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UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
Washington, D. C. 20523

HAITI

PROJECT PAPER

URBAN HEALTH & COMMUNITY DEVELOPMENT II

Amendment

AID/LAC/P-442
CR P-443

Project Number: 521-0159

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number
2

DOCUMENT CODE

3

COUNTRY/ENTITY

HAITI

3. PROJECT NUMBER

521-0159

4. BUREAU/OFFICE

USAID/Haiti

05

5. PROJECT TITLE (maximum 40 characters)

Urban Health & Community Dev. II

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
01 8 31 | 11 8 | 9

7. ESTIMATED DATE OF OBLIGATION

(Under 3. below, enter 1, 2, 3, or 4)

A. Initial FY 88

B. Quarter 4

C. Final FY 88

8. COSTS (\$000 OR EQUIVALENT SI =)

A. FUNDING SOURCE	FIRST FY 88			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	250	870	1,120	783	3,637	4,420
(Grant)	250	870	1,120	783	3,637	4,420
(Loan)						
Other						
U.S.						
Host Country		141	141		691	691
Other Donors)		585	585	948	810	1,758
TOTALS	250	1,596	1,846	1,731	5,138	6,869

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROXIMATE RELATIONSHIP	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) HR	530	510		3,100		1,120		4,200	
(2) AIDS	510	550				200		200	
(3)									
(4)									
TOTALS				3,100		1,320		4,420	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

560 | 920 | 580 | 721 | 851

11. SECONDARY PURPOSE CODE

722

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code BU | NUTR | PVON

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

Strengthen the institutional capacities of: 1) the Medico-Social Complex of Cité Soleil (CMSCS) to deliver health services, develop human resources, and achieve a significantly higher level of self-sufficiency, and 2) the Group Against AIDS (GLAS) to mount an effective AIDS prevention campaign.

14. SCHEDULED EVALUATIONS

Interim MM YY Final MM YY

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of 3 page PP Amendment)

This amendment will provide bridge financing to CMSCS while the Expanded Urban Health Project is designed and permit initiation of AIDS activities.

USAID/Haiti Controller Clearance:

I have reviewed and approved the methods of implementation and financing for the PP Amendment.

Claire Johnson
Claire Johnson A/Controller, USAID/Haiti

17. APPROVED BY

Signature: Linda E. Morse
Acting/Director, USAID/Haiti

Date Signed: 07 21 08

18. DATE DOCUMENT RECEIVED IN AID/W. OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

a

PROJECT AUTHORIZATION
Amendment No. 2

Name of Country : Haiti
Name of Project : Urban Health and Community Development II
Project Number : 521-0159

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize a) an increase in the planned obligations for the Urban Health and Community Development II Project of not to exceed One Million Three Hundred and Twenty Thousand United States Dollars (\$ 1,320,000) in grant funds, subject to the availability of funds in accordance with the AID allotment process, b) an extension of the PACD to August 31, 1989 and, c) support to an AIDS public information campaign. By this action, a total of Four Million Four Hundred and Twenty Thousand (\$ 4,420,000) is authorized for the Project.

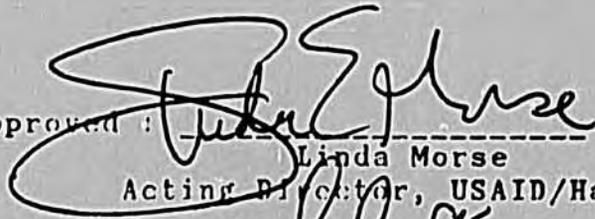
2. Therefore, the authorization is amended to read as follows :

A. In paragraph 1 of the authorization, the phrase "Three Million One Hundred Thousand United States Dollars (\$ 3,100,000) in grant funds over a five year period", is replaced by "Four Million Four Hundred and Twenty Thousand United States Dollars (\$ 4,420,000) in grant funds over a sixty four (64) month period".

B. In paragraph 2 of the authorization, the following phrase is added at the end of the paragraph "and c) support to an AIDS public information campaign."

C. In paragraph 3 of the authorization, the words "Cooperative Agreement" are replaced by the word "Agreements".

3. Except as expressly amended hereby, the terms and conditions of the original authorization, as amended, remain in full force and effect.

Approved : 
Linda Morse
Acting Director, USAID/Haiti

Date : 28 July 88

Clearances :

FPS : R. Fanale
HRO : P. McDuffie
HRO : D. Eckerson
CONT: C. Johnson

Acting D/DIR: R. Burns

RF
DE
CA
MG

URBAN HEALTH AND COMMUNITY DEVELOPMENT II
Project Paper Amendment 2

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GLOSSARY

AIDS	Acquired Immuno Deficiency Syndrome
AIDSCOM	AIDS Communication, Prevention and Cooperation Project
BCG	Bacille Calmet Guerin
CDS	Centre pour le Develooppement et la Sante
CHAPI	Centre Haitiano-Arabe/Plan International Clinic
CHW	Community Health Workers
CMSCS	Complexe Medico-Social de la Cite Soleil
COGESA	Compagnie de Gestion S.A.
EEC	European Economic Community
FHI	Family Health Foundation
FOCUS	Friends of Cite Soleil
GLAS	Groupe Lutte Anti-SIDA
GHESKIO	Groupe Haitien d'Etude du Sarcome de Karposi et des Infections Opportunistes
GOH	Government of Haiti
HKI	Helen Kellog Foundation
HIV	Human Immuno Deficiency Virus
HRD	Human Resources Development
HTLV-1	Human T-Lymphotropic Virus-1
IDB	Interamerican Development Bank
IEC	Information collection and dissemination, Education, and Communication
IMR	Infant Mortality Rate
INFP	Institut National de Formation Professionnelle
INLR	Institut National de Laboratoire et Recherche
MSPF	Ministere de la Sante Publique et de la Population
NAC	National AIDS Commission
NIH	National Institute of Health
ORT	Oral Rehydration Therapy
PACD	Project Assistance Completion Date
PAHO	Pan American Health Organization
PUF	Public Welfare Foundation
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development

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URBAN HEALTH & COMMUNITY DEVELOPMENT II
Project No. 521 0159
Project Paper Amendment 2

I. SUMMARY AND RECOMMENDATIONS

Pursuant to review and approval of the proposed Urban Health & Community Development II Project second amendment by the USAID/Haiti Project Review Committee, it is recommended that the USAID/Haiti Mission Director approve the project paper amendment described herein for an additional One Million One Hundred and Twenty Thousand United States Dollars (\$ 1,320,000) in grant funding to the Social Medical Complex of Cite Soleil - CMSCS (\$ 1,120,000), to the Group Against AIDS - GLAS (\$ 150,000) and to AIDSCOM (\$ 50,000). Amendment 2 will

1. help sustain existing services to the Cite Soleil and Gonaives population.
2. finance the cost of a salary adjustment at CMSCS that was implemented in August 1987, a year after public servant salaries were increased by 70%.
3. cover the cost of an operating deficit that resulted when anticipated donations were not received and fundraising efforts were thwarted nationally and abroad by the unstable political situation.
4. substantially increase efforts to strengthen financial, personnel and grant management systems.
5. provide a \$ 150,000 grant to the organization of Haitian businessmen and professional health workers, the Group Against AIDS (Le Groupe Lutte Anti SIDA-GLAS) to conduct a public awareness campaign about the transmission and prevention of AIDS directed to factory workers in Port-au-Prince .
6. provide \$ 50,000 to the centrally funded AIDSCOM project to assist GLAS in the design and monitoring of the AIDS Prevention Campaign.

The Social Medical Complex has made notable progress in achieving the goal of the overall project to improve the health, socio-economic status and standard of living of Cite Soleil residents, as indicated in the original Project Paper, and has been successful in replicating its operations in Gonaives.

CMSCS has been successful in improving health status and developing marketable vocational skills in Cite Soleil at a total cost of \$ 12.20 per person per year (\$ 6.00 per person per year for health services). After little more than one year of operation, Gonaives has been successful in not only delivering health services but independently managing and administering the project with limited direction from CMSCS executives, and doing so at a cost of \$ 6.29 per person per year for health services.

Unfortunately, in the past two years, CMSCS income generation potential as a whole has been seriously affected by political unrest and, as a result, several donors withdrew or decreased their commitments to support CMSCS activities. At the same time, the Ministry of Health (MSPP) gave its personnel a 70% raise as a salary adjustment and, after resisting one year, CMSCS management had to

adjust the salaries of its employees to avoid a strike. These events have disrupted CMSCS financial plans, and the Complex would need an estimated \$ 1,060,000 additional to keep operating until CMSCS PA'D (April 30, 1989). Further CMSCS will need \$ 60,000 to fund a comprehensive management/administrative analysis of its operations.

The CMSCS will, with USAID's proposed additional assistance, continue to strengthen its institutional capacity to: 1) deliver health services; 2) develop human resources and 3) achieve a higher level of financial self-sufficiency. The major activities to be undertaken by CMSCS under this amendment are :

- to deliver child survival interventions,
- to provide limited curative care and hospital referrals,
- to provide training in handicrafts, cooking, electronics, micro-business development, welding, plumbing, woodworking and sewing in Cite Soleil,
- to place training school graduates in jobs or professional institutions,
- to conduct operations research on targeted diseases and delivery methods,
- to research reliable income generation possibilities and implementing methods to increase self sufficiency,
- to train Traditional Birth Attendants (TBAs) and other health practitioners,
- to select health professionals for participant training in the United States, and
- to conduct a comprehensive management/administrative analysis of its operations.

Additional funds would help cover CMSCS expenses through April 30, 1989.

In addition to conventional health problems, there has been growing concern on the part of both the public and the private sectors about the rapid spread of AIDS in Haiti, and the effect of this epidemic on CMSCS activities and on urban health in general. Responding to a formal proposal received in May 1988, USAID would like to make a \$ 150,000 grant to the Group Against AIDS (French acronym GLAS) to finance part of a multi-faceted public information campaign using the mass media to disseminate information about the transmission and prevention of AIDS. In order to further assist the GLAS staff, all of whom are volunteers, USAID will procure technical assistance through a \$ 50,000 buy-in to the centrally funded AIDSCOM Project (936-5972). This campaign will end on August 31, 1989.

PROPOSED ACTION : That an amendment to the referenced project to increase grant funding by One Million Three Hundred and Twenty Thousand United States Dollars (\$ 1,320,000) to a LOP total of Four Million Four Hundred and Twenty Thousand United States Dollars (\$ 4,420,000), and to change the PACD to August 31, 1989, be authorized by the delegated authority.

II. BACKGROUND AND RATIONALE FOR AMENDMENT

A. Background

1. The Social Medical Complex of Cite Soleil

The Social Medical Complex of Cite Soleil (hereafter referred to as CMSCS, or the Complex) is an indigenous, non-profit organization located in Cite Soleil, a densely populated slum area on the outskirts of Port au-Prince, Haiti. The Complex started more than fourteen years ago as a small dispensary. Today it includes the original dispensary (CHAPI), two primary health care centers (Boston and Brooklyn), a 90 bed hospital (Hopital Sainte Catherine Laboure), three separate facilities to support human resources development : the Brooklyn Mothercraft Center for adult women, the Papayo Center for adult men, and the Boston Cultural Center for Cite Soleil teens, two nutrition demonstration centers, a nutrition recuperation center, an elementary school, a vocational high school and a family planning center (operated by the Center for Development and Health (CDS), the CMSCS parent organization). Recently, CMSCS has started to replicate its community approach to health services in a slum of 50,000 people in Gonaives, a secondary city in Haiti. Overall, the Complex now manages one of the most comprehensive health and social service programs in Haiti, targeted to 200,000 slum residents. Their population based approach to health services, facilitated by domiciliary visits by Community Health Workers (CWHs) and nurses, involves the utilization of extensive human resources including 27 physicians, 25 nurses, 31 auxiliary nurses, 32 teachers and 129 Community Health Workers. Services range from embroidery training at the Brooklyn Mothercraft Center to major surgery at the Cite Soleil Hospital, Sainte Catherine Laboure.

In 1980, USAID recognized that a purely rural development emphasis in Haiti would not be sufficient to offset the already serious problems of rural to urban migration, and authorized the Urban Health and Community Development I Project (521-0136) in an effort to respond to the needs of a portion of Haiti's urban poor. That project provided a four year grant of \$ 1,243,000 to support overall CMSCS program goals and operating expenses for administration and various health, education and vocational training programs. The support to CMSCS continued in 1981, when USAID/Haiti signed a \$ 2,100,000 five year Cooperative Agreement with the CMSCS for the Urban Health and Community Development II Project (521-0159). The aim of this project has been to consolidate rather than to add services. It has focussed on :

1. Strengthening the CMSCS health delivery system, by modifying it to place more emphasis on interventions of greatest need and impact;
2. Developing the human resources development component, and
3. Improving the capacity of the Complex to generate income.

Despite successes in improving health status, developing human

resources, and increasing revenues, CMSCS was unable to raise enough funds to sustain its activities at the planned levels and turned to USAID in 1986 for additional financial assistance.

Before authorizing a grant amendment, USAID conducted a mid-project evaluation which noted that, "given the quality of health care available through CMSCS facilities, for a population which has no other easy access to quality health care, especially in a politically sensitive and volatile urban area, extension of health coverage at a relatively low per capita cost should be a high priority in the USAID/Haiti portfolio". As a result of the positive evaluation, USAID amended the project in August 1986, and added \$ 1 million to the Cooperative Agreement to assist CMSCS to :

1. Respond to the 50% increase in the Cite Soleil population (100,000 to 150,000) by expanding services.
2. Cover an operating deficit that resulted when anticipated donations were not received.
3. Increase and accelerate efforts to attain self-sufficiency and strengthen financial management and planning systems.
4. Replicate the Cite Soleil health service delivery model in Gonaives.

USAID agreed to provide the amendment because the Complex had been effective in improving the health status of the Cite Soleil population at a cost of \$ 5.82 per capita, and had received \$ 300,000 in matching funds from the Public Welfare Foundation (PWF, a U.S. private foundation) for the Gonaives project. Cite Soleil services were expanded and staff was added to accommodate the increase in the target population. A total of \$ 750,000 was provided to cover the \$ 20,000 per month operating deficit until the PACD of April 1989. The remaining \$ 250,000 was provided to CMSCS to replicate the health service delivery model in Raboteau and Ka-Soleil (Gonaives), and to match the funds promised by the PWF. CMSCS was then able to sustain and extend their exemplary health service delivery model in one of the secondary cities that needed it most.

2. AIDS in Haiti

In addition to conventional health problems, there has been growing concern on the part of both the public and the private sectors about the spread of AIDS in Haiti, and the effect of this epidemic on CMSCS activities, and on urban health in general.

The AIDS epidemic is a serious problem in Haiti. It is spreading very rapidly and a world renowned Haitian expert on AIDS in developing countries estimates that, if the disease progresses in Haiti as it has in the U.S., there will be more than one million Haitians seropositive by 1991, most of whom will die if some miraculous cure is not found in the next five years. The MSFP has been seriously preoccupied by the rapid spread of AIDS in Haiti and, has added, since 1987, AIDS as one of the seven national health priorities in its plan of action.

