matrix		
Overall risks rate = magnitude of risks*likelihood		Medium Low
Environmental & social risk classification		C
IV. IDB's Role - Additionality		
The project relies on the use of country systems		
Fiduciary (VPC/FMP Criteria)		Budget, Treasury, Accounting and Reporting, External Control.
Non-Fiduciary		
The IDB's involvement promotes additional improvements of the intended beneficiaries and/or public sector entity in the following dimensions:		
Additional (to project preparation) technical assistance was provided to the public sector entity prior to approval to increase the likelihood of success of the project		

Evaluability Assessment Note:

The general objective of this program is to foster human security in Haiti by addressing the needs related to food security, health, and children and youth inclusion of vulnerable population. The specific objectives are: (i) support household income to sustain food consumption; (ii) improve access to and use of integrated essential healthcare services; (iii) increase children and youth inclusion through safe and stimulating environments; and (iv) strengthen the GoH institutional capacity to identify and assist vulnerable populations.

The diagnosis adequately describes the general problem of human insecurity in Haiti and the determinants that the project will address, which include food insecurity, lack of access to basic healthcare, and lack of enabling factors and safe spaces for child and youth development. The diagnosis also identifies institutional limitations for addressing social, health and inclusion priorities.

The results matrix is consistent with the objectives and vertical logic of the operation. Most indicators associated with the program's objectives are SMART. Cost-benefit analyses were carried out for the UCT, CCT (Cash for Work), Incubator training, and Integrated Essential Care Package (IECP) producing internal rates of return ranging from 4% (IECP) to 21% (CCT). Sensitivity analyses were conducted and NPV remained positive under alternative scenarios.

The effectiveness of most results indicators will be assessed using before and after analysis. In addition, the evaluation plan proposes a quasi-experimental impact evaluation to assess the effects of cash transfers and essential care packages. Other complementary impact evaluations will be conducted by the operators, although the methodologies and budget are not yet defined.

Results Matrix

Project Objective	The general objective is to foster human security in Haiti by addressing the needs related to food security, health and children and youths inclusion of vulnerable populations, with specific objectives to: (i) support household income to sustain food consumption; (ii) improve access to and use of integrated essential healthcare services; (iii) increase children and youths inclusion through safe and stimulating environments; and (iv) strengthen the institutional capacity of the GoH to identify and assist vulnerable populations.
--------------------------	--

General Development Objective (GDO)

Indicators	Unit of measurement	Baseline value	Baseline year	Expected year for achievement	Target	Means of verification	Comments ⁽¹⁾
GDO: Foster human security by addressing food security, health and children and youths inclusion needs							
Households with an IPC of 3 or higher in selected areas of program intervention	%	50	2024	2027	<=50	IPC	Contain baseline level, if not reduce it
In-hospital maternal mortality in prioritized departments	Maternal deaths per 100,000 deliveries	167	2022	2030	150	Single National Health Information System (SISNU)	
Quality of the home environment among beneficiary households (Instrument: Family Care Indicators)	Normalized Index	100	2025	2030	110	Impact evaluation of RUL-PAHO	Pilot includes baseline data collection.
Children on track in development status (ECDI2030, UNICEF MICS dataset)	Percentage points	65	2017	2030	66		

(1) Definition, rationale supporting targets and discussion of trends are included in [REL#2](#).

Specific Development Objectives (SDO)

Indicators	Unit of measurement	Baseline value	Baseline year	2024	2025	2026	2027	End of project	Means of verification	Comments ⁽¹⁾
SDO1: Support household income to sustain food consumption										
Food insecure households that receive unconditional transfers in selected areas of intervention	%	0	2024	5			8	8	Progress Reports	
Food insecure households that receive conditional transfers in selected areas of intervention	%	0	2024	2			3	3		
Completed small work projects that are classified as resilience strengthening	%	0	2024	30			30	30		
Assisted beneficiary households consuming at least three meals per day.	%	10%	2024	15%			20%	20%	Final evaluation	Baseline estimated from HA-L1145. To be updated at kick-off.
SDO2: improve access to and use of integrated essential healthcare services										
Coverage of institutional deliveries in priority departments	%	68	2022				75	75	SISNU	
Coverage of second Measles and Rubella Vaccine dose in for children 11 to 12 months old in prioritized departments	%	75.8	2022				85	85		

