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UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT

MISSION TO HAITI

For U.S. MAIL:
USAID / HAITI
Department of State
Washington, D.C. 20520
For INTERNATIONAL MAIL:
USAID / HAITI
P.O. Box 1623
Port-au-Prince, Haiti, W.I.

MAR 29 1983

Rev. Jacques McGuffie
President
Association des Oeuvres Privées de Santé
P.O. Box 1213
Port-au-Prince, Haiti

Dear Reverend:

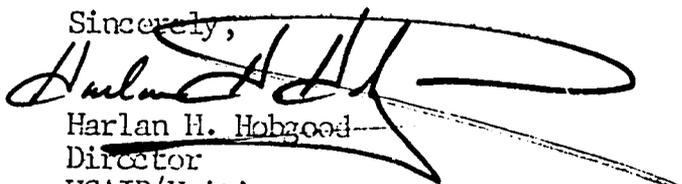
Subject: Cooperative Agreement No. 521- 0169 -A-00-3042-00

Pursuant to Section 531 of the Foreign Assistance Act, as amended, and Chapter VI of the Supplemental Appropriation Act of 1982 (P.L. 97-257), the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby provides to the Association des Oeuvres Privées des Santé (hereinafter referred to as "AOPS" or "Recipient") the sum of Two Hundred Eighty Thousand Dollars for the purpose of implementing and evaluating a comprehensive community health and family planning program with private voluntary institutions consistent with the Haitian national health plan, as more fully described in Attachment 2, entitled "Summary Program Description".

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of program objectives through the estimated completion date of May 30, 1985.

This Cooperative Agreement is made to the Recipient on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment 1, the Schedule; Attachment 2, the Program Description; Attachment 3, the Standard Provisions; and Attachment 4, the Summary Project Description, which have been agreed to by your organization.

Please sign the original and eight (8) copies of this letter to acknowledge your acceptance of the Cooperative Agreement, and return the original and seven copies to this office.

Sincerely,

Harlan H. Hobgood
Director
USAID/Haiti

Attachments:

- 1. Schedule
- 2. Program Description
- 3. Standard Provisions
- 4. Summary Project Description
- 5. Assurance of Compliance

Acknowledged:

ASSOCIATION DES OEUVRES PRIVEES DE SANTE (AOPS)

By: Jacques Mc Guffe
 Title: Président AOPS
 Date: 29 Mars 1983

By: Jacques Mc Guffe
 Title: Treasurer AOPS
 Date: 29 March 83

By: _____
 Title: _____
 Date: _____

By: _____
 Title: _____
 Date: _____

Fiscal Data:

Appropriation: 72-112/31037
 Budget Plan Code: IES2-83-25521-KG13
 P/O/T No.: 521-0169-3- 30041
 Project No.: 521-0169 (3)
 Total Estimated Amount: \$280,000
 IRS Employer ID No.: _____
 Funding Source: USAID/Port-au-Prince, Haiti

SCHEDULE

A. Period of Agreement

1. The effective date of this Cooperative Agreement (CA) is the signature date by the Grant Officer as shown on the cover letter, and the estimated completion date is May 30, 1985.
2. Funds obligated hereunder are available for program expenditures for the estimated periods of April 1, 1983 to March 31, 1985, as shown in the financial plan below.

B. Amount of Agreement and Payment

1. AID hereby obligated the amount of \$280,000 for purposes of this CA.
2. Payment will be made to the Recipient in accordance with the procedures set forth in Attachment 3 - Standard Provision entitled Payment - Periodic Advance.

C. Reporting and Evaluation

1. The Recipient shall submit the following reports, in English, at the time and in the quantities specified.

a. Technical Reports

Quarterly Reports

b. Financial Reports

The Recipient shall submit to the responsible AID Controller all reports required under Standard Provision entitled "Payment - Periodic Advance" via the USAID Project Manager.

c. Special Reports

The Recipient shall provide special reports as requested.

- d. Two copies of each quarterly or technical report shall be submitted.

D. Financial Plan

1. The Financial Plan for this CA is shown below. Revisions to this plan shall be made in accordance with Standard Provision entitled "Revision of Financial Plans".
2. The Recipient may not exceed the obligated amount set forth, nor may the Recipient adjust the costs for any individual line item by more than 15% of such line item without prior consultation with a written approval of USAID.