In order to fight this terrible disease both private and public measures have begun to be taken. Among them has been the creation, in May 1982, of the "Groupe Haitien d'Etude du Sarcome de Karposi et des Infections Opportunistes" (GHESKIO), a private group of Haitian physicians who have dedicated their time to conduct research on HIV infections. To date GHESKIO has conducted an impressive research program on HIV infections with the assistance of Cornell University, and is currently heading the "Institut National de Laboratoire et Recherche" (INLR) which operates the only AIDS clinic in Haiti.

In 1986, the National AIDS Commission (NAC) was formed by the MSPP to address the growing concerns about AIDS in Haiti. NAC is set up as a private organization, independent of the MSPP but run by three MSPP officials and private groups interested in combatting the AIDS epidemic. The Pan American Health Organization (PAHO) is currently the principal donor supporting the National AIDS Commission. Through this support, the Commission has adequate resources to set up an epidemiologic surveillance capacity and upgrade Haitian blood banks so that AIDS-free blood can become more readily available.

In March 1987, the MSPP held an AIDS information meeting with the representatives of both private and public sectors, and as a result, members of the private sector decided to establish the "Groupe de Lutte Anti-SIDA" (GLAS) to work in collaboration with public sector in the fight against AIDS. The GLAS Board of Directors is composed of eight businessmen and two GHESKIO members who voluntarily dedicate their time and money to the fight against AIDS. In April 1987, GLAS participated in collaborative efforts with the MSPP which resulted in the PAHO assistance to the NAC. Further, GLAS conducted, in collaboration with COGESA, a private firm associated with Price Waterhouse, a baseline survey among a sample of 300 factory employees. The survey measured knowledge of AIDS, sexual habits, and attitudes toward the different methods of AIDS prevention. This study was accepted for presentation at the "First International Conference on the Global Impact of AIDS", held in London in March 1988.

In addition, responding to CMSCS growing concern about the negative effects of AIDS on CMSCS activities, the National Institute of Health (NIH) joined Johns Hopkins University to assist CMSCS technically and financially in a study to determine the prevalence and incidence rate of AIDS in Cite Soleil, after which they will help CMSCS to develop appropriate educational and health interventions. The aim of this study is to follow-up pregnant women and their offspring in Cite Soleil to determine the prevalence and transmission of AIDS, and to investigate the importance of AIDS infection on morbidity and mortality.

CMSCS has also received a one year grant from Family Health International (FHI) to conduct a study to determine the prevalence of antibodies against HIV and HTLV-1 among adults obtaining services at the Raboteau and Ka-Soleil comprehensive health centers in Gonaives, with their target population of 50,000.

Available data show that more than 80% of AIDS cases come from Port-au-Prince and its suburbs; however, in the last three years there

has been a shift in the number of cases originating from secondary cities. In addition, documented or assumed heterosexual transmission has gradually increased from 26% of the cases in 1983 to over 80% in 1986 (See Annex 2), and a recently completed CMSCS survey, conducted in conjunction with Johns Hopkins University, reveals that the AIDS prevalence rate among pregnant women in Cite Soleil is 8% (See Exhibit A). Hence, as a result of in utero transmission (mother to child transmission) there has been an increasing number of children with AIDS. It is, therefore, clear that, if nothing is done to control its progression, this epidemic will have a serious negative impact on the achievements of health projects nationwide and on the Urban Health and Community Development II Project (521-0159) in particular. Unfortunately, there is no cure for AIDS so far and USAID/Haiti shares the common belief that the only way to alleviate the progression of this epidemic in Haiti is to reduce transmission. This can be done only through an aggressive campaign to alert people to the dangers of frequenting prostitutes or of indiscriminate sexuality.

B. Project Implementation to Date

1. Improved CMSCS Primary Health Care Activity

Cite Soleil, Port-au-Prince

The Urban Health and Community Development II Project has done a remarkable job of improving the health status of the target population. Since the project started, immunization coverage for DTP, polio, measles and BCG for children age 0 to 5 years has increased by an average of 40% to levels higher than 75%. The number of pregnant women receiving complete immunization protection against tetanus increased from 55% in 1983 to 98% in 1988. The Infant Mortality Rate (IMR) has decreased from 84/1000 in 1983 to an estimated 75/1000 in 1987, while the national IMR is still above 100/1000. Contraceptive prevalence increased from 5% of women at risk in 1983 to 12% in December 1987. Approximately 1,800 women in union from 15 to 49 years of age are currently using a modern contraceptive method. As a result of the Nutrition Demonstration Foyers and the Nutrition Recuperation Center, the percentage of malnourished children 0-5 years of age in Cite Soleil went from 60% to 40%. Vitamin A has been distributed to 40% of all registered children, with the financial and management support of the Helen Keller Foundation. Total registration at Cite Soleil is now 150,000 and the patient population is continuously growing with no degradation of CMSCS health services (See Exhibits A and C).

Raboteau, Gonaives

The Raboteau clinic in Gonaives was opened in April of 1987 after administrators were recruited, arrangements were made with the MSPP to provide the facility and some health workers, renovations were completed and all health workers were trained in community health techniques based on the Cite Soleil model. CHWs participated in enumerating the target population and listing residences to facilitate data gathering and measurement of health impact. Tabulation of the Raboteau data has been completed and CHWs' health outreach activities

EXHIBIT A

HEALTH COVERAGE INCREASES

	1983		1985		1987		
	CMSCS	#Nat'l	CMSCS	#Nat'l	CMSCS	#Nat'l	*Nat'l
Immunizations							
DTP	37%	9%	56%	23%	75%	30%	22%
Polio	27%	8%	50%	22%	74%	30%	23%
BCG	65%	61%	90%	70%	93%	46%	41%
Measles	6%	2%	54%	8%	78%	24%	26%
Tetanus	55%	NA	65%	NA	85%	NA	27%
Contraceptive Prevalence	5%	6%	8%	6%	12%	7%	7%
Malnourished	60%	70%	54	70%	40%	?	42%
AIDS Prevalence	NA	NA	NA	NA	@8%	NA	NA
Vitamin A					60%	NA	50%
ORT Users	NA	NA	77%	NA	77%	16%	16%
IMR	84/1000	130/1000	NA	?	75/1000	105/1000	101/1000
Prenatal Care	55%	NA	71%	NA	89%	NA	NA

Note: *: Enquete Mortalite, Morbidite et Utilisation des Services (EMUSS), The Child Health Institute, Port-au-Prince, Haiti 1987

#: PEV Report - The Ministry of Public Health and Population (MSPP)

@: Among 3000 pregnant women in 1986-1987

EXHIBIT C

HEALTH SERVICES UTILIZATION IN CITE SOLEIL
1984 - 1987

	<u>1-6/84</u>	<u>7-12/84</u>	<u>1-6/85</u>	<u>7-12/85</u>	<u>1-6/86</u>	<u>7-12/86</u>	<u>1-6/87</u>	<u>*IN</u>
<u>Curative Care</u>								
Outpt Visits	11536	12434	7770	5606	4616	12484	18142	57%
Aver/Month	1923	2072	1295	934	769	2081	8024	57%
Hospital Adm	1488	1680	1506	1960	1936	1986	2001	19%
Aver/Month	248	280	251	327	323	331	334	19%
Hospital Del	NA	696	656	990	898	1152	1251	80%
Aver/Month	94	116	109	165	150	192	209	80%
<u>Preventive Care</u>								
DTP Provided	1836	3642	2890	7850	7388	6760	9876	171%
Aver/Month	306	607	482	1308	1231	1127	1646	171%
Immunization	10134	10566	10798	20494	20084	19474	25729	144%
Aver/Month	1689	1761	1800	3416	3347	3246	4288	144%
Children Weighed	7692	12972	16028	18138	16518	17972	18907	46%
Aver/Month	1282	2162	2671	3023	2753	2995	3151	46%

Note:*IN - Percent Increase From January 1984 to June 1987

are now fully operational.

The clinic has already proven to be quite popular among Gonaives residents, despite the political turmoil that characterized Haiti from June to December 1987. Out of the 50,000 target population, 22,000 have already been registered and the balance will be registered by the end of 1988. After eleven months of operation the Raboteau center had seen 16,901 patients or an average of .79 patients per day, which generated an average income per patient visit of \$ 1.30. A total of 4,445 immunizations have been delivered and 15,299 prescriptions have been dispensed at an average income of \$ 1.44 per prescription (See Exhibit D).

Ka Soleil, Gonaives

The Ka-Soleil clinic in Gonaives opened on January 29, 1988. From project conception, meetings were conducted with Ka-Soleil community leaders and the MSPP to include them in project development. The MSPP agreed to provide a building and health personnel to staff the center. Activities to open the health center began in July 1987 when personnel were recruited, the building renovated and plans made to train health workers in Cite Soleil. Due to the political unrest, however, the center opened two months behind schedule and most pre-opening activities are being conducted while the clinic is functioning. These include the population census and training of CHWs. Community outreach activities did not start until April 1988. However, because of the popularity of the Raboteau Center, the Ka-Soleil clinic is already attracting many patients. After one month of operation, the clinic had seen 1,542 patients at an average revenue of \$ 1.40 per visit; 567 injections had been delivered and 1542 prescriptions had been dispensed at an average income of \$ 1.40 per prescription (See Exhibit D).

2. Professionalize CMSCS Human Resources Development Activities

The human resource development programs are both vocational and academic in focus. Mothers receive instruction in health education and home economics and are taught marketable skills such as sewing, handicrafts and commercial cooking. Men are taught skills such as electronics, welding and industrial sewing. Adolescents receive remedial education and vocational skills training, and participate in organized extra-curricular activities. Three separate facilities exist for the different target groups : the Brooklyn Mothercraft Center for adult women, the Papayo Center for adult men, and the Boston Cultural Center for Cite Soleil teens. A Training Coordinator on the Complex staff is in charge of job placement as well as the identification of job training needs in local industries, and of the monitoring of the success of all training programs.

In 1987 more than 626 Cite Soleil adults and young adults received vocational training at the Boston Cultural Center, the Mothercraft Center and the Papayo Center. The training curricula at the Boston and the Papayo Centers have been expanded to include carpentry and plumbing. The Haitian Ministry of National Education recently granted the Boston Secondary School the official status of a

EXHIBIT D

GONAIVES TECHNICAL REPORT

(April 1987 to February 1988)

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Feb 8	Total
PATIENT VISITS													
Inf. 0-5 yrs	557	610	868	649	621	423	707	428	279	319	285	321	4087
Adults	979	1338	1052	888	822	798	1036	1034	633	817	720	1091	11358
Prenatal	117	98	119	84	77	71	105	71	69	96	81	130	1118
Total	1653	2096	2039	1621	1520	1292	1848	1533	981	1232	1086	1542	18443
INJECTIONS	578	724	709	770	690	511	809	470	368	335	456	567	6907
WEIGHING	549	667	965	742	696	429	883	459	355	408	505	585	7243
DRESSINGS	114	92	74	77	67	53	63	47	53	59	82	64	845
IMMUNIZATION													
Inf. 0-5 yrs	227	432	612	272	394	272	418	302	204	381	401	368	4283
Pregnant Women	63	45	55	53	42	35	70	43	33	45	46	52	582
Total	290	477	667	325	436	307	488	345	237	426	447	420	4865
PRESCRIPTIONS	1651	1901	1870	1553	1492	1093	1491	1355	822	1021	1050	1542	16841
WORK. DAYS	18	18	17	16	17	17	22	17	16	19	19	19	215
Pa Visits/Day	92	116	120	101	89	76	84	90	61	65	57	81	86
TOTAL INCOME	2111	2546	2563	2147	2054	1540	2083	1892	1153	1884	2013	2157	24143
Income/Prescip.	1.28	1.34	1.37	1.38	1.38	1.41	1.40	1.40	1.40	1.85	1.92	1.40	1.43
Income/Pa Visit	1.28	1.21	1.26	1.32	1.35	1.19	1.13	1.23	1.18	1.53	1.85	1.40	1.31

nationally accredited institution and honored Cite Soleil by choosing it as a testing site for the secondary school national exam. Aware of CMSCS success in educating teens and adults at a limited cost, the Government of Haiti (GOH) also decided that national funds would be well invested by paying for the retraining of 32 teachers and monitors already working in Cite Soleil.

Job placement attempts by the Training Coordinator have accelerated, but actual placement is difficult because of the social and political unrest and the declining economic situation in Haiti. The country has lost several thousand factory jobs since 1986. Many students, however, become self employed and others qualify for placement in the National Institute for Professional Training in vocational skills (French acronym INFP).

The handicrafts production unit of the Boston Cultural Center will be closed from June to October 1988, during which time the European Economic Community will provide technical assistance in human resource development and handicraft marketing to revise the curriculum, reorganize the production center and determine the direction of the Boston Vocational Training Program.

At the Mothercraft Center, class size has expanded as orders for Cite Soleil handicrafts increased, especially over the Christmas holidays. Cite Soleil is now widely recognized for its superb embroidery and greeting cards. Cite Soleil products were purchased by a non-profit organization in Texas and San Francisco called Pueblo To People which specializes in marketing third world handicrafts. In comparison to embroidered goods from other developing countries, Cite Soleil embroidery is considered superior. Arrangements are now being made to design and internationally market other competitive handicrafts.

3. Significantly Increase Self-Financing Capacity

To date CMSCS has been able to sustain a steady growth in its service programs, largely due to the foreign donor support which provides most of its funding. The inherent risk in such heavy dependency on outside donor support has been recognized by CMSCS, and, after a careful analysis, a number of specific steps were planned by CMSCS management to increase the financial self-sufficiency of the Complex. These measures included progressive increments of service and drug charges, the installation of prepayment plans for health care, the identification of ways to achieve further growth in the marketing of handicrafts and other items produced in CMSCS centers, the development of a professional fund raising effort through the establishment of a U.S. fund raising organization, better financial and reporting systems, and the creation of a profitable manufacturing enterprise that would allocate part of its profits to direct CMSCS budget support.

The target established in the Project Paper was that CMSCS raise its level of self-sufficiency to at least 25% of its expenses, with 10% coming from client payments for services and drugs (user fees) as well as from handicraft product sales and 15% coming from fund raising

activities and the manufacturing enterprise.

User Fees and Drug Sales

In Cite Soleil, CMSCS has progressed steadily toward the Project Paper target of raising 10% per year of its expenses from patient user fees. For the year ending in June 1988 CMSCS has been able to cover as much as 8.93% (\$ 158,736) of Cite Soleil expenses (\$ 1,776,775) with revenues generated from user fees, drug and products sales. Further, CMSCS management expects to cover more than 10.0% of Cite Soleil expenses in the last year of the project (See Exhibit E).

In addition, since December 1987 non-residents of Cite Soleil are permitted to use the Cite Soleil health facilities at a greater cost than residents to generate additional income to support operating expenses. These patients will have access to curative services provided by CMSCS such as physician consultations and hospitalization. A preliminary list of charges to non-residents has been established (See Exhibit F); however, the main purpose of this activity remains to generate more income for CMSCS and, user fees to non-residents can and will be modified as needed to help reach this purpose.