Indicators	Unit of measurement	Baseline value	Baseline year	2024	2025	2026	2027	End of project	Means of verification	Comments ⁽¹⁾
Coverage of complete deworming treatment for children 1 to 14 years in priority departments	%	44.7					50	50	SISNU	
Facilities in priority departments offering the full Essential Care Package, according to their category	%	20	2017-18				50	50	Final evaluation-PAHO	Baseline: Service Provision Assessment (SPA) to be repeated in final evaluation
Hospitals in priority departments that offer comprehensive emergency obstetric care.	#	7	2017-18				13	13		
SDO3: Increase children and youths inclusion through safe and stimulating environments										
Children on track in development status (instrument: ECDI2030)	index (base=100)	100	2024					105	Impact evaluation of RUL-PAHO	Measurement will consider net increase in treatment vs. control group
Youths' startups that graduate from the Incubator	%	0	2024		80		90	90	Progress Report	
SDO4: Strengthen GoH institutional capacity to identify and assist vulnerable populations.										
Population registered into SIMAST	%	29	2024	29			32	32	Progress Reports	
Health Districts (UAS) performing at level 3 or 4 according to the Health Decentralization Framework Document (1)	%	10	2023				25	25	Final evaluation-PAHO	Baseline: UAS Development Plan, MSPP 2023, considers staffing and resolute capacity. Will be repeated in final evaluation

Outputs

Indicators	Unit of measurement	Baseline value	Baseline year	2024	2025	2026	2027	End of project	Means of verification	Comments
Component 1: Support household income to sustain food consumption										
Number of male-headed households receiving unconditional transfers	households	0	2023	3,000	7,000	5,000	1,500	16,500	Progress Reports	
Number of female-headed households receiving unconditional transfers		0	2023	3,000	7,000	5,000	1,500	16,500		
Beneficiary male workers receiving transfers for their participation in C4W projects	#	0	2024	1,000	2,000	2,000	180	5,180		
Beneficiary women workers that receive transfers for their participation in C4W projects		0	2024	300	800	900	220	2,220		
Small works completed		0	2024	30	60	60	30	180		
Component 2: Improve access to essential health services										
Number of people receiving at least one service of the Essential Care Package through their community-based network in the last year (2)	beneficiaries	0	2024	158,900	317,800	317,800	370,770	370,770	Progress Reports	Disaggregated by gender (4)
Number of demand-side incentives delivered				5,000	8,000	10,000	10,000	33,000		(3)
Number of facility-based deliveries attended with program resources				13,000	20,000	25,000	30,000	98,000		

Indicators	Unit of measurement	Baseline value	Baseline year	2024	2025	2026	2027	End of project	Means of verification	Comments
Campaigns to promote subsidies among households with people with disabilities executed	#		2024	2	4	1	0	7		(1)
Facilities integrated into the referral system of their department in the reported year		TBC		TBC	TBC	TBC	TBC	TBC		
Number of facilities in priority departments with upgraded equipment in the last year		0		6	8	5	2	21		(3)
Number of health staff trained in the use of protocols to screen and care for survivors of gender-based violence.		TBC		25	60	30	12	127		
Component 3: Social inclusion of children and youth at risk										
Children 6 to 36 months enrolled in the RUL program	children	0	2023	400	1,000	2,000	2,000	2,000	Progress reports	Disaggregated by gender
RUL curriculum culturally adapted for children 6 to 36 months	#	0		1	0	0	0	1		(3)
Community health workers and supervisors trained to deliver RUL curriculum	individuals	0		20	60	20	0	100		
RUL monitoring and evaluation system developed	#	0		1	0	0	0	1		

