

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

<b>COUNTRY</b>	<b>Mexico</b>
<b>REPRESENTATIVE</b>	
<b>REPORTING PERIOD</b>	<b>1 January - 31 December 2007</b>

**I. Executive Summary / Background**

The worst flooding in 50 years ravaged the Mexican states of Chiapas and Tabasco in October and November 2007, leaving more than one million people in urgent need of assistance. At the peak of the emergency, more than 150,000 people were living in emergency shelters. Based on rapid joint assessments of the situation by the Government of Mexico and the United Nations (UN), a request for rapid funding from the United Nations Central Emergency Response Fund (CERF) was sent to New York headquarters. In November, Mr. John Holmes, the United Nations Emergency Relief Coordinator (ERC) allocated some \$1.7 million to jump-start emergency efforts in Mexico.

CERF funding was used to support a range of activities to provide affected communities with emergency shelter and health services. The Pan-American Health Organization (PAHO) used CERF funds to assist the Government and local authorities in reducing the risk of communicable diseases by revitalizing public health facilities and improving access to safe water and sanitation, targeting a population 600,000. PAHO also established surveillance and early warning systems to prevent epidemics of diseases like leptospirosis and cholera, in the affected areas as well as in shelters.

The United Nations Children's Fund (UNICEF) distributed insecticide-treated bed nets with support from a \$100,000 CERF allocation. Some 7,000 families in Tabasco and 1,000 in Chiapas received each two large nets to protect children from mosquito-borne disease. Meanwhile, the United Nations Population Fund (UNFPA) implemented a project to reduce maternal mortality and prevent unwanted pregnancies as well as sexually transmitted infections among 37,000 women and 28,000 men living in over 500 shelters. The CERF grant also helped UNFPA to make available emergency obstetric and prenatal care as well as family planning methods. In addition, UNFPA trained 240 health service providers.

Finally, the International Organization for Migration (IOM) provided shelter, housing materials and basic household items like mattresses, clothing, and cooking utensils to 2,500 families in selected rural areas of Tabasco as well as another 1,700 families in Chiapas affected by floods and mudslides.

<b>Total amount of humanitarian funding required and received (per reporting year)</b>	<b>Required:</b>				
	<b>Received:</b> \$1,693,550				
<b>Total amount of CERF funding received by funding window</b>	<b>Rapid Response:</b> \$1,693,550				
	<b>Grand Total:</b> \$1,693,550				
<b>Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners</b>	<b>Total UN agencies/IOM:</b> <i>No information provided</i>				
	<b>Total implementing partners:</b> <i>No information provided</i>				
<b>Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)</b>	<b>Agency</b>	<b>Total</b>	<b>under 5 years of age</b>	<b>Female</b>	<b>Male</b>
	UNFPA	65,000		37,000	28,000
	IOM	2,564 families	3,810		

		1,700 families			
	WHO	600,000			
	UNICEF	10,000 families		50 percent	50 percent
		20,000 children		50 percent	50 percent
<b>Geographic areas of implementation</b>					

## II. Coordination and Partnership-building

### (a) Decision-making process to decide allocation

#### Health

The development of the CERF proposal, as well as the decision-making process to allocate resources was done in close consultations with the Ministry of Health at both, federal and state level. At the beginning of the emergency, UNFPA's Mexico carried out several consultations with the National Center for Gender Equity and Reproductive Health from the Ministry of Health, to identify main needs.

The state-level Ministry of Health (SSA), the Ministry of Finance (SAF), the Institute of Women (IEM), and the System for the Integral Development of the Family (DIF), and some local NGOs conducted three joint rapid assessment missions to Tabasco and Chiapas. The missions included field visits to shelters and affected communities, as well as meetings with authorities and health personnel at the institutional and community levels.

#### Shelter and non-food items

After holding meetings with the town councils and making visits to the affected communities, IOM verified information provided by the local authorities at five of the most affected municipalities in the field: Centro, Cunduacuán, Nacajuca, Frontera and Celtla. It was decided to concentrate on the municipality of Nacajuca given their need and destruction. The La Chontalpa River Basin had the greatest percentage of flooded areas, including the vulnerable communities, the presence of indigenous communities (70 percent of the territory), the number of victims (18,139 families equivalent to 90,699 people from 67 communities<sup>1</sup>) and the low levels of response by institutions in the fields of shelter and housing were most in need of assistance. This decision was reaffirmed by letters from the Governor's office in Tabasco and from the Nacajuca town council requesting support during the second evacuation.

During the visits, approximately 300 families, according to data from the municipality, were found homeless. Their homes had been flooded by more than one meter of water and they were sharing living space with cattle and poultry. However, they were unwilling to go to the shelters to set up in the urban center. In these rural zones, the schools and churches had also been flooded, with certain exceptions.