The lessons learned by CMSCS after more than fourteen years in Cite Soleil are being successfully applied in Gonaives, and, for the first year of operation, the total cost of health service delivery activity is approximately \$ 6.29 per capita per year, compared to \$ 6.71 in Cite Soleil (See Exhibit E). This reduction in expenses can be attributed to the absence of a hospital, and an effective collaboration with the MSPP and local community leaders. In comparison with Cite Soleil, where 15.77% of health costs are being covered by user fees and drug sales, as much as 17.46% of health costs have been covered in Gonaives, and CMSCS management plan to raise this percentage to 22.27% next year (See Exhibit E).

Fund Raising Activities

In 1985, a tax exempt organization called The Friends of Cite Soleil (FOCUS) was created by CMSCS in the United States to raise more funds from American donors. Unfortunately, new tax regulations in the U.S. and political upheavals in Haiti for the past two years have made it difficult to successfully operate FOCUS. This situation has been complicated by the difficulty that CMSCS has had in locating a professional fund raiser to plan and organize this kind of activity at an affordable rate.

CMSCS has since realized that it must spend money to raise money. As a result, a \$ 45,000 contract with the public relations firm Jillian Rudd, Inc. was signed in November of 1987 to assist CMSCS to develop a fund raising strategy that will include outreach to popular media in the USA, a direct mail campaign and a foundation grant campaign. CMSCS management is confident that fund raising efforts in the U.S. will produce the expected results; however, the Complex will probably have to wait a minimum of one year before these results begin to materialize.

EXHIBIT E

CMSCS INTERNAL INCOME

(User Fees and Products Sales)

CITE SOLEIL -----	85-86 -----	86-87 -----	87-88 -----	88-89 -----	Total -----
Population	100,000	150,000	150,000	150,000	550,000
Health Costs	581,775	825,068	1,006,739	761,129	3,174,711
Total Costs	1,247,754	1,834,937	1,776,775	1,464,878	6,324,344
Health Costs/Capita	5.82	5.50	6.71	5.07	5.77
Total Costs/Capita	12.48	12.23	11.85	9.77	11.50
Internal Income	79,574	126,175	158,736	158,736	523,221
Income/Capita	0.80	0.84	1.06	1.06	0.95
Income/Total Costs	6.38%	6.88%	8.93%	10.84%	8.27%
Income/Health Costs	13.68%	15.29%	15.77%	20.86%	16.48%
GONAIVES -----	85-86 -----	86-87 -----	87-88 -----	88-89 -----	Total -----
Population	N/A	N/A	22,000	50,000	72,000
Health Costs	N/A	N/A	138,286	233,530	371,816
Total Costs	N/A	N/A	401,104	303,767	704,871
Health Costs/Capita	N/A	N/A	6.29	4.67	5.16
Total Costs/Capita	N/A	N/A	18.23	6.08	9.79
Internal Income	N/A	N/A	24,143	52,000	76,143
Income/Capita	N/A	N/A	1.10	1.04	1.06
Income/Total Costs	N/A	N/A	6.02%	17.12%	10.80%
Income/Health Costs	N/A	N/A	17.46%	22.27%	20.48%

EXHIBIT F

USER AND DRUG FEE INCREASES

	<u>CMSCS</u> <u>1983</u>	<u>CMSCS</u> <u>1985</u>	<u>CMSCS</u> <u>1987</u>	<u>Externs</u> <u>1987</u>	<u>Gonaives</u> <u>1987</u>
<u>HOSPITAL</u>					
Maternity	\$2.00	\$5.00	\$8.00	NA	NA
Internal Medicine	2.00	6.00	10.00	NA	NA
Pediatrics/Neonatology	2.00	3.00*	4.00**	NA	NA
Hospital Stay			2.00/day		
Minor Surgery	10.00	15.00	DISC	\$250**	NA
Major Surgery	15.00	45.00	DISC	350**	NA
<u>Emergency</u>					
Adult	3.00	1.00	2.00	NA	NA
Child	3.00	FREE	1.00	NA	NA
Adult @ Night	3.00	3.00	5.00	NA	NA
Child @ Night	3.00	2.00	3.00	NA	NA
<u>Clinic</u>					
Endoscopy			15.00	NA	NA
Wound Dressing			.40	NA	@
Wound Dressing & Stitches			1.00	NA	@
<u>Xrays</u>					
Child	3.00	3.40	5.40	7.00	NA
Adult	3.00	4.40	7.40	9.00	NA
Gastro Duodendum Series		15.40	20.40	25.00	NA
<u>CHAPI CENTER</u>					
Consultation		.20	.40	1.80	\$1.40
Gynecology		.40	.60	2.00	NA
Dr. Severe		.40	.60	2.00	NA
Dental Clinic		.40	.60	2.00	\$1.00
Medication 1	\$.20/pres	.20	.30	NA	@
Category 2		.30	.40	NA	@
Category 3		.40	.60	NA	@
Category 5		.60	.80	NA	@
Laboratory Tests		\$.40	\$.80	#	\$1.40

Notes:* Including Xray

** Excluding Xray

@ Included in consultation

Included in surgery

Externs: non-residents of Cite Soleil

In addition to fund raising activities in the United States, CMSCS has been able to secure more than \$ 100,000 in additional income during the past twelve months from the Public Welfare Foundation, the Foster Parents Plan, a fund raising tour throughout Occidental Europe, the European Economic Community, a Haitian physician, and the Daughters of Charity of St. Vincent de Paul. Approximately 75% of this income will go to support CMSCS actual budget while the remaining 25% will be used for additional activities or to reopen activities that were closed to reduce expenses. Such activities include a water project in Cite Soleil (\$ 50,000) and, reopening of the surgical unit of Hospital Sainte Catherine Labouze, with EEC funds (\$ 25,000), for one year with the objective of making it at least 80% self-sufficient. If by April 1989 the surgical unit does not reach the above mentioned objective it will close indefinitely.

Manufacturing Enterprise

CMSCS also attempted to create a manufacturing enterprise by contracting Witherspoon International Corporation (WIC) to conduct the feasibility and development study. Unfortunately, WIC was unable to produce a useful final report and this project lost momentum as well as funding.

Since then, however, the Complex management has reviewed its strategy on profitable businesses and has approached the Inter American Development Bank (IDB), which is presently reviewing the CMSCS' "Proposals for Small Income Generating Projects, Low Cost Development Services and Technical Assistance". The IDB is considering the possibility of financing an ice factory, a chicken and rabbit repopulation project and numerous other for profit business ventures in Cite Soleil, with the purpose of generating both employment and revenues to support CMSCS.

Research Grants

In addition to these efforts, it must be noted that CMSCS has attracted the attention of many international health professionals because of its efficient superior quality patient data base, and has become an effective place to conduct research. Currently, CMSCS is conducting research on measles with Johns Hopkins University, on AIDS with the National Institute of Health (NIH), on Norplant with the Family Health Foundation (FHI), on Vitamin A with the Helen Keller Foundation (HKF) and, on erythromycin with USAID. For the next two years, revenues from all research grants at Cite Soleil total \$ 516,500; about half of this amount will go to support the cost of conducting research and, the rest will be used by CMSCS to cover other operating expenses.

4. Improved CMSCS Institutional Management Capacity

An important aspect of Urban Health and Community Development II is the design and implementation by CMSCS of an automated, program-based budgeting and planning system and, the ability for CMSCS management to use information from this system, as well as the existing patient information data base, for planning program

implementation and evaluation of the three major project areas.

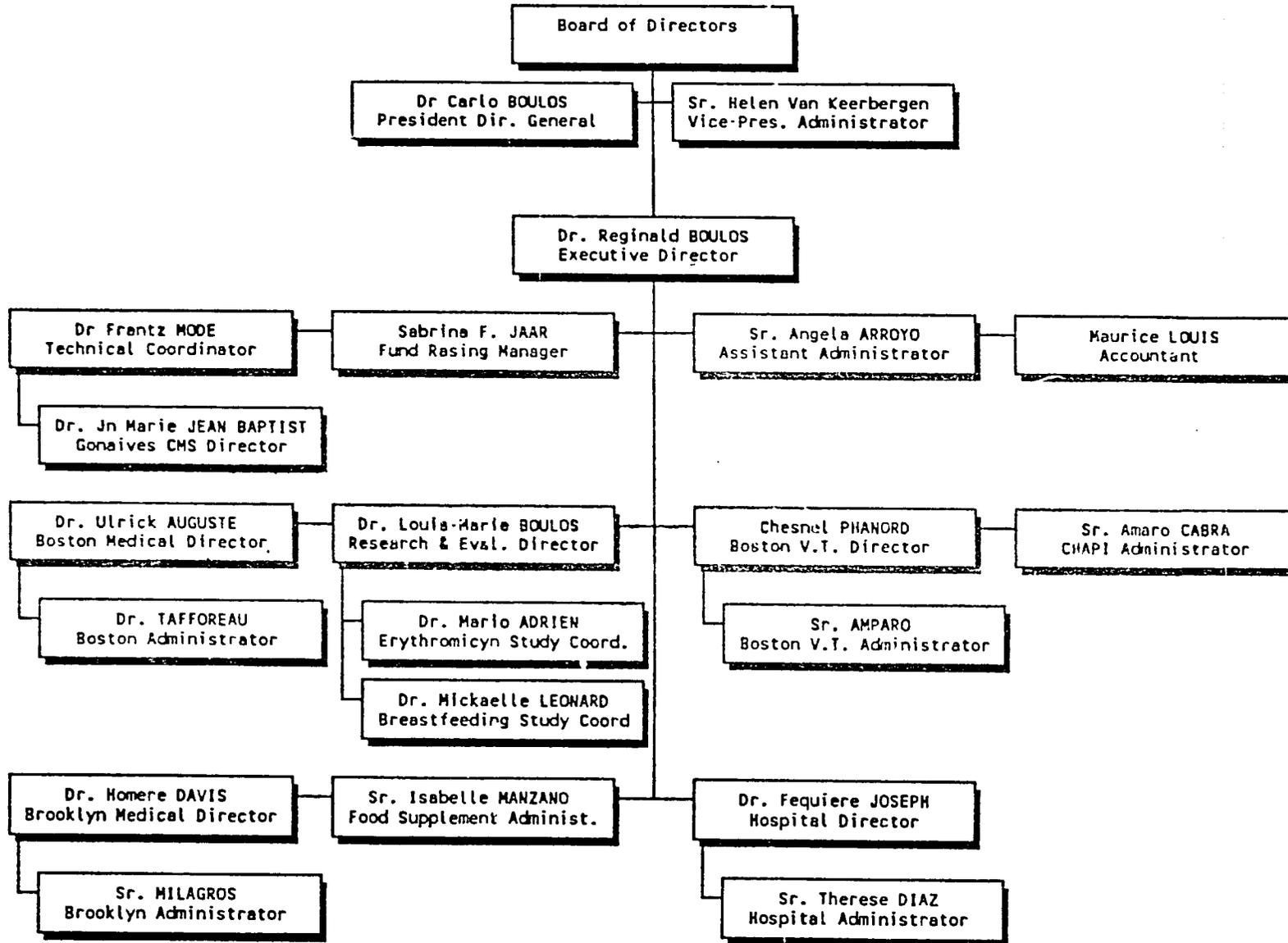
At the time of the first grant amendment, the Mission noted that CMSCS was progressing well toward the above mentioned objective. Complex management has also developed a very impressive patient information data base which enables efficient patient follow-up and the production of health statistics of a quality rarely found in developing countries.

To build on the above mentioned progress, and in order to fully achieve the above target and better use the management tools described above, CMSCS and USAID realized that a serious reorganization of CMSCS structure was called for, with particular emphasis on delegation of authority. As a result, the organization structure has been redesigned and CMSCS management has made a serious effort to delegate certain tasks to qualified professionals. Since the August 1986 grant amendment was signed, the Cite Soleil Project Coordinator has been promoted, by the Board, to the position of Executive Director, and management and administrative responsibilities have been delegated to a full time Business Manager/Accountant, a part time Fund Raiser, and a Hospital Manager. Research responsibilities have been delegated to a competent staff of medical doctors (See Exhibit B). All these measures are definite steps toward more efficient organization and better management of CMSCS activities, but, the Mission strongly believes that the Complex needs to allocate even more time and efforts to the design of a comprehensive management system which would be summarized in a set of procedures manuals.

Despite the lack of formal procedures manuals, however, CMSCS has been able to make sound management decisions. In December 1987, for instance, CMSCS, fully aware of their operating deficit and in an effort to increase self-sufficiency, decided to close the community section of the CHAPI Health Center, eight Nutrition Demonstration Foyers and the surgical unit of the Hospital. A total of 34 employees were laid off. Although these seemingly drastic steps were taken to reduce expenses, the quality and accessibility of health care in Cite Soleil has only been slightly affected. The Brooklyn and Boston Centers absorbed the displaced patients and the staff has adjusted to the increased patient load. This reduction in health service locations and staff has been in effect since December 1987. Patient visits are being monitored over the next year to determine whether some patients have decreased or ceased attendance and how this affects Cite Soleil health status and population coverage (See Annex 3).

In Gonaives, the resident Project Coordinator has been successful in managing the Raboteau center under the limited direction of the Executive Director. The Ka-Soleil center has begun operation under the supervision of an American physician, Dr. David Miller, who has valuable experience in health services management in developing countries. Ka-Soleil center has been operating smoothly from the start, and Raboteau is also benefitting from Dr. Miller's presence. A Haitian physician is currently being trained in health services management by Dr. Miller so that a qualified replacement will be available upon Dr. Miller's departure, scheduled for the end of 1989.

**Exhibit B
Organization Chart
COMPLEXE MEDICO-SOCIAL DE CITE SOLEIL**



C. Rationale for Amendment

1. Operating Expenses Increase

The USAID/Haiti child survival strategy emphasizes the importance of giving priority to immunization activities and diarrheal disease control activities with less, but significant, attention being given to improving nutritional status. This project, more than any other activity supported by USAID/Haiti, has been extremely successful at reducing infant mortality through the regular use of these three interventions.

Unfortunately, in the past two years, CMSCS income generation potential as a whole has been seriously affected by political unrest. As a result, several donors, both foreign and local, withdrew their commitments and anticipated donations were not received as planned. These revenue losses have particularly affected the Cite Soleil budget.

At the same time, and again because of the political climate, CMSCS employees became much more demanding. As a result, beginning in December 1986 CMSCS was forced to pay an annual bonus compensation to its employees. In August 1987, after eleven months of negotiation and to avoid a strike, CMSCS management notified the Mission that it had agreed to give its personnel a substantial salary adjustment in order to reach 80% parity with the public servant salaries which were increased by 70% in September 1986 (See Exhibit G).

Annual bonus compensations and the August 1987 salary adjustment increased CMSCS salary charge by \$ 0.53 million, bringing the total amount needed to cover salaries from the first amendment (August 1986) to PACD (April 1989) to approximately \$ 3.52 million. Of this total CMSCS management has been able to secure a maximum of \$ 2.24 million, including USAID support as modified by the first grant amendment. These efforts had to be supplemented by a line item reallocation of approximately \$ 0.56 million in the Urban Health and Community Development II budget to avoid a salary deficit situation at CMSCS. Thus, CMSCS will need an additional \$ 0.72 million to cover the anticipated salary gap that would arise by April 1989.

