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DATE SENT
4/13/76

FROM - Port-au-Prince
E.O. 11652 N/A
SUBJECT - Gros Morne Rural Development Project (521-081) - PVC Proposal

REFERENCE - Gros Morne Rural Development Project (CRS/Haiti 75/11)
dated January 23, 1976

Summary: The reference proposal has been presented by the Catholic Relief Service, one of the three major Private Voluntary Organizations represented in Haiti. AID/Washington review and approval of this project is requested. USAID/Haiti recommends obligation of up to \$90,000 for this project from FY 1977 funds. End Summary.

Attached hereto is reference project proposal for AID/W review and approval. While in previous CP and ABS materials the CRS project was tentatively entitled "Nutrition Information", the project title has now been changed. Earlier, a broader nutrition project was being considered. This concept was revised when it was determined that sufficient infrastructure for such a project does not exist. Accordingly, the CRS proposal is now narrower in focus with a more integrated approach, and concentrates on a single target population in the area of Gros Morne in north central Haiti.

The present project seeks to establish a rural development center in the Gros Morne district. It will give short-term training in a rural milieu for animateurs in the fields of agriculture and medico-social work over a four year period. The animateurs or agents, will periodically return to the 52-34 villages that comprise the target population of about 100,000 inhabitants to organize small community groups to implement development activities and assist in solving problems that will be identified collectively by local groups. A Rural Development Center will serve as the focal point and resource center for these groups - responding to specific requests for technical assistance, equipment, or funds. Complementing the training program will be a nutrition/health project to be launched initially

ATTACHMENT: Gros Morne Rural Development Project, 2 lpp plus 3 enclosures (1 copy) - SENT TO: LA, 4/21/76

PAGE 1 OF 3

DRAFTED BY PGH:JKBurke:gg	OFFICE USAID/H	PHONE NO.	DATE 4/12/76	APPROVED BY DIR:SLBehotegly
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AID AND OTHER CLEARANCES

PHO: CWeldon; ADO: LRasussen (in draft)

ENG: KDouglass (in draft) UNCLASSIFIED

FR: JTCraig (in draft) CLASSIFICATION

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with mobile clinics in 11 villages. This intervention will become permanent in the later phases of the project when clinics will be built, and properly trained and motivated staff will be made available from the Rural Development Center.

A pre-project survey has been made of the nutritional status of the target group; weight charts and other instruments of evaluation will be used to determine the effectiveness of the program. Monthly reporting by agricultural agents and the quality of community projects presented and implemented will be analyzed to measure the impact of the program and training. Related activities will include the continued distribution of PL 480 food by CARE or CRS. Also, CRS will be initiating numerous other socio-economic development projects, particularly in housing and potable water. ~~supplies~~

With respect to the target population of 100,000, USAID/Haiti will continue discussions with CRS in terms of what proportion can be reached most effectively without spreading themselves too thinly over too large an area. Also there is some need for clarification with the expectation that there will be a 100% increase in agricultural production during the life of the project.

The Health, Engineering and Agriculture Offices of USAID/Haiti have reviewed the proposal and all consider the sociological information and planning contained in the CRS proposal to be of exceptional quality and of value in our own project programming.

The USAID/Haiti P.V.O. Committee feels that this project meets health and agriculture rural development objectives as represented in both the health and agricultural sector assessments. Moreover, the information is quite detailed and provides an extensive amount of baseline data. For this reason, as well as the inherent merit of the proposal, USAID/Haiti considers it to be of prime importance that AID/Washington review and consider this project for implementation early in FY 1977.

This proposal will serve to attack the critical problems of health, nutrition, and agriculture through an integrated approach. It will also attack them for a population located in a very remote area in the North of Haiti - where little assistance is being provided from other sources except as coordinated under this project.

Of the total \$180,000 required to initiate and finance this proposal over a period of four years, CRS/NY has made a commitment to provide \$90,000.

The balance of \$90,000 is accordingly requested under a special OPG to CRS through USAID/Haiti. As elaborated in the proposal, other in-kind support and cooperation have been promised by the Government of Haiti, other international funding agencies, i.e. Misereor and Deutsche Welthungerhilfe and the Catholic Church in Haiti. Both the Ministry of Health and the Ministry of Agriculture have promised their support and cooperation in the implementation of this project.

Recommendation:

It is urged that AID/W schedule a DAEC review of this project for July 15, and invite representatives from CRS/NY and CRS/Haiti to discuss the details and any questions that may arise concerning this project.

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Thru PA

Haiti Program
CATHOLIC RELIEF SERVICES - USCC
CRS/Haiti JAN 23 1973

Project No. 75/11: Gros Morne Rural Development Project

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Enclosures:

- No. 1 Pre-Project Study - Nutrition Situation
- No. 2 Elements of the Nutrition and Health Project
- No. 3 Architect's sketch: Rural Development Center
- No. 4 Details: Building No. I: Rural Development Center
- No. 5 Details: Building No. II: Rural Development Center
- No. 6 Summary of Budget
- No. 7 Project Design Summary - Logical Framework
- No. 8 Evaluation of Agricultural Interventions

1.0 IDENTIFICATION OF PROJECT

1.1 Project Number: CRS/Haiti 75/111.2 Project Title: Gros Morne Rural Development Project1.3 Applicant's Name: Most Reverend Emmanuel Constant
Bishop of Gonaives
Gonaives, Haiti, W.I.1.4 Person legally responsible for project in accordance with local laws:Most Reverend Emmanuel Constant
Bishop of Gonaives
Gonaives, Haiti, W.I.1.5 Person or Agency responsible for administration and implementation of project:Reverend Ferdinand Philippi
Gros Morne Hospital
Gros Morne, Haiti, W.I.1.6 Project location: Gros Morne District
Department of L'Artibonite, Haiti

2.0 FINANCING OF THE PROJECT

2.1 Total cost of the project in national currency and in U.S.\$:

US\$ 180,666. (5 Gourdes to \$1.00)

2.2 Describe the anticipated cost contingency factor due to inflation, variation of exchange rates and other variable cost factors:

A cost contingency of 6 per cent is written into the project to cover inflation and other variable cost factors. There has been no variation of the exchange rate in Haiti.

2.3 Amount requested: US\$ 180,6662.4 Phasing of Payments:

Date:	Amount (in US dollars)
February, 1976 1	\$89,972.
February, 1977 2	\$40,034.
February, 1978 3	\$23,900.
February, 1979 4	\$26,750.
Total:	\$180,666.

2.5 Project support sought from other sources:

(a) From private organizations:

Name: Misereor

Sum applied for: \$8,500. for Land Rover/Mobile Clinic

Sum granted: \$8,500.

X (b) From foreign governmental sources:

Name: Deutsche Welthungerhilfe, Bonn, West Germany
(sub-organization of F.A.O.)

Sum applied for:

Tools.....	\$1,000.	
Seeds and insecticides....	5,000.	
Pumps for insecticides....	800.	
Miscellaneous material....	200.	\$7,000.

Food for staff, students, animators and field workers:

45 persons X \$44.44 @ month X 12	\$24,000.
	<u>\$31,000.</u>

Sum granted: \$31,000.

Other support items: This organization has agreed, in principle, to provide 4.4 pounds of dried milk powder to each child participating in the Nutrition/Health project. Total estimated value of this input:

First year:	\$24,710.	Third year:	\$84,268.
Second year:	\$62,092.	Fourth year:	\$101,059.

3.0 PROJECT HISTORY

The experiences of the Gros Morne hospital during the past few years, especially in the out-patient department and the children's ward, gave evidence that malnutrition, particularly in preschool children, was a major problem in the area.

In order to identify the exact nature of the problem, the staff of Gros Morne hospital visited 7 communities of the district. During these visits they were accompanied by Mr. Evince Clermont, a local farmer and teacher. Talks to community leaders and participation in community council sessions revealed these main felt problems:

- a.) Poverty; b.) Illness; c.) Child malnutrition
- d.) Lack of water, roads and schools;
- e.) Lack of trained personnel for community development projects.
- f.) Lack of technical assistance and equipment such as tools, pumps and insecticides.

The main proposals of the persons interviewed:

- a.) medical care/dispensaries
- b.) agricultural school or agricultural training facilities
- c.) Food for Work programs (these are presently under-way in the district)
- d.) technical assistance in the form of expertise and equipment.