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

The Government of Mexico sent an official request to the UN for international assistance to support their national efforts to face the emergency in Tabasco and Chiapas. The UN system responded by

- Mobilizing a mission of international experts in emergency issues by the UN Office for the Coordination of Humanitarian Affairs (OCHA)

The Humanitarian/Resident Coordination (a.i.) and the Office for the Coordination of Humanitarian Affairs (OCHA) coordinated the UN humanitarian team, the United Nations Disaster Assessment and Coordination (UNDAC) team, and the UNETE team. The humanitarian country team, including UNFPA,

<sup>1</sup> Report by the Nacajuca town council, November 15, 2007.

IOM, UNICEF and PAHO mobilized the support of international experts in emergencies for humanitarian aid.

In Tabasco State, coordination roundtables were set up with support from UNDAC, among the international entities for emergency assistance present in that state. It was done under the leadership of the Secretary for Planning, who opened the space for inter-institutional coordination as well as for a diagnosis of the situation in each of the 16 municipalities that had been affected. There they had the opportunity to hear about the situation in the respective municipality from each town council along with access to general reports presented by the State Secretaries for Planning, Health and Education.

Along with the space for coordination established at the Governor's office initially through UNDAC and subsequently led by the Secretary for Planning, IOM worked closely with the Nacajuca town council. This cooperation went beyond the terms of the agreement with IOM for technical assistance for the municipality during the second evacuation. IOM liaised with the coordination roundtable to channel resources and assistance to Nacajuca. This endeavor made it possible for other organizations to handle lines not covered by IOM or in cases in which resources were insufficient for the level of demand, such as assistance for schools and the provision of mosquito netting. That led the Secretary of Health to set up a *"Programme for Implementing Pavilions<sup>2</sup> impregnated with deltamethrin for vector control in Nacajuca"* with participation by UNICEF, the Mexican Red Cross, World Vision and IOM and with technical assistance from PHS (OPS). This also helped in determining the geographical distribution in the rest of the state for agencies interested in donating pavilions.

PHS, who worked with the federal authorities, coordinated the import of water purification tablets and mosquito netting impregnated with deltamethrin by supporting the paperwork to import and customs.

## **Coordination mechanisms**

### Coordination meetings

Several meetings (about 30) were conducted to coordinate the UNDAC team, and the UNETE team. The UNDAC meetings were chaired by the Humanitarian/Resident Coordination (a.i.). Coordination meetings were also held with the authorities from the Government of Mexico, chaired by representatives from the Ministry of Foreign Affairs with the participation of the Humanitarian/Resident Coordination (a.i.).

### Settling of Offices for Coordination

Offices and spaces were adapted for working and coordination purposes. One office was established in the UN building located in Mexico City, while other offices were provided by the Government: one office was set up and used as an Information Center in the Ministry of Foreign Affairs, one office was settled in Villahermosa, Tabasco, within the Ministry of Planning, a third office was settled in the state of Chiapas. All the offices were equipped with computers, internet access, telephone, fax, etc.

### Creation of a website

A website (Blog) was especially created (*"Emergencia Mexico"*) to post information, reports, bulletins, etc. and an e-network was developed for the teams involved in the emergencies.

### Hiring of an aid coordinator at the state level

An UNFPA coordinator was hired especially to coordinate the CERF activities in the Tabasco and Chiapas, and stationed in Villahermosa, Tabasco. He had facilitates to communicate with the counterparts, and the monitor of activities. The coordinator reported her activities directly to the UNFPA focal point for emergencies and disasters.

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<sup>2</sup> Mosquito netting

## **(c) Partnerships**

### **Health**

The development of the CERF document was done in close consultation with the WHO/PAHO, in order to identify priorities and to coordinate activities. The implementation of CERF-funded activities was developed directly by UNFPA Mexico and the key partner was the Ministry of Health (MOH) at federal and state level. To face the emergency, the Ministry of Health implemented two very successful strategies: community health brigades and shelters for pregnant women. The support from UNFPA ensured the availability of basic commodities to face reproductive health (reproductive health) emergencies through these two strategies. The partnership with the Ministry of Health was considered very successful, since the reproductive health commodities provided by UNFPA (reproductive health emergency kits, fetal dopplers, hormonal vaccinations (IEC materials), were effective and timely distributed among affected communities.

### **Shelter and non-food items**

After a process at identify possible operators, the Association of Rural Zones of Tabasco State (Asociación de las Zonas Rurales del Estado de Tabasco) was selected as the implementing partner. This NGO was the only one with a presence in Nacajuca, and it had 35 years of experience working with these communities. They therefore had expertise in working with the Chontal indigenous people, whom they have assisted during periodic flooding in the municipality by distributing supplies, by providing housing assistance, access to possible water, a tractor to recover crops, and a handicrafts workshop, among other programmes. The Association also had the approval of the Canada Fund, who characterized it as an NGO with experience and capacity for response in this type of community.