In addition, CMSCS management has determined that a minimum of \$ 0.34 million is needed to replenish the line items from which monies were "borrowed" to cover urgent salary charges, bringing the total additional need for CMSCS existing operations to \$ 1.06 million.

Finally, to supplement efforts made to strengthen its institutional capacity and reach the initial project purpose, CMSCS would like to obtain technical assistance to conduct a comprehensive management/administrative analysis of its operations in order to arrive at formal procedures manuals to guide management actions. However, the original budget of the Urban Health and Community Development II did not provide for the cost of this technical assistance, which is estimated at approximately \$ 60,000.

EXHIBIT G

Cite Soleil

AVERAGE MONTHLY SALARY INCREASES

Compared to Government Salary

<u>Occupation</u>	<u>9/1984</u>	<u>9/1985</u>	<u>9/1986</u>	<u>9/1987</u>	Gov't Salary
					<u>10/1986</u>
Nurses	\$180	\$200	\$225	\$275	\$350
Aux. Nurses	100	110	120	150	200
Doctors	350	350	395	445	500
Teachers	142	145	170	220	250
Monitors	65	75	90	115	140
Clerks	100	100	110	140	150
CHWs	30	30	45	70	100
Janitors	65	70	80	105	120
TBA's	30	33	35	60	60
Sprv. CHWs	98	105	110	135	150
Pharmacist 1	0	400	425	450	600
Pharmacist 2	70	90	105	130	NA
Lab Tech	137	145	167	217	350
Statistician	0	0	185	210	250
Directors	500	500	525	569	850
Pers. Admin	\$375	\$450	\$375	\$406	\$ NA

The Mission thoroughly reviewed Cite Soleil and Gonaives' project achievements and conducted a serious financial assessment of CMSCS before proposing to provide the additional \$ 1.12 million to finance the increased salary expenses and make up for the decrease in revenues as well as the cost of the comprehensive management/administrative analysis. After reviewing this project the Mission believes that :

1. The additional salary charges were unavoidable;
2. CMSCS made a notable effort to decrease expenses and increase revenues by discontinuing some of its costliest services and by increasing patient fees (See Annex 3 and Exhibit F);
3. The increase in patient volume and better management caused the cost of providing services in Cite Soleil to decrease from \$ 12.48 to \$ 11.85 per capita per year (See Exhibit E);
4. The additional funding for operating expenses should be considered as a bridge to the planned Expanding Urban Health Project, the feasibility of which is dependent upon a satisfactory solution to the problem of financial self-sufficiency; and
5. The management/administrative analysis is necessary to achieve the project purpose of improving the organization and management of all CMSCS programs.

2. Urgent Need for an AIDS Prevention Campaign

The only solution to the AIDS epidemic in Haiti is, as mentioned before, to reduce transmission. This can be done through an aggressive campaign to alert people to the known transmission pattern of the disease and to offer cautious advice. Given the progression rate of AIDS in Haiti, the Mission believes that it is urgent to start such a campaign as soon as possible and, because an increasing number of cases have been observed in communities living in urban areas, to direct the first effort at the urban population. However, budget allowances for AIDS at this time do not permit us to support a large scale nationwide activity. The AIDS prevention campaign will have to be restricted to a specific group of people in the largest Haitian urban community.

This campaign will be targeted at the workers of the private sector of Port-au-Prince and its suburbs. The Mission believes that the workers represent a group of high interest for an AIDS prevention campaign because they have a high level of productivity in the economy and because most of them are in the age group of people most active sexually and, therefore, the most likely to have the highest rate of HIV infections. Another consequence of the workers' age group is that the rate of HIV infections among their children is increasing as a result of in utero transmission of AIDS, which will eventually have a negative impact on the Infant Mortality Rate.

Responding to a formal proposal received in May 1988 (See Annex

2), USAID/Haiti intend to make a \$ 150,000 grant to GLAS to finance part of a multi faceted public information campaign using the mass media to disseminate information about the transmission and prevention of AIDS. Much of this campaign will be dictated by the knowledge deficiencies and dangerous practices uncovered by the GLAS baseline survey recently conducted among factory workers in Port au Prince. In order to further assist the GLAS staff, all of whom are volunteers, USAID/Haiti will buy in \$ 50,000 worth of technical assistance from the centrally funded AIDSCOM Project (936-5972).

III. REVISED PROJECT DESCRIPTION

A. Project Goal and Purpose

The goal of this project remains similar but has been extended to include new project areas. It is now to improve the health, socio-economic status and standard of living of more than 200,000 residents of urban slums in Cite Soleil, Port-au-Prince; and Raboteau and Ka-Soleil, Gonaives. USAID project support aims at achieving this goal through direct budgetary and technical assistance to the CMSCS and the GLAS. Achievement of the project goal will be measured in terms of improvements in health status among members of the target population and increased per capita income in Cite Soleil. The original purpose of the project has been adjusted somewhat to incorporate the addition of an AIDS prevention campaign. Under this amendment the project purpose becomes :

To strengthen the institutional capacities of 1) the Complex Medico-Social of Cite Soleil (CMSCS) to deliver health services, develop human resources, and achieve a significantly higher level of financial self-sufficiency, and 2) the Group Against AIDS (GLAS) to mount an effective AIDS prevention campaign.

The Project Assistance Completion Date (PACD) will be extended through August 31, 1989 in order to allow enough time for the implementation of the AIDS Prevention Campaign. However, funds granted to CMSCS will cover operations until April 1989.

B. Project Components

Under this amendment, the Urban Health and Community Development project will include the following five major components:

1. Improve CMSCS Primary Health Care Activity

In Cite Soleil, CMSCS will continue to carry on child survival interventions by promoting ORT use, family planning methods and breast feeding. The immunization coverage will be further improved and the nutritional status of children will continue to be closely monitored. The Complex will provide special nutrition education and food supplements to mothers of third degree malnourished children as well as prenatal services and hospital deliveries. In addition to basic health care, CMSCS will continue its Operation Research program on targeted diseases and delivery methods, and a new patient identification system will be installed.

In Gonaives, CMSCS has been operating one clinic for more than twelve months and has just opened another one. The projected health activities for Gonaives are basically the same as for Cite Soleil with the exception that the hospital is not supported by CMSCS. The Gonaives clinics have been providing and will continue to provide only limited curative care and hospital referrals.

2. Professionalize Human Resources Development (HRD) Activities

CMSCS comprehensive Human Resources Development (HRD) programs have greatly contributed to the consciousness raising of Cite Soleil residents. They have responded well to CMSCS activities and express a strong interest in further participating in community development activities. This program will continue to provide training in handicraft making, cooking, electronics, micro-business development, welding, plumbing, woodworking and industrial sewing. Training school graduates will continue to be placed in professional schools and, assuming the political situation improves, CMSCS expects to achieve better performance in job placement of its vocational school graduates. Training curriculum will be further expanded in response to market demands and CMSCS will periodically recruit and train additional teachers and monitors. At the same time, CMSCS management will take appropriate steps to turn the Cite Soleil vocational training program into a revenue generating venture.

The fact that there has been no USAID support for HRD activities in Gonaives does not seem, however, to affect substantially the will of the population to participate in project activities and pay reasonable user fees. Therefore, until proven otherwise, USAID will not support HRD costs at Gonaives. This decision will be further evaluated with the design of the Expanding Urban Health Project which will take place in the next six months.

3. Significantly Increase CMSCS Self-Financing Capacity

Over the years, income generation is the activity that has always performed below expectations at Cite Soleil. However, CMSCS management is fully aware of this fact and is, with the assistance of USAID, taking appropriate steps to institute and increase user and pharmaceutical fees that are more reflective of the actual value of the service or product provided, raise more donations, increase other donor's participation and handicrafts sales. CMSCS management has solicited the Inter American Development Bank, which is currently considering long term financial assistance to the Complex for the development of income generation projects, and a proposal to the Kellogg Foundation is being developed by CMSCS to receive financial support in health, human resource and income generation activities. Additional efforts are being made to attract more research grants.

In addition, since December of 1987, Cite Soleil health facilities have been opened to non-residents at a greater cost than residents. This measure will increase CMSCS self generated income and will support operating expenses. CMSCS has already determined that surgery costs approximately \$ 125 to \$ 193 per person but charges non-

residents between \$ 250 to \$ 350 per person. The cost, at present, performing an X-ray is \$ 5.70 but the charge to non residents is \$ 9.00/X-ray. This compares to the market price of \$ 10 to \$ 12 per X-ray.

Non-residents are seen at the CHAPT health center between the hours of noon and 2:00 P.M. Monday through Friday to facilitate record keeping, to limit health practitioner and facility patient overload, and to minimize any adverse effect their presence could have on residents, such as increased waiting time. These new "external" patients will be carefully registered and monitored to determine their improvements in health status and the additional expense to the Complex.

Further, CMSCS will finalize and implement a patient pre-payment plan to help secure income needed to increase CMSCS self-sufficiency. Finally, CMSCS will continue to investigate and implement innovative methods of generating income to increase its self-sufficiency.

In Gonaives however, income generation activities have been performing well from the very beginning. Learning from Cite Soleil lessons, user fees more reflective of health costs have been instituted from the start and already account for 17.46% of operating expenses; donor assistance has been forthcoming and costs are efficiently monitored.

4. Improve CMSCS Institutional Management Capacity

In the last year of this project, CMSCS will concentrate on structuring the organization base by conducting a comprehensive management/administrative analysis which will result in the development of procedures manuals to be used as guidance in managing the Complex. CMSCS will develop the scope of work of this analysis together with USAID/Haiti during July-August 1988 and will arrange to begin this activity as soon as possible. Among other tasks, the management/administrative analysis will make an assessment of the existing CMSCS management structure, recommend an efficient and viable organizational structure, and develop manuals that will outline sound procedures for administrative, financial and personnel management.

CMSCS is also in the process of improving its financial management procedures. In September 1988, the Complex will sign a contract with an accounting firm to establish a consolidated accounting system that will allow management to control costs. New accounting methods will be established to more accurately reflect the evolving financial situation. Records will be developed to facilitate easy retrieval of donor requested information such as activities financed by other donors and percentage of operating costs supported by patient fees and handicraft sales by center.

In addition, CMSCS will further upgrade the skills of its health and administrative staff by providing both in-country and overseas training to its personnel.

5. Conduct an AIDS Prevention Campaign

The AIDS Prevention Campaign will concentrate on delivering two messages : avoid high risk sexual practices and, use condoms properly when engaging in anonymous sexual intercourse. The general campaign will consist of messages in French and Creole; the adaptation of slogans and scenarios for radio and television spots; the production of billboards, flyers, stickers and posters. GLAS will hold information/education sessions in firms and industries with the support of films, videos and slide presentations. AIDS booklets using question-answer formats will be prepared for opinion leaders, firms' physicians, factory staffs and other people that might effectively help in the AIDS interventions at the worksite. The target population will be instructed in the proper and effective way to use condoms. Information on where to find condoms at the best price will also be passed on to the target population. These activities will last a total of twelve (12) months.

C. Project Outputs

The Complex will strengthen overall management and administration to efficiently improve health status, train residents in marketable skills, and implement income generating activities in Cite Soleil. A set of Procedures Manuals will be developed to guide CMSCS staff in managing the Complex. Financial and personnel management will improve as a result of the increased capabilities of administrative personnel. Health workers will be trained as necessary to respond to the growing responsibilities of their position. An incentive/evaluation system will be designed and implemented so that employees can earn salary increases rather than unexpectedly demand a raise. A detailed budget indicating guaranteed and anticipated sources of income from various donors and income generating activities will be designed so that CMSCS will know where future support is expected and how much they must raise to conduct a specific activity. As AIDS becomes a more prevalent disease in Haiti, AIDS activities will expand to determine the incidence of HIV infection and appropriate interventions. Illness prevention and nutrition programs will be further emphasized and will include other targeted disease control programs such as tuberculosis, malaria, leprosy and measles. High risk groups such as pregnant and lactating women and children 0 to 5 years of age will continue to be targeted for specific interventions such as breast feeding promotion, erythromycin as part of the prenatal regimen, immunizations and nutritional surveillance.

Health status will improve as a result of delivering child survival interventions at Cite Soleil and the new project location in Gonaives. A total of 50 Community Health Workers will be trained in Gonaives to conduct community health outreach in Raboteau and Ka-Soleil.

The population will continue to be trained in vocational skills in Cite Soleil. Steps will be taken to transform the human resources program into a vocational training as well as a revenue generating venture. Technical assistance will be sought to restructure the handicraft centers for increased production of marketable goods at

limited cost. Handicrafts will be redesigned to compete on the national and international market to increase Cite Soleil revenue. Additional steps will be taken to increase donations and revenues so that CMSCS can decrease dependence on USAID funding.

Quantifiable Outputs

1. Deliver 90% of Cite Soleil infants in maternity unit of hospital.
2. Provide prenatal care to a total of 3,500 women every year.
3. Immunize more than 20,000 additional children against DTP, polio, measles and BCG.
4. Reduce the percentage of children 0 to 5 years of age malnourished to 30% in Cite Soleil and 40% in Gonaives.
5. Recruit and train a total of 200 Community Health Workers to explain the benefits of ORT, breast feeding, and improved weaning practices to at least 200,000 people, i.e. 40,000 families.
6. Reach a total of 80% of mothers with children under one with the breast feeding campaign in the target areas.
7. Train 400 additional men and women in marketable skills in Cite Soleil.
8. Increase user fees to 20% of operating costs in Cite Soleil and 25% of operating costs in Gonaives.
9. Develop, for CMSCS, a new system of internal control based on generally accepted accounting principles.
10. Develop, for CMSCS, a set of procedures manuals including, but not limited to, an Administrative Manual, a Financial Manual and a Personnel Manual.
11. Broadcast 2,500 radio spots on AIDS prevention.
12. Broadcast 900 television spots on AIDS prevention.
13. Print 1,000 advertisement clips on AIDS prevention.
14. Design, print and place 25,000 posters and stickers, 100,000 flyers and 20 billboards related to AIDS prevention.
15. Design and realize 4 videos films of 45 seconds each and 4 slide presentations on AIDS prevention.
16. Design and carry on 200 AIDS information/education sessions.

IV. REVISED IMPLEMENTATION ARRANGEMENTS

A. Financial Plan

Financial Resources

The need for long term, dependable financing sources continues to be the single most critical and difficult problem facing CMSCS, and the financial strategy to develop self financing activities continues to be one of CMSCS management's top priorities. However, as discussed in the Project Implementation to Date section, the political upheavals of the last two years severely disturbed the Complex financial plan, causing substantial losses of revenue while income generation activities performed below expectations.

In addition, CMSCS target population has increased tremendously over the years. In 1984, the Complex served 100,000 people; today the target population has doubled as a result of Cite Soleil population increase and, of the Complex replication in a 50,000 people slum of Gonaives. As a consequence, CMSCS expenses have increased substantially, even though per capita costs of services have been decreasing.