The community councils, of which there are 34 in the district, meet regularly and apparently discuss constantly the reality in which they live.

Father Ferdinand Philippi, who has been active in Gros Morne community projects during the past 9 years, has participated in many community council sessions; he has stimulated and encouraged their activities.

In reaction to the proposals made by these groups, the hospital staff set out to study the problem more closely.

3.1 Identification of the Nutrition Problem

The degree of under-five malnutrition, the geographical and age distribution, have been described in a pre-project study (See Enclosure No. 1) Chronic protein-caloric malnutrition was predominant and there was also some evidence of extreme marastic and kwashiorkor forms. A longitudinal study will be necessary to define seasonal variations, but hospital and clinic experience does not indicate relevant variations. Members of the community councils participated in carrying out the study.

Determinants of the Nutrition Problem:

a.) Utilization of nutrients:

There is a strong suggestion that the utilization of nutrients consumed is markedly diminished by the widespread infestation of parasites which are frequently diagnosed by the Gros Morne laboratory (Ascaris, Ancylostoma, Trichuris, Strongylcides, Stercoralis, Taenia, Saginata and Solium).

b.) Production of Nutrients:

The lack of production of nutrients is evident although exact figures are either unavailable or unreliable. Almost the entire district population lives on a subsistence basis which does not cover the food requirements of the individual; this has been learned from talks with farmers, community representatives during the survey and, perhaps most significantly, from talks with parents of malnourished children.

"The supply of basic foods has essentially been in equilibrium with the demand during the past decennium -- but the level of supply leaves much to be desired from the nutritional point of view; Latin America is considered to have a standard of 2,500 calories while Haiti, at the most, reaches 1,850 calories per person per day. The average protein intake is about 30 per cent below requirements. Reaching the desired caloric level of food intake would require about 30 per cent increase in basic food crops production." (1)

Repeated visits to the Gros Morne market have shown that proteins, in particular, are not available in sufficient quantity. There is often no milk as there is little land allotted to pastures; eggs are scarce and expensive, probably due in part to the high instance of poultry diseases. Limited quantities of goat meat and dried fish are available; the quantity and price of beans depends largely on the latest harvest.

c. Distribution

The present system of distribution/marketing appears to be adequate for current production in the area. Most of the foods sold in the district are locally produced; a major exception to this is rice, which is available at a price comparable to other localities in the country. A market analysis would be necessary to determine the importance of the food distribution system.

d. Minimum Cost Diet

The determination of the minimum cost diet in this area seems somewhat irrelevant because only a small proportion of food consumed is being purchased. However, if applied, it is calculated at \$100. per person per year. In contrast, a teacher, who may be responsible for a family of 8 persons, earns between \$250. and \$500. per year. A worker in a sugar cane plantation of the district is paid \$.50 per day although the legal minimum wage is \$1.30 daily. According to U.N. statistics, the annual per capita income in 1969 was \$79.00; this has probably not been reached in Gros Morne district which lacks any industrialization and whose agriculture has been affected by 3 years of drought.

e. Ecological Zone

The incidence of malnutrition is more frequent in the northern part of the district as shown in Enclosure No. 1. Since the drought was more severe in the north, this indicates a correlation between agricultural production and malnutrition.

(1) (Haiti: Health Sector Analysis, USAID, April, 1975)

f. Nutrition habits and beliefs.

Information on this subject was derived from experience at the hospital, during the pre-project survey, talks to many informants and from recent literature.

During the pre-project survey it was found that most infants were well fed, some were even fat. This is due to the habit of filling them with carbo-hydrates. As long as these children are breast-fed, they usually grow well. They continue to receive carbo-hydrates after weaning but mothers fail to replace the milk protein because they are unable and/or unaware of the necessity to do so.

By tradition, a child is usually fed twice a day. Very often mothers do not even control these two meals and the child eats "all day long" whatever can be found. As a result, children fail to achieve normal weight gains after weaning and become malnourished in the 3-4 year of life. Furthermore, diarrhea is believed to be caused by intestinal parasites and therefore treated with Piperazin, enemas, and the withdrawal of food and liquids for prolonged periods. Edemas are believed to be caused by worms, the child is not supposed to eat salts, and the accompanying diarrhea is treated in the above described way.

As a rule, the mother stops breast-feeding if she thinks she is pregnant, since she believes this turns her milk sour. Also, if the mother travels or gets upset during the breast-feeding period, she believes the milk goes bad and thereafter relates all of the child's illnesses to the quality of the milk.

g. Causes of child mortality.

Gros Morne hospital statistics are not yet available. According to a study of the Institut d'Etude du Developpement Economique et Social, Paris (Dr. W. Fougere, 1970), infant mortality in Haiti is between 180 and 200 per 1,000 live births. The 1-4 mortality is about 26 per 1,000 of this age group. The main causes of child mortality, in order of importance, are: gastro-enteritis, neo-natal tetanus, respiratory infections.

In the 1-4 age group, however, malnutrition is the first cause of mortality in Haiti.

3.2 IDENTIFICATION AND DETERMINANTS OF THE HEALTH PROBLEM

In 1965 Father Philippi began meeting the medical needs of the area by the construction of a dispensary. In 1971 this was extended into a 50 bed hospital with sections for children, men, women, tuberculosis, maternity and operating theater.

The hospital is owned by the Diocese of Gonaives and is directed by Fr. Philippi. Its construction and equipment were financed by Misereor; running costs are funded with grants

from the Ministry of Health, Misereor, private foundations in Germany and occasional donations (Red Cross, Caritas, etc.). At present the staff consists of one German Doctor (Dr. R. Koppensleitner), two German nurses (Anne Hausen and Marianne Schmidt), all supported by Misereor. Further, there is one Haitian doctor (Dr. W. Alexandre) and, temporarily, a Haitian surgeon, both provided by the Department of Health. Other Haitian staff: one laboratory technician, one dental technician and 30 locally-trained women.

The hospital serves a population of nearly 100,000 persons in the district of Gros Morne which lies in the northern-most section of the Department of L'Artibonite in north-central Haiti. In addition to previously-mentioned illnesses, the following are endemic to the region according to lab findings: typhoid fever, tuberculosis and malaria.

The district has been badly affected by the drought of the past three years. In the course of the resulting famine, otherwise harmless illnesses became killing diseases. Due to poor means of transportation, the sick are often brought to the hospital too late. During visits to the few existing dispensaries, the hospital team noted:

- a.) the lack of skilled and supervised personnel
- b.) the means for diagnosis and treatment
- c.) Clinic operators are likely to prescribe treatment or medicine which may be ineffective and they sometimes levy unjustified charges to raise their financial income.
- d.) Clinic personnel apparently also lack the means and incentive to approach the problems of preventive medicine.

The hospital offers general and ante-natal clinics but their services are not used to the optimum advantage because;

- a.) the hospital is too far removed from most of the population;
- b.) medical services are not available in the villages and hence there is no referral system.

As a result, the hospital has little influence on the majority of the population. The number of out-patients attending the clinics and the opinion of local leaders confirm that over 70% of all medical actions are performed by traditional healers (bokors) and voodoo priests (Houngan).

The only other medical activity performed in the district is the Anti-Malarial campaign of S.N.E.M. (Service Nationale d'Endemies Majeures). S.N.E.M. officials have agreed to cooperate with this project by funding the general distribution of Pyrimethamine through this project's clinics. S.N.E.M. now gives general prophylaxis only in a limited area.

3.3 IDENTIFICATION OF THE AGRICULTURAL PROBLEM.

Most of the information on this subject was derived from U.N. studies and from the community councils.

Over 90% of the district's population lives on agriculture. An average family of six persons disposes of approximately 1 hectare of land.

According to F.A.O. statistics for this area, the following are the current yields using traditional methods without irrigation:

<u>Crop</u>	<u>Yield (in KGS/HECTARE)</u>
corn	350
red beans	400
sorghum	450 to 600
sweet potatoes	1,600 to 2,000
"plaintain" bananas	2,000 to 7,000
tobacco	450 to 600

Rural families (average 6 persons) have a daily disposable income of \$.10 per day.