Indicators	Unit of measurement	Baseline value	Baseline year	2024	2025	2026	2027	End of project	Means of verification	Comments
Youths enrolled into the safe spaces for youth activities	#	0		2,000	10,000	15,000	20,000	20,000		(4)
Selected youth startups enrolled in the incubators	#	0		40	70	70	70	250		
Tailored program designed to support the growth and self-development of female entrepreneurs	#	0		0	1	1	1	1		
Component 4: Strengthen public sector's capacity and mechanisms to manage human security interventions										
New households added into SIMAST.	households	0	2024	0	20,000	20,000	16,000	56,000	WFP/MAST-Reports	
Health Districts (UAS) that concluded strengthening plan in the reported year.	#UAS	0	2024	0	2	4	6	12	PAHO-progress reports	(4)
Training activities for the GoH (FAES, MSPP) on topics instrumental to program execution	# of training activities	0	2024	1	3	3	3	10	Progress Reports	

(2) Corporate indicator

(3) Milestone.

(4) Signals where the M&E Plan includes additional milestones.

Country: Haiti Division: SPH Operation No.: HA-J0008 Year: 2024

Fiduciary Agreements and Requirements

Executing Agency (EA): Social and Economic Assistance Fund (FAES)
Operation Name: Community-based Program to Foster Human Security

I. Fiduciary Context of Executing Agency

1. Use of country system in the operation¹

<input type="checkbox"/> Budget	<input type="checkbox"/> Reports	<input type="checkbox"/> Information System	<input type="checkbox"/> National Competitive Bidding (NCB)
<input type="checkbox"/> Treasury	<input type="checkbox"/> Internal audit	<input type="checkbox"/> Shopping	X Others
<input type="checkbox"/> Accounting	<input type="checkbox"/> External Control	<input type="checkbox"/> Individual Consultants	

2. Fiduciary execution mechanism

<input checked="" type="checkbox"/>	Particularities of the fiduciary execution	FAES will be responsible for carrying out all the operational, administrative, and fiduciary obligations and will be responsible for the hiring and supervision of specialized operators for the implementation of activities of all components under the same modality used under 5817/GR-HA
-------------------------------------	--	---

3. Fiduciary Capacity

Fiduciary Capacity of the EA	FAES has consistently made progress in its administrative, fiduciary, and supervisory capacity, evidenced through the successful implementation of projects 5068/GR-HA, 5288/GR-HA 5591/GR-HA and 5817/GR-HA. During 2023, FAES (and other public EAs and institutions), has experienced high staff turnover that have emigrated due to the worsening political and security conditions. This has caused excessive workload for project teams, who have strived to make up for the vacuum left by those resignations, resulting in some delays in the submission of justification and disbursement requests. Consequently, IDB considers FAES's overall risk as Medium.
------------------------------	---

4. Fiduciary risks and response

Taxonomy	Risk	Level	Response
Human Resources	Increase staff turnover due to the country's political and security context may delay the execution of project activities, the preparation of disbursement request and the timely replenishment of project accounts affecting the delivery of payments and services to be beneficiaries.	High	To mitigate these risks the EA's team will be strengthened by: (i) recruiting two procurement specialists and two accountants -providing continuous training as needed for procurement and financial management personnel, (ii) providing flexible work arrangement and remote support and (iii) hiring of specialized operators to provide technical assistance and ensure the delivery of services
Political	The volatility of the country's context resulting in frequent strikes and business closures including	Medium-High	To mitigate these risks: (i) justification percentage was reduced to 50% for the replenishment of project accounts

¹ Any system or subsystem that is subsequently approved may be applicable to the operation, in accordance with the terms of the Bank's validation.

	financial institutions, may delay the timely replenishment of project accounts and payments to NGOs, and UN Specialized Agencies affecting the delivery of benefits and services to beneficiaries		and (ii) Direct payment modality may be used, to address urgent need of funding.
--	---	--	--