In Cite Soleil, CMSCS expenses in 1988/1989 will be covered by six (6) income categories : the Haitian Government (8%), Research Grants (9%), Self Generated Income (8%), Local Contributions (1%), USAID (60%) and, Other Foreign Donors (14%). In Gonaives, CMSCS expenses from June 1988 to April 1989 will be covered by four (4) income categories : the Haitian Government (11%), Self Generated Income (17%), the Public Welfare Foundation (10%) and USAID (62%). The Complex management has given USAID assurance that the sources and levels of income outlined above will perform as planned (See Annex 5).

It must be emphasized that, through the Cooperative Agreement (521-0159-A-00-4051-00), USAID will support CMSCS activities until April 30, 1989 even though the PACD of the Urban Health and Community Development II is being extended to August 31, 1989. This extension is proposed to allow enough time for the AIDS Prevention Campaign to develop. However, by the end of April 1989, USAID may authorize the Expanded Urban Health Project, which would provide additional support to CMSCS activities.

The AIDS Prevention Campaign proposed by GLAS will cost \$ 200,000. USAID will support 75% of the cost by providing \$ 150,000, GLAS will support 25% of the cost or \$ 50,000. Further, to assist the GLAS staff in the design of the communication package, the monitoring and the evaluation of the campaign, USAID will buy-in \$ 50,000 worth of technical assistance from the centrally funded AIDSCOM Project.

Budget

This amendment will add a total of \$ 1,320,000 to the Urban Health and Community Development II project (See Exhibit II). CMSCS will receive \$ 1,120,000 and the AIDS component \$ 200,000 (\$ 150,000

for GLAS and \$ 50,000 for AIDSCOM). Separate Budgets have been prepared for the major activities to be funded under this amendment. This section presents three different Budgets : one for Cite Soleil, one for Gonaives and one for the AIDS Prevention Campaign (See Exhibits H, I and J).

Cite Soleil operating costs have been monitored for more than fourteen years and no longer present any difficulties of assessment for CMSCS management. Therefore, through this amendment, USAID will continue to support the same activities at Cite Soleil with the addition of Participant Training and a Management/Administrative Analysis, which have been added to the Management/Administration component. USAID will provide \$ 63,200 to CMSCS for Participant Training to help support the cost of in country and overseas training to upgrade the capacity of CMSCS administrative staff and \$ 60,000 to support the technical assistance costs of the Management/Administrative Analysis (See Exhibit H).

CMSCS management also realized that some activities could be completed at a lesser cost than anticipated in the original Project Paper and in the 1986 amendment. As a result, Operation Research, for instance, has been decreased by \$ 105,000. On the other hand, to sustain operations until this amendment could be funded, CMSCS had asked for, and obtained a budget reallocation which transferred money from other line items to salary. These line items need to be replenished in order to allow CMSCS to carry out activities as planned. This is the case for most line items in the table summarizing USAID Planned Input over the Project Life (See Exhibit H).

In Gonaives, project costs have increased by \$ 13,000 to reach a total LOP of \$ 263,000. This increase is mainly due to under estimation of salary and medical costs and, because CMSCS would like to provide Gonaives with a computer in order to support management, research and medical activities (See Exhibit I).

An illustrative budget has been prepared for the AIDS Prevention Campaign (See Exhibit J). This budget will be further refined and the final budget for this component will be included in the Grant Agreement to GLAS.

Obligation Schedule

Based on the Projected Expenditures table and on the availability of funds, the Obligation Schedule for this amendment is as follows :

<u>MAJOR ACTIVITIES</u>	<u>FY 88 OBLIGATIONS</u>
CMSCS	1,120,000
AIDSCOM	50,000
GLAS	150,000
TOTAL	1,320,000
III Functional Account	1,120,000
AIDS Functional Account	200,000

EXHIBIT II

USAID PLANNED INPUT OVER PROJECT LIFE.

CITE SOLEIL	ORIGINAL	AMENDMENT 1	BUDGET REVISION	AMENDMENT 2	NEW BUDGET
ADMINISTRATION - MANAGEMENT					
Salaries	66,700	54,000	27,000	70,241	225,941
Supplies	48,000	7,500	11,500	5,500	70,500
Computer	16,000	10,000	(20,000)	17,000	31,000
Evaluation/Training	35,000	0	(12,500)	20,600	34,100
Particip. Training	0	0	0	63,200	63,200
Management/Adm. T.A.	0	0	0	60,000	60,000
Sub-Total	193,700	79,500	(31,000)	244,541	406,741
HEALTH CARE					
Salaries	760,100	315,245	334,755	415,845	1,826,045
Supplies	237,500	188,055	(160,555)	71,555	336,555
Operation Research	100,000	60,000	(105,000)	0	75,000
Breast Feeding Prog.	93,000	0	(9,000)	1,200	85,200
Immunization	4,500	4,500	(6,000)	2,000	5,000
Sub-Total	1,215,100	566,500	54,200	490,600	2,326,400
HUMAN RESOURCES DEVELOPMENT					
Salaries	284,200	31,200	201,000	220,999	737,399
Supplies	107,800	7,800	(5,000)	8,750	119,350
Vocational Training	137,000	0	(25,000)	39,000	151,000
Sub-Total	529,000	39,000	171,000	268,659	1,007,659
SELF FINANCING					
User Fee Increases	30,000	0	(30,000)	5,000	5,000
Fund Raising	25,000	63,000	(67,000)	61,000	82,000
Contingency	107,200	0	(57,200)	(2,000)	47,200
Sub-Total	162,200	63,000	(154,200)	63,200	134,200
TOTAL CITE SOLEIL	2,100,000	750,000	40,000	1,047,000	3,957,000
CONTRIVES REPLICATION					
	0	250,000	(40,000)	53,000	263,000
AIDS PREVENTION CAMPAIGN					
	0	0	0	200,000	200,000
GRAND TOTAL	2,100,000	1,000,000	0	1,320,000	4,420,000

EXHIBIT I

USAID PLANNED INPUT OVER PROJECT LIFE
GONAIVES COMPONENT

LINE ITEMS	AMEND. 1	BUD. REALLOC	AMEND. 2	NEW BUDGET
SALARIES	189,945	(20,000)	26,500	196,445
SUPPLIES/EQUIPMENT				
Office	8,600	0	0	8,600
Computer	0	0	6,500	6,500
Medical	5,595	0	0	5,595
Laboratory	2,400	0	0	2,400
Sub Total	16,595	0	6,500	23,095
TRANSPORT	1,800	0	0	1,800
BUILDING				
Renovation	20,413	0	0	20,413
Maintenance	1,247	0	0	1,247
Sub-Total	21,660	0	0	21,660
EVALUATION/AUDIT	20,000	(20,000)	20,000	20,000
TOTAL	250,000	(40,000)	53,000	263,000

EXHIBIT J

AIDS PREVENTION CAMPAIGN PRELIMINARY BUDGET
(June 1988 to August 1989)

LINE ITEMS	USAID	GLAS	TOTAL
CAMPAIGN DESIGN			
Data Collection	0	2,000	2,000
Support Development	4,600	2,000	6,600
Sub-Total	4,600	4,000	8,600
SUPPORT PRODUCTION	24,500	7,100	31,600
CAMPAIGN EXECUTION			
Posters/Billboards Post Up	2,000	500	2,500
Radio Spots	21,000	6,000	27,000
Television Spots	21,000	6,000	27,000
Newspaper Advertisements	12,000	3,300	15,300
On Site Inform./Education	33,000	7,000	40,000
Support Delivery	4,000	2,000	6,000
Sub-Total	93,000	24,800	117,800
PUBLIC RELATIONS	10,000	5,000	15,000
CAMPAIGN MONITORING			
Project Coordinator	4,000	2,000	6,000
Campaign Monitoring T.A.	10,000	5,000	15,000
Sub-Total	14,000	7,000	21,000
AUDIT	3,000	2,100	5,100
AIDSCOM T.A.	50,000	0	50,000
TOTAL	200,000	50,000	250,000

The additional funds provided under this amendment will be obligated through an amendment to the existing Cooperative Agreement with CMSCS (CA : 521 0150-A-00 4051 00), a separate Grant Agreement to an indigenous private organization (GLAS), and a Buy-In to the centrally funded AIDSCOM Project (CA : DPE 5972-Z-00 7070-00).

B. Implementation Plan

The following is a summary schedule of the major events through the LOP :

<u>Event</u>	<u>Date</u>	<u>Action</u>
1. Amendment to CMSCS CA signed	July 88	AID, CMSCS
2. Interim Report on Fund Raising	July 88	Jillian & Rudd
3. Management/Admin. Analysis Contract	Aug. 88	CMSCS
4. Contract for Cons. Accounting System	Sept. 88	CMSCS
5. Final Report on Cons. Accounting System	Sept. 88	CMSCS
6. Final Report on Mgmt/Admin. Analysis	Oct. 88	CMSCS
7. Short Term Training of CMSCS employees	Oct. 88	CMSCS
8. Final Report on HRD Activities	Oct. 88	CMSCS
9. Final Evaluation of CMSCS activities	Feb. 89	AID
10. Grant Termination CMSCS	April 89	AID
11. Approval of GLAS revised proposal	July 88	AID
12. Grant Agreement to GLAS signed	Aug. 88	AID, GLAS
13. Buy in from AIDSCOM Project signed	Sept. 88	AID, AIDSCOM
14. Design/Dev. of AIDS Campaign materials	Sept. 88	GLAS/AIDSCOM
15. Production of AIDS Campaign materials	Oct. 88	GLAS
16. Information and Education campaigns	Oct. 88	GLAS
17. Interim Report on AIDS activities	March 89	GLAS/AIDSCOM
18. Final Evaluation of GLAS activities	Aug. 89	AID
19. Grant Termination GLAS	Aug. 89	AID

C. Methods of Financing

Methods of Implementation and Financing Chart

<u>Method of Implementation</u>	<u>Method of Financing</u>	<u>Approximate Amount</u>
CMSCS :		
Operating Costs, Commodities	Direct Reimbursement,	\$ 1,000,000
Participant Training	with Periodic Advances	
Other Programs		
Management/Administrative	Direct Payment	\$ 60,000
Analysis TA - HC Contract	USAID/Haiti L/Comm	
GLAS :		
Operating Costs, Commodities	Direct Reimbursement,	\$ 130,000
	with Periodic Advances	
Campaign Monitoring HC Cont.	USAID/Haiti L/Comm	\$ 20,000
AIDSCOM TA	Buy-In with Advice of	\$ 50,000
	Charge from AID/W	
TOTAL AMENDMENT		\$ 1,320,000

Project Advance

USAID will continue to fund local project costs using the Periodic Advance method described in the original Project Paper. This will also apply to the Grant for AIDS-related activities. U.S. technical assistance (consultants) will continue to be financed using Direct Payment procedures described in Section VI of the original Project Paper. Based upon approved budgets, CMSCS and GLAS will submit vouchers to USAID showing monthly expenses in order to obtain replenishment of project advance funds. Project payment review by the project officer and Controller representative will include at least an annual examination of the recipients' accounting records.

Contracting Procedures

The USAID/Haiti Project Manager will collaborate with both CMSCS and GLAS officials in developing Host Country contracts, and these contracts will be formally reviewed and approved by USAID/Haiti. Host Country contracts will be financed by USAID/Haiti Letters of Commitment issued directly to the provider of services or goods.

D. Procurement Plan

The source and origin of goods and services to be procured in this project is AID Geographic Code 000 and Haiti. Soon after signing the amendment, CMSCS will submit a procurement plan to USAID, for which it will obtain written approval from USAID. All procurement in this project will follow provisions set forth in Grant Standard Provisions.

After receiving appropriate USAID concurrence, the CMSCS will contract with the suppliers to deliver all goods required until PACD to minimize cost. The goods procured to CMSCS will be stored in Port-au-Prince at the CMSCS and periodically transported to the different project sites.

E. Project Monitoring and Management

The management of CMSCS will continue to be strengthened with a cautious delegation of authority. The Executive Director and Board of Directors will continue to be responsible for policy development, overall project management and communication with donors, including regular reporting to USAID. The CMSCS administration, including the Executive Director, the Technical Coordinator of Health Activities, the Fundraising Manager, the Assistant Administrator and the Accountant/Business Manager will be directly responsible for project activities as well as office, grant, financial and personnel management of the entire project throughout all three locations. Local Program Administrators at each site will oversee the daily activities of each health facility and periodically report to the Complex headquarters in Cite Soleil. Project implementation is the responsibility of the CMSCS administration but is performed and directly supervised by the Local Program Administrators.

The GLAS management structure and tasks assignment will be fully described in its final proposal for the AIDS component of the project.

The USAID/Haiti Project Manager will collaborate with CMSCS and GLAS administrations in defining technical assistance needs and developing scopes of work for consultants. The Project Manager will also work closely with CMSCS and GLAS administration, staff and consultants to ensure that they meet the provisions of the AID agreements.

The Controller's Office will review disbursement requests and actual disbursements to ensure conformity with AID regulations and adequate financial control.

CMSCS and GLAS will submit to USAID, quarterly technical reports on service statistics, activities completed and planned for the next quarter and an annual plan of action and budget.

The USAID/Haiti Project Manager will make site visits approximately every month to at least one location to observe specific activities, familiarize his/herself with staff and operations and to gather information to present in the semi-annual reviews and complement information provided by CMSCS and GLAS in their quarterly reports.

F. Evaluation and Audit

An interim evaluation of the Urban Health and Community Development II was conducted in 1986 and formed a basis for the design of the first project amendment. The final evaluation will be conducted in February 1989 for CMSCS activities and in August 1989 for AIDS activities.

The CMSCS final evaluation, scheduled for February 1989, will concentrate on project impact to 1) determine progress in attaining project purposes and objectives, 2) examine accomplishment of activities and tasks in keeping with the implementation schedule and 3) make recommendations for the overall direction and organization of further CMSCS activities. This evaluation will give a special attention to the financial self-sufficiency of CMSCS and its impact on the sustainability and replicability of CMSCS activities.

An audit of CMSCS activities will be conducted toward the completion of the CMSCS Cooperative Agreement and after the detailed financial analysis.

Likewise, the GLAS final evaluation will focus on 1) determining the progress in attaining project purposes and objectives, 2) examining accomplishment of activities and tasks in keeping with the implementation schedule and 3) making recommendations for the overall orientation that USAID should adopt in the future for AIDS prevention activities.

In August 1989, an independent audit of GLAS activities under this project will be conducted.

G. Negotiating Status/Conditions and Covenants

The following Condition Precedent will be included in the Cooperative Agreement with GLAS :

1. Prior to the disbursement of funds, GLAS shall provide USAID with an acceptable proposal for the AIDS Prevention Campaign.
2. Prior to the disbursement of funds, GLAS shall initiate the legal process to become officially recognized by the Government of Haiti as well as USAID.
3. Prior to any disbursement or the issuance of any commitment documents, GLAS shall demonstrate, in form and substance satisfactory to AID, an accounting system to be used in the management of AID funds.

V. REVISED PROJECT ANALYSES

A. Technical Analysis

The technical feasibility of CMSCS activities established in the original Project Paper remains valid.