Determinants of the Agricultural Problem:

a. Land

Only 27% of the district's land is cultivable, due to the rocky and hilly aspects of the terrain. As a rule, land owned by one farmer is located in several places rather than in one single location. Much of the cultivable land is situated on hill-sides.

Absentee landlords control more than 30% of the cultivable land through leases with the GOH.

Widespread and continued removal of trees for charcoal production has caused progressive soil erosion.

b. Water

Extreme drought conditions have been present for 3 years. Watershed levels have been adversely affected by deforestation. No irrigation projects have been initiated and dams and wells are practically non-existent.

c. Labor

A sizeable labor force exists, but it is affected by these factors:

1. There is seasonal hidden unemployment of up to 50%.
2. The average age of farm owners is 43 years, an age when they are apparently less receptive to innovative changes.

3. As indicated in other sections of this project, the productivity of the labor force is adversely affected by endemic diseases, analphabetism, and socio-religious attitudes.

d. Capital

1. "There is such a small amount of capital in circulation in (this region) that this word may well disappear from the local dictionary." (AGO/SF/HAI-72/006)
2. The lack of circulating capital deters the establishment of young farmers who might be positively motivated to use new development techniques.
3. Capital is not re-invested, either because it is spent or is withdrawn from the region by large land-owners. There is apparently an anti-investment mentality among many farmers.
4. In face of the absence of any system of credit, usurious procedures are common; further, there are no cooperatives in the district.
5. There are consistent reports that sizeable outlays of cash are made for various religious and/or superstitious events.

e. Technology

1. The machete is practically the only tool being used.
2. Soil is not properly prepared; seeds are planted inefficiently. No improved seed varieties have been introduced. Several crops are detrimentally inter-planted and there is insufficient rotation of crops.
3. Insecticides are not used and one-third of most crops is commonly lost due to pestilance.
4. No fertilizers are used nor is terracing or contour farming practised.

f. Management

1. The lack of transport, storage facilities, and potential commercial sales acts as a disincentive to farmers to produce more food than is required for personal consumption.
2. The absence of storage facilities and cooperatives forces farmers to sell their crops to speculators or on the local market at a time when the price is lowest.

3. Tenant farmers, who traditionally receive half of the harvest, are faced with the following constraints to increased productivity:
 - i. they receive only half of the additional yeild.
 - ii. a noticeably improved farm may be taken back by the owner.
4. The owner of a small farm is more susceptible to loan foreclosures if his creditors note that he is using improved techniques and/or the farm appears to be more productive.

3.4 IDENTIFICATION OF THE SOCIO-CULTURAL DETERMINANTS

a. Voodoo

It may be concluded from experience, literature and various studies that the voodoo religion plays a most important role in the past and present history of Haiti. These same sources have shown that it is extremely difficult to isolate any particular elements of this religion and demonstrate how it affects, positively or negatively, the individual actions of people. This difficulty stems partly from the reticence of most people to discuss their acceptance of voodoo. But consciously or not, this influence is so strong that it must be given a priority consideration in any project which seeks to effect a change in social patterns or behavior.

Voodoo has its origins in the religions of Africa, principally of Dahomey, which have been synthesized with elements of Catholicism.

1. Mystic interpretation of natural events: thunderstorms, rain, drought, birth, death, illness and famine are believed to be the inevitable will of God, the "loa" (divine spirits) or of ancestors who are believed to be present permanently in the homes of their descendants to protect, punish and influence them.
2. The constraints of these beliefs and the acceptance of predestination and curses limit the individual's freedom to influence his life and environment. Time, money and labor are expended in fulfilling obligations, rituals and other actions which are demanded as part of these beliefs.
3. Fatalism and resignation towards the realities of life lead to a philosophy of living only for the needs of the moment rather than thinking or planning for the future.
4. Traditional doctors and priests (bokors and houngans) often use their protected and privileged social position to perpetuate their "clients'" spiritual and financial dependent status. In some cases bokors can effect cures through herbs psychological intervention, but they are also involved in placing and removing curses.

5. Although the voodoo religion has played an important role in unifying the country and establishing socio-cultural structures, its unchanging nature has not kept pace with the reality of global progress and thus now presents a counter-developmental force.

b. Christian Churches

1. The Catholic Church is the official religious denomination of Haiti and therefore has been exposed, for a long time, to the influence of actual governmental policy. Its works and its attitudes were widely characterized by the fact that the entire clergy belonged to the French-speaking elite; This has separated them from the large majority of the population by a deep social and cultural gap. For a number of years now, the church and the missions have become aware of their social responsibility. Dispensaries, schools and community projects have been established and supported by priests who are becoming increasingly aware of the great potential developmental impact of Christianity. Missionaries have progressed from the level of the mere application of technical aid to the realization that Christianity implies a certain awareness and creativity towards the tasks of life. The three Montfortain priests who serve the three parishes of Gros Morne district have moved through the process described here.
2. There are a number of other Christian churches involved in evangelical programs in the district, including the Baptists who also have an alphabetization project.

c. Family Life

There are three primary forms of family groupings:

1. a legally married couple
2. the "placage", a semi-official but a strong liaison, but one in which a man may have more than one wife.
3. the "family" without a father to care for it.

The woman is responsible for much of the physical labor (garden, water, etc.) and for the marketing of crops; she is, therefore, absent from the home most of the day. Thus the education and feeding of the children lies often in the hands of an elder sibling or a grandmother who may be more influenced by traditional beliefs and habits. Some hospital experience, however, indicates that grandmothers might well be ready to accept new techniques and attitudes.

In most families, the grandmother's experience and position of authority determine many of the decisions which affect family life. But whereas elderly women appear to dominate the younger female generation entirely, a sociological study of the region, accomplished through socio dramas, revealed that fathers may be open to new ideas brought in by their grown-up sons.

d. Literacy

Nine out of ten school-aged children do not go to school. Analphabetism in rural areas still exceeds 90% and is a major obstacle in communication and the transmission of new know-how.

Several factors have affected progress in literacy:

1. Until recently, lessons were held in French, a foreign language to the Creole-speaking peasant.
2. There was a classical/urban bias to the syllabi used which bore little relevance to rural reality.
3. Illiterate parents apparently felt little motivation to provide education for their children.

When literacy is accepted as a desired end, two factors present themselves:

1. It becomes a status symbol and it is commonly accepted that boys and girls attending school should be dispensed from any manual work.
2. Literacy is related to escaping from rural life rather than improving it.

e. Groups

The life of the farmer in the district is also affected by the kinds of groups that exist and in which he may participate:

1. Spontaneous groups: Whenever there is a major job or some construction to be done, a farmer may ask his relatives' and neighbors' help to do it; a "cousbite" or working squad is formed to do the work. While this form of association serves the needs of one defined, relatively small group or clan, there are two inherent constraints to the practice:

- i. The only activities done are those which maintain the basic subsistence level of farming.
- ii. Jealousies and animosities and a lack of motivation often prevent any kind of cooperation among particular groups.

2. Community Councils:

In the past few years, 34 community councils have been founded in the district as a consequence of official policies and propaganda. Some of them work seriously but suffer from technical and financial constraints. Others are less efficiently organized and some consist only of a few influential families who try to use this institution primarily for their own purposes. The councils have had varying degrees of influence on the population, but it is often quite remarkable. At present, most

community councils concentrate their activities on road construction, usually under a food-for-work program. This is done by voluntary work on one day of the week.

4.0 MAJOR PROJECT ELEMENTS

4.1 PRIORITIES

In consideration of the above described situation, the following priorities were chosen for this project:

- a. Conscientization and active grouping of the population
- b. Increased agricultural production and income.
- c. Decreased child malnutrition and improved health situation.

4.2 IDENTIFICATION OF ACTIONS AND COMPARISON OF ALTERNATIVES:

- a. Compared below is the technical approach to development vs. the global approach:

1. It has been amply documented by F.A.C. and reports of numerous missionaries that the direct infusion of technical assistance has failed to achieve any permanent change of the target group or of the agricultural, nutritional or health situation.

2. If a significant change in a society is to be achieved, the whole context of its individuals has to be taken into consideration and given attention to in the planning of all interventions. A permanent change of the situation, therefore, can only be effected through a change accomplished within the target group.