Taking into account the characteristics of the community to be assisted, the NGO selected qualified personnel from the Chontal community, which made up 80 percent of the team, thus ensuring communications with the community and accessibility insofar as a significant percentage of the population speaks only yokot'an (the Chontal language). Additional to the partnerships established with the town councils, there was cooperation with the Technical Secretary of the governor's office by request, and in support of the shelters during the second evacuation. IOM support was extended to the Municipality of Centro in the form of transport assistance for epidemiological oversight at the shelters; the Mexican Navy provided information on the shelters to help coordinate their supply.

The beneficiaries were chosen in coordination with the town council, which determined the priority zones for attention by carrying out a census to determine the level to which they had been affected. Five zones for attention were then defined. The town council provided temporary support personnel to fill out the survey and logistical group. They then took part in the census along with promoters from the Association according to the level of priority, surveying more than 3,000 families.

## **(d) Prioritization process**

### **Shelter and non-food items**

Geographical prioritization of the communities to be assisted in Nacajuca was based on statistics showing how much the communities had been affected that were reported by the town council and subsequently reviewed with the Association. Five zones were determined according to how badly they had been affected. Based on this division and identification of beneficiaries as well as defining the type of assistance to be provided within the framework of the project, a survey was carried out among more than 3,000 families to identify needs. The survey showed the requirements as priorities:

- Improvement of living conditions in terms of roofs and floors, focusing on zinc sheets (98 percent) wood (98 percent), sand (36.24 percent of the beneficiaries) and fencing wire for poultry (10.6 percent); and
- Cleaning kits and utensils

Based on the results of the survey and their final evaluation, support kits were created for delivery to the families. Although their content could vary according to the requirements, in general terms they consisted of:

- zinc sheets (4 by 6)
- wooden planks (4 by 6)

- sand (half a dump truck load)
- fencing wire for poultry
- cleaning kit: shovel, detergent, bleach, broom, rake, mangle, bucket.
- plastic dishes
- pots and pans
- plastic ball

Later on, during the preventive evacuation in December and at the request of the Governor's office and the Nacajuca town council, priority was given to municipal shelters with a capacity for 240 families who would also receive household goods cleaning kits. Support was also provided to the State Secretary for Health in the form of fuel to enable them to provide sanitary and epidemiological oversight at the shelters set up in the three municipalities of Centro, Cundacuán and Nacajuca.

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

#### **Rapid Response projects**

##### **Health**

The UNFPA support was aimed to provide a rapid response to a severe shortage in reproductive health supplies (except for condoms), and to strengthen the capacity of local primary health care system to provide minimum initial services for sexual and reproductive health care. The project focused on two main areas:

- Safe motherhood, with emphasis on emergency obstetric care, including the supply of commodities to provide prenatal and maternal care
- Prevention of unwanted pregnancies and sexually transmitted diseases (STD) (including HIV/AIDS), through the provision of information, education, and communication (IEC) materials among affected people, with special emphasis on adolescents

The total number of clinics (50 in the state of Tabasco) reported as affected have been restored and strengthened through the provision of a wide range of reproductive health commodities, such as reproductive health emergency kits, fetal dopplers, hormonal vaccines, and colposcopes. The equipment could be also used in cases of other emergencies, since some of them are portable. It is estimated that more than one million people benefited from the provision of these commodities and equipment.

The reproductive health commodities and equipment also contributed to the following purposes:

- To reduce maternal mortality through strengthening maternal care (including obstetric and prenatal). The reproductive health kits provided by UNFPA included equipment for clean delivery, clinical delivery assistance, management of miscarriage and complications of abortion, and fetal dopplers to detect fetal suffering and other complications during pregnancy.
- To prevent unwanted pregnancies through the provision of family planning methods, such as hormonal vaccinations and Intrauterine Device (IUD, including a complete kit for uterine care)
- To provide health care in cases of sexual violence through the provision of a complete kit for rape treatment (including emergency contraception). The provision of this health care is especially important in the case of displaced people, and for women living in shelters.
- To identify sexually transmitted diseases (STI) and other vaginal affections (including cervical cancer) through the provision of medical equipment.

As a part of the CERF proposal, training activities were planned in the use of the emergency kits. However, when the kits arrived the health personnel already knew how to work with them and were able to train its personnel directly. Instead of dedicating the remaining funds for training, the Ministry of Health requested these funds to be used for the acquisition of colposcopes that were lost and were needed badly.