PROJECT FINANCIAL PLAN

<u>Category</u>	<u>FY 1983*</u>	<u>FY 1984</u>	<u>FY 1985*</u>	<u>Total</u>
A. AID Contribution				
1. AOPS Core Salaries				
Project Coordinator	\$ 5,760	\$10,720	\$ 5,760	\$22,240
Accountant	2,160	4,320	2,160	8,640
Secretary	2,160	4,320	2,160	8,640
Driver	1,800	3,600	1,800	7,200
2. Transport				
Vehicle	14,000			14,000
Operating Costs	4,000	7,000	4,880	15,880
3. Newsletter	1,500	2,000	2,000	5,500
4. Training/Seminars	21,000	14,000	5,000	40,000
5. Forms/Admin. Supplies	8,000	6,000	4,000	18,000
6. Equipment/Materials	5,000	4,460	2,100	11,560
7. Field Supervision	4,000	5,000	4,000	13,000
8. Tech.Support to Members	2,000	3,000	3,000	8,000
9. Intern'l Conferences	2,000	1,000		3,000
10. Community Health Demonstr.(CHD)				
Sal. Aux. Nurses (5)	2,592	8,208	2,160	12,960
Sal. Record Keepers (5)	2,592	8,208	2,160	12,960
Allocations in lieu Sal.(5)		21,600	4,320	25,920
County Participation Fund	<u>15,000</u>	<u>28,750</u>	<u>8,750</u>	<u>52,500</u>
Sub-total	\$ 93,564	\$132,186	\$54,250	\$280,000
B. In-Kind PVO Contributions				
1. CHD Med. Directors Sal.	\$ 8,100	\$ 27,900	\$ 27,000	\$ 63,000
2. CHD Admin. Costs	2,025	6,975	7,250	16,250
3. CHD Equip./Supplies	2,250	7,750	7,500	17,500
4. AOPS Project Director	1,200	2,400	1,200	4,800
5. CHD Aux. Nurse/Clerk	5,184	12,096	21,600	38,880
6. AOPS Office Costs	<u>1,500</u>	<u>3,000</u>	<u>1,500</u>	<u>6,000</u>
Sub-Total Local Contributions	<u>20,259</u>	<u>60,121</u>	<u>66,050</u>	<u>146,430</u>
GRAND TOTAL	\$113,823	\$192,307	\$120,300	\$426,430

* Budget for Six-month periods in both FY 1983 and FY 1985.

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PROGRAM DESCRIPTION

I. Purpose

The purpose of this CA is to help finance the costs of the design, implementation and evaluation of comprehensive community health and family planning activities to be carried out by private voluntary health institutions consistent with the Haitian national health plan.

II. Description of Activities

The Recipient will perform the activities under this Cooperative Agreement as described below and in the summary of the Recipient's proposal entitled "Summary Project Description dated 3/22/83 hereby incorporated as part of this Agreement, as Attachment 4. To the extent of any inconsistency between the Summary Project Description and the Covering Letter and Attachments 1, 2, and 3 of this Agreement, the Covering Letter and Attachments 1, 2, and 3 shall control.

III. Responsibilities of AOPS

1. Identify and assist 15 private health institutions to design and implement community health activities reaching approximately 10,000 persons in the area of each institution. Community Health activities will include the following activities: identification of the at-risk population, child growth surveillance and counselling, immunization of children and women, promotion of breastfeeding, promotion of oral rehydration, detection and treatment of endemic diseases e.g. TB and Malaria where appropriate, organization of family planning services, and registration of vital events.

2. Provide or arrange for (a) the necessary training of community health personnel; (b) the development and use of record systems which will facilitate program evaluation.

3. Utilize the necessary administrative procedures and financial control systems to ensure that project funds are properly accounted.

4. Assist AOPS members and other private and mixed facilities to develop community health activities.

5. Prepare and submit quarterly activity and financial reports to USAID so that funds flow smoothly.

6. Consult with AID and/or the DSPP when problems arise and in the following points in project implementation:

- The appointment of a project funded project coordinator (USAID);
- The AID regulations to be followed in procurement of a heavy duty 4-wheel drive vehicle (USAID);
- The census format to be used (USAID-DSPP);
- The institutions selected and their tentative plans for community health activities (USAID-DSPP);

7. Organize regional seminars and workshops to promote information exchange, to discuss community health strategies, to promote private institutional participation in the national health program.

8. Coordinate and provide a liaison between the Government and private health facilities in order to improve use of available resources, increase understanding and augment the impact of private institutional efforts on health status.

9. Visit at least the majority of private health facilities in Haiti and encourage them to develop community health programs in accordance with the National Health Plan, DSPP service norms and appropriate technology and resources.

10. Provide a final project report which describes accomplishments, relevant findings and recommendations for future community health activities.

IV. Substantial Involvement Understandings

The following AID established criteria must be met under this Agreement:

A. USAID/Haiti will participate in quarterly reviews with the recipient to verify progress in implementing and to help resolve any problems.

B. USAID/Haiti will review the potential candidates and concur in the appointment of a project coordinator to be paid from the Cooperating Agreement (CA).

C. USAID/Haiti will review and concur in the community incentive plans developed by participating private health facilities who will directly benefit from CA funds.

D. USAID/Haiti will review and concur in any international travel to be paid under the CA.

E. USAID/Haiti will review and concur in any plans for expanded immunization or nutritional surveillance to be funded under this CA.

F. USAID/Haiti will endeavor to encourage all private voluntary health service groups to joint with AOPS and the Department of Public Health and Population (DSPP) in implementing the national health plan.

G. USAID/Haiti will stimulate and encourage innovative managerial, organizational or participative actions designed to achieve maximum effective health coverage at least cost.

H. USAID/Haiti will endeavor to facilitate collaboration and coordination between the DSPP and private sector health agencies.