- b. There are several alternative methods for transmitting ideas to the target group in order to effect change:

1. Direct methods: pamphlets, radio programs, demonstration projects, legislation, etc.

2. Indirect methods: use of an intermediate group which ideally would be known and respected by the target group and sufficiently trained and motivated so as to be competent to lead the target group into changing themselves. For purposes of this project, members of this intermediate group will be called animators and agents. For the accomplishment of a global approach toward a desired change, the use of such an intermediate group has proved indispensable in many development projects. Further, the intermediate group must be given appropriate training for their tasks.

- c. The selection of animators for a given community may be made from the community itself, or from outside. Experience in Haiti

has shown that animators who are strangers to the community where they are working are not readily accepted by the population. This, perforce, must result in less effective work. Therefore, animators in this project will be chosen from communities where they will ultimately work.

d. Alternatives for selecting a locale for training animators:

1. Training could be held in the community itself, but this is less desirable given the limited facilities available and the geographical dispersion of the potential participants; almost none of the communities involved have any rooms for formal instruction, group discussion and use of visual aids.
2. An animator's perspective of the reality of his situation is made more acute by his or her physical removal from it. Optimum training conditions should be found within the district itself but removed from any particular community. Such conditions exist at Grepin which is two kilometers from Gros Morne town. Here there would be no distractions of normal work routine or busy family life.

Better means of education would be more readily available in an organized training center; e.g. library, audio-visual aids, and the immediate access to the full professional staff and potential part-time consultants. Further, the center should provide an atmosphere more conducive to both the teaching and learning process; and individuals, from different locales and backgrounds, are gradually established as a group with mutual interests, exchanging ideas and experiences, and inter-acting with one another. Feeling a part of the group, and being free to discuss various problems are essential parts of the preparation of the animators for their future tasks in community development. The integration of the district's development is furthered by having one center exclusively designed as a meeting place for this purpose.

In addition to the basic training purposes and project administration which justify the building of this center, there are the following planned uses for part of the facilities when training courses are not in session:

Refresher courses for former course participants.
Monthly meetings of all regional agents and animators.

The center will also have these potential uses:

Seminars for elementary school teachers;
Youth club seminars; Sessions on "Rural Feminine Promotion";
Meetings for specific future project activities such as credit unions, cooperatives, marketing, or technical advice on micro-projects for target groups.

e. Since priorities have been established in the fields of health/nutrition and in agriculture, animators and agents will have to be selected and trained to effect the desired change by specific interventions:

1. Agriculture: Aside from the specific initial tasks outlined in Section 4.3, para. a-4, it is not now possible to describe these precise interventions which may be made after the training phase. The final decisions for agricultural interventions will rest with the groups themselves and might include:

Soil conservation; planting methods; irrigation; improved seeds; rotation of crops; crop selection; animal husbandry; storage; insecticides; production and marketing cooperatives; tool and seed banks; credit systems; reforestation; small agri-processing industries; establishment of minimum cultivable units; use of uncultivated lands; promotion of re-investment mentality; legal protection of individual farmers against arbitrary actions of the landlord and against other repressive influences by giving farmer groups an official status; introduction of elements of rural life into the syllabus of rural schools; improvement of roads to facilitate marketing.

2. Health/Nutrition:

Concerning the possible alternatives for medical care in the district, it is concluded from the nature of the prevailing illnesses that a combined curative and preventative approach is indicated. Considering the present centralized medical system in the district, it is imperative to de-centralize it in order to reach more people and to insure greater effectiveness. The age group under five is most affected by malnutrition, morbidity and mortality and it also promises the greatest response to preventative measures; for these reasons, the under-five clinic has been chosen as the primary approach.

The pre-project survey on nutrition (Inclosure No. 1) indicated that among 9,500 preschool children living within the reach of the health system, there are about 4,000 cases of malnutrition with about 1,000 new cases each year.

Alternatives:

i. Hospital treatment obviously can be given only to selected, most severe cases and incurs the highest cost per person changed.

ii. Nutrition Rehabilitation Centers: In order to treat 1,000 children annually, 8 nutrition re-hab centers would be required, each of which could treat 30 children for a period of 3 months. Construction costs would be estimated at

8 X \$2,500. or \$20,000. Annual running costs 8 X 12 X \$250. or \$24,000. Most of these funds would have to be spent for locally purchased food and salaries, even given a possible donation of milk powder. Over a four year period the cost per child reached would be \$50.20. Despite these high costs, 92% of the malnourished children are left without supplementary food at any given time. Therefore, even after rehabilitation, statistics show that 40% are likely to lapse into malnutrition under the present situation of food availability. Over a four year period, the cost per child changed would be \$50.34 under this system.

iii. A complete description of the alternative that has been selected can be found in Enclosure No. 2. It is expected that this program will reach 8,540 children during the four year period (Note: The total number reached in 4 years does not equal the total of the children in each year's program, since 30% of the participants continue from year to year.)

It is expected that 10% of the children reached will not be changed due to various reasons. Thus the program expects to change 7,686 children at a total cost of \$308,839. Thus the cost per child changed is \$40.18 and 80% of this total is derived from the value of the milk donated to the project.

In summary, the following factors indicated conclusively the choice of this alternative:

- i. lowest cost per child changed.
- ii. provision of additional health services
- iii. establishment of infra-structure for continuity
- iv. this approach has already been successfully introduced in different regions of Haiti with GOH approval.

f. Role of women in alternatives chosen: Women will play a significant role in the administration of and participation in this project:

i. The Coordinator for the medico-social section will be a woman, preferably a public health nurse with some training and experience in basic home economics. A candidate with these qualifications has already applied for this position.

ii. A candidate for one of the "assistant" positions at the RDC is a young woman who recently completed a year's work at Madian, a development center in southern Haiti.

iii. The 22 socio-medical animators will all be women; for cultural reasons they would be more effective in the health program if they were also mothers of families, since their advice would be more readily accepted by participating mothers.

iv. It is expected that some of the agricultural animators will be women. Their work may be directed towards marketing since this function is primarily managed by women. One has the impression, however, that marketing, at least on the local level, is well done and thus not a priority for change.

4.3 PLAN OF OPERATION (Strategy and Implementation of Activities)

This project can be divided into five phases:

a. Preparation Phase

1. Hire team of three persons:

i. Administrator and Coordinator for Conscientization and Rural Animation. The candidate for this job is Mr. Evince Clermont who holds a diploma from the agricultural school of Cap Haitien after a 3 year course. He is now a teacher at the Baptist school and a preacher of the Baptist church of Gros Morne; he is also a part-time farmer, an active member of the Red Cross and has some practical experience in the out-patient work at the hospital, where he has a good reputation, as he has in town.

ii. Coordinator for the Medico-Social Section: It is expected that the candidate for this job will be a female public health nurse selected with the collaboration of Miss Lucie Francois, directrice of the National Nursing School of Haiti.

iii. Coordinator for Agriculture: This person will be selected from candidates already proposed from the following sources:

SOVIR (Rural Life Service Organization)
Department of Agriculture, Natural Resources and Rural Development.

2. A Rural Development Center (RDC) will be constructed on a two-hectare site at Grepin, 2 kms. north of Gros Morne town. This land has been donated by Gros Morne hospital; more land may be added at a later date for use in additional experimental/demonstration agricultural procedures.

The RDC will consist of two building with a total area of 720 square meters. The larger building will provide housing and schooling facilities for the students and assistants. The second building serves as the administration center as well as providing housing for the Administrator and his family. A storage room, cisterns, a generator and sanitary facilities will be attached. Cost estimates have been based on current construction activity at Gros Morne hospital. Preliminary sketches of the buildings are attached as Enclosures No. 3, 4 and 5. Construction time is estimated to be 6 months.

3. Purchase Land Rover pick-up truck, horses and saddles for staff's transportation throughout the district.

4. Tasks of the staff during the initial 4 months of project:

- a. Establish contact with communities through community councils and individual interviews to define felt needs and determinants.
- b. Prepare a document describing all aspects of the socio/medical/cultural/agricultural/economic realities of the district.
- c. Identification of potential leaders who might later participate in the training courses; assess attitudes of these persons towards development and their personal potential for change.
- d. Complete a census tract involving 1,500 persons in one defined area of the district.
- e. Selection of Candidates: Community councils will select candidates in consultation with the RDC staff. Efforts will be made to find literate women and men who have been interested in or participated in community activities. Open-mindedness and integrity will be characteristics sought in the candidates. Although there will be no specific age limits, it is expected that the first students will range in age from 18 to 30.