The AIDS prevention activities envisioned under this amendment are activities involving information collection and dissemination, education and communication (IEC). All of these activities have been shown to be technically appropriate interventions to prevent the spread of the AIDS virus in AIDS prevention programs elsewhere in the world.

Care must be taken, however, in the design of messages and choice of the most effective channels of communication to reach the target group of an IEC campaign. GLAS, the organization that will undertake the IEC activities financed by this amendment, will be provided technical assistance from the Academy for International Development, a renowned institution for its expertise in this field. This assistance will be provided through a buy-in to the centrally funded AIDSCOM Project.

B. Social Soundness Analysis

The social soundness analysis of the original Project Paper remains valid for CMSCS.

The AIDS Prevention Campaign will be directed toward 150,000 private sector workers in Port-au-Prince. These workers represent a very productive group of the active population and live, in part, in Cite Soleil and in other comparable slum areas. Further, because of its age, this group is most active sexually and, therefore, is more exposed to the AIDS infection. This, combined with the in utero transmission pattern, will have a serious effect on both life

expectancy and infant mortality rate in the coming years if nothing is done to reduce the transmission of AIDS.

C. Economic Analysis

Even though, CMSCS has been facing increased expenses over the years, better management and increases in target population have actually caused the per capita cost of the project to go down, from \$ 12.48 to \$ 11.85 and, is expected to reach \$ 9.77 in 1989. The cost effectiveness of CMSCS has, therefore, been improving over the years and, as have health standards at Cite Soleil and Gonaives.

AIDS is a fairly new disease and the available data on AIDS prevention campaigns is very limited. The AIDS Prevention Campaign is considered as a pilot operation by the Mission and the result of the experiment will help to better assess the economic viability of such projects. However, it must be emphasized that this campaign should only cost \$ 1.33 per capita.

REVISED LOGICAL FRAMEWORK

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

From FY 84 to FY 89
 Total U.S. Funding: \$4,420
 Date Prepared: July 13, 19

Project Title & Number: Urban Health/Community Development II (521-0159) Amendment 2

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes</p> <p>To improve the health, socio-economic status and standard of living among the approximately 201,000 residents of Cité Soleil, Port-au-Prince, Raboteaux and Ka Soleil, Gonaïves.</p>	<p>Measures of Goal Achievement:</p> <p>Infant Mortality Rate decreased. Life expectancy increased. Annual per-capita income increased at Cité Soleil. AIDS rate of transmission among Port-au-Prince workers decreased.</p>	<p>MSPP and CMSCS health statistics IHS socio-economic statistics</p>	<p>Assumptions for achieving goal target:</p> <ol style="list-style-type: none"> 1. Favorable economic condition in US continues to make Industries located in Haiti, providing more jobs. 2. Foreign & Government donor support continues. 3. CMSCS management remains committed to successful project implementation.
<p>Project Purpose:</p> <p>To strengthen the institutional, capacity of the Complex Médico Social de La Cité Soleil (CMSCS) to</p> <ol style="list-style-type: none"> 1. Provide health services 2. Develop human resources capabilities of Cité Simone residents. 3. Significantly increase its level of financial self-sufficiency 4. Improve management of all CMSCS programs. 5. Reduce rate of progression of AIDS and HIV infections among Port-au-Prince workers. 	<p>Conditions that will indicate purpose has been achieved: End of Project Status</p> <ol style="list-style-type: none"> 1. Program-based planning/budget system completed with data on all CMSCS functions. 2. PHC outreach includes 100% target population with special effort on public health edu., Ops. Research, Immunization. 3. Competency-based job training relevant to local labor market developed; remedial/vocational trainer's skills upgraded. 4. Income from user fees, etc. increased. 	<p>Project Evaluations CMSCS Service Statistics Special reports on OR activities.</p> <p>Monthly & Quarterly Tech. Reports. JPIP.</p> <p>Financial Reports</p> <p>GLAS and AIDS Com. reports</p>	<p>Assumptions for achieving purpose:</p> <p>CMSCS retains qualified health staff and upgrades HRD staff. Better health status increases residents productivity, employment rates & income. Better economic status enables residents to pay more for services. Better quality control increases handicraft sales. US donors respond positively to CMSCS fund-raising efforts & the needs of the Haitian people.</p>
<p>Outputs:</p> <ol style="list-style-type: none"> 1. All programs evaluated 2. CMSCS Comm. Collab. skills upgraded to distribute ORS, contracept; breastfeeding promotion campaign, PHC outreach nutrit. surveil, Immuniz, OR studies done 3. Task-specific Job trg. curriculum designed job placmt and # trainees increased. 4. User fees analyzed and increased; fund-raising increased as well as self-generated revenues. 5. Conduct a 12 months AIDS Prevention Campaign among Port-au-Prince factory workers. 	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> 1. Impact of all interventions known & results used to revise programs. 2. Breastfeeding campaign 5000 women; 60% children w/immunized nutrit. status, 90% immunized DPT, polio, measles. 3. 5 new job trg courses impland; 22 instruct. trnd; 3000 graduate remedial/vocational. edu. prgms w/2000 job placmts. 4. User fees and sales provide. 20% CMSCS budget. 5. Broadcast 2500 radios spots, 900 TV spots on AIDS Prevention. 6. Place 25000 posters and 20 billboards on AIDS prevention. 7. Conduct 200 education sessions in factories. 	<p>Project Evaluations</p> <p>Monthly & Quarterly Tech. Reports Service Statistics.</p> <p>Annual Management Review</p>	<p>Assumptions for achieving outputs:</p> <p>Natural or economic disasters do not seriously increase problems in project areas. CMSCS intervention continue to receive full community support & impact positively on population. Socio-economic status employment and literacy rates of population can be verified.</p>
<p>Inputs:</p> <p>See Financial Plan</p>	<p>Implementation Target:</p> <p>See Financial Plan</p>	<p>Annual Management Reviews Service Statistics Financial Reports</p>	<p>Assumptions for providing inputs:</p> <p>AID & other donor support continue as scheduled.</p>

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GLAS PROPOSAL

Country:	Haiti
Activity Title:	Private Sector AIDS Prevention
Total AID Request:	\$150,000
Total Value of Other Resources:	\$50,000
Activity Location:	Port-au-Prince, Haiti
Foundation Name & Location:	Groupe de Lutte Anti-SIDA (GLAS), Port-au-Prince
Central Headquarters:	Shell Office, Delmas, P.O. Box 517
Contact Persons:	Bernard Lefevre, President Claude Deschamps, Vice President Hans Peter Hackenbruch, Treasurer
Date of Submission to AID:	May 2, 1988

A Background Information:

Over the past eight years, from 1979 to 1987, more than 2,000 cases of AIDS, (Acquired Immune Difficiency Syndrome) have been diagnosed in Haiti. 70% of these cases are males. 90% of all patients are in the 20-40 years of age group. It is estimated that for each confirmed AIDS case there are between 50-100 cases of HIV infection. A sero-epidemiologic survey conducted in Haiti in 1987 showed that HIV seroprevalence ranged from 3% among healthy rural adults to a high of 62% among prostitutes. 4 out of 84 (5%) of factory workers, and 76 out of 109 (6%) of hotel workers tested were seropositive. HIV infection appears to be widespread in the heterosexual population involving mostly the sexually active group. Documented or assumed heterosexual transmission has gradually increased from 26% in 1983 to over 80% in 1986, with a concomitant increase in the percentage of women with AIDS,

from 13% in 1979-1983 to 30% in 1987. As a result of heterosexual transmission there has also been an increase in the number of children with AIDS, since transmission from an infected mother to her infant has been noted before or during birth. More than 80% of the AIDS cases come from Port-au-Prince, however in the last three years there has been a shift in the number of cases originating from the countryside, particularly the big cities of Cap Haitien, Jacmel, Les Cayes and Leogane.

AIDS is predominantly a sexually transmitted disease, for which there is no cure. Prevention of AIDS is the only alternative. When someone is affected by this disease, it is a potential loss for the society since it is predominantly a disease of young, sexually active people in their economically productive years. In addition, the direct cost for caring for such patients is enormous for a developing country that has other priorities.

Activity Purpose:

To establish for the workers in the private sector an AIDS Information campaign and promotion of the means and methods known, to-date that can prevent the spread of HIV infection in this population.

Since the majority of AIDS cases originate in Port-au-Prince, GLAS will target its activity to the workers of the private sector within the Port-au-Prince area. This comprises a population of approximately 60,000-100,000 workers. GLAS plans to expand the campaign to the countryside in the future.

This activity addresses a crucial problem that affects individual's lifestyles, particularly of sexually active young people. Although changing sexual behavior is difficult to achieve, it is crucial to the survival of the whole population and needs to be undertaken. This behavior change cannot be categorized as the problem of one group, or one county. It is a national problem. It requires the participation of everyone working in the private and public sectors. At the present time there is no specific group that is opposed to an AIDS campaign. Although not all groups agree on the promotion of condom use as a means of prevention, certain religious groups for example. It must be noted, however, that the October 1987 GLAS survey showed that all interviewed persons were aware of AIDS, with 31% afraid of it, and all wanting to be protected from AIDS.

Although no national campaign has yet begun in Haiti, there is awareness of AIDS among the Haitian population. The GLAS survey findings were that 70% of those interviewed had

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been informed about AIDS on television, and 78% on radio.

C Activities Already Achieved:

In March 1987, an AIDS information meeting was held with representatives of both the private and public sectors. Following this meeting, members of the private sector took the initiative to establish GLAS, "Groupe de Lutte Anti-SIDA", to work in collaboration with the public sector in the fight against AIDS.

Other private and public measures that had already been taken were the formation of GHESKIO, "Groupe Haitien d'Etude du Sarcome de Kaposi et des Infection Opportunistes". Most of the epidemiologic AIDS research conducted to-date has been done by the GHESKIO group of physicians. Another group of private physicians established the group of GEMNI. The Blood Bank was closed to paid donors. Formation of a national commission on AIDS by the MSPP. Since 1987 the MSPP added AIDS as one of the seven national health priorities. Establishment of the AIDS clinic and research center at the "Institut National de Laboratoire et Recherche" by the "Cornell-GHESKIO Project". This clinic is the only "AIDS Clinic" in Haiti.

GLAS Achievements:

In April 1987, GLAS members took the initiative as a collaborative group to support the MSPP and wrote to PAHO headquarters requesting that assistance be given to Haiti for a National AIDS Campaign.

GLAS has contacted different organizations for participation and material assistance in their AIDS campaign, including various firms, industries, workers' unions, and the following private voluntary organizations: Profamil, IPPF, CPFO, and the "Cornel-GHESKIO Project.

GLAS has developed a Logo which defines its purpose well (see Attachment A)

A bank account has already been opened by GLAS members at Citibank.

GLAS members meet every Tuesday, at the central headquarters. The Board of Directors is working actively in the conception and preparation of the AIDS project.

Four sets of educational slides have been produced by GLAS, for presentation during seminars on AIDS. These have

already been used by the "Comite de la Faculte de Medicine" in their school AIDS campaign.

As already indicated, GLAS conducted a baseline survey in collaboration with COGESA, among a sample of 300 employees. 150 were from the administrative staff and 250 were blue collar workers. 50% of the survey sample were male. The survey measured the knowledge of AIDS, sexual habits, and attitudes towards the different methods of AIDS prevention. This study was accepted for presentation at the "First International Conference on the Global Impact of AIDS", held in London in March, 1988.

The GLAS constituency is businessmen, who voluntarily dedicate themselves and their time in the fight against AIDS. The GLAS members have the will and coordination to undertake this activity. Among the GLAS members are two private health professionals, member of GHEKIO, who are already engaged in the fight against AIDS and HIV infection in Haiti.

GLAS has determined that the most effective strategy for them to undertake this AIDS campaign is to subcontract professional firms, each with their particular expertise in either advertising, labor organizing and education, or condom distribution.

The National Commission on AIDS, and particularly the Coordinator, Dr. Eustache, gives his support to the GLAS project. The "Institut National de Recherches", and his staff will be providing counseling to GLAS project participants when necessary.

Beneficiaries of the GLAS Project:

The proposed targeted group is 60,000-100,000 workers. Drawing on the GLAS survey. 32% live in the Port-au-Prince area; in Delmas (24%), Carrefour (18%), La Plaine (7%), Cite Soleil and La Saline (3%). The majority of respondents are sexually active. 77% have a television at home. 93.3% are literate. Additional direct beneficiaries will be the employers, staff, unions, and other professionals, organizations that will participate in the campaign.

The indirect beneficiaries are the employees' sexual partners, and their children, since AIDS is transmitted by sexual contact and can be transmitted from an infected mother to her infant before or during birth. The nation's manpower at large will directly benefit from the results of this campaign.

The importance of reaching this group is that they are one of the most productive segments of Haitian society. It is a potential loss to the nation when a worker comes down with AIDS, affecting not only productivity of the country but creating enormous medical costs as well.

E What This Activity Will Accomplish:

The purpose of this activity is to increase the knowledge of AIDS among the target of the population, the workers of the private sector, and motivate them to adopt behavior that would virtually eliminate their risk of becoming infected.

Who is at risk for AIDS in Haiti?

1. Promiscuous males and females
2. Males in contact with prostitutes
3. Prostitutes
4. People who have received blood transfusions in the last ten years
5. Children of seropositive mothers
6. People who received many shots with used syringes

What Can Be Done To Prevent AIDS in Haiti?

- a. Stop AIDS by blood transfusion. The Red Cross is already screening all blood for HIV before transfusion.
- b. Stop AIDS transmission to children. The control of HIV transmission in the female population will eventually stop the perinatal transmission of AIDS to children.
- c. Stop AIDS by sexual transmission, by abstaining from sexual contact with prostitutes, by abstaining from sexual contact with multiple partners, or by using condoms if engaging in sexual intercourse with an unknown partner. Although condom use does not provide 100% protection, since breakage is possible, or the condom can slip off, its use must be encouraged among promiscuous persons.

It is crucial that this activity be a long term project. One cannot expect sustained behavior change to occur within three years. It is imperative that provision of funds from the private sector and other donors be continuously available for the long-term impact of this campaign.

It is the goal of GLAS that the successful implementation of this health program will generate a sustained commitment to maintaining an ongoing AIDS information and prevention program in the private sector.

By comparing the GLAS baseline survey with subsequent reports (see Attachment B), the degree of change in knowledge and behavior can be determined. These evaluations will also help GLAS to improve the ongoing program. The evaluation will be implemented at 6 and 12 months of the activity.

Implementation:

Ten of the active GLAS members (Attachment C) from the Board of Directors have already contributed to the programming and funding of GLAS activities. They have assigned a coordinator, Mrs. Joelle Coupeaud, the executive director of the "Association Hoteliere et Touristique d'Haiti", for the supervision and coordination of GLAS activities.

GLAS will contract out its activities to four or more different private organizations: Publigestion, Centre Medico Psycho Pedagogique: CMPP, COGESA/Pricewaterhouse, and Bayard Advertising Agency.