A wide variety of IEC materials was reproduced and the Ministry of Health distributed the materials among the affected people through the services and brigades. It is estimated that more than 50,000 people were reached through the educational health services.

In total, UNFPA provided the following reproductive health commodities:

- 98 reproductive health emergency kits
- 20,000 cycles of hormonal vaccinations
- 200 fetal dopplers
- 5 colposcopes
- 55,000 IEC materials

A CERF-funded PAHO project was implemented in close coordination with local authorities (Secretaría de Salud de Tabasco and Federal level, Water and Sanitation State Committees and Systems, Municipalities) according to the functional gaps identified in the preliminary evaluations of the flood. At the beginning, affected health units located in flooded areas were assessed, prioritized and selected for urgent restoration. A plan of immediate interventions was elaborated and implemented to ensure CERF funds were directed where they were most needed.

The CERF funding helped the Government and local authorities revitalize public health facilities and services in the affected areas, including sanitization and equipment in health units, epidemiological surveillance, vector control and prevention, and improved access to safe water and sanitation in affected municipalities.

The project contributed to the effective prevention of outbreaks, the early recovery of public health unit's network, and the rehabilitation of water and sanitation services at affected urban and rural areas. It also provided health and water and sanitation which benefited approximately 1.5 million persons affected by the floods, 208,934 as direct beneficiaries, half of them were women and one third were younger than fifteen years.

The target population benefited from several activities including: mobilizing health experts to advise on critical issues (public health, health infrastructure, safe water and sanitation, dengue prevention and health impact); cleaning and appropriate disinfection of prolonged flooded health units; repositioning basic equipment in priority health units; assessing and urgent reestablishment of immunization programme cold chain; and, providing alternative technology for basic sanitation in affected rural communities.

Additionally, CERF funding strengthened the collaboration between municipalities, water and sanitation local systems, health authorities and other health sector (private sector, social security and others). The project also contributed to the evaluation of the socio economic impact of the floods in health, water and sanitation sector in Tabasco.

The CERF funding was crucial in helping UNICEF to support the efforts of the Government at national and state level to guarantee the life and health of children and women particularly through the implementation of two projects: Family protection for malaria and dengue in shelters and provision of hygiene inputs and awareness. These CERF projects were a very important component of the overall response of UNICEF to the emergency which also focused in reintegrating children to their normal life by developing a single right-based methodology for governmental and non-governmental institutions that provided psychosocial attention for affected children and in supporting the State Ministries of Education of Tabasco and Chiapas for the return to school of children in the best possible conditions.

The CERF project of family protection for malaria and dengue in shelters was implemented in Tabasco in close coordination with PAHO and the State Ministry of Health to avoid spread of mosquito-borne disease among flood affected and displaced families. Families were given treated bed nets, which have been proved to be the most effective and low-cost means of protecting people in infested areas being particularly effective in the case of children.

UNICEF provided 20,000 large impregnated bed nets to 10,000 households (two per household), giving preference to cover children's beds. The original expected outcome of protecting 8,000 families from mosquito-borne disease was reached and surpassed benefiting a total of 10,000 families in the Municipality of Nacajuca. They were identified by UNICEF and the Ministry of Health as the most risky area for both diseases. Taking into account that the use of bed nets was not part of the tradition in the local culture, children and their families received awareness information about the importance of using bed nets for protection against malaria and dengue.

Another CERF-funded project was originally implemented to ensure adequate hygiene and water use in shelters and during initial return to homes in flood affected communities. Given the importance of

ensuring immediate response, this objective was mostly covered with other funds so to provide 10,000 jerry cans for the use of potable water for children and their families. Due to a request from the State Ministry of Education of Tabasco the funds for this particular CERF project were mainly destined to provide 600 cleaning kits for the disinfection and sanitation of 195 affected schools, benefiting 20,000 students and ensuring their return to school in the best possible conditions.

The CERF funds for this project were also crucial in financing the services of an emergency specialist in the State of Chiapas who supported the implementation of children rights in emergencies workshops for the government officials of the State Ministries of Health and Education and the State Civil Protection.

### **Shelter and non-food items**

Carrying out the project enabled more than 2500 families affected by the floods, 70 percent of them members of the Chontal ethnic group, to receive a contribution to improve shelter conditions in the wake of the flooding. Families who had been left unprotected with only small huts made of straw, pieces of wood and zinc sheets that they had recovered from their homes were able to receive basic elements to improve their dwellings over the long term. The Tabasco Institute will continue this initiative for Housing (Instituto de Vivienda de Tabasco – INVITAB).

One of the main problems created by the floods was the contamination of dwellings. The water's effects made it necessary to undertake constant cleaning processes in order to occupy them. For this reason, the cleaning kits were one of the requirements most often cited by the victims, along with the need to recover their household goods, which ranged from appliances to dishes. Support from the CERF made it possible to provide cleaning kits and kitchen utensils to 100 percent of the project's beneficiaries as well as pots and pans to 60 percent of them.