5. Staff tasks during initial 5th & 6th months of project:

The staff will prepare a syllabus for both the "first" and "second" courses to be given at the RDC. They will adopt the contents of the course to the realities, priorities and response that they have recorded during their four months' field work.

b. Conscientization and Training of Animators

This second phase of the operation plan will be accomplished through what will be called the "first course". This course, lasting from 3 to 4 weeks, will train people selected during the preparation phase of the project.

They will learn about general development problems, touching the techniques of animation and communications within the community councils; they will study the nutritional, agricultural, pastoral, medical, social, economic and educational context of their environment (conscientization).

Each "first course" will have 20 participants, 10 each from two communities. This will have a mutually-reinforcing effect on their subsequent community work as described in the next phase.

c. Formation of Community Groups (Phase 3)

Participants of the "first course" will return to their communities and form groups there of from five to ten persons. These groups may be formed from community council members and other interested persons. Through weekly meetings of these new groups, the process of conscientization should be continued. The animators will provide a monthly report, either in person or in writing, to the Gros Morne Rural Development Center; this will assure constant feed-back and the source material for continuing evaluation.

d. Specialized (technical) Training of Animators (Phase 4)

Community councils, newly-formed groups, and the RDC staff will assemble for a special meeting in the community. At this time they will select from 4 to 7 persons to attend a specialized training course for 2 months. The selection will be limited to persons who have completed the above-mentioned "first course", have been effective in their field work, and who exhibit an interest and potential for technical activities.

The Second Course will provide specific technical skills in either agriculture or medical-social work:

i. The second course in agriculture will last 2 months and be held at the RDC. There will be theoretical courses and practical work on the grounds of the center. The syllabus will have been prepared by the RDC staff as outlined above in section 4.3, paragraph a-5. They will also be considering potential interventions shown in section 4.2, paragraph c. This procedure ensures that the direction and syllabus of the Second Course will respond to the priorities and needs as defined by the communities. Participants who successfully complete the course will be called "agricultural agents" and will fulfill specific tasks as described below in Phase 5 of the Plan of Operation.

ii. The second course for the medico-social section will produce medico-social agents for the Nutrition/Health Project. Their selection, training and activities are described in Enclosure No. 2.

Annual Participation:

It is estimated that during each year of its operation, the RDC will offer the following training:

4 "First Courses" (3/4 weeks)	X	20 students each...	80 Students
2 "Second Courses" (2 months)	X	20 students each...	40 Students
<u>Total Annual Course Participants.....</u>			<u>120 Students</u>

During the first year of operation, an additional "second course" will be given for the twenty-two medico-social agents.

e. Specialized Groupings and Interventions (Phase 5)

This is the final phase of the Plan of Operations. Agricultural and medico-social agents will return to their communities and will organize groups of five to ten persons who are each ready to identify themselves with a common goal. These specialized groups will identify community problems and will design and implement appropriate interventions. The RDC will function as a resource center, responding to these groups possible requests for technical assistance, funds, or other project elements. An initial fund of \$7,000 has been granted for this purpose by Deutsche Welthungerhilfe. Additional funds for community projects will be sought by the RDC.

For the medico-social section, one project has already been designed as described in Encl. No. 2. The immediate implementation of the initial phase of this project will establish an atmosphere of encouragement and trust among the animators, agents and communities.

Agricultural and Medico-Social agents in each community will form an "Equipe Polyvalente" (multi-functional team) who will coordinate related community projects. These teams are potentially permanent members of the community councils.

To assure a permanent feed-back and evaluation mechanism between agents and the RDC staff:

- i. Agents will report and meet monthly with the RDC staff at the center itself.
- ii. The teaching staff and and their assistants will make make regular visits to the agents in their communities.
- iii. Agents will participate in periodic refresher courses at the RDC.

4.4 Summary of Objectives

a. During the first four years of this project, the following objectives are sought:

1. Conscientization of 320 community members from 34 villages in Gros Morne district through participation in a herein described "first course."
2. Formation of 160 agricultural agents from the district through participation in described agricultural "second courses."
3. Formation of 22 medico-social agents through participation in a medico-social "second course."
4. Formation and conscientization of 320 groups of from five to ten persons each.

5. Formation of 160 specialized rural groups (5 to 10 persons each) who will participate in agricultural projects.
6. Formation of 11 medico-social clubs who will activate interest in the medico-social community problems.
7. Stimulation of one agricultural intervention in each of the 34 participating communities.
8. Increase the participating farmers' production by 100%.
9. Reduce the prevalence of 3rd Degree malnutrition by 30%.
10. Reduce the prevalence of malaria by 40%.
11. Reduce the prevalence of neo-natal tetanus by 50%.
12. Reduce the prevalence of infant mortality by 50%.
13. Reduce the prevalence of 1-4 years mortality by 50%.

4.5 EVALUATION

- a. At the end of each training course the participants will evaluate the material presented and its possible effect on their future activity.
- b. Monthly reporting by agents and animators will be evaluated in light of project objectives.
- c. Community Councils will be asked to comment on achievements of animators and agents.
- d. Records will be maintained at the RDC relative to the number, quality and results of community projects initiated.
- e. Annual reports will be made on the achieved improvement of the health situation in the census district.
- f. Day to day interpretation of weight chart data will provide on-going evaluation of the Nutrition/Health Project.
- g. During one week of the year, all weights measured in all under-five clinics will be registered and plotted against the age.
- h. The Greg. Horne laboratory will record the occurrence of positive malaria tests of children under five. These records will be compared with previous records.
- i. At the end of the project a survey will be conducted to ascertain if the desired change in agricultural production has been achieved.
- j. "Evaluation of Agricultural Interventions" (see Encl. 8)

4.6 SUMMARY OF BUDGET: See Enclosure No. 6.

4.7 CONTINUITY OF PROJECT

During the course of the implementation of the project and following the results of the final evaluation, the problems of the district will have to be re-defined and the results used to determine whether this project should be continued, modified, or an entirely different development planning process formulated.

At this juncture it appears that the RDC will continue with similar functions in the future, perhaps with new or modified courses and the introduction of additional methods of change.

Given the present economic condition of Haiti in general and Gros Morne district in particular, it is certain that this project, in its present or modified form, will require external funding in the future. However, the following positive indicators should be given careful consideration:

- a. The expected increase in per capita income of the district's population should allow for their financial participation in the project costs.
- b. Given its past nine years of operation, Gros Morne hospital and its expanded Haitian staff is likely to remain as a valuable and proximate technical resource for the project.
- c. Fees contributed by mothers in the Nutrition/Health Project assures a continued salary for the medic-social agents.
- d. Given the initial encouragement and collaboration of the Ministries of Health and Agriculture, it can be hoped that continued and expanded assistance will be forthcoming from these sources.
- e. It would be within the priorities of the Gonaives Diocesan CARITAS to participate in the management and funding of the RDC since Gros Morne district represents approximately 20% of the diocesan population.

5.0 AUTHENTICATION

Date of Application: January 23, 1976

Signature: _____

Type name: Matthew C. Hein

Title: Director - Haiti Program, Catholic Relief Services - USCC

Andrea Koppenleitner

Hopital Alma Mater

Gros Morne/ Haiti

20 Jan. 1976

Final Results of the Preproject Study
on the Nutritional Situation
in the District of Gros Morne

1. Introduction:

For the "Gros Morne Health and Development Training Program" a preproject study on the nutritional situation is under way, the first results of which will be given in the following.

2. Methods:

1325 children under the age of 5 years have been weighed. Weight, age and sex were recorded.