5. Policies and Guides applicable to operation: GN-2349-15, GN-2350-15, GN-2811, and [OP-273-12 and OP-272-3]

6. Exceptions to Policies and Rules: The Project Team requests to the Board of Executive Directors to approve a limited waiver to the Bank's procurement policies (GN-2349-15 and GN-2350-15): (a) that PAHO, in the execution of its contract with the Beneficiary, be allowed to procure goods originating from non-member countries of the Bank, and to consider suppliers, contractors, consultants and service providers from non-member countries of the Bank; and (b) that the procurement policies (including eligibility) of PAHO as procurement agent, service provider and/or specialized agency may be used by PAHO in the execution of said contract. This authorization, narrower in scope to the special measures described in paragraph 4.2 a) and b) of document GN-2996 and paragraph 2 of Resolution DE- 28/20. The waiver only dispenses eligibility by country of origin for goods and services originating in non IDB member countries. All IDB integrity provisions will apply, including, and not limited to, notifications to providers on IDB funding and prohibited practices, as well as the ineligibility of sanctioned providers and ineligibility resulting from PAHO's and the Beneficiary's compliance with a United Nations Security Council measure.⁵⁷ The Waiver would allow PAHO to procure specialized supplies such as WHO-prequalified generic drugs,⁵⁸ vaccines and other essential health supplies under existing and worldwide price agreements, achieving expedited deliveries and economies of scale, as well as consider expert from non-member countries as they offer clear advantages of language skills in French and experience in fragile contexts.

II. Aspects to be considered in the Special Conditions of the Loan Agreement

Exchange Rate: For purposes of Article 4.10 of the General Conditions, the Parties agree that the applicable exchange rate shall be That indicated in paragraph (b)(i) of said Article. For purposes of determining the equivalency of expenditures incurred in Local Currency chargeable to the Additional Resources or of the reimbursement of expenditures chargeable to the Loan, the agreed exchange rate shall be the exchange rate on the effective date on/in which the Borrower, the Executing Agency, or any other person or legal entity in whom the power to incur expenditures has been vested makes the related payments to the contractor, supplier, or beneficiary.
Type of Audit: Throughout the grant disbursement period, FAES will submit to the Bank: (i) annual financial audit to be submitted within 120 days after the closure of each fiscal year and including reasonable assurance reports for the activities related to conditional cash transfers; (ii) a final financial audit to be submitted within 120 days after the date of the last disbursement. For audit purposes, the Haitian fiscal year will be used which ranges from October 1st to September 30th.
Designated Accounts and authorized signatures: FAES Shall open two designated accounts (one in US dollars and one in Haitian gourdes) at the Central Bank, Banque de la République d'Haïti (BRH), under the name of the Project exclusively for management of project funds and send authorized signatures to the IDB through the Ministry of Finance (MEF).

III. Agreements and Requirements for Procurement Execution

<input checked="" type="checkbox"/>	Bidding Documents	For procurement of Works, Goods and Services Different of Consulting executed in accordance with the Procurement Policies (document GN-2349-15), subject to ICB, the Bank's Standard Bidding Documents (SBDs) or those agreed between EA and the Bank will be used for the particular procurement. Likewise, the selection and contracting of Consulting Services will be carried out in accordance with the Policies for the Selection and Contracting of Consultants (document GN-2350-15) and the Standard Request for Proposals (SRP) issued by the Bank or agreed between the EA and the Bank will be used for the particular selection. For the NCB a procurement document shall be developed to be agreed between the competent authority of the country and the Bank [additional description] The revision of the technical specifications, as well as the terms of reference of the procurements during the preparation of selection processes, is the responsibility of the sectorial specialist of the project. This technical review can be ex-ante and is independent of the procurement review method.
<input checked="" type="checkbox"/>	Direct Contracting and Single Source Selection	Direct contracting's and single source selections have been identified in the "Main Acquisitions" section as well as in the Procurement Plan.
<input checked="" type="checkbox"/>	Procurement supervision	Ex ante for all Procurement Processes. Thresholds by Country: https://projectprocurement.iadb.org/en/policies

Main Acquisitions

Description of the procurement	Selection Method	Estimated Date	Estimated Amount US\$
Non-consulting services			
WFP- non-conditional cash transfers + SIMAST Expansion	Direct Contracting	TBD	\$33 700 000
AVSI/PADF/CARE/CECI/VIVA RIO- Conditional Cash Transfers	Direct Contracting	TBD	\$16 000 000
OPS/PAHO- Health Infrastructure and Technical Assistance to FAES	Direct Contracting	TBD	\$9 500 000
Consulting Firms			
CEDEL/CASELI Foundation- Incubation hub for SME	Single Source Selection	TBD	\$1 500 000
PADF/VivaRio /AVSI / Management Secure Hub for the young	Single Source Selection	TBD	\$4 000 000
DIMAGI/Commcare system	Single Source Selection	TBD	\$500 000