By strengthening the Association of Rural Zones of Tabasco State (Asociación de las Zonas Rurales del Estado de Tabasco), the following was achieved:

- Transfer of technology to the Association to improve attention and systematization of the support given, going from a process limited to providing assistance to one involving attention participation - evaluation;
- Improvement in the Association's operational and logistical conditions to strengthen assistance to the communities; and
- Repair of a tractor, the only agricultural machinery that the indigenous communities in the municipality have available to recover crops affected by the flooding, through a service provided by the Association, with future plans to supply food beyond that from the storehouses.

During the week of the preventive evacuation in December, IOM support, partially funded through CERF resources, was responsible to strengthen the work of the Civil Protection Unit in the municipality of Nacajuca, carrying out a daily census of those in the shelters using a team of five. Additionally, 240 families at the shelters were provided with cleaning kits and plastic dishes, contributing towards the assistance provided by the local authorities. This action was further supplemented at all the shelters in the three municipalities that had been prioritized for this evacuation (Nacajcua, Centro and Cundacuán), by providing vouchers for fuel to the State Secretary of Health, who did not have a sufficient supply to provide epidemiological oversight at all of the shelters. More than 4,000 people were assisted, which helped to ensure the necessary sanitary conditions there.

IOM intervention made it possible to leverage actions by other agencies, organizations and the State in the rural zones of Nacajuca. It was therefore possible to complete cycles of attention for the entire affected community. These included the provision of mosquito netting, which implied establishing coordination between the Secretary of Health, the municipality and international cooperation agencies; and attracting the attention of organizations such as the Mexican Red Cross, World Vision and UNICEF to decentralize their projects from Villahermosa towards Nacajuca.

Additionally, application of resources from the CERF fund strengthened the capacity for response of the Municipal Secretary for Civil Protection and of the Association, increasing their personnel's knowledge of how to organize and respond in other emergencies.

**(a) How was the monitoring and evaluation of the CERF projects conducted?**

The following activities were conducted for the monitoring of the CERF project:

- A coordinator was hired to ensure the properly and timely implementation of the activities. The coordinator is living in Tabasco in order to avoid travel expenditures and to facilitate the communication with the local counterparts and the follow-up of activities.
- Periodic reports were produced by the coordinator and were sent to UNFPA Mexico
- Inspection and receipt formats were filled and signed for every kit and commodity received by the health authorities, in order to officially guarantee their reception
- Reports of the distribution of the reproductive health commodities provided were requested and developed by the Ministry of Health
- The coordinator conducted field visits to some clinics to ensure that the equipment was delivered
- Copies of IEC materials produced were sent to UNFPA. The coordinator conducted field visit to follow-up that the IEC materials have been distributed to the clinics and target population

IOM supervised and monitored the activities, accompanied by a team coordinator from the Association to supervise jointly the promoters' fieldwork and the process for identifying beneficiary families. In addition, once the different kits had been delivered, random verification of the use of this support element provided to the communities was carried out through field visits to the families and by filling out instruments designed for that purpose. Additionally, based on the communities' subjective perceptions, the attention received was evaluated through the thank you letters sent to the Association and to IOM.

To select the beneficiaries, classification criteria were established aimed at assisting the most vulnerable families using the following variables:

- Women head of household;
- Number of boys and girls; and
- Aid received.

**(b) How did other initiatives complement the CERF-funded projects?**

The impact of the equipment, commodities and IEC materials provided by UNFPA through the CERF project enhanced by the strategies that the Ministry of Health was already carrying out within the national family planning and reproductive health programmes. For instance, the programme to prevent and provide care to gender violence will be strengthened with the IEC materials provided through the CERF project.

Resources from CERF were made more effective by leveraging Danish donations in the form of water purification tablets through the IOM office in Panama. This made it possible to obtain a supplementary donation to CERF resources of more than one million water purification tablets distributed in 17 municipalities through the Secretary of Health.

By means of technical assistance provided to the Association as part of its strengthening process, it received support from the Canada fund to continue the process of installing water purification filters in the affected communities. Through coordination by UNICEF, IOM and the Secretary of Health, this initiative was supplemented by a UNICEF donation of 1,000 jerry cans to complete the cycle of attention with potable water.

#### IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed ((\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Shelter	07-IOM -021A  Provision of shelter and non- food items in Tabasco	401,700	2,564 direct families, including 3,810 boys and girls.  4,158 indirect beneficiaries	Socio-cultural Association of the rural zones of Tabasco State; Secretary of Health of Tabasco State, town council of the municipality of Nacajuca	<ul style="list-style-type: none"> <li>▪ 2500 families provided with housing materials and nonfood inputs in rural zones in Tabasco State</li> <li>▪ Two NGOs strengthened</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3,000 surveys were carried out among the same number of families to gather field information in 41 communities in the municipality of Nacajuca</li> <li>▪ 2,564 families were benefited with cleaning and sanitation kits</li> <li>▪ 2,532 families were provided with housing kits</li> <li>▪ 1,105 families were benefited with pots and pans</li> <li>▪ 240 families housed in shelters during the second evacuation were benefited with sanitation kits and kitchen utensils</li> <li>▪ 20 shelters housing 4,158 people in the municipality of Centro benefited from attention in epidemiological oversight thanks to support in the form of fuel for the State Secretary of Health</li> <li>▪ Establishment of a programme to provide mosquito netting (pavilions) through an agreement with the State Secretary of Health, World Vision, the Mexican Red Cross and UNICEF in Nacajuca and other municipalities, with funding from CERF through IOM for 2500 new families for a total of 20,000 within the programme</li> <li>▪ One NGO strengthened: The Sociocultural Association of the Rural Zones of Tabasco State was provided with equipment and technical assistance, particularly repairs on their tractor in order to provide this service to communities affected by the flooding to help recover their crops</li> <li>▪ Strengthening of the municipality's Civil Protection Unit with support from promoters in carrying out the census among the shelters</li> </ul>

Health	07-FPA-031  Restore and strengthen the capacity of the local primary health system to provide emergency Reproductive Health services	170,000	65,000 (37,000 women, 28,000 men)	Ministry of Health of Tabasco and Chiapas	<ul style="list-style-type: none"> <li>▪ Availability of basic reproductive health commodities for emergency situations (obstetric care, prenatal and maternal care, family planning, prevention and care of HIV/STD, prevention of cervical uterine cancer) in the affected areas of the states of Tabasco and Chiapas.</li> <li>▪ People informed and aware about sexual and reproductive health rights, family planning methods and STD prevention (including HIV/AIDS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 50 affected clinics and health facilities from Tabasco and Chiapas were restored and strengthened through the provision of a wide range of reproductive health commodities, such as reproductive health emergency kits, fetal dopplers, injectables, and colposcopes. More than 1 million people were able to benefit from the provision of reproductive health commodities.</li> <li>▪ People were informed and aware about reproductive health rights and risks, through the health brigades from the Ministry of Health. A wide variety of IEC materials were distributed to the people through the services and brigades from the Ministry of Health. More than 50,000 people were reached through the educational health brigades</li> </ul>
			1.5 million (indirect) 50 percent women 33 percent < 15 yrs	Secretary of Health in Tabasco	<ul style="list-style-type: none"> <li>▪ Epidemiological system in Tabasco and Chiapas works effectively to prevent outbreaks, to perform disease surveillance and implementing early warning system</li> </ul>	<ul style="list-style-type: none"> <li>▪ There was and appropriate control of dengue at Tabasco and Chiapas.</li> <li>▪ Brazilian health expert provided advice on dengue prevention and control to the Center of Vector Control.</li> <li>▪ Primaquina tablets were provided for malaria control.</li> </ul>
			155,896 direct beneficiaries of 59 CAAPS 50 percent women 33 percent < 15 yrs	Secretary of Health in Tabasco	<ul style="list-style-type: none"> <li>▪ At least ten health units in Tabasco and Chiapas will be cleaned, disinfected and will have received basic damaged or lost equipment and the immunization cold chain will have been reestablished</li> </ul>	<ul style="list-style-type: none"> <li>▪ 59 health units providing health services to 155,896 affected persons</li> <li>▪ Rapid assessment of infrastructure, capacity and equipment losses at health sector network in Tabasco.</li> <li>▪ Assessment and urgent reestablishment of immunization program cold chain in Tabasco</li> <li>▪ Cleaning and appropriate disinfection of 23 prolonged flooded health units in Tabasco. Reposition of basic equipment damaged in 59 priority health units in Tabasco</li> <li>▪ Equipment for reestablishment of immunization program cold chain</li> </ul>