Gros Morne	2.-6.12.75	440 children
Savanne la Hatte	17.12.75	192 "
David	19.12.75	133 "
Decostière	5.1.76	275 "
L'Acul	7.1.76	<u>285 "</u>
		1325 children

The weight was plotted against the age

- a) in the weight chart by David Morely "Chemin à la Santé", in which the range of normality is defined by the 50th percentils of English boys and the 3rd percentile of English girls. Children of well-off families at Port-au-Prince showed the same weight-age relation as British children.
- b) in the graphs used by the Bureau de Nutrition (Comez-Parape). Here boys and girls are listed separately. As standard the 50th percentile of American children is taken (Nelson 1963, Boston Harvard Standard). They define:

Normal : 90% of standard ore more

Malnutrition 1. degree : 75- 89%

2. " : 60- 74%

3. " : less than 60%

3. Results:

a) Underweight after Morley:

Gros Morne:	30% Prevalence
Decostière:	31% "
David:	37,7% "
Sav. La Hatte:	51,5% "
L'Acul:	58,9% "

Age distribution after Morley:

Age	L'Acul	Sav. La Hatte	David	Decost.	Gros Morne
8-0/11	31%	23%	17%	16%	13%
1-1/11	53	43	36	32	31
2-2/11	63	66	44	44	42
3-3/11	66	57	50	37	30
4-4/11	53	61	46	22	28

b) Weight distribution of boys and girls after Gomez/Parage:

	L'Acul	Sav. La Hatte	David	Decost.	Gros Morne
Normal	24%	20%	27%	36%	31%
Maln.					
1.degree	28	37	43	41	47
2.degree	34	34	29	18	19
3.degree	14	9	1	5	3
2.&					
3.degree	48	43	30	23	22

As for the age distribution, we saw in the Gomez/Parage scale the same trend as in the Morley scale.

4. Discussion:

A comparison of the results of both methods shows parallel figures: We find about 8%-10% less children in group "Malnutrition 2.&3.degree" (Gomez) than below the lower line of the Morley weight chart. As a result of the definition, the Gomez degrees are technical and arbitrary limits (percent), whereas the lower limit of Morley represents a biological figure (percentiles). On the other hand, the Gomez scale allows a better classification.

In this country, children of 2. and 3. degree malnutrition (Gomez) are usually accepted in nutrition rehabilitation centers. This means, that in our district between 22% and 48% of the under-fives are candidates for these centers...

However, Morley's limits appear more relevant concerning international biological standards. In this respect, between 30% and 59% of our under-fives are below the range of normal, in certain age groups even 66%.

Malnutrition was worst at L'Acul and Sav. La Hatte, followed by David, Decostière and Gros Morne. L'Acul and Sav. La Hatte are situated about 17 and 15 km, David about 7 km northwest of Gros Morne. David lies in a fertile plain with a large sugar cane plantation, which was irrigated until 3 years ago. Sav. La Hatte was even more involved in the drought, as was most of the northwestern part of our district. L'Acul lies away from the main road, in a mountainous area.

During the weighing, we had the impression that many mothers were ashamed of their skinny children, and some even said they would not dare bring them and show them in the open public. This might mean, that the actual prevalence of 3. degree malnutrition is even higher than recorded in this study. The weighing was something like a social event, since all children were dressed up as nicely as possible and even the notables of the villages brought their children.

Gros Morne / Haiti

20.1.76

1
(Andrea Koppensleitner)

Elements of the Nutrition and Health Project (NHP)

1. Operation plan:

As has been shown in project 75/11, the system of under-five clinics is the most effective and the most economic alternative to meet both the nutritional and the health needs of the district. Therefore, a chain of 11 clinics in 11 villages dispersed over the districts and a central referral clinic attached to the hospital of Gros Morne will have to be put into operation.

Villages to be included are: Macabon, Decostière, Tache, David, Viard, Mont Bayard, Pendu, Acul, Savanne La Hatte, Rivière-Mancel, Boucan Richard.

a. Clinic procedures:

The clinics will follow the program developed by Maurice King et al., which is practiced successfully in many developing countries. This program is equivalent to the Haitian program "Protection materno-infantile", furthered by Dr. Fougère of the Bureau of Nutrition and Dr. Ary Bordes of the Division of Family Hygiene.

A weight chart ("Chemin à la Santé") will be issued for each child up to the age of five years. The mothers will be asked to bring the children to the clinic once each month, or at least every two months. At this visit the child will be weighed, the weight entered on the chart and interpreted to the mother. The child will be given pyrimethamine as malaria prophylaxe, examined, given any due vaccinations and treated in case of illness. The mothers will be instructed about a sufficient diet for the children, given instruction in case of illness and educated in hygiene and public health. Talks and demonstrations given to a group of women waiting at the under-fives clinic are a valuable adjunct to the medical care.

The mothers will be asked to pay 20 kobs (US \$.04) for each visit. The malaria prophylaxe will be free of charge. Medicines will be dispensed free of charge to the poorest.

At the end of each clinic session, 4.4 pounds of dried skim milk will be given for each participating child. Over a one month period, this milk will provide approximately 60% of the child's optimum daily protein requirements, depending on the age of the child.

Mothers and children will receive a drink of clean water from the water filter installed at each clinic. While it is admitted that the filters to be used cannot be imitated in the homes, this procedure is a means of demonstration that pure water is important to good health. It also supplies potable water which will be needed at the clinic for long-waiting patients, for de-hydrated patients or children with diarrhea and for the intake of medicines. It should be noted that boiling of larger quantities of water is also expensive in the long run; further, boiling is not practical because of the cost and short supply of energy sources. Also, macroscopically, boiled water does not appear clear and acquires a less pleasant taste than filtered water.

Concurrently with this demonstration, people will be encouraged to install and maintain proper catchment systems at existing springs.

In addition to under-five clinic functions, these dispensaries will also be used by their staffs to offer medical care to adults, such as the treatment of minor illness; they may also continue hospital prescribed treatment for such illness or diseases as anemia, intestinal parasites, T.B, Gonorrhoea, syphilis, typhoid and avitaminosis. In the future, further medical programs may be implemented by these clinics, such as ante-natal clinics, anti-tuberculosis programs, and mass immunizations. Later on they may be converted into fully operational health centers with comprehensive medical care, including a small laboratory and a maternity service.

b. Implementation

- i. The communities will be asked to supply the ground and, if possible, a basic building so that the construction and alteration costs for these dispensaries can be kept at an average of \$ 750.- each. Depending on the communities' contribution, the dispensaries should sooner or later be fully owned by the community.
- ii. The staff of 2 persons operating each clinic will be selected by the communities and the R.D.C staff from among those animators who have completed the first course of conscientization at Grepin. They will then be given a second course of 5 months medico-social training. One month will be used for theoretical courses at the RDC

The remaining 4 months for practical training at the referral under-5 clinic, at Gros Morne hospital wards, at general clinics, and at the later-described mobile clinic. These medico-social agents ideally should be married women since their advice would be most respected by mothers of sick children. They should be fully prepared for their tasks 1½ years after the beginning of project 75/11; at this time they will start to operate the clinics.

From time to time they will be visited by the team from the center and assembled at Gros Morne for refresher courses. Their salaries and the recurrent costs of the clinics are to be covered by revenues of the clinic, supported by the local health committee and international funds.

iii. In order to meet the urgent need of the district for medical and nutritional care, the under-five clinic at Gros Morne hospital will open its clinic using the hospital staff.

At the same time a mobile under-five clinic service will be started by visiting the four villages: Macabon, Decostiere, Acul-Carnifice and La Hatte-Savanne-Carree. Each place will be visited once a week on a specified day. The mobile clinic will be led by a doctor or a German nurse, assisted by a senior Haitian auxiliary and two aides who have passed medical and nutrition courses. The mobile clinic will end its operation when these clinics can be taken over by the locally-recruited medico-social agents.

2. Funds Required

a.) February 1976:

Capital Investment

Alteration of referral clinic at Gros Morne (Approximately 50 sq.mt)	2,830.-	
add 6% contingency	<u>170.-</u>	3,000.-
Recurrent costs		
Maintenance of Mobile Clinic	2,500.-	
Other recurrent costs (detailed below)	1,560.-	
Add 6% cost contingency	<u>243.-</u>	4,303.-

b.) February 1977:

Construction of 11 village clinics at \$ 1,500-- each.....	16,500.--	
Add 6% contingency	<u>1,000.--</u>	17,500.--
Maintenance of mobile clinic ...	1,500.--	
Recurrent costs (detailed below)....	3,920.--	
Add 6% cost contingency....	<u>325.--</u>	5,745.--

c.) February 1978

Recurrent costs (detailed below)...	5,320.--	
Add 6% cost contingency.....	<u>320.--</u>	5,640.--

d.) February 1979

Recurrent costs (detailed below)	6,380.--	
Add 6% cost contingency.....	<u>380.--</u>	6,760.--

Details on recurrent costs shown above:

For each child attending the clinic, an average sum of \$1.00 has been allocated per year. This covers the weight chart, DPT, TAB, BCG vaccines, antimalarials and medicaments for the poorest.