ACTIVITIES

ORGANIZATION RESPONSIBLE

Materials Development

Advertising Agency

Design Preparation

" "

GLAS Board

Pretesting

CMPP/Commission Nationale de Lutte

Anti-SIDA

CPFD - Unions

AIDSCOM

Production

Advertising Agency

Workshop

CMPP

GLAS physicians members

Participants

Condom Order

Other funds (to be discussed)

Information/Education

Advertising Agency

Media

CMPP

Condom Delivery

GLAS Coordinator

Transportation Agency

Condom Storage

Profamil

Condom Distribution

Advertising Agency

CMPP

GLAS Coordinator

Monitoring/Evaluation

COGESA

CMPP

GLAS Coordinator

Fundraising

GLAS members

GLAS Coordinator

The general campaign will consist of: the creation of messages in French and Creole; the adaptation of slogans, and scenarios, for radio and television spots; production of billboards, flyers, stickers and posters. For the interpersonal interventions, films, videos, slideshows will be utilized. AIDS informational booklets using a question-answer format will be prepared for the opinion leaders, private physicians of the firms, personnel directors, department heads, and other personnel that might effectively help in the AIDS interventions at the worksite.

Dr. Jessy Desvieux, of CMPP, is a psychologist and a specialist in "Communications and Human Relations within the Working Place". She will be in charge of the education sessions that will be held in the firms and industries. With the assistance of Advertising Firms, she should reach approximately 20 factories or retail stores every 2 months,

for the projection of videos, and the distribution of education materials, condoms demonstration and distribution. An advertising Agency will supply the projection equipment.

A Workshop is planned for the personnel directors, company physicians, employers, and opinion leaders. The workshop objectives are, (1) that participants understand the nature of the intervention and education program; (2) they agree on specific times and frequency of intervention in the workplace, and (3) they feel their involvement is an important first step in developing an AIDE education program. It is important that together the workshop participants establish a commitment for implementing and monitoring this campaign.

The condom supply will be implemented with several different organizations' help. Profamil's director Dr. Michelle Edouard, has already offered a depot for the storage of the condoms. It is estimated that an average of at least 250 condoms per person per year be available.

The delivery of condoms to the worksites will be contracted out to a private distribution company. The distribution system will vary depending on the request of the various participants companies. Dr. Desvieux and her staff will select the various sites for direct

intervention according to the results of discussions with employers and staff. The agreement regarding the intervention will take effect in the first month of the project's implementation and continue for the 12 month duration of the project.

G Time Frames

(See Attachment D)

H Assumptions

Because educating and motivating people to change their behavior may be controversial, GLAS should obtain support of community leaders, employers, company health services, workers' unions, and other relevant organizations that have already developed programs among this target group. Among the latter are Profamil/IPPFF, CPFO, DHFN, CATH, and CATH-CLAT. GLAS will insure that such integration and collaboration exists. Support and/or participation of these organizations should serve to better orient the program so it can more appropriately respond to the workers' real and expressed needs.

GLAS cannot only rely on the existing structures for the availability of condom in Haiti. GLAS hopes to obtain an adequate quantity of condoms from another PVO, or other funding, since it has a limited budget. Efforts will be made towards improving the use of the condom. It would be unethical to promote such devices without the assurance that they will be available. This should be discussed with USAID or other health organization.

GLAS is, therefore, not including the cost of condoms in its first year budget, but only the cost of their promotion, transportation and distribution.

Campaign participants particularly private physicians of the firms will be informed that for those who believe they may be infected, they will be referred for counseling at the "Institut Nationale de Recherches". Agreement has already been reached with the staff of the Cornell-GHESKIO project that on referral by a company physician, a person will be received at the INLR (Cornell-GHESKIO Project).

Evaluation Plans

The survey conducted by GLAS provided a wealth of data on worker characteristics: literacy, status, place of

residence, social habits, sexual activities, education... and other information pertinent to an AIDS prevention program.

J Budget

The budget proposal presented (Attachment E) is an estimation for a one year campaign. It is subject to changes, but the final figure given in this proposal will not be exceeded.



GLAS
Groupe de Lutte
Anti-Sida

ATTACHMENT A

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ATTACHMENT 3: EVALUATION INDICATORS

Indicators to Measures Performance:

1. Level of Media Coverage
2. Print Material Distribution
3. Condom Distribution
4. Audience comprehension and reaction to message
5. Participant reactions to interpersonal interventions and services
6. Audience desire for more and/or continued information and services

Indicators to Measure Impact:

7. Knowledge and Attitude Change
8. Behavior Change

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ATTACHMENT C

GLAS BOARD OF DIRECTORS

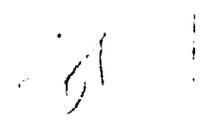
Bernard Lefevre	President
Claude Deschamps	Vice President
Maryse Charcy	Assistant Vice President
Hans Peter Hackenbrouck	Treasurer
Bernard Craan	Assistant Treasurer
Carine Menos	Board Secretary
Gladys Lavelanet	Assistant Board Secretary

MEMBERS

Gilberte Salomon

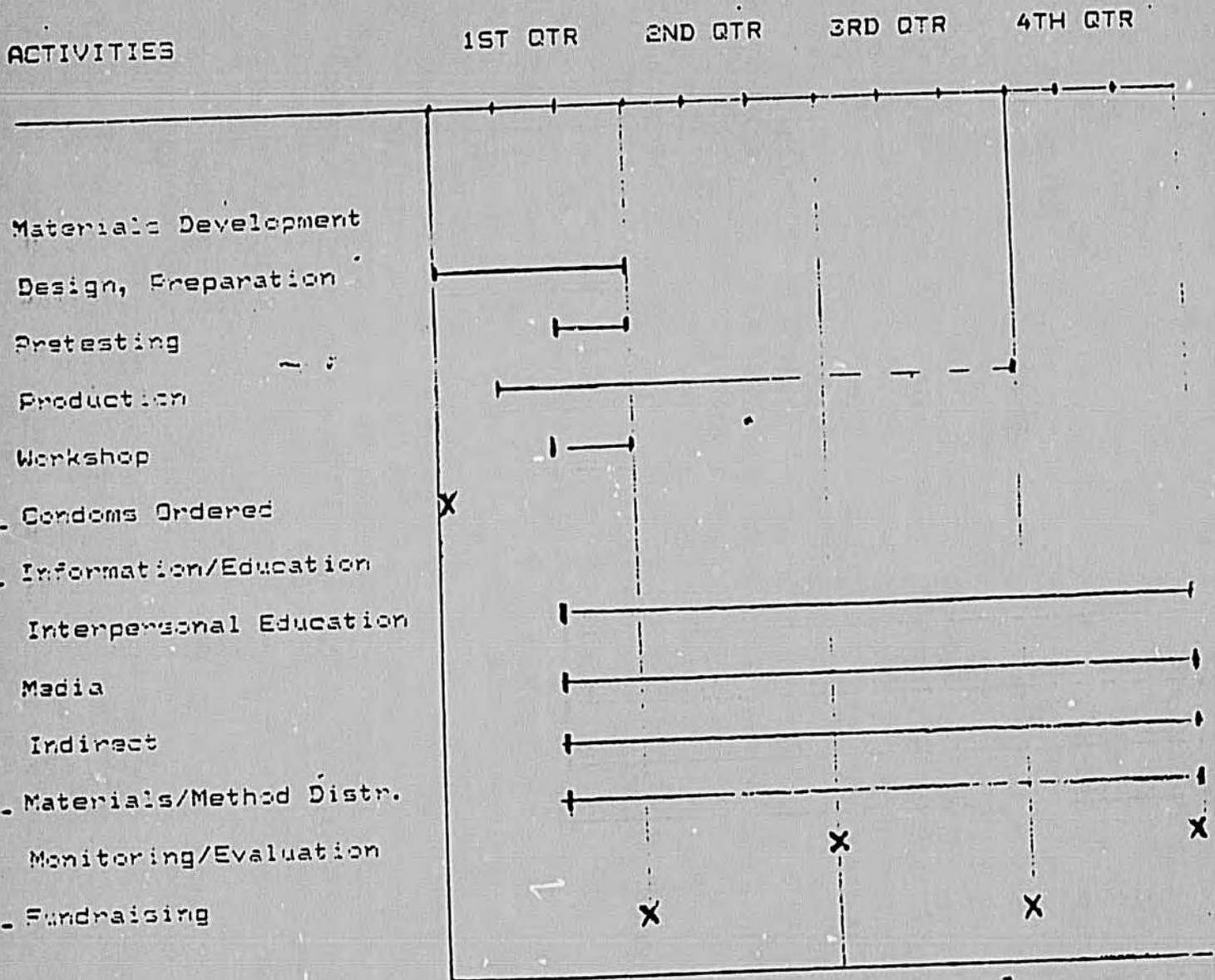
Dr. Marie M. Hippolyte Deschamps

Dr. Bernard Liotaud



ATTACHMENT D

F. Time Frame



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BUDGET

I. PREPARATION

Etude du dossier SIDA, collecte des faits, profit de la cible, proposition d'un plan de campagne et d'une strategie generale. \$ 2.000.00

II. CAMPAGNE GENERALE

A. CONCEPTION ET PRODUCTION INTERNE

- o Recherches, etudes et creation des messages generaux (slogans - creole et francais. 1,000.00
 - o Developpement et adaptation du messages dans les differents supports:
 - Texte, enregistrement et voix pour 4 spots radio (2 creole - 2 francais 800.00
 - Copies sur cassettes des spots radio-cassettes et studio 90.00
 - Scenario, story-board et assistance pour la realisation de 4 spots 1,400.00
 - Conception et realisation d'annonces presse 950.00
 - Maquette cotee a l'echelle de deux billboards 480.00
 - Maquette stickers (3 couleur) 210.00
 - Maquette Flyers - 4 pages format ferme 8.5x5.5 3 couleurs - separation de couleur 922.00
 - Maquette d'une affiche 17' x 22" 3 couleurs et separation de couleurs 551.00
 - Frais techniques pour l'ensemble (composition typographique et stats) estimation200.00
- TOTAL A (+ ou - 10%) \$ 6.623.00

B. PRODUCTION EXTERNE

- Realisation de 4 films video de 45 secondes chacune (accessoires et comedien compris Mancuso Productions	\$ 3,000.00
- Prix comedien (Piram)	700.00
- Enregistrement des spots radios voix et studio	600.00
- Impression de 100,000 flyers - 4 pages format ferme 5x5 x 8.5 - 3 couleurs	<u>3,625.00</u>
<u>TOTAL B (+ ou - 10%)</u>	<u>\$ 7,925.00</u>

C. AFFICHAGE

- Impression de 25,000 affiches 11 x 17" 3 couleurs	1,481.00
- Pose des affiches (10 personnes à \$30.00)	300.00
- Fabrication, peinture, pose et location par an de 20 billboards 8x20 pi	<u>24,000.00</u>
<u>TOTAL C (+ ou - 10%)</u>	<u>\$ 27,562.00</u>

D. MEDIAS

1- RADIOS

- Haiti Inter	
- Metroclic	
- Superstar	
- Antilles	
- Cacique	
- Caraibes	
- MBC	
- Radio Nationale, Lumiere et Soleil courtoisie a negocier par Agence de Publicite	<u>27,000.00PG</u>

2. TELEVISION

- Television Nationale	
- Tele Haiti	<u>27,000.00</u>

Budget Cont'd

3. JOURNAUX

- Nouvelliste 15,300.00PG
- Le Matin

TOTAL D \$ 59,300.00

E SEANCES D'INFORMATION

Usines, lieux publics, associations
etc... (CMFP) \$ 40,000.00

F EVALUATION/MONITORING

- Etudes par Price Waterhouse, apres
6 mois et à la fin des 12 mois? 15,000.00

G COORDINATEUR DE PROJET 5,000.00

H SERVICE DE LIVRAISON DE LA MARCHANDISE 5,000.00

I RELATIONS PUBLIQUES

- Budget de reserve 15,000.00
- Imprevus et divers 5,000.00

TOTAL E (+ ou - 10%) \$ 30,000.00

TOTAL CAMPAGNE POUR UNE DUREE DE 12 MOIS

- PREPARATION	\$ 3,000.00
- CONCEPTION ET PRODUCTION INTERNE	6,623.00
- PRODUCTION EXTERNE	7,925.00
- AFFICHAGE	27,562.00
- MEDIAS	59,300.00
- ACTION DIRECTE	37,000.00
- RELATIONS PUBLIQUES	30,000.00
GRAND TOTAL	<u>320,200.00</u>

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ANNEX 3

CMSCS REQUEST

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COMPLEX MEDICO SOCIAL DE LA CITE SOLEIL

273, Blvd. J. J. DESSALINES
P. O. BOX 1666
PORT-AU-PRINCE, HAITI

Phone : 2-0336 - 2-3464 - 2-1814
Telex : 3490244

Centre Haitiano Arabe
Plan International

Centre Medico Social
de Boston

Centre Medico Social
de Brooklyn

Centre Culturel
pour la Jeunesse

Centres de Démonstration
Centre Hospitalier Ste. Catherine Labouré

Trois établissements de Couture
et d'Artisanat

Centre de
Promotion Familiale

June 14, 1988

Mr. Gerald Zaar
Director
USAID/Haiti

Dear Mr. Zaar:

We are pleased to submit, for approval, our proposal for the amendment of the Urban Health and Community Development II project.

The present amendment will enable CMSCS to:

- 1) sustain services to the Cite Soleil and Gonaives population.
- 2) substantially increase efforts to strengthen financial, personnel and grant management systems.
- 3) replicate the Gonaives health model in La Fossette, Cap-Haitien.

To achieve these goals, CMSCS is requesting an additional \$1,220,000.00 from USAID.

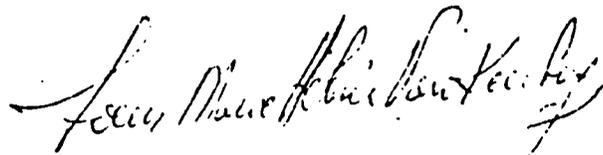
Over the past 14 years, CMSCS has played a key role in providing social and medical services to the 150,000 people of Cite Soleil. Past and recent evaluations have concluded that the program of CMSCS has had a major impact on the lives of residents of Cite Soleil. Infant mortality has dropped to 75/1000 as compared to 105/1000 at the national level. Vaccination coverage is reaching 75% of children under one year old while the national level is still 30%.

We would like to be able to offer these services in La Fossette, Cap-Haitien and would appreciate the approval of the

./..

proposed amendment.

We thank you for your cooperation and ask you to receive our most sincere regards.



Sr. Marie Helene Van Keerbergen
Administrator

MHVK/bt

.../...