Health	07-WHO-070 Reduce the health risks of the population affected by floods in the Mexico's states of Tabasco and Chiapas	564,960	1.5 million (indirect)	Water and sanitation Comités (CEAS), SAPAET and SASMU	<ul style="list-style-type: none"> <li>Safe water available at shelters and affected communities and laboratory units equipped to perform water sampling for biological and toxicological risks.</li> </ul>	<ul style="list-style-type: none"> <li>Rapid assessment of infrastructure, capacity and equipment losses at water and sanitation sector in Tabasco.</li> <li>Development of water projects to benefit affected communities (Obtained funding from other sources)</li> </ul>
			53,038 direct beneficiaries	SASMU of Balancan	<ul style="list-style-type: none"> <li>Appropriate excreta disposal and solid waste management at shelters and affected communities.</li> </ul>	<ul style="list-style-type: none"> <li>53,038 habitants of Balancan recover adequate disposal of excreta and solid waste management</li> <li>Provision of alternative technology for basic sanitation (270 Self-cleaned biodigestors) at rural affected communities in the Balancan municipality</li> <li>A pump to extract mud acquired and used to rehabilitate sewage systems at affected communities in Balancan</li> </ul>
				1.5 million (indirect)	CEPAL and Government of Tabasco	<ul style="list-style-type: none"> <li>Additional contribution</li> </ul>
Health	07-CEF-087B Family protection for Malaria and Dengue in shelters.	85,259.50	10,000 families Approximately: 50 percent women 30 percent < 18 yrs	Ministry of health in Tabasco	<ul style="list-style-type: none"> <li>8,000 affected families protected from mosquito-borne disease for at least six months.</li> </ul>	<ul style="list-style-type: none"> <li>There was and appropriate control of malaria and dengue at Tabasco and Chiapas</li> <li>10,000 families are aware about the importance of using bed nets for their protection from malaria and dengue</li> </ul>
Water and Sanitation	07-CEF-087-A Provision of hygiene inputs and awareness campaign.	20,754.37	20,000 children Approximately 50 percent girls 100 percent < 18 yrs	Ministry of Education in Tabasco	<ul style="list-style-type: none"> <li>8,000 families equipped with items needed to prevent diarrhoeal disease and hundreds of communities better informed about personal hygiene and water use.</li> </ul>	<ul style="list-style-type: none"> <li>Following direct request from the State Ministry of Education of Tabasco, funds were used to benefit 20,000 children by the cleaning, disinfection and sanitation of 195 schools. This was crucial to allow them to return to school in the best possible conditions</li> <li>The original expected result was effectively reached through other funds: 10,000 families were benefited with jerry cans for the use of potable water.</li> </ul>

## V. CERF IN ACTION: Success stories with photographs

### Saving lives of mothers and children affected by flooding

In November 2007, severe flooding affected the states of Tabasco and Chiapas, in Mexico. It is estimated that 1,330,000 people were affected. More than 80,000 people were living in shelters. The evacuated and refugee people faced lack of access to health services, including reproductive health (RH) care. The above increased the risk of unwanted pregnancies and the risk of contracting HIV or other sexually transmitted diseases (STD). Pregnant women who have been evacuated or who were living in shelters, were faced the possibility to give birth on risky conditions, since they were facing lack of access to emergency obstetric care. In addition, 50 out of 625 health centers suffered damages in their infrastructure, medical equipment, and their stock of essential medicines and commodities for reproductive health were damaged or lost.



With the objective to provide health care to pregnant women, the Ministry of Health (MOH) installed three shelters. The shelters were located nearby a hospital in order to be able to make needed references. During the emergency around 543 women were attended (60 of which were at the last semester of their pregnancy).

The Ministry of Health requested the support from UNFPA to reinforce this strategy through the provision of basic reproductive health commodities and equipment for maternal care. In response to this request, UNFPA submitted a proposal to the CERF, and thanks to these resources, it was possible to provide a wide range of reproductive health commodities, such as reproductive health emergency kits, fetal dopplers, and colposcopes, among others. The support provided contributed to improve the care services at the three shelters, and to avoid shortages in reproductive health commodities.



The impact of the project went beyond the improvement of maternal health services and supposed expectations. It was estimated to benefit around 65,000 people with the \$170,000 provided by the CERF. However, the commodities were enough to restore basic reproductive health supplies and equipment in all affected health facilities (50 clinics).

Besides, the savings reached by the acquisition of commodities through the Procurement Services Branch of UNFPA, and by the internal training provided by the Ministry of Health, allowed to acquire additional equipment, such as more fetal dopplers and colposcopes. The above will contribute to improve maternal care services and to prevent STI and cervical cancer. With the above many more people could benefit from the provision of this emergency support, instead of the 65,000 originally envisaged with the same amount of resources, meant to be addressed only to people living in shelters.

### **Jiniba u tasen(Help!)**

The truck belonging to Mother Muriel (director of the Sociocultural Association of the Rural Zones of Tabasco State) is known throughout Nacajuca. When they see her arrive, “her communities”, as she calls them, say in their native tongue yokot’an: “ix magre Muriela jiniba u tasen” (“It’s Mother Muriel, help!”) because they know that when they see her truck, some kind of new alliance has been established with Mother Muriel. On this occasion, it is with IOM and as they put it, the “graduate in migrations” that is helping the victims.



*Delivery of kits, Mother Muriel.  
© IOM*

During her verification round, she noted with satisfaction how the dwellings on the side of the road from Chicozapote to Cantemec have been fitted with zinc sheets and wood donated using funding from CERF.

We stop at the home of Domitila May Rodríguez, our attention called to the fact that the front of the house still has a trench showing the effects of the flooding and in the back, there is a gully that serves as the habitat for the family’s ducks. The Domitilas are one of 2,564 beneficiary families; the mother is 30 years old and has six children with her husband Isidro. She is a member of the Chontal indigenous people in the Cantemec zone whereas he is from the Chicozapote Congregation. The entire family lives in one room that was built of a mixture of materials including wood, guano, zinc, cement and earth. The two beds were shared with the six children.

Domitila says that when the flooding began, they did not think they would be affected, but goes on to say that the water rose to a level greater than her own height (she is approximately 1.60 m) and they had just a few hours to reestablish themselves by the roadside. However, the water soon reached there as well so that the following day they had to put up a new hut on higher ground. They were able to rescue just few sheets from their home to build their temporary shelter but lost all of their household goods.

When visitors come to the space that serves as her kitchen, Domitila proudly shows the pots and pans that she received from IOM and tells how, in spite of the wood fire, she insists on keeping her pots sparkling clean, while she tells her little ones to be careful not to break one of the drinking glasses that they received. In her simple home, we can see all of the utensils that were provided and that already show signs of wear stemming from their constant use.



*Donation of cooking kit © by IOM*

When asked about the aid that she has received, she says that “we really appreciate the zinc sheets that we were given; we really needed them to be able to redo the children's room” while they proudly pose for a photo where their new room is to be built. Domitila says smiling: “Hopefully we'll get more”. Using funding from CERF, IOM, in coordination with the Sociocultural Association of the Rural Zones of Tabasco State, provided more than 2500 families with assistance in the form of housing materials, more than 1000 cooking kits and more than 2500 kits containing household goods and cleaning aids for the same number of families.



*Zinc sheets and wooden boards after installation  
© IOM*

The funding from CERF was the only seed capital received from any cooperation agency aimed at recovering their homes along with minimal conditions for human dignity in the wake of the flooding.

On saying goodbye, Perla del Carmen, Domitila's eight-year-old daughter follows us out with her turkeys to give us a flower as a gesture of thanks and makes us feel that we have fulfilled our duty.

### **Community impact of actions by PAHO Mexico office, with CERF Funding: The Balancan Project**

The Balancan municipality is the second biggest in Tabasco, with more than 3,626 km<sup>2</sup> in area, most of which is dedicated to livestock and agricultural production. It has a population of 53,038 habitants (26,190 men and 26,848 women). The municipality sewage system was extremely affected by the floods, and of the 509 million of Mexican pesos estimated to be lost in the water and sanitation sector in Tabasco, 10 percent occurred in Balancan. The CERF funded implementing partner in this municipality was SASMUB (Service Company of Water and Municipal Sanitation of Balancán), a decentralized public system

responsible for water and sanitation services. It provides water services to 47,105 habitants (73 communities and 13,515 water points) and sanitation services to 21,613 habitants (6162 discharges). CERF funding provided an immediate solution for the re-establishment of the services collapsed in the communities of El Naranjito and El Ojo de Agua, through the installation of individual septic systems for the disposal of the excreta and wastewater, and through the strengthening of SASMUB by providing equipment to rehabilitate sewerage systems for the urban populations of Balancán, El Triunfo and San Pedro.

It is important to take note that the sewerage systems of the populations of El Naranjito and El Ojo de Agua required complete renewal. Therefore, there was an urgent need to respond to the current outage in order to avoid a serious sanitary emergency to the user because of the inability to discharge its drainages and threat of overflow within homes. The project supplied 270 self-cleaning biodigestors for houses that function as a combination of septic chamber and tank. In turn, SASMUB assumed the costs and management of the works of installation of these biodigestors with the support of the affected population (\$53,000 contribution). This solution was definitive since it presented better characteristics (operation and cost), than the alternative of a sewerage system and because the low-density conditions of the dwellings and low water consumption in these communities hinders an efficient hydraulic performance of the sewerage system. The project also developed a component of community education on water and the adequate disposal of the excreta. The project also contributed a specialized pump to extract mud clogs that was used to rehabilitate the Balancan City, Villa El Triunfo and San Pedro sewage systems (5000 drainage points). In the next weeks, it will be used to rehabilitate 12 communities' septic wells, and in the future it will be used to provide maintenance to the whole municipality sewerage system.



*Meeting with beneficiaries in Balancan  
© SASMU Balancan.*