Annual recurrent costs are based on the number of children expected to be reached each year, as shown:

Year	Estimated total Under-5 Population	Percent to be reached in prog.	Number to be reached in prog.	Recurrent costs per child per annum	Total Recurrent costs per annum
1976	5,200	30%	1,560	\$ 1.00	\$ 1,560.
1977	9,600	40%	3,920	\$ 1.00	\$ 3,920.
1978	9,600	55%	5,320	\$ 1.00	\$ 5,320.
1979	9,600	66%	6,380	\$ 1.00	\$ 6,380.

Details on construction of referral clinic at Gros Morne:

Building:	1,500.--	
Equipment:		
3 scales @ \$40.--	120.--	
furniture	200.--	
filter	130.--	
refrigerator	550.--	
3 stethoscopes	<u>30.--</u>	\$ 2,830.--

Details on construction of each village clinic as shown in funds required for 1977.

1977...

Building..... \$ 750.-

Equipment:

scales	40.-	
furniture	80.-	
camping gas	10.-	
filter	130.-	
refrigerator	400.-	
stethoscope	10.-	
miscellaneous	80.-	\$ 1,500.-

3. REPORTING

Every six months a report will be issued containing:

- a.) progress of investment and construction
- b.) number of new patients
- c.) number of old patients
- d.) number of vaccinations
- e.) number of malnutrition cases.

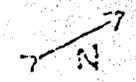
4. AUTHENTICATION

Date of application: December 4, 1975

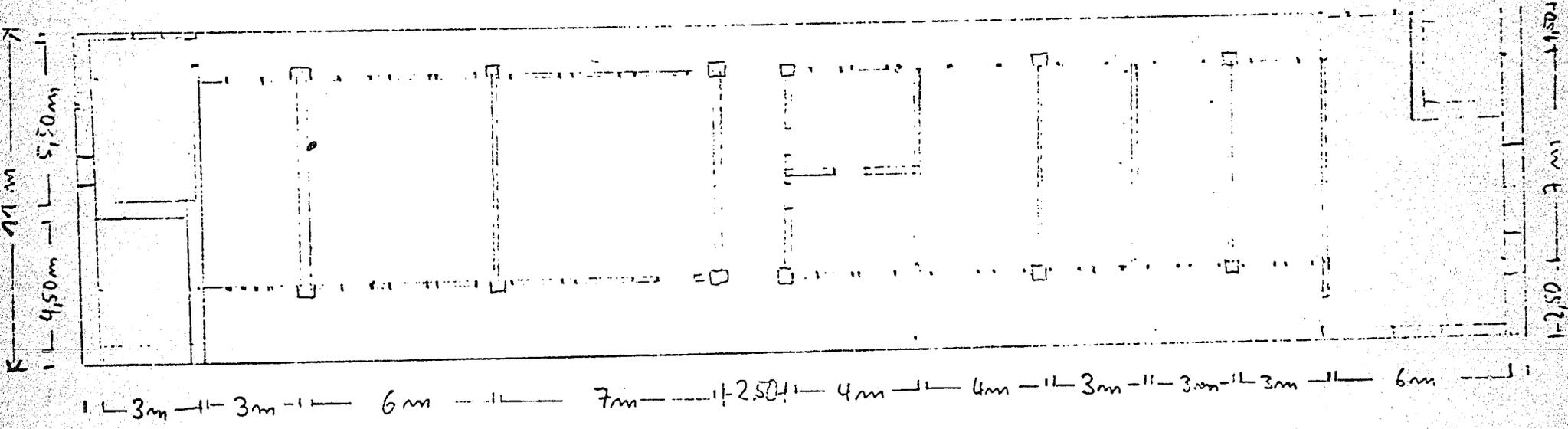
Signature *Matthew Heim*

Type name: Matthew C. Heim

Title: Director Haiti Program



48 m



BUILDING I (1 = 200)

GROS' MORNE RURAL DEVELOPMENT CENTER (RDC)

Enclosure No. 4

SUMMARY OF BUDGETBUDGET FIRST YEAR

A. Capital Investment R.D.C	70,956.-
B. Recurrent Expenses R.D.C	11,713.-
C. Capital Investment-Nutrition/Health Prog.	3,000.-
D. Recurrent Expenses " " "	<u>4,303.-</u>
Total funds	89,972.-

ITEMIZATIONS

A. Capital Expenses	
1. Construction of two main buildings:R.D.C	
728 Sq. Meters @ \$ 60.- per sq. meter	43,680.-
2. Storage room, cisterns & sanitary facilities	4,000.-
3. Generator	4,500.-
4. Typewriter, duplicating machine and locally made desks, filing cabinets chairs & shelving	2,400.-
5. Furniture for dormitories, meeting, class rooms and kitchen & dining equipment	3,000.-
6. Visual aids & educational equipment	1,000.-
7. Transport : 109" Land Rover diesel pick-up	8,000.-
3 horses with saddles @ \$ 120.00	360.-
add 6% contingency factor	<u>4,016.-</u>
Total 1st year Capital Investment R.D.C	70,956.-
B. Recurrent expenses R.D.C	
1. Staff salaries	
1 teacher @ \$ 300.- @ mo. x 13	3,900.-
2 teachers @ \$ 100.- ea @ mo. x 13	2,600.-
2 assistants @ \$ 50. ea @ mo. x 7	700.-
3 cooks/laundress @ 10. @ mo. x 7	210.-
1 maintenance man @ \$ 20. @ mo. x 7	<u>140.-</u>
	7,550.-
2. Educational supplies	1,200.-
3. Supplementary food supplies (a)	300.-
4. Traveling expenses	800.-
5. Energy (maintenance and operation of generator and vehicle)	1,000.-
6. Evaluation	200.-
Add 6 % contingency factor	<u>663.-</u>
	11,713.-
C. Capital Investment: Nutrition/Health Project	
See page 3 Enclosure No 2	3,000.-
D. Recurrent expenses-Nutrition/Health Project	
See page 3 Enclosure No. 2	4,303.-

(a)As shown in Paragraph 2.5 (b) most of the food required for the R.D.C is being furnished by a \$ 24,000.- grant from Deutsche Welthungerhilfe. This support is expected to continue throughout the project.

BUDGET- SECOND YEAR-

A. Recurrent expenses R.D.C	16,789.--
B. Capital Investment Nutrition/Health Project	17,500.--
C. Recurrent Expenses: Nutrition/Health Project	<u>5,745.--</u>
	40,034.--

ITEMIZATIONS

A. Recurrent expenses R.D.C		
1. Staff salaries		
1 teacher @ \$ 315. @ mo. x 13	4,095.--	
2 teachers @ \$ 105. @ mo. x 13	2,730.--	
4 assistants @ 55.00 @ mo. x 13	2,860.--	
3 cooks/Laundress @ 12.00 @ mo. x 13	468.--	
1 maintenance man @ 22.00 @ mo. x 13	<u>286.--</u>	10,439.--
2. Educational supplies		1,800.--
3. Supplementary food supplies		500.--
4. Travelling expenses		800.--
5. Energy (maintenance and operation of generator and vehicle)		2,000.--
6. Evaluation		300.--
Add 6% contingency factor		<u>950.--</u>
Total recurrent expenses : R.D.C		16,789.--
B. Capital investment Nutrition/Health Project see page 4 Enclosure No 2		17,500.--
C. Recurrent expenses Nutrition/Health Project see page 4 Enclosure No 2		5,745.--

BUDGET - THIRD YEAR

A-	Recurrent Expenses R.D.C	18,260.-
B-	Recurrent costs: Nutrition/Health Project	<u>5,640.-</u>
		23,900.-