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COMPLEXE MEDICO SOCIAL DE LA CITE SOLEIL

271, Blvd J J DESSALINES
P. O. BOX 1666
PORT AU-PRINCE, HAITI

Phone : 2-0336 - 2-346
Telex : 349034

Centre Hispano Arabe
Plan International

Centre Medico Social
de Boston

Centre Medico Social
de Brooklyn

Centre Culturel
pour la Jeunesse

Centres de Démonstration
Centre Hospitalier Ste. Catherine Labouré

Trois établissements de Couture
et d'Artisanat

Centre de
Promotion Familiale

Le 15 decembre 1987

Dr. Michael White
Directeur du Service de Santé
USAID/HAITI

Chez Dr. White,

Faisant suite a nos entretiens du 4 et 8 decembre en cours et a la serie de discussions que nous avons eu avec les membres du Conseil d'Administration du Complexe, le personnel du CMSCS et des representants de la population de la Cite Soleil, nous avons l'avantage de vous presenter les elements d'un plan de reduction de la dependance financiere du CMSCS vis a vis des institutions donatrices. Ce plan qui s'inscrit dans la strategie d'auto suffisance des institutions - privees de sante permettra une economie de \$13,699 mensuellement et sera effectif a partir du 1er janvier 1988.

Nous considerons cette action comme la 1ere etape d'un long processus visant a faire du CMSCS une institution financierement viable et un modele de developpement de l'auto suffisance. Dans cette perspective, nous sollicitons l'assistance technique de l'USAID afin de nous permettre au cours des six (6) prochains mois de definir une politique d'action pour les prochaines annees permettant d'atteindre cet objectif. Il serait utopique de penser que cet objectif puisse etre atteint facilement et rapidement. Cependant, au cours des dernieres semaines, nous avons senti une volonte de travailler vers la concretisation de ce reve tant de la part des dirigeants du CMSCS que du cote de la population et des institutions internationales.

Aussi, le support de l'USAID est pour nous un element indispensable a la realisation de cet objectif.

Cher Dr. White,

Il y a 10 ans, le Complexe s'etait donne pour tache de prouver qu'a peu de frais, l'amelioration des conditions sanitaires des populations defavorisees pouvait etre obtenue par l'implantation methodique et scientifique de programmes de Sante Communautaire. Le succes du Complexe dans ce domaine a ete l'element catalyseur de nombreux autres projets permettant a plus d'un million d'individus de beneficier de soins de Sante Communautaire. Le dynamisme dont fait preuve les institutions privees de Sante en Haiti peut etre attribue en partie au developpement du CMSCS. Aujourd'hui, nous sommes decides a relever le defi de l'auto-suffisance. Pour ce faire, un melange bien balance d'augmentation des prix (user fees), de diminution des depenses et de mise en place d'activites generatrices de revenus sera mis en place par le CMSCS. A ceci s'ajoutera des innovations dans notre systeme telles par exemple l'ouverture de certains services a certaines classes plus favorisees et pouvant payer a juste prix ces services.

Le plan elabore au cours des dernieres semaines comprend les elements suivants:

1- Fermeture de la Chirurgie

La fermeture de la chirurgie permettra rapidement une economie de \$5,140.00 mensuellement (voir annexe 1). Cette fermeture est faite d'une maniere provisoire. Actuellement, nous etudions trois (3) solutions differentes a ce probleme:

a) Interesser une organisation autre que l'USAID a la prise en charge de la chirurgie.

b) Mettre en place un systeme de collaboration avec des universites etrangeres qui permettra la venue a intervalle regulier de medecins etrangers et de residents. Ce systeme fonctionne deja pour l'Ophtalmologie avec des medecins Belges qui operent chaque annee 75 cas de cataracte.

c) Rendre disponibles les services de chirurgie a tout le monde en ayant soin de s'assurer que les frais peuvent etre recouvres avec benefice pour le CMSCS.

Nous esperons au cours des prochains mois, faire une analyse de ces differentes possibilites afin d'adopter celle qui convient le mieux aux realites de notre milieu. Il n'est pas exclu qu'une combinaison de 3 ou de 2 des alternatives sus-cites soit finalement retenue.

Personnel mis en disponibilite: 3 medecins, 4 infirmieres, 3 auxiliaires.

2- Reduction du Personnel de l'Hopital

Cette reduction touche un personnel important a la marche de l'Hopital mais non essentiel a sa survie. 2 medecins, 3 auxiliaires et 1 menagere seront affectes par cette mesure. Depenses diminuees de \$1,420.

3- Fermeture de la Section Communautaire du CHAPI

Cette section couvre les populations de la 1ere et 2eme Cite Soleil et de Drouillard. Environ 18,000 personnes sont enregistrees au Centre. Ces familles seront reaffectees aux Centres de Brooklyn et de Boston et les collaborateurs volontaires continueront de travailler. La fermeture de ce centre va augmenter la pression sur les deux autres centres mais les services a la population ne seront pas arretes.

Personnel mis en disponibilite: 3 medecins, 1 infirmiere, 2 auxiliaires, 3 archivistes. (\$1,930)

4- Fermeture des Foyers de Demonstrations

Huit (8) foyers de demonstrations seront fermes a partir du 1er janvier 1988. Une (1) infirmiere et huit (8) auxiliaires seront mises en disponibilite. Economie de \$1,274.

5- Reduction autre Personnel du Complex

Cette reduction permettra une economie mensuelle de \$749.00.

6- Augmentation des Revenus

A compter du 15 decembre, les Baremes des Prix en vigueur ont ete augmentes substantiellement. Cette augmentation permettra

des entrees supplementaires de \$1,690/mois a l'hospital et de \$1,500 au CHAPI.

Ces entrees supplementaires de 3,190 s'ajouteront aux reductions totalisant \$10,509 pour un grand total de \$13,699 d'economie mensuelle.

D'autre part, nous avons deja ouvert les services du CHAPI et de la Radiographie au grand public (exterieur a la Cite Soleil) avec un Bareme de Prix different de celui applique pour la population de la Cite. Si nos previsions se revelent correctes, ces services atteindront un niveau d'auto-suffisance assez rapidement.

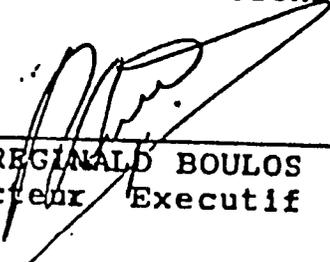
Nous annexons pour votre complete edification, copie des nouveaux Baremes de Prix.

Cher Dr. White,

Ce plan demontre la nette volonte du CMSCS a diminuer sa dependance financiere. Cependant, nous confrontons une situation urgente qui requiert une assistance financiere immediate de l'USAID. Nous estimons qu'il nous faudra un montant additionnel de \$240,000 nous permettant de repondre a nos besoins jusqu'au mois de Juin 1988. D'ici la, nous comptons elaborer avec vous un nouveau projet pour les prochaines annees dont la ligne maitresse sera la generation de revenus et l'auto-suffisance.

Nous comptons pouvoir vous rencontrer dans un avenir proche afin de vous fournir de plus amples explications sur nos plans d'avenir.

Veuillez agreer, Cher Dr. White, nos salutations tres distinguees.

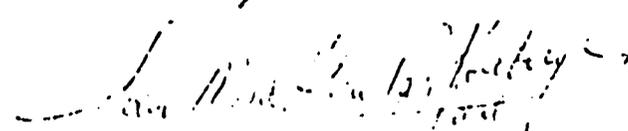


Dr. REGINALD BOULOS
Directeur Executif

Vu et Approuve par:



Dr. CARLO BOULOS
President



Sr. Marie Helene VAN KEERBERGEN
Administratrice

c.c: Mr. Gerald ZAAR, Directeur USAID
Mrs. Linda MORSE, Ass. Directrice, USAID

PLANNED IMPUT OVER LIFE OF PROJECT

PROJECTIONS FOR DEC 87 - JUNE 88

December 17, 1987

BUDGET LINE ITEM	BALANCE AS OF NOV. 30, 1987	AMENDED BUDGET	ADDITIONAL MONEY REQUESTED	NOW TOTAL BUDGET
<u>MANAGEMENT/ADMINISTRATION</u>				
Salaries	\$ 9,143.88	\$ 48,000.00	-	\$ 48,000.00
Supplies/Equipment	285.23	2,500.00	-	2,500.00
Computer Equipment	17,702.04	4,500.00	-	4,500.00
Evaluation T/A	58,967.98	15,000.00	-	15,000.00
Subtotal	86,099.13	70,000.00	-0-	70,000.00
<u>HEALTH</u>				
Salaries	\$ 7,440.42	\$ 125,980.78	\$ 119,019.22	245,000.00
Equipment/Supplies	75,827.61	56,000.00	-	56,000.00
Operation Research	75,888.27	4,000.00	-	4,000.00
Breastfeeding Promotion	16,925.38	8,000.00	-	8,000.00
Expanded Immunization	6,799.97	5,000.00	-	5,000.00
Subtotal	\$ 182,881.65	198,980.78	119,019.22	318,000.00
<u>HUMAN RESOURCES DEVELOPMENT</u>				
Salaries	114.50	114.50	94,885.50	95,000.00
Training Materials	11,681.26	8,000.00	-	8,000.00
Vol. Trng. Improvement	4,593.76	8,275.02	24,724.98	33,000.00
Subtotal	\$ 16,389.52	16,389.52	119,610.48	136,000.00
<u>SELF-FINANCING ACTIVITIES</u>				
User Fees Increases	\$ 30,000.00	\$ 30,000.00	-	30,000.00
Fund Raising	78,065.04	78,065.04	-	78,065.04
Contingency	15,371.50	15,371.50	-	15,371.50
Subtotal	\$ 123,436.54	\$ 123,436.54	-	\$123,436.54
<u>REPLICATION OF COMPLEX</u>				
Urban Slum	207,065.15	207,065.15	-	207,065.15

CITE SOLEIL GLOBAL BUDGET (07/88 - 04/89)

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(6)

DEPAR

CMSGS EXPENSES

1985-1988

HEALTH

TOTAL 88
JUL88-APRIL89

CHAPI	SALARIES	86724.00
	DRUGS	41489.50
	LADO	5690.80
	DENTAL CLINIC	3350.00
	ORL	4001.00
	TUBERCULOSIS	9089.00
	WATER	0.00
	MAINTENANCE	4128.40
	MISC	1304.00
	OPERATING COSTS	68254.70
TOTAL CHAPI		154978.70

BROOKLYN

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SALARIES	MEDIC/PARMED	69520.00
	RECUPER. NUT	18095.00
	NUT. EXTERN	8030.00
	LEPROSY	3685.00
	SAL. BROOK.	98330.00
	OPERATING COSTS	12333.80
TOTAL BROOKLYN		111663.80

BOSTON

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SALARIES	MEDI/PARA	35750.00
	LEPROSY	4730.00
	SAL. BOSTON	40480.00
	OPERATING COSTS	0.00
TOTAL BOSTON		40480.00

HOSPITAL

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SALARIES	MED. PARA.	221909.60
	SUPPLEMENT	54674.23
	SAL. HOSPITAL	276583.83

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FOOD	7571.30
MAINTENANCE	4453.00
MISC	6240.30
DRUGS	33377.30
OPERATING COSTS	51641.90
TOTAL HOSPITAL	326825.73
DEMONSTRATION CENTERS	
SALARIES	12075.50
RENT	1500.00
EXPENSES	16300.00
OPERATING COSTS	18100.00
TOTAL DEMO. CENTERS	30175.50
RESEARCH	
ERY/AIDS	
SALARIES	32776.50
OFFICE SUPPLIES	30407.56
TECH. ASSIS	14294.34
BREASTF	
SALARIES	10955.29
EXPENSES	104.00
OPER. RECH	
SALAIRES	63321.58
EXPENSES	37302.64
CONTINGENCY	12496.38
RES. SALARIES	119549.75
RES. OPER. COST	82108.54
GOVERN. SAL	101527.70
ELECTRICITY	24256.00
CONSTRUCTION	
TRAINING CENT.	0.00
CHAPI	150000.00
MATERNITY	65000.00
HOSPITAL	0.00
TOT CONSTRUCT.	215000.00
TOTAL SALARIES HEALTH	736270.78
TOTAL OPER. COST HEALTH	471694.94
GRAND TOTAL HEALTH	1207965.72
	1207965.72

MANAGEMENT / ADMINISTRATION

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SALARIES 1	24475.00
SALARIES 2	18535.00
SALARIES 3	11330.00
SAL. ADMINIS	54,340.00
EXPENSES 1	75000.00
EXPENSES 2	10000.00
FRAS 2	10000.00
ELECTRICITY	6900.00
OPERATING COSTS	107,900.00
GRAND TOTAL ADMINISTRATION	162,240.00

HEALTH SALARIES	736,270.78
HEALTH OPER. COSTS	471,694.94
SUBTOTAL HEALTH	1,207,965.72

HRD SALARIES	185,320.71
HRD OPERATING COST	55,585.77
SUBTOTAL HRD	240,912.48

ADMINIS. SALARIES	54,340.00
ADMINIS. OPER. COSTS	107,900.00
SUBTOTAL ADMINIS	16,000.00

TOTAL	1,464,878.20
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CMSCS SOURCES OF INCOME

STATE-SOURCE SOURCES OF INCOME

SOURCE	85-86	86-87	87-88	88-89	Total
Haitian Government					
Cadre Publique	81,622	124,275	121,875	101,527	429,301
Affaires Sociales	15,888	0	0	0	15,888
Educ. Nat. Min. de	1,800	1,800	1,800	1,800	7,200
Electricite. M. H. H.	36,000	14,054	42,000	77,772	159,826
Sub Total	134,490	140,129	165,675	181,100	621,394
Self Generated Income					
CHAPT	29,003	54,279	64,807	74,807	217,676
Restes	8,731	4,381	4,812	4,812	22,736
Presbytere	20,141	21,500	20,227	20,227	107,263
Hospital	23,354	40,208	58,900	59,000	181,282
Sub Total	81,300	120,376	156,736	158,736	517,148
Research Grants					
USAID - Mobilizing Mothers for C.C.	112,005	147,451	79,045	49,300	387,801
John Hopkins/National Health Found.	0	0	0	123,309	123,309
Sub Total	112,005	147,451	79,045	172,609	511,110
Local Contributions					
Centre Haitiano-Arabe	18,000	18,000	18,000	18,000	72,000
Contributions Anonymes	5,300	4,925	4,800	0	15,025
Sub-Total	23,300	22,925	22,800	18,000	87,025
USAID - Urban Health & Comm. Dev. II	655,150	205,406	886,339	1,107,771	3,544,271
Other Foreign Donors					
Ambassade du Canada	27,446	93,004	0	150,000	272,450
CARTAS	0	12,000	47,560	0	59,560
Communauté de Schutt	0	4,988	30,000	0	34,988
Daughters of Charity	36,756	24,395	44,395	0	105,546
Friends of Children	0	13,500	0	0	13,500
Misereor	22,072	0	0	0	22,072
Oak Foundation	0	0	0	65,000	65,000
OYFAM	30,000	30,000	0	0	60,000
Plan International de Parrainage	87,790	62,132	54,200	30,000	234,122
Socur Marguerite	6,000	27,019	0	0	33,019
SOS L'ayettes	41,900	38,324	8,460	8,460	97,144
SOPCO	0	37,000	37,000	0	74,000
Contributions Anonymes & Autres	9,724	92,709	21,365	0	123,798
Sub-Total	263,697	435,071	242,980	253,460	1,195,199
TOTAL	1,269,959	1,799,858	1,545,585	1,850,882	6,466,284

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AMENDMENT APPROVAL MESSAGE (STATE 157330)