To access, [Procurement Plan](#)

Procedures	Justification of Use
------------	----------------------

IV. Agreements and Requirements for Financial Management

<input checked="" type="checkbox"/>	Programming and Budget	FAES will prepare a Pluriannual Execution Plan (PEP) which will include the overall financial plan of the project. Annually, FAES will prepare a comprehensive financial plan, which will include budgets and cash flow needs, based on activities identified in the Annual Operating Plan (AOP)
-------------------------------------	------------------------	--

		and Procurement Plan (PP). The execution of the project's financial plan will be evaluated every six months. The financial plan will respect budget lines defined in the grant agreement.
<input checked="" type="checkbox"/>	Treasury and Disbursement Management	<p>**Disbursement methods**: The Bank will disburse funds under the Advance of Funds modality outlined in Guide OP-273-12. Program funds will be deposited in a project designated US dollar account at the Central Bank, then transferred to project local currency account for payment of expenses. Direct payment modality may also be used, to address urgent funding needs arising during periods of social-political unrest causing delays in the justification of funds and probable closure of financial institutions.</p> <p>For fund advances, FAES must submit a detailed Financial Plan showing cash flow needs for periods up to six months. Although disbursement supervision is typically ex-post, the Bank may review some documentation before processing advance justifications. FAES will submit justifications on a quarterly basis, within 45 days after each fiscal quarter ends. Due to the country's unstable conditions, FAES must justify at least 50% of cumulative advances for each new request.</p> <p>Payments to NGO's, Operators, and UN Special Agencies will be based on contract terms, requiring technical and financial reports detailing paid beneficiaries and service amounts. Cash transfers can be made through various methods, including mobile payments, cash-in-envelope, or vouchers. Household targeting will use the SIMAST system where available, or other methods like frequency listing. Commcare will be used to track all interventions and register beneficiaries.</p> <p>Regarding fiduciary aspects, the IDB Client Portal will be extended to this program. Given high personnel turnover due to general fragility, the program will increase training for FAES staff on key functions like procurement and accounting, with additional technical training for governmental parties as needed.</p>
<input checked="" type="checkbox"/>	Accounting, information systems and reporting	TOMPRO software will be used for the project's financial administration, generating financial reports based on the approved chart of accounts and investment components. The accounting will follow a modified cash basis and comply with International Financial Reporting Standards when applicable, per national criteria. Financial reports will be presented in US dollars. The Manual of Operations (MOP) will clarify the roles and responsibilities of different stakeholders.
<input checked="" type="checkbox"/>	External control: external financial audit and project reports	The external audit of the Project will be carried out by an independent auditing firm (IAF) eligible to audit operations financed by the Bank, selected and contracted in accordance with the terms of reference (TOR) and model contract previously agreed with the Bank.
<input checked="" type="checkbox"/>	Project Financial Supervision	Financial supervision will be conducted quarterly on an EX-Post basis and will consider on-site supervision visits and "desk" reviews, as well as the analysis and follow-up of the results and recommendations of the audits financial reports, the review of justification of advance of funds and the reconciliation of project accounts.

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/24

Haiti. Nonreimbursable Financing ___/GR-HA to the Republic of Haiti
Community-Based Program to Foster Human Security in Haiti

The Board of Executive Directors

RESOLVES:

That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, as Administrator of the IDB Grant Facility (hereinafter referred to as the "Account"), to enter into such contract or contracts as may be necessary with the Republic of Haiti, as beneficiary, for the purpose of granting it a nonreimbursable financing to cooperate in the execution of the Community-Based Program to Foster Human Security in Haiti. Such nonreimbursable financing will be for an amount of up to US\$110,000,000, which form part of the Account, and will be subject to the Terms and Financial Conditions and the Special Contractual Conditions in the Project Summary of the Grant Proposal.

(Adopted on ____ 2024)