ITEMIZATIONS

A-	Recurrent Expenses R.D.C		
	1. Staff Salaries		
	1 teacher @ \$ 330.- @ mo. x 13	4,290.-	
	2 teachers @ \$ 110. @ mo. x 13	2,860.-	
	4 assistants @ \$ 60.- @ mo. x 13	3,120.-	
	3 Cook/laundress @ \$ 14.- @ mo. x 13	546.-	
	1 maintenance man @ \$ 24 @ @ mo. x 13	<u>312.-</u>	11,828.-
	2. Educational supplies		1,800.-
	3. Supplementary Food supplies		500.-
	4. Traveling expenses		800.-
	5. Energy (maintenance & operation of generator & vehicle)		2,000.-
	6. Evaluation		
	Add 6% contingency factor		<u>1,032.-</u>
	Total recurrent expenses R.D.C		18,260.-
B-	Recurrent costs Nutrition/Health Project		
	see page 4 enclosure No 2		5,640.-

BUDGET- FOURTH YEAR

A- Recurrent expenses R.DC	20,000.-
B- Recurrent expenses: Nutrition/Health Program	<u>6,760.-</u>
	26,760.-

ITEMIZATIONS

A- Recurrent Expenses RDC		
1. Staff Salaries		
2 teachers @ 350. @ mo. x 13	4,550.-	
1 teacher @ 120. @ mo. x 13	3,120.-	
4 assistants @ \$ 70. @ month x 13	3,640.-	
3 cook/laundress @ \$ 16.00 @ mo. x 13	624.-	
1 maintenance man @ \$ 26. @ mo. x 13	<u>338.-</u>	12,272.-
2. Educational supplies		2,000.-
3. Supplementary foods		600.-
4. Traveling expenses		900.-
5. Energy (maintenance & operation of generator & vehicle		2,600.-
6. Evaluation		500.-
Add 6% contingency factor		<u>1,128.-</u>
		20,000.-
B- Recurrent expenses Nutrition/Health Project see page 4 enclosure No 2.		6,760.-

Project Title and Number: CROS WORK RURAL DEVELOPMENT PROJECT OLS #1001 75/11

NARRATIVE SUMMARY	OBJECTIVELY MEASURABLE INDICATORS	METHODS OF VERIFICATION	ASSUMPTIONS AND RISK FACTORS
<p>Program or Sector Goal: To improve the quality of life of a segment of the rural population of Gros Morne District through activities focused on a Rural Development Center.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> Reduction of 3rd degree malnutrition by 30%. Reduction of prevalence of malaria by 40 % Reduction of prevalence of neonatal tetanus by 50%. Reduction of prevalence of infant mortality by 50% Reduction of prevalence of 1-4 years mortality by 50% Initiation of 1 agricultural intervention in each of 34 participating communities Increase of agricultural production of participating farmers by 100 %. 	<ol style="list-style-type: none"> Comparison of bi-annual district health reports with base-line data. Quarterly activity reports from the rural Development Center. Agricultural group production statistics. 	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> Conscientization and training of intermediary agents is essential in effecting changes of the target group. The most important time to provide nutritious foods is in early childhood. Better nutrition affects mental and physical development. There will be sufficient rainfall and the absence of natural disasters.
<p>Project Purpose To provide an integrated program of interventions, coordinated by a professional staff of the Rural Development Center, which will train agricultural and socio-medical animators, provide supplementary foods and vaccines, and stimulate basic changes to improve agricultural production.</p>	<p>Conditions that will indicate purpose has been achieved: <u>End of project status:</u></p> <ol style="list-style-type: none"> Pre-School children will have been enrolled and benefited. Mothers at clinics will have learned relation between nutrition and child health. Animators will have been trained and community groups functioning under their leaderships. Agricultural interventions will be under-way Agricultural production of participating farmers will have increased. 	<ol style="list-style-type: none"> Medical examinations Weight charts Monthly reports from agents Rural Development Center Reports and Records 	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> Training of intermediaries will be sufficiently effective to achieve desired change in agricultural sector. Foods provided are nutritious More nutritious foods will be grown locally Vaccinations are effective in preventing some disease. Agricultural interventions devised will increase production.
<p>Outputs:</p> <ol style="list-style-type: none"> Construction of Rural Development Center at Gros Morne Training of 500 rural animators and agents Formation of 160 agricultural groups and 11 medico-social groups Establishment/construction of 11 village clinics Enrollment of children in health/nutrition program 	<p><u>Number of children:</u> Animators and agents trained yearly: Yr.1 : 60 2: 120 3: 140 4: 140 Formation of community groups: Yr.1 : 50 2: 80 3: 90 4: 50 Formation of agricultural groups: Yr.1 : 20 2: 40 3: 50 4: 50 Agricultural interventions started yearly Yr.1 : 4 2: 10 3: 10 4: 10 Children enrolled in MCH program: Year 1 2 3 4 1,560 3,920 5,320 6,360</p>	<ol style="list-style-type: none"> Reports and Records 	<p>Assumptions for providing outputs:</p> <ol style="list-style-type: none"> Construction costs remain within estimator and materials are available <i>W. J. P.</i> Suitable candidates for training courses can be recruited. Capacity of C.R.D. and cooperating sponsor to administer project
<p>Inputs:</p> <p>AID</p> <ol style="list-style-type: none"> Construction and operating costs in years 2(28%), year 3 (16%) and year 4 (15%). <p>C.R.S. and other agencies</p> <ol style="list-style-type: none"> Construction and operating costs 1st year Food provided for nutrition/health program Food for staff, students animators and field workers Equipment, material for Agricultural interventions <p>Fees paid by parents of pre-school participants. Labor and indigenous materials</p>	<p>Implementation Target (Type and Quantity).</p> <p>AID Year 1 2 3 4</p> <ol style="list-style-type: none"> 40 24 26 <p>C.R.S. et. al:</p> <ol style="list-style-type: none"> 30 25 50 84 101 12 24 24 24 15 12 14 16 <p>NOT QUANTIFIED</p>	<ol style="list-style-type: none"> Accounts and records and observation of programs. 	<p>Assumptions for providing inputs:</p> <ol style="list-style-type: none"> Continued availability of commodity sought. C.R.D. continued commitment to provide duty-free entry of equipment and supplies

Catholic Relief Services

Evaluation of Agricultural Interventions

As mentioned on page 17 of the project, one task of the RDC staff during the initial 4 months of the project will be to: "Prepare a document describing all aspects of the socio/medical/cultural/agricultural/economic realities of the district".

During this time, then, the three principal coordinators, with assistants if already hired, will travel throughout Gros Lorne District in order to assemble as much base-line data as possible, particularly in the agricultural sector.

It is acknowledged that yield statistics are difficult to obtain, given most farmers' reticence to disclose the productivity of their farms. Reliable production figures will likely be obtained only from those farmers who ultimately agree to participate in a project initiated by one of the community groups. But data received at that time will be useful and important to the project inasmuch as goals in the agricultural sector are to be measured only on the accomplishments of participating farmers.

Agricultural interventions, as ultimately proposed by the newly formed specialized groups, should be started towards the end of the first project year. First evaluations will be done 6 months later, or approximately midway in project year 2. Thereafter, semi-annual evaluations in the agricultural sector will be prepared by the trained agents in the communities involved and compiled and analyzed by the RDC staff.

The final format to be used in collecting field data will be devised by the RDC staff and will include the following information:

1. Name and location of community
2. Name and age of farmer
3. Number and ages of family members
4. Size of farm
5. Percentage of land cultivated
6. Percentage of land used for other purposes
7. Types of crops and yields in previous year
8. Types of crops and yields in current year
9. Use of crops (family consumption, sales)
in previous year
10. Use of crops in current year
11. Description of method of sales
12. Brief summary of any changes in farm operation resulting from project.
13. Farmer's conception of prevailing conditions which affected production.
14. Agent's conception of conditions which affected production.

A comparison of the statistics from the above reports should enable R.D.C staff to evaluate the agricultural interventions and plan future action by determining:

- a.) Increases of production
- b.) Use of production
- c.) Constraints in marketing
- d.) Effectiveness of agents
- e.) Analysis of natural conditions affecting production.

This information will be correlated with the evaluations done in the health program to determine the inter-relationship between project